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**UNDP’s Country Programme Action Plan 2009-2012 for Nigeria:**

**Mid-Term Review of the Development Planning and Statistics Outcome**

**FINAL REPORT**

April 6th, 2011

By

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And

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# List of Acronyms

AAA Accra Agenda for Action

ACBF African Capacity Building Foundation

AFD French Agency for Development

AWP Annual Work Plans

CDP Capacity Development Plan

CGS Conditional Grant Schemes

CPAP Country Programme Action Plan

DFID Department for International Development

DPR Direct Payment Requests

EGP Economic Governance Programme

EUR Euro

FACE Funding Authorization and Certification of Expenditures

FCT Federal Capital Territory

GBP Sterling Pound

GDP Gross Domestic Product

HACT Harmonized Approach to Cash Transfer

HD Human Development

ICT Information Communication Technology

IP Implementing Partner

IT Information Technology

JDBF Joint Donor Basket Fund

JPB Joint Planning Board

LTDP Long-Term Development Plan

MCF Multi-year Cooperation Framework

MDA Ministries, Department and Agencies

MDG Millennium Development Goals

MfDR Managing for Development Results

MT Medium-Term

MTDP Medium Term Development Plan

MTEF Medium Term Expenditure Framework

MTR Mid-Term Review

NBS National Bureau of Statistics

NDNS Nigerian Data Nervous System

NDP National Development Plan

NDS National Development Strategy

NEC National Economic Committee

NEEDS National Economic Empowerment and Development Strategy

NHDR National Human Development Report

NIP National Implementation Plan

NPoPC National Population Commission

NSDS National Strategy for Development of Statistics

NSS National Statistical System

NTWG National Technical Working Group

ODA Official Development Assistance

PDAE Paris Declaration on Aid Effectiveness

PPBM Planning Programming Budgeting and Monitoring

PR Progress Report

Q1 First Quarter

Q4 Fourth Quarter

SCB Statistical Capacity Building

SEEDS State Economic Empowerment and Development Strategy

SIP State Implementation Plan

SMART Specific, measurable, achievable, relevant and time-bound

SMP Statistical Master Plan

SPC State Planning Commission

SRF Statistics for Results Facility

SSA State Statistical Agency

SSMP State Statistical Master Plan

SYB Statistical Year Book

UN United Nations

UNDAF United Nations Development Assistance Framework

UNDP United Nations Development Program

USD United States Dollar

WB World Bank

# Executive Summary

The UNDP and the Federal Government of Nigeria have convened, on the basis of challenges facing the Country, the then identified priorities and the results and lessons learnt from the 6th CPAP, to launch a new Programme spanning from 2009 to 12 and focusing on four areas: Economic Governance, Capacity for Governance, Private Sector Development, and Sustainability and Risk Management. Economic Governance Program aims to prioritize public resources, either domestic or foreign, by enhancing evidence-based planning and budgeting process and improving aid coordination.

The first outcome of the EGP is to achieve a major progress towards an evidence-based, technically sound and inclusive development planning system which is ‘joined-up’ horizontally across sectors at each tier of the federal structure (especially, national and State levels) as well as vertically between these tiers. After two years of implementation and the disbursement of 47% of allocated resources, UNDP has decided to undertake by independent expertise a mid-term review of this CPAP outcome.

The objectives of the MTR are to evaluate the implementation from inputs to outcomes, derive main learned lessons and propose recommendations to improve the design, implementation and monitoring of the CPAP in order to achieve in the best way the expected outcome. The MTR has been launched since the end-November 2010 beginning with the elaboration of the methodology, followed by a thorough desk review and completed by a field mission before the elaboration of this report.

The evaluation would focus on analyzing four criteria. First, the relevance of the Programme to respond to the needs by having objectives and interventions that are aligned to the priorities and delivery approach, governance and funding that are consistent with the expected achievements. Second, the effectiveness to assess what the delivered results are compared to the expected targets and milestones and what the explicative factors positively or negatively are. Third, the efficiency to appreciate if the ratio between the value of the achieved results and the cost of used inputs is optimal. Finally, the sustainability to ensure that results of the CPAP could be maintained beyond the UNDP intervention.

This report aims to lay out the main findings and recommendations of the MTR that are summarized here.

## Findings

**The component was and is still relevant** focusing on how to unlock the huge potentials of Nigeria’s economy to achieve its development goals by adopting a strategic approach through the elaboration of a shared long term and MDGs-aligned vision, and setting up evidence and performance-based medium-term plans and expenditure frameworks both at the national, sector and state levels that constitute the basis for the annual budgets laws. The delivery approach is based on the ownership through the elaboration of AWPs and promotes the synergy between Federal and States’ institutions as illustrated by giving the responsibility for training state staff to Federal agencies, and a better coordination of Donors as supported by the co-funding by DFID and recently AFD of the activities on Development Planning. Institutional framework for design, implementation and monitoring of the CPAP is adequate. Level of resources is low regarding the ambition of the Programme and is not derived from a sound costing methodology. Some improvements are needed in terms of alignment of the CPAP on Capacity Development needs in these areas, the lack of a coherent results-chain with SMART indicators,the deviation from the appraised delivery approach especially in terms of planning and monitoring, and the inclusiveness of the governance structure.

**The effectiveness is overall satisfactory**. Estimates show that the progress has been made in terms of evidence-based planning at the pace of 11% since 2007 and was driven mainly by the strides experienced by the Development Planning system. At the Federal level, it is worth to note the adoption of the Vision 20:2020, the MDGs Countdown Strategy 2010-15, the first National Implementation Plan 2010-13 elaborated through nationwide participatory process involving MDAs and States (first since the 80s), the 3-year rolling MTEFs with two versions for 2010-12 and 2011-12 that is becoming more and more the basis for the annual budget with clear reference from the President to the linkages between those documents during his 2011 Appropriation Speech. In the same time, an M&E framework has been developed and is supported by the NSDS to reinforce availability of data and analyses needed to set up evidence-based policy and performance-based budgeting. At the state level, there was a sound contribution to the NIP while work is in progress to adopt SIP and develop MTEF as stated by the Fiscal Responsibility Bill making them the basis for annual budgeting and also Statistical Master Plans. Contribution of UNDP to the achievement is high. But the usefulness of the plans is limited by the disconnection between planning and budgeting with attempts to eliminate this disconnection for the 2011 Appropriation Bill Process. Communication of the vision is also needed to enhance ownership and engage people to achieve it. There are many shortcomings in terms of Managing for Results with SMART outcome and impact indicators.

For the Development Planning sub-component, the following outputs have been achieved: Vision and NIP have been produced, adopted by the Government and launched by the President, Meetings of Planning institutions are held regularly with high attendance, guidelines have been prepared to help States shape their contributions to the Vision and NIP, hundreds of people trained on mainstreaming cross-cutting issues of Gender, HIV/AIDS and Environment into Development plans, Macroeconomic Model has not been sufficiently developed while sector models for costing MDGs have been and are already used in 4 out of 6 states supported by UNDP with 123 trainees from 4 states on MDGs needs assessments and advocacy tools, no approved SIP, few states have set up an SPC and some of them have already budget lines for those institutions.

For Statistics, main outputs are: e-template for data on core set of socio-economic data has been approved and agreed on between NBS and States, Statistical Yearbooks are produced at the Federal and state levels with 20 SSYB for 2008 (54% of them while this share is 100% for UNDP-supported states), MDGs 2010 report has been published, one state has already published its MDGs 2010 while other are completing the process, 4 out 6 covered states have adopted the Statistical Bill by their executive cabinets (while only 22% of states have performed so) and 2 of them have already got the approval by their House, 565 trainees from NBS, MDA Statistical Units and States.

These positive results have been spurred by the effectiveness of the delivery approach, the Commitment of national authorities, the knowledge brought by the UNDP and its good reputation in this Country recognized both by the Government and the Donors, and the simplification of implementation modalities. Main weaknesses are related to the planning process that should be finalized earlier and monitoring of the implementation with clear deliverables in terms of quantity and quality of products and linking better resources to performance.

**The efficiency is benefitting from UNDP procedures**. Total disbursement is $5.2m corresponding to 47% of estimated initial cost of this component. Procedures of buying goods and services are favoring lower unit costs. Assets acquired through the funding of UNDP are supposed to be maintained and provided with inputs by beneficiaries while UNDP is regularly monitoring that this commitment is fulfilled. The performance of experts recruited by UNDP is not monitored as it should be to ensure higher productivity despite certifications from beneficiaries. There are few activities abandoned hence wasting already spent resources and reducing the cost-efficiency. Focusing on a limited number of Federal agencies and states and few products contributes also to have better results with available resources and hence increases the scope efficiency.Moreover, the use of Federal institutions to develop tools and train staff has surely brought scale efficiency gains that could be enhanced further especially in the Statistics area where redundancy of resources could be detrimental to efficiency requiring change to ease relations between NPoPC and NBS and to have a better labor division between NBS and SSAs.Finally, the use of evidence-based and MDGs-consistent Development Plans to allocate public resources through the Appropriation law supplemented by improvements in the budget execution as it is targeted by other components of this CPAP is of extreme important to step up the cost-effectiveness of this program.

**Sustainability has been promoted by cost-sharing agreements** with partners but there is a need to maintain this component in the 8th CPAP, to develop exit strategies ensuring the sustainability of results and greater impact on the Development Goals, to nurture expertiseand manage implementation risks.

## Recommendations

On the basis of this assessment, the mid-term review recommends to implement the following actions:

1. Maintain and scale up this component in the 8th CPAP and build on its success to ensure full integration of plans into budgets and availability and use of statistics in policymaking (UNDP, FGN and targeted States);
2. Elaborate at the Federal and targeted States level Capacity Building plans based on sound assessments to perform Development planning and budgeting and implementation of NSDS and SSMP and use them to prioritize 8th CPAP interventions (UNDP, FGN and targeted States);
3. Convene the results-chain (see table 6), sign it and add it to the MoU with IP (UNDP, NPC and all IP);
4. Elaborate new MCFs that are consistent with the expected results while reinforcing linkages between subcomponents and with the budgeting process (UNDP, NPC and targeted States);
5. Adopt the AWPs no more later than the Q4 of the preceding year (UNDP, NPC and all IP);
6. Produce quarterly and annual reports on monitoring even using simplified form as proposed by this MTR and complying with the approved results-chain (UNDP, NPC and all IP);
7. Use the Vision20:2020’s Monitoring and Evaluation Framework and National Partnership linked to the SRF to enhance aid coordination on the two subcomponents and invite involved Donors to the AWPs meetings (UNDP, NPC and all IP);
8. Overhaul the governance frameworkespecially by enlarging Boards to all relevant stakeholders (UNDP, NPC and all IP);
9. Review the costing of achieving new targets of outcomes and use it to advocate for financing gaps (UNDP, NPC and all IP);
10. Set up an institutional framework at the federal level for the MTEF elaboration that involves strongly NPC (FGN);
11. Revise on rolling basis the MDGs Countdown, the NIP and the SIP baselines, targets and allocation of resources in tandem with MTEF and by making the Appropriation Bill identical to the first year of the MTEF (FGN, States Executives);
12. Enlarge the CPAP support to the MTEF preparation now by leveraging on its fiscal responsibility sub-component and hence by merging the two outcomes (UNDP, FGN and covered States);
13. Develop and implement a communication strategy to engage all national stakeholders to achieve vision and development plans (UNDP, NPC and covered States);
14. Adopt Results framework of the NIP and the SIP that build upon proposed scorecards for the Monitoring and Evaluation of the Vision20:2020 (UNDP, FGN and covered States);
15. Develop performance-based budgeting linking expenditures’ allocation to the targets from baselines (UNDP, FGN and covered States);
16. Promote setting up letters of missions to the MDAs Heads (FGN and covered States);
17. NSDS and SSMP should be adjusted to be realistic and become more results-oriented setting up targets and milestones for expected outcomes and outputs (UNDP, NPC, NBS and covered States);
18. Set up performance evaluation framework based on letters of missions and results-oriented AWPs (UNDP, NPC and all IP);
19. Conduct quality evaluation of all activities e.g. satisfaction surveys after training (UNDP, NPC and all IP);
20. Clarify the relationship between NBS and NPoPC (FGN);
21. Promoting in the UNDP-supported states an understanding between NBS and SSA (UNDP, NPC, NBS and covered States);
22. Compute and monitor frequently the waste of resources due to abandoned activities (UNDP, NPC and all IP);
23. Evaluate regularly the performance of recruited experts against expected outputs (UNDP, NPC and all IP);
24. Develop a policy for exiting States between CPAPs aiming to ensure the sustainability of achieved results (UNDP, FGN and all covered States);
25. Network expertise developed thanks to the CPAP especially in MDGs costing and ensure they are involved in the planning and budgeting processes (UNDP, FGN and all covered States);
26. Elaborate risks management strategy as proposed by the MTR and incorporate it in the 8th CPAP (UNDP, FGN and all covered States);
27. Mitigate the risk of political change by supporting the elaboration of detailed monitoring reports and restarting the CPAP interventions planning process (new MCFs and AWPs) to adapt to new challenges (UNDP, FGN and covered States where appropriate).

# Introduction

During the last decade, the Country has experienced tremendous changes thanks to better public policies and more effective and efficient spending, and increased support by the international community that spurred reversing losses accumulated during the military ruling. However, Nigeria is still lagging behind many comparators in terms of income per capita and MDGs indicators while it has the potential to outperform them.

The UNDP and the Federal Government of Nigeria havedecided, building upon the learnt lessons from the 6thCountry Programme Action Plan (CPAP), to work together to respond to challenges facing the Country by convening a new CPAP for the period 2009-12 focusing on four areas: Economic Governance, Capacity for Governance, Private Sector Development, and Sustainability and Risk Management.

The Economic Governance Programme (EGP) of the CPAP has four components that are Development planning, Statistics, Fiscal Responsibility and Aid coordination that aim to mobilize more revenues, either domestic or foreign assistance, and to enhance the effectiveness and the efficiency of public spending to make strides towards Development Goals.

After two years of implementation and the disbursement of around half of allocated resources and considering the potential impact of a sound evidence-based planning system on the poverty reduction and economic management, UNDP has decided to undertake by independent expertise a mid-term review (MTR) of the CPAP first outcome related to the Development planning and statistics.

The main objective of the MTR is to perform an evaluation of the design and implementation of the Programme in order to come up with actionable recommendations that could improve in effective way its future performance towards the expected outcome. The review has been conducted following the international standards and has evaluated this component against four criteria: relevance by the design time and today, effectiveness to analyzeachievementsand to what extent UNDP has contributed, efficiency of the interventions and the sustainability of results.

The MTR report presents in-depth the CPAP first outcome and the applied methodology (chapter 1), then outlines the findings of the evaluation (chapter 2) to end with the main conclusions, learnt lessons and recommendations (chapter 3). Annexes are laying out the Recommendations Matrix (Annex 1), the Terms of Reference of the review (Annex 2), the evaluation methodology (Annex 3), the list of interviewed people (Annex 4) and the bibliography (Annex 5).

# Development Planning and Statistics-CPAP Component and its review presentation

The 7thCPAP for the period 2009-12 has four components that are: Economic Governance, Capacity for Governance, Private Sector Development, and Sustainability and Risk Management (UNDP, 2008). The Economic Governance Component is comprehensive and covers all the process of planning, budgeting, mobilization of resources and aid coordination. The first purpose of this component is to put in place an evidence-based, technically sound, inclusive and coordinated development planning system underpinned by timely, relevant and disaggregated data at federal and state levels. This chapter aims to present this outcome and its results-chain as convened by the CPAP documents and to outline the methodologyused for its mid-term review.

## Presentation of the Component

**The preceding country programme(2003-2007) has brought significant progress towards evidence-based planning and budgeting (data availability plus planning tools) and fiscal responsibility that deserved to be consolidated**. The 6th CPAP (UNDP, 2003) has supported (i) the implementation of the National Statistical Master Plan (2005-09)by co-funding its capacity building components especially the Nigeria Data Nervous System (NDNS) through heavy investment in IT equipmentand mobilizing international community to finance the census undertaken in 2006-07, (ii) the National and State Development Planning systems that have produced NEEDS (FGN, 2003) and SEEDS and launched the elaboration of the Vision 2020 inspired somehow by findings and recommendations of the NHDRs, (iii) the national MDGs’ needs assessment exercise that has been conducted while ensuring an ownership of tools and promoting its mainstreaming in the planning and budgeting processes, (iv) the Conditional Grant Schemes (CGS) developed to better spend debt relief resources to fight poverty using an innovative approach of competition that promotes effectiveness and efficiency of public expenditures, by giving incentives to improve the public financial management, and sustainability of results through the commitment of local authorities to the CGS-funded projects results (OSSAP-MDGs, 2005) (FGN, 2009a), and (v) the budgeting process through the fiscal responsibility framework. Through this program, UNDP has contributed to some extent[[1]](#footnote-2) to the positive outcomes achieved during this period in terms of economic growth and livelihood conditions. These results could have been more pronounced if the policy dialogue with the Federal and State government was more effective and if the focus was more narrowed. However, it was evident for all parties that the CPAP results deserved to be consolidated and scaled up while ensuring that developed tools are effectively used by policymakers for example through appropriation of plans and lead to development outcomes.

**The ongoing7thCPAPcomponent related to Development Planning and Statisticsaims to work more strategically along the PPBM chain and in coordinated manner with other Development partners**(UNDP, 2008). This program is built on the lessons learnt from the implementation of the 6th CPAP that highlighted the needs to foster the policy dialogue between UNDP in one hand and Federal and State Governments in other hand, to enhance the dissemination of planning and budgeting tools developed nationally at the state level while promoting a bottom-up approach to federal plans and appropriations and by doing so to foster two-ways influence in policymaking that is often prevented by the federal system, to mainstream plans into budgets and ODA-funded interventions, to pursue efforts to step up availability and quality of data, to further coordinate with donors especially the UN agencies as stated by the UNDAF2009-12 (UN, 2008), and to narrow the geographical spread focusing on fewer states (seven states to be added to the concentration area of the UNDAF constituted by six states plus FCT) to increase the effectiveness and efficiency of UNDP interventions.

**This section intends to lay out the groundwork of the MTR by presenting the features of the component related to the Development Planning and Statistics.**It outlines goal and purpose, expected outputs, planned activities and delivery strategy, governance and budget and financing of this CPAP subcomponent.

### Component objectives

**The purpose** is to achieve amajor progress towards an evidence-based, technically sound and inclusive development planning system which is ‘joined-up’ horizontally across sectors at each tier of the federal structure (especially, national and State levels) as well as vertically between these tiers, to enable the coherent pursuit of strategic national development priorities and to ensure the progressive availability and accessibility of timely, relevant and gender disaggregated data at Federal and State level to generate the data and analysis that can inform policy and planning as well as serve as a credible and transparent basis for monitoring development performance.

### Component outputs

**The main outputs that have been identified are**:

* NPC and the Governors Forum build support in NEC for strengthened development planning;
* Workable, relevant and inclusive costing and macroeconomic models for MDG-based planning integrated in the NDP process and for annual budgeting;
* Guidelines developed by NPC and agreed with as well as applied by States spelling out national planning priorities, recommended norms and processes and use of shared analytical tools;
* Progressive adoption of costing methodologies in at least 13 States based on up-to-date development data;
* Scope, quality and impact of decisions taken at the Joint Planning Board link to the design, execution and monitoring of the NDP and State level plans;
* Percentage of national, sector and state planning units that have made ‘significant’ progress towards meeting benchmarks on the clarity of their mandates, coordination arrangement, organization and functionality of systems, work force development and retention, and access to essential operational and management resources;
* A core indicator set on social and economic issues agreed between NBS and all SSAs (definitions, calculations, data collection methods);
* Annual or biennial MDG reports produced at Federal level and in 13 States by 2012;
* At least 13 States able to publish updated data on a core set of social, labor force, output and state GDP indicators every two years
* Percentage of SSAs in the selected States that have met benchmarks on the clarity of their mandates, coordination arrangements, organization and functionality of systems, workforce development and retention, and access to essential operational and management resources.

### Component activities

**Development planning activitieshave been regrouped around three at the federal level that are MDG-based planning, guidelines and skills, and only one at the state level that is costing methodologies adoption[[2]](#footnote-3).** However, these could be organized around three types:

1. **Advocacy** to promote the commitment of federal and state policymakers for an evidence-based, effective and budget-relevant planning through supports to the periodic meetings of institutions in charge of development planning coordination and communication on the importance of strategic, comprehensive, multi-tier and results-based approach;
2. **Development and institutionalization of tools and products**through a mix of studies, training, consultation and dissemination activities that should deliver the Nigerian vision, the national and state medium-term implementation plans and their progress and evaluation reports, the MDGs national and state countdown strategies build upon sound and owned costing methodologies and tools including models, the guidelines for planning and budgeting that are consistent with the MDGs’ needs assessments tools ;
3. **MT Capacity Development Strategy for planning**through the elaboration ofNPC and SPC capacity development strategies based on planning capacities assessment studies and support to their implementation by providing training and equipment.

**Statistical development activities have been merged in three types at the federal level corresponding to socioeconomic indicators establishment, survey and regular MDGs reports and two at the state level that are publishing indicators and MDGs reports and meeting capacity benchmarks.** However, these activities could be regrouped around three types:

1. **MT Capacity Development Program**through studies to elaborate NSDS and State strategies or master plans that should include surveys program and training activities and equipment purchase to support their implementation ;
2. **Availability and accessibility of Data at the federal and state levels**through the production of a core set of indicators as agreed between NBS and SSA and the elaboration of national and state HD and MDGs reports,;
3. **Accessibility of Data at the federal and state levels** that should translate into the regular publication of dataand the online access to data using the NADA system.

**Delivery approach was designed to be four-pronged**:

1. **Strategic** byensuring, through reinforced dialogue already begun with Federal and State partners and facilitated by the governance structure, a shared vision of challenges, needs, priorities and necessary interventions so that there is entrenched ownership of the programming and monitoring processes; Hence, partners should develop Multi-year Cooperation Frameworks (MCF) setting the results-chain of interventions to be supported by the UNDAF2009-12 and the 7thCPAP that should be split inAnnual Work Plans (AWP) and monitored regularly;
2. **Focused on capacity development**based on sound assessments and aligned with the constraints and opportunities that are present in the overall institutional environment and by doing so promoting a scaling up of capacity at the state level, a better coordination across sectors, MDAs and the three tiers of Government, and synergy between national planning, budgeting and statistics institutions at each tier;
3. **Incremental**that reflects the practical necessity of acquiring increased capacity in phases at the individual and institutional levels, advocating and networking to foster the commitment of policymakers on the basis of positive changes brought by preceding phases;
4. **Relying upon all parties** invested in the capacity development process to make the commitments and provide the resources without which there cannot be any progress using the Programme to leverage more counterpart funds as stated by understandings between UNDP and Federal and State Partners, more ODA resources through the setting up of Multi-Donor Basket Funds building upon the reputation of UNDP as a credible trustee for Donors, and more knowledge by providing access to relevant experience and global bestpractices, especially through South-South linkages with other developing countries that face similar challenges.

### Governance

**Institutional arrangementshave been overhauled to work more closely than in the past in order to provide better aligned and more effective support for national and State development priorities**(UNDP, 2009a). The governance structure is slightly different by tier of Government:

* At the federal level, the Partnership Board is the apex body for managing the relationship between Nigeria and UNDP, is co-chaired by the Honorable Minister of Planning and the UNDP Resident Representative, should meet twice-a-year (at mid-point and during Q4) andis responsible for steering the work by formally adopting the MCFs and AWPs, overseeing the progress of the partnership and reacting to any strategic problems and providing necessary guidance. It is assisted by the Programme boards that are proposed for each of the MCFs and co-chaired by a senior representative of Government and the UNDP Country Director. These Boards will comprise all major partners involved in the implementation of the relevant MCF and should meet twice-a-year (at mid-point and during Q4) as an integral part of the mid-year and annual reviews of cooperation between Nigeria and UNDP. Each implementing partner (IP) should appoint an Implementation Manager who has the principal responsibility for ensuring proper planning, management and monitoring of UNDP-assisted activities in order to achieve expected results.
* At the State level, the Partnership Board is co-chaired by the Executive Governor of the State and the UNDP Resident Representative. Its functions are similar to those described for its Federal equivalent. The Board should have a Partnership Manager that would be a senior official in the State Government with access to the Executive Governor and have overall responsibility for the day-to-day management of the relationship between the State and UNDP. The Partnership implementation committee should coordinate all UNDP-assisted IPs and programmes/projects as well as facilitate the work of the Partnership Manager and is chaired by an individual nominated by the Partnership Manager in consultation with the Executive Governor. Each State IP appoints an Implementation Manager who is responsible for the implementation of annual work plans.

### Funding

**Total cost of the CPAP outcome1 activities is evaluated at $11m and represents 17.8% of the 7th CPAP**.It will be funded by UNDP proper resources ($9.2m), by counterparts from national partners that are committed through the signed agreements to bring co-funding and by other donors whoaccept to channel their aid through UNDP as it is the case for the Multi-Donor Basket Fund (MDBF) to support Development planning that received contributions from UK-DFID (GBP275k) and from France-AFD (EUR100k). Three-fourth of this funding is allocated to the planning activities.

Table : Cost and structure of funding

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Description | UNDP resources | Other | Total | Structure |
| **Economic Governance Program** | 15.564 | 3.554 | 19.118 | 30.1% |
| **CPAP Outcome1** | 9.224 | 1.792 | 11.016 | 17.8% |
| **Development planning** | 6.457 | 1.792 | 8.249 | 12.5% |
| **Statistics** | 2.767 |  | 2.767 | 5.3% |
| **Country Program Action Plan** | 51.737 | 14.467 | 66.204 | 100% |

Source: CPAP2009-12 document

**National execution should be the main implementation modality**, supplemented progressively by the Harmonized Approach to Cash Transfer (HACT)[[3]](#footnote-4)and, where risks are low, by transfer of funds to IP through the simplified format called Funding Authorization and Certification of Expenditures Form (FACE) and where not or pending risks assessments by the Direct Payment Requests (DPRs). IPs that outspent more than $100k should be subject of an external audit.

### Monitoring and Evaluation

**The Monitoring and Evaluation framework is well structured in the CPAP and governance structure documents**. All IPs should provide quarterly and annual progress reports on the achievements and results of AWPs’ activities that should be approved by the high-level governance institutions especially the partnership boards at the federal and state levels. Joint review missions with NPC should be regularly undertaken to monitor the implementation and identify eventual constraints toovercome them. Moreover, as devised by the UNDAF, a joint annual review of UN system-assisted programmes and projects with the Federal and State Governments should be conducted to assess the achievement of results, lessons learned, issues and challenges and future direction for collaborative work. Finally, evaluations and reviews would be undertaken following established norms to provide feedback and guidance on the management of the outcomes and ensure that the programmes are focused on national priorities.

**Considering the importance of Development planning and availability of data for policymaking along the CPAP, UNDP decided to conduct a mid-term evaluation**. The financial outturn for those two components is around 47% by the end-2010 and then the mid-term review should bring actionable recommendations to reorient effectively and efficiently remaining resources towards achievements of the expected outcomes and impacts.

## MTR methodology

The objectives of this review are:

* To assess the design and the implementation of the outcome-related interventions from the onset of the CPAP until now;
* To derive conclusions and lessons learnt and
* To propose recommendations to be implemented to improve the development planning and Statistics component of the CPAP for the remaining time.

The evaluation will be conducted by sticking to the international standards related to ethical rules, participation of all stakeholders, capacity building and high sensitivity to gender and human rights issues.

The methodology is structured in three phases: (i) Analysis framework, (ii) Data collection and (iii) Report and are presented in the following sections.

### Analysis Methodology

The analysis intends to answer the questions raised by the Terms of Reference (See Annex 3) of the MTR that is often qualified as an evaluation from inputs to outcomes and hence should not examine the impact of the Programme. Therefore, the MTR analysis willfocus on four (4) criteria as recommended by the international standards (OECD, 2010) (Ministère français des affaires étrangères, 2005) (DFID, 2005) (SIDA, 2004):

* **Relevance** of the CPAP component in regard to the Development Goals, of outcomes to the economic governance objectives, while perusing the alignment of outputs on outcomes, the adequacy of activities, governance and financing with targeted outputs and outcome, and the delivery approach especially its compliance with the Paris Declaration principles;
* **Effectiveness** to assess to what extent results’ milestones (for mid-term when they exist) have been achieved and targets could be attained. This part of evaluation should analysis what are the underlying hypothesis of the design and actual deviations from them, and what are the factors that have influenced the implementation and results-delivery;
* **Efficiency** both of allocation and technical that relates outputs to inputs-requires also implementation assessment- and analyzes if resources have been used in the optimal way to deliver results;
* **Sustainability** of the CPAP component results after its demise and what are determinants and major risks.

### Data collection

Data collection has been undertaken through desk review of relevant documentation, collected with valuable support of the UNDP Office, followed by field mission to interview all relevant stakeholders that has been completed (See Annex 4 for the list of met people) by a debrief meeting with the UNDP Country Office management to share preliminary conclusions and receive further guidance.

### Report

A draft report, complying with UN OED standards and presenting the evaluation findings, the lessons learnt and the recommendations for the remaining period would be submitted to UNDP and shared with all stakeholders involved in the Development planning and statistics, especially those who have been interviewed during the field mission. On the basis of their comments, a final report would be produced.

# Findings

The evaluation would be undertaken against criteria of relevance, effectiveness, efficiency and sustainability. An overall score would aggregate information to give a one-figure assessment of the CPAP component performance.

## Relevance

To evaluate the relevance of the CPAP component, it is useful to see what the main challenges are in terms of economic governance to allow Nigeria to leapfrog towards its development goals and to what extent the design of the CPAP responds initially and today to them by analyzing its objectives, activities and delivery approach, governance and funding.

### Rationale of the Programme

**Nigeria has a huge potential of economic growth and poverty reduction that has begun to be unlocked thanks to better public policies since the democratic ruling but efforts need to be stepped up.**Nigeria is the most populous country of Africa with 154.7million of inhabitants in 2009 and is well-endowed with natural resources[[4]](#footnote-5) detaining for example 56% of Sub-Saharan Africa oil reserves (37.2 billion of barrels) and producing 2.06 million barrels of oil daily in 2009 (BP, 2009). But despite its economic potential, GDP per capita in US dollars terms was representing in 1999 only 35% of its value in 1980 and has outperformed this value only later in 2006 thanks to both strong recovery and higher oil prices (IMF, 2010). Democratic regimes have brought positive changes in public policies and outcomes with the adoption of the interim poverty reduction strategy, the NEEDS and SEEDS, and later of the 7-point agenda that lead to an impressive average growth of 8.9% in the last decade and to decrease of poverty headcount to 54.4% in 2004[[5]](#footnote-6), of prevalence of underweight children under five years age to 23.1% in 2008 from 35.7% in 1990, of youth illiteracy rate to 18.6% in 2007 from 35.9% in 2000, of under-five mortality rate to 157 per 1000 births in 2008 from 191 in 1990[[6]](#footnote-7) and of maternal mortality rate to 545 per 100,000 live births in 2008 from 1,000 in 1990, all those indicators have experienced a rapid improvement during the latest years. However, those changes compared to the expected ones to achieve the MDGs, as illustrated by the figure below[[7]](#footnote-8), are too far from the requirements. This corroborates the findings of a recent evaluation of the MDGs attainment that has shown that only the HIV/AIDS related MDG target has a good potential to be met and none of them has a supportive environment (OSSAP and UNDP, 2010).

Figure : Change experienced to MDGs-achieving change ratio

**Progress has been made towards a more strategic and results-oriented approach for managing development led by high-level policymakers but there are still roadblocks to overcome.**The strategic approachshould be based on sound diagnosis of the situation, set a shared and realistic vision that could engage all national stakeholders to contribute to its achievement, adopt a medium-term plan that outlines public policies and programs and is fully linked to the budget whiletaking into account needed capacity building to ensure timely implementation, and have a management for results frameworksupported by a sound statistical system that allows leaders to set measurable goals and milestones from the baselines and get national stakeholders accountable to achieve them by developing sound performance evaluation systems and effectively using them. For a country like Nigeria that is less aid-dependent than many other developing countries, this approach is essential to better effectiveness and efficiency of public spending and has in the same time more chances to succeed considering the shield from Donor-driven priorities that could diverge from national ones. Nigeria has made some progress toward this approach before the elaboration of the 7thCPAP by adopting comprehensive development strategy through the NEEDS and a statistical master plan. However, many blocks of this approach were still missing.Moreover, Nigeria is a federation of states and requires joint efforts from different tiers of Government to adopt this approach in a coordinated manner.

**Evidence-based, budget-consistent and implementation-friendly planning process is needed to support this approach and prioritize resources*.*** The last plan has been developed in the 80s and recent PRSP-like documents were attempts to resume comprehensive plans that were still incomplete especially in terms of prioritization and use as a unified framework, and lack formal linkages with the budget that could impede their implementation. The quality of national development strategy has been assessed as only pretty satisfactory scoring C (OECD, 2008) lagging behind comparators and that underperformance explains to a large extent how the effectiveness of the Government as measured by the World Bank Governance Indicators is too low scoring -0.98 in 2008 that puts the country at the 13%[[8]](#footnote-9) percentile (Kaufmann, Kraay, & Mastruzzi, 2008). There are also different institutions at the federal level that are in charge of planning but lacks capacity and coordination: (i) National Economic Council, chaired by the Vice-President of the Federation with membership of allState Governors and NPC acting as a Secretariat, (ii) National Council for Development Planning,chaired by the Head of NPC and constituted with all State Commissioners in Charge of Development planning, (iii) Joint Planning Board includingall Permanent Secretaries of SPC and Planning Directors of MDA with NPC as Secretariat, (iv) National Sector Commissionorganized like the JPB but focusing on one sector. Some of States have already their JPB with the membership of Local Government and MDA representatives and their SPC acting as a Secretariat.

**Availability and quality of data are prerequisite to conceive effective public policies and expenditures**. Timely availability of reliable data is one of the most important constraints to evidence-based policymaking. Reforms have been implemented in the wake of the first Statistical Master Plan (2005-2009) that leads to the adoption of the Statistics Act in 2007, merging of the Federal Office of Statistics and the National Data Bank to create the National Bureau of Statistics (NBS), positive changes in human resources with the increase of share of professionals to 55% from only 5% while giving more incentives to retain skilled people, implementation of many statistical operations that has improved the availability and quality of data and cleared the backlog of publications, heavy investment in ICT infrastructure to put in place the Nigerian Data Nervous System (NDNS), and common support to MDA and State Statistical institutions.The overall SCB score has increased to 58 in 2008 from 42 in 2004 and Nigeria’s World ranking to a percentile of 38% from 14.4% (World Bank, 2011). But, gaps in statistical capacity are still important to feed modeling, needs assessments worksheets, planning and budgeting processes, and monitoring and evaluation framework with reliable, updated and sufficiently disaggregated data.The last assessment of the MfDR as stated by the Paris Declaration has delivered a note C and identified coordination across sectors and tiers of Governement as the weakest segment of its framework (OECD, 2008) (World Bank, 2007).

Figure : Trends of the SCB Indicators

**Therefore, unlocking the huge potentials of Nigeria’s economy to achieve its development goals requires filling capacity gaps in terms of development planning and statistics as worked out by the CPAP**. This highlights the high relevance of this component of the CPAP as one of the most critical issue to enhance the economic governance of the country and step up the effectiveness and efficiency of public spending at the different tiers of Government notwithstanding the source of funding, domestic or aid. Moreover, the 7thCPAP covers other essential issues on the value chain of transforming resources into results by supporting revenues mobilization and allocation through components focusing on fiscal responsibility that lead to an overhaul of the budgeting framework at the federal and state levels and on aid coordination, and by backing a good implementation of public policies and budgets through the reform of procurement and the fight against corruption. However, there are no medium-term Capacity Development plans that could have facilitated the full-alignment of the Programme on the Federal and States’needs. In addition, the UNDP’s interventions are more concentrated on wealthy States[[9]](#footnote-10) as illustrated by lower poverty incidence and the fact that the share of GDP, as estimated by the latest Nigeria Human Development Report (UNDP, 2009b), retained by covered states represents 74.3% of National GDP while it is populated only by 41.4% of inhabitants.

Table : Contribution of States to GDP and poverty

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Share of Population,  2006** | **Share of GDP,  2007** | **Ratio to national  GDP per capita,  2007** | **Poverty Headcount,  2004** | **Contribution to  poverty, 2004** |
| National | 100 | 100 | 1 | 54.4 | 100 |
| Covered States | 41.4 | 74.3 | 1.8 | 47.9 | 36.8 |
| UNDAF | 22.7 | 34.7 | 1.5 | 51.8 | 21.5 |
| UNDP | 18.8 | 39.6 | 2.1 | 43.3 | 15.3 |

Source: (NBS, 2010), (UNDP, 2009b) and our computations

### Objectives

**The expected outcome was andstill relevant and its achievement would have a transformative impact on the poverty reduction and economic management.** The objective of the CPAP refers to many issues that relate to quality, availability and accessibility of disaggregated data, theiranalysis and their use along the planning process, the development of technically sound planning tools that are well-tailored to the needs like MDGs costing models, and the planning system itself and its ability to join efforts together to ensure efficient inter-sector and inter-tiers allocation of resources and facilitate their implementation to meet the Development goals. This objective is appropriate as an outcome of joint statistics and planning interventions even it is hard to expect to achieve it as a result of the CPAP alone. However, the logical framework has two flaws. First, there are no SMART indicators with identified means of verification that could inform the situation prior to the CPAP- baselines- set final and intermediary targets and measure the progress against them. Second, assumptions related to the effective use of the CPAP outcomesto meet Development goalshave been understated especially the linkages with annual budgets, the public financial management and the fight against corruption to ensure that planned resources are appropriated and well implemented. Furthermore, the overarching coherence by setting goals with measurable targets and ensuring that conditions are met to use outcomes to move up toward goals is also missing[[10]](#footnote-11).

**The CPAP has set multiple output indicators for the Development planning subcomponent that are relevant but need to be further measurable.** Main objectives are linked up to the functioning of the institutions in charge of planning like the NEC, NCPD and the JPB, the availability of guidelines for States’ planning institutions both for capacity building and harmonization considerations, the development of costing methodologies and models especially for assessing MDGs needs, and the capacity building of national, sector and state planning units.All those outputs are relevant and their delivery, if they are effectively used, could contribute to some extent to the expected outcome by ensuring the availability of plans that are based on technically sound tools and the horizontal and vertical coordination across sectors and tiers of Government. However, there is a need to reformulate those objectives to focus on results that the CPAP should be able to guarantee (e.g. it is hard to ascertain only as a product of the CPAP intervention that “NPC and the Governors Forum build support in NEC for strengthened development planning“) and then to pick SMART indicators and set targets that are consistent with allocated resources.

**Outputs indicators of the Statisticssubcomponent are relevant and well-linked to the expected outcome.** There is a focus on the availability and the accessibility of a core indicator set on social and economic issues, agreed on between NBS and all SSAs, and published regularly, on the production of annual or biennial MDGs reports at Federal and States level, and on building capacity of SSAs in the selected States to meet benchmarks that are still stated in general way. Those outputs are clearly relevant and their delivery should contribute to the outcome achievement by making available timely update, reliable and sufficiently disaggregated data (e.g. by gender and States) to feed decision-makers with right information to base their policies, plans and budgets, and to monitor and evaluate their implementation. Output indicators are better conceived and often have targets as it is the case for the production of MDGs reports and for the publication of a set of economic and social data. But there is again a need to reformulate those objectives and to improve the logical framework by explicating the assumption that better statistics would be used to take evidence-based development planning decisions.

### Activities

**Delivering expected outputs of the development planning requires a mix of interventions from building capacity to delivery of plansgoing through advocacy and elaboration of tools and all this chain is supported by the Programme**. The starting point has been in many cases an assessment of capacity needs for development planning that has informed the design of MT Capacity Development Strategies at the different tiers of Government with prioritization of analytical gaps, including how to set relevant institutions and rules, to be filled through studies, of skills gaps of human resources to be satisfied through both expertise and training, and of equipment needs to be acquired. To ensure the buy-in of policymakers, the Programme has supportedmany advocacy activities geared toward executive and legislative branches and planning decision-makers, the latter by feeding the meetings of the Federal and State joint planning institutions like NEC, NCDP and JPB. Moreover, activities to deliver owned plans at the federal, sector and state levels based on the MDGs needs assessments have been convened and implemented. Those activities include expertise, training and dissemination to provide skilled people. Therefore, the types of designed interventions are appropriate in regard of the expected results.

**Capacity building is the most needed action to meet objectives of the Statistics Subcomponent and has been the focus of the Programme highlighting the appropriateness of its interventions**. The strategic approach for capacity development has been implemented during the former 6th CPAP at the federal level by setting a SMP and providing guidelines for States to prepare their own plans. Thus, the current Programme while possibly helping the design or update of the SSMP has focused on their implementation through expertise, training, equipment and dissemination to ensure availability and accessibility of data. UNDP has contributed a lot to the NDNS but there is a need to use it more effectively. There are three critical issues for the expected outcome that deserve to be further supported than it was designed: the surveys program to have a strategic demand-driven, and not Donor, approach to feed PPBM chain with data of best quality[[11]](#footnote-12), the governance of the NSS and especially its coordination across sectors and tiers of Government, and the use of statistics that has been considered by the International Community (PARIS21, 2009) as the main driver of the Development of Statistics by maintaining a high level of demand on producers to provide timely and reliable data for modeling, MDGs needs assessments, development planning, performance–based budgeting and monitoring and evaluationat the federal, sector and state levels. Furthermore, one of the most important shortcomings of the CPAP logical framework for the two subcomponents is the lack of risk analysis and mitigation measures to ensure that appropriate interventions would be implemented to achieve expected results.

**The coverage of the MDGs, the Development Planning and the Statistics subcomponents and beyond them the integration of the fiscal responsibility and public procurement reforms are highly relevant**. It is obvious that a successful planning system requires the availability and quality of relevant disaggregated data to analyze the actual situation and its determinants, to develop sound models, to set targets and baselines for objectives’ indicators and to monitor and evaluate the progress against the expected results and impacts. In addition, plans should be MDGs-consistent and this calls for having relevant information to run costing models and for integrating the MDGs needs assessments and monitoring in the overall Development planning process. By integrating those three subcomponents in one outcome, the CPAP is well conceived and is supporting both supply and demand for data and MDGs-products in benefit of sound development plans. The interconnection seems to be always thought about and held up by the CPAP planning, delivery and governance frameworks but there is still a room to improvement. Moreover, plans are only tools andachieving the Development goals requires to have budgetsthat are policy and planning-aligned and to implement them rightly to transform allocated resources into results. The CPAP has integrated those issues in its overall framework by tackling public financial management reforms but it needs to reinforce their interconnection with the subcomponents of the first outcome by increasing for example its support to the budgeting process to ensure the mainstreaming of the plans in the appropriation laws.

**The delivery approach is well appropriate and has been designed to ensure the ownership andthe alignment to priorities**.The delivery approach aims to develop sustainable capacity by undertaking needs assessments, preparing MCFs that set expected outcomes to be met with the support of all UN agencies as stated by the UNDAFII, rolling up AWPs elaborated through inclusive process, and then monitoring and reviewing regularly implementation to inform the adjustments of the AWPs.Hence, the CPAP interventions planning if properly conducted would ensure the effectiveness and the efficiency of UNDP-supported interventions. However, this approach is not conducted as designed: delays have been recorded in the undertaking of Capacity needs assessments, few MCFs exist limiting the scope of detailed medium term plans that link inputs to expected outcomes going through activities to be delivered, AWPs are adopted formally at the beginning of the year and not in the last quarter of preceding year as intended often reducing time remaining to the implementation and the monitoring is too weak as illustrated by the difficulty to get right information on the implementation of the AWPs.

**Moreover, the delivery approach promotes synergy between Federal and States’ institutions, is conceived to leverage more resources to meet outcomesand has been based on the best practices of ODA coordination.** Joint institutions and collaborative work between institutions in charge of Development planning and statistics across sectors and tiers of Government are supported by the Programme as it is illustrated by backing the joint institutions like JPB, even there is mixed sentiment on its effectiveness,and giving the responsibility for developing tools and training staff in planning, MDGs costing and Statistics at the State level to Federal agencies. This approach could also give more incentives to States’ executives to collaborate further with the Federal and by doing so to improve the coordination of public policies and budgets. Other positive feature of the delivery approach is the funding arrangement that guarantee contributions from National partners and henceto increase chance for the sustainability of results. Finally, undertaken approach has promoted to better comply with the Paris Declaration on Aid effectiveness (PDAE) and the Accra Agenda for Action (AAA) principles by enhancing harmonization of aid and using the credibility of the UNDP as a trustee to set Basket Funds and mobilize resources from Donors at is the case with the MDBF to finance the Development planning subcomponent.

### Governance

**The Governance framework is consistent with the expected outcomes and the delivery approach for the Programme interventions.**Co-chairing the Partnership Boards by the Minister in charge of Development planning and statistics at the federal level and by the Executive Governors at the State level provides the governance with needed leadership to guarantee the ownership of the Programme, the alignment of MCFs and AWPs on priorities, the commitment for good implementation and the use of outputs to meet expected outcomes.These boards are supported by the Programme Committees that are regrouped at the federal level for each MCF and by implementation managers while in the State framework there are partnership managers who assist the Executive Governors in steering and overseeing the Programme. There is no sufficient information to evaluate if the Boards are fulfilling their duties but there are certainly some shortcomings in the annual planning process that is completed later than it should be (mid-Q1 of the considered year rather than Q4 of the preceding) and in the monitoring of the AWPs implementation. While this governance structure should promote more inclusiveness of stakeholders, interconnection of subcomponents especially those related to the first outcome and public financial management and better coordination with Donors, there is a lack of information to assess to what extent those principles of the delivery approach are observed[[12]](#footnote-13). The recent decision of the Statistics for Results Facility (SRF) Catalytic Fund Management Committee to pick Nigeria as a pilot Country has required the setting up of a National Partnership Group of government and development partners’ representatives to ensure compliance to the Paris Declaration principles applied to the Statistics. UNDP is taking part to this Partnership and could build upon it to improve the effectiveness of its interventions in this area.

**Cost-sharing arrangements with the FGN and Executive Governors of UNDP-supported States are innovative and conducive to performance and sustainability**. Memorandums of Understanding have been signed between UNDP, NPC[[13]](#footnote-14), Federal implementation agencies and six out of seven targeted States (only BayelsaStatedoes not yet participate but seems to be starting the process). All parties are committed to the purpose of the Programme, to the strategic approach as already outlined, to cost-sharing where national institutions have to fund at least 50% of the financing needs, to sound implementation of the AWPs, to provide quarterly and yearly monitoring reports and to mutual accountability. This innovative approach should ensure a strong commitment of the national institutions to the performance and contribute to sustainability of partnership results by stepping up the domestic funding of the Programme interventions.

**Apparent capacity gaps of implementation units could impede a good functioning of the governance structure in order to achieve expected outcomes.** Implementation managers are selected by the IP through a direct and non-openassignment and without performance frameworks that could be approved by the Partnership Boards. This situation is worsened by the apparent overwhelming working charges of some of the federal implementation managers and this could be translated in delays in designing, implementing and monitoring of the AWPs. Only, NBS has shown greater responsiveness in dealing with the Programme and seems to have benefitted from earlier institutional and human resources reforms. At the State level, there is an apparent lack of skilled people that should be addressed through both institutional reforms and capacity development programmes.

### Funding

**Despite the lack of a detailed CPAP that links activities to targets of outcome, the level of resources seems too low to make a difference both at the Federal and UNDP-covered States level in evidence-based and budget-relevant planning**. Usually the costing of the CPAP should be undertaken during its appraisal and link the quantity of outputs required to achieve the expected outcome and the financing needs based on unit costs of targeted products orplanned interventions. There is no such information and it is difficult to assess the adequacy of available resources with the expected objectives. There are inconsistent figures estimating the required resources to fund capital expenditures at the federal level for Development planning and statistics from different documents: NIP, Appropriation Bills and specific strategies like NSDS and the annual contribution of the UNDP represents between 1 and 10% hinting that the CPAP funding is inadequate to leap towards major improvements of the PPBM chain. Moreover, the weight of the resources allocated to the first outcome in the total funding is less than one-fifth and does not reflect the high priority given to these issues. Finally, the multiplicity of supported states reduce the available envelope for each of them and impede the closing of the funding gaps of the States Capacity Development plans in the area related to the first outcome of the CPAP[[14]](#footnote-15).

**UNDP has been able to mobilize other Donors for co-financing of the CPAP but at low pace**.UNDP has set up a MDBF to support Development planning that already receives contributions from the UK-DFID and more recently from the AFD representing around 32%.

## Effectiveness

Effectiveness is one of the most important criteria for any evaluation and its assessment should analyze (i) progress towards targets of outcome and outputs, including those unexpected, and the possibility of achieving initial targets[[15]](#footnote-16), and (ii) factors affecting positively or negativelythe performance.

### Outcome achievements

**Progress toward the expected outcome at the federal level has been overall satisfactory**.The quantitative assessment is hardened by the lack of an indicator to measure progress toward the expected outcome. However, two indicators 1st[[16]](#footnote-17) and 11th[[17]](#footnote-18) of the Paris Declaration on Aid Effectiveness could be merged to compute one-figure measure of the status of the evidence-based planning and used in the remaining period to monitor progress. The only available figures for those two indicators refer to 2007 but there is ongoing evaluation. Qualitatively, there are significant improvements both in terms of Development planning and of Statistics that would increase the scores corresponding to those indicators. For the former issue, it is worth to note the adoption of the Vision 20:2020 (FGN, 2010b), the MDGs Countdown Strategy 2010-15 (FGN, 2009b), the first National Implementation Plan 2010-13 (FGN, 2010a) elaborated through nationwide participatory process involving MDAs and States (first since the 80s), the 3-year rolling MTEFs with two versions for 2010-12 and 2011-13 that is becoming more and more the basis for the annual budget with clear reference from the President to the linkages between those documents during his 2011 Appropriation Speech[[18]](#footnote-19). For the latter issue, a Monitoring and Evaluation framework has been developed and is supported by the NSDS to reinforce availability of data and analyses needed to set up evidence-based policy and performance-based budgeting. The SCB Indicator hasbeen steadybetween 2008 and 2010 (World Bank, 2011). Estimating scores of the Development planning and managing for results and aggregating them show that the proposed indicator of the CPAP first outcome has improved by 11% since 2007.Nevertheless, with these figures, Nigeria still lags behind many African countries and will not live up to ambitions.

Table : CPAP Outcome1 Indicator at Federal level

|  |  |  |
| --- | --- | --- |
|  | **2007** | **2010** |
| **Evidence-based effective planning overall score** | 2.7[[19]](#footnote-20) | 3.0[[20]](#footnote-21) |
| **Development planning** | 2.7 | 3.3 |
| **Managing for Results** | 2.7 | 2.7 |

Source: (World Bank, 2007), our estimates and computations

**Progress has been significant but moderate at the state level**. The quantitative approach for effectiveness at the subnational tiers of government is further difficult due to the lack of data. However, some States have experienced improvements in the Development planning by elaborating their SIP aligned on the National Vision, enhancing the prioritization of targeted results through the mainstreaming of the MDGs into their policies, adopting Fiscal Responsibility Bills that bind them to base annual budgets on MTEFs and pushing for more strategic links between plans and Appropriation laws, and Statistical Master Plans. Hence, there is clearly progress toward evidence-based planning at the state level that deserves to be computed for example by developing a State Index using the same scoring methodology applied at the national level.

**However the usefulness of the plans is limited by the disconnection between planning and budgeting that could reduce the impact of the CPAP on the Development goals and then its effectiveness**. Despite the claims that the Appropriation bill is based on the national vision and the first implementation plan, there are significant discrepancies between figures from the MDGs Strategy Countdown, the 1st NIP, the MTEF 2010-12 and 2011-13 and the annual budgets. For example, the planned amount of federal capital spending is forecast at 2.5 trillion of Naira for 2011 in the NIP, while it was projected to 1.1 trillion by the MTEF2010-12 and to 1 trillion by the draft of the Appropriation Bill that has been submitted to the National Assembly. When looking to the sector expenditures, these differences are prevalent between those three documents and also between the MDGs Countdown Strategy and the NIP. This is one of the most critical issues that should be addressed quickly. Attempts have been made to eliminate this disconnection for the 2011 Appropriation Bill Process by involving further the NPC in the MTEF decision-making. There are also efforts to develop performance-based budgeting and to make mandatory for sectors to set targets for domesticated MDGs. Moreover, weaknesses in the public financial management as illustrated by the corresponding CPIA score that stays steady at 3.0 underachieving the average of the ECOWAS region. Some PEFA assessments have been conducted as the state level but there are no data at the federal level to appreciate to what extent the budget is credible.

**There are few other concerns that should be addressed to improve the impact of the CPAP**. Vision is useful when it is shared and people are committed to achieve itand this requires further communication to render all Nigerian convinced of its relevance, adhering to its orientations and understanding how they can contribute. The lack of a NIP progress report elaborated through open and participatory process to monitor implementation and adjust targets and resources allocation is also reducing the usefulness and constraining its integration to the budgeting process. The NSDS is non-realistic and it is not results-oriented setting baselines and targets. The Coordination between different tiers of Government while improving is still stunted.

**Contribution of UNDP to the outcome achievements is high and is coordinated with other Donors’ interventions in this area**. At the federal level,UNDP interventions have been supportive to the elaboration of the long-term vision, the MDGs Countdown strategy built thanks to its extensive knowledge on MDGs costing, and the first NIP but also to the adoption of the Fiscal Responsibility Act that promotes the MTEF and hence the strategic linkage between plans and budgets. As the most important gains are experienced in the Development planning, the contribution of the UNDP could be rated as high. At the State level and for those supported by the CPAP, UNDP is playing an influential role in the Development planning and Statistics but difficult to appreciate due to lack of data. Moreover, the UNDP has been effective to get other donors funding interventions to meet this outcome that is supported by many of them and especially the World Bank, the IMF, the AfDB, the EU and the DFID. Finally, UNDP has promoted the mainstreaming of cross-cutting issues like gender, human rights, environment and HIV/AIDS in the Federal and State development strategies and programmes.

### Outputs achievements

#### Development planning

**Effectiveness in delivering outputs is satisfactory for the Development Planning subcomponent**. The following outputs have been achieved: Nigeria’s Vision20:2020 and the first NIP2010-13 have been produced, adopted by the Government and launched by the President, Meetings of Planning institutions are held regularly with high attendance while their quality assessment is mixed, guidelines have been prepared to help States shape their contributions to the Vision20:2020 and the first NIP, Macroeconomic Model has not been sufficiently developed while sector models for costing MDGs have been completed and are already used in 4 States(Adamawa and Benue: UNDAF States and Delta and Niger UNDP States) out of 13 States supported by UNDP with 123 trainees from 4 states on MDGs needs assessments and advocacy tools, 2 States have elaborated their SIP aligned on the NIP (while Niger State has had so far a Development plan based on its own 2020 vision), few states (Delta and Niger) have set up an SPC and some of them have already budget lines for those institutions.

**CPAP support to NPC has been focusing on the development of the Vision20:2020 and the NIP2010-13 while investing in building capacity of the NPC, NTWG participants and zonal and national stakeholders forums**. The CPAP-funded activities have contributed to deliver the long-term vision and its first medium-term implementation plans, while developing capacities during the process, and launched the process of the computation of State GDP figures. However, there are no available indicators on the capacity development outputs in terms of people trained or participating to the dissemination activities, nor in terms of analytical gaps filled. Finally, the planned study tour to review the draft macro-model has not been done and it seems that due to this delay, NPC staff abandoned the model developed with the UNDP support and this move is detrimental to the efficiency of interventions by wasting resources already spent in the modeling task.

**Development planning activities of the OSSAP-MDGs Office were related to the MDGs costing and its mainstreaming into planning and budgetary process at the Federal and State Levels and to develop skills to manage the built models**. At the federal level, there are the preparation and the publication of the MDGs Countdown Strategy, co-funded by the DFID, and some improvements, despite lower than expected, with its integration into the planning (NIP and MTSS) and budgeting and even to base the budget on performance targeting many MDGs indicators. Capacity Building outputs were limited to the training of 224 people from 8 MDAs on the costing tools that have been developed for 8 sectors. However, there are apparent lack of coordination between MDGs Office and planners at the NPC, Budget Office and MDAs that lead for latter institutions to keep MDGs costing-skilled people away from sector planning and budgeting. At the State level, technical assistance for stepping down MDGs has been recruited and provided to earlier mentioned four States that have completed their costing models and 124 people (31 per State) have been trained on the costing and advocacy tools. Moreover, the Programme has brought strategic support to the CGS at the OSSAP-MDGs by recruiting expertise that contributes to improve the selection process of the CGS-supported interventions in order to increase their impact on poverty reduction and by contributing to the production and dissemination of the DRG-funded projects monitoring and evaluation reports for 2006 and 2007.

**States that have reported on the AWPs implementation during this review have shown positive results taking into account the cross-cutting issues like gender, HIV/AIDS and environment**. Niger State has shown an impressive commitment to the strategic approach to manage its Development. It has already its Development plan embedded in a long-term vision that should be however revised to be Vision20:2020 and NIP2010-13 aligned, adopted a Fiscal Responsibility Bill, conducted a capacity assessment of its planning commission and elaborated a draft of the SPC Bill that is still behind the House and made a provision in the Appropriation Bill to fund adequately its SPC, developed its MDGs costing model that is still under-utilized due to the lack of update and accurate data, implemented training activities for 40 staff on mainstreaming cross-cutting issues of Gender, HIV/AIDS and Environment into Development plans and for 50 officials who should be involved in the State JPB on how to develop Medium Term Development Plans. Rivers State has been able to implement all planned activities for 2010 allowing it to train 45 people on mainstreaming the cross-cutting issues referred to earlier into the MTDP (35.6% were women) and 180 on the LTDP (women share was 33.3%) that are aligned to the Nigeria’s Vision 20:2020 and has developed its SIP that is line with the national vision and its medium-term development plan. Anambra State has implemented 2 out of 4 planned activities for 2010 hence focusing on training of 60 people on mainstreaming the same cross-cutting issues into the MTDP (48.3% of them were women) and 35 planners on guidelines for Development plans (only 25.7% were women). Delta State has gone further with the elaboration of condensed vision2020 report and its 3-year plan while producing guidelines to plan, completing the MDGs costing exercise and training 20 planning and budgeting officers (30% were women) on them and 20 other people (gender-parity ensured) on mainstreaming the already cited cross-cutting issues into the planning. Furthermore, there are two others States that are supported by the UNDAF and have made progress by completing MDGs costing exercises (Adamawa and Benue) and elaboration a SIP aligned to the Nigeria’s Vision20:2020 and its first NIP (Benue).

#### Statistics

**The Statistics subcomponent has experienced sound implementation of the training activities while it is still lagging in terms of data related products**. Main achieved outputs are: e-template for data on core set of socio-economic data has been approved and agreed on between NBS and States, Statistical Yearbooks are produced at the Federal and state levels with 20 SSYB for 2008 (54% of them while this share is 100% for UNDP-supported states), National MDGs 2010 report has been published, one state (Niger) has already published its MDGs 2010 while other are completing the process, 4 out 6 covered states have adopted a Statistical Bill by their executive cabinets (while only 22% of states have performed so) and 2 of them have already got the approval by their House, and hundreds trainees from NBS, MDA Statistical Units and States.

**NBS has a good track record of performance in the implementation of its AWPs.** NBS has performed many training activities that benefit to 565 people from the NSS and relate to Survey methods (3 people by 13 States), STATA (40 people from States and 5 from NBS), SPSS (36 people from NBS), compilation of cross-cutting issues and social statistics (3 people by 8 states by 3 issues and 15 from NBS), administrative statistics production chain (2 people by 18 MDAs by 2 different sessions and 18 from NDS for each session), population and SSY production using IT possibilities (2 people by 17 States that have already participated to the NDNS and 37 from NBS), software applications (36 plus 24 people from NBS), web-enabled data capture systems (2 people by 13 States and 37 from NBS) and electronic data dissemination using NBS web portal and NADA platform (36 from NBS). Moreover, the NBS has improved the use of the NDNS through the elaboration and frequent upgrades of e-templates and their fulfilling through web enabled capture. Finally, the NBS has launched the designing of a medium-term capacity development plan for the implementation of the NSDS that should be comprehensive.

**MDGs Office is still championing the monitoring of the MDGs both at the Federal and State Levels.** At the federal level, the MDGs 2010 Report has been produced and published. The Office is also providing advices to the States that are engaging the elaboration of such reports like Delta, Niger, Anambra and Rivers States.

**States benefited from training conducted centrally by the NBS while clearing the backlog of SYN and improving the statistical framework**. Niger State has undertaken an overhaul of its Statistics framework with the passing of the draft Statistics Bill that is behind the House and the ongoing revision of its SSMP that would be NSDS-aligned. Planned elaboration of the MDGs Report is well in progress. Capacity building interventions have been implemented leading to train 4 people on STATA and 9 on the compilation of gender, employment and social statistics. Rivers State has adopted its Statistics Law through a process that has seen advocacy activities toward executives and legislators, has trained 9 people on primary data collection or STATA and 5 Statistics officers on strengthening compilation of cross-cutting issues and social statistics, and produced and published its SYB for 2008. Anambra State has been able to implement only training activities that benefited to 35 people on primary data collection and STATA. Finally, Delta State has published its MDGs 2010 Report and its 2008 SYB while designing survey instruments and participating to the training activities conducted centrally.

### Explaining Factors

**There are many positive factors that have influenced the sound performance of the CPAP**. The most critical of them are: the delivery approach that is strategic, capacity-centered, owned and co-funded by the beneficiaries, the simplification of the financial modalities with more and more national execution, the knowledge brought by the UNDP especially in terms of managing for MDGs results, and the positive perception of the UNDP both by Nigerian authorities and Donors who trust UNDP as a manager of Basket Funds.

**Addressing existing shortcomings could speed up the pace of progress**. Main weaknesses are related to the managing for results that should set clear targets to each IP, link them to resources and reward performance, to the planning process that has to be finalized earlier at last before the beginning of the covered year, to the monitoring of the implementation that should review regularly (each quarter as stated by the CPAP document) progress, identify bottlenecks to overcome and propose eventual adjustments,and to the work overload of managers at the federal level and the capacity gaps at the state level (e.g.State Statistical Agencies have little capacity as it the case in Niger State where only around 12% of staff are professional while for NBS this share has gone up from 5 at the start of the SMP to 55% at its completion, thanks to an institutional reform).

## 

## Efficiency

**The cost-efficiency is benefitting from UNDP procedures**. Procedures of buying goods and services are favoring lower unit costs. Assets acquired through the funding of UNDP are supposed to be maintained and provided with inputs by beneficiaries while UNDP is regularly monitoring that this commitment is fulfilled. The performance of experts recruited by UNDP is not monitored as it should be to ensure higher productivity despite certifications from beneficiaries. There are also abandoned activities wasting already spent resources. National execution has represented 15% of 2010expenditures at the federal level and is based on the HACE approach that aims to enhance the IP own public financial management and hence its readiness to channel more resources through the national system. Introduction of the FACE is improving the physical and financial reporting on the implementation. However, the AWPs monitoring reports are not yet prepared as convened. Audits are conducted for all IP executing more than 100kUSD.

**Total disbursement is $5.2m corresponding to 47% of estimated initial cost of this component and trends are indicating that planning could enhance the efficiency of interventions.** The execution rates are high indicating a good level of predictability of resources and credibility of the AWPs that usually contribute to better planning of spending and lower costs. However, discrepancies are large between planned resources as derived from the AWPs and from the UNDP financial system and this should be addressed. Moreover, the inter MDA and states allocation rules are not well-documented and should be linked somehow to performance in order to provide right incentives to increase the efficiency of UNDP-funded interventions. Level of other resources mobilization is still too low.

Table : Financial execution 2009-2010 (Thousands of USD)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Total AWPS planned funds 2009-10** | **Total planned by UNDP 2009-2010** | **Discrepancies in plans (in % of AWPs costs)** | **Total Disbursed** | **Outturn rate (all UNDP)** |
| **Federal** | **3,868** | **4,867** | **25.8%** | **4,052** | **83.2%** |
| NPC | 1,441 | 1,837 | 27.5% | 1,531 | 83.3% |
| NBS | 1,442 | 2,345 | 62.6% | 1,993 | 85.0% |
| OSSAP-MDGs | 985 | 685 | -30.5% | 528 | 77.1% |
| **States** |  | **1,368** |  | **1,181** |  |
| **UNDAF** | **n/a** | **407** |  | **386** |  |
| **UNDP** | **1,228** | **961** | **-21.8%** | **794** | **82.7%** |
| **Total** |  | **6,235** |  | **5,233** |  |

Source: UNDP Nigeria and our computations

**Qualitative assessment points out to satisfactory level of efficiency[[21]](#footnote-22) that could be further improved by more performance oriented management**. Implementation procedures are contributing to lower costs but weaknesses in terms of managing for results and performance evaluation as it should be done for expertise[[22]](#footnote-23) could lead to lower productivity that edges up the unit costs and then bring down the efficiency. Focusing on a limited number of Federal agencies and states and few products contributes also to have better results with available resources and hence increases the scope efficiency. In addition, the use of Federal institutions to develop tools and train staff has surely brought scale efficiency gains but there is still a room for synergies between implementation partnersespecially in Statistics as illustrated by misunderstandings between NBS and NPoPC,and duplication of statistical work from NBS and SSA at the State level. Increasing the value of achieved results compared to the cost requires more use of the outputs in particular the use of data in the PPBM and the mainstreaming of plans into annual budgets.

## Sustainability

**Sustainability is promoted by the cost-sharing agreements but exiting States could have a negative outcome**. The strategic approach that favors the ownership of the CPAP interventions and results bygiving the lead to the Government Partners for the design, the co-financing, the implementation and the monitoring of the AWPs. Moreover, improving the usefulness of the CPAP outputs would lead to more commitment from beneficiaries to pursue their funding of this outcome even after the withdrawal of the UNDP Programme and therefore ensuring the sustainability of results. However, past changes of geographical coverage before ensuring the sustainability of results have been prejudicial sometimes and could reduce the efficiency. Finally, the networking and the use of skilled experts who have been trained and heavily involved in the MDGs costing methodology and needs assessments are not ensured and that could lead to inconsistency between different planning documents and reduce the sustainability of results in this area.

**Risks Management has been a missing component of the CPAP assessment**. Political risks are the most likely with two channels that are the instability of interlocutors and the unwillingness in the dialogue on the strategic issues linked to the Development planning and statistics. To mitigate the former risk, it should be useful to enhance the monitoring of the implementation so to be always ready to provide new decision-makers with updated information. For the latter, the planning process of the CPAP has to be improved to pick the most critical issues and by doing so to ensure greater impact and effectiveness of the UNDP interventions and in the same time putting them on the dialogue table. However, it is clear that a less-aid depending country like Nigeria has greater margin of maneuver for Development ownership that should be welcomed and not fought by Donors. There are also risks related to low capacities that are targeted by the CPAP interventions based on needs assessments, to delays in mobilization of counterparts that should be mitigated through linking UNDP resources to the compliance by partners to their commitments, and to fiduciary that is appreciated through macro and micro-assessments of the HACE and regular audits and reviews.

## Overall Performance Evaluation

The overall assessment of the CPAP first outcome is satisfactory with higher scores for sustainability and effectiveness due to past performances. Increasing governance and usefulness of the CPAP results is required to enhance the relevance and the efficiency of the Programme.

Table Evaluation scores

|  |  |
| --- | --- |
| **Indicators** | **Score (1 to 5)[[23]](#footnote-24)** |
| **Relevance** | **3.6** |
| Relevance to Development Challenges | 4 |
| Goal, Purpose and Outputs | 4 |
| Activities and Delivery Approach | 4 |
| Governance | 3 |
| Funding | 3 |
| **Effectiveness** | **3.8** |
| Outcomes | 4 |
| Outputs | 3.5 |
| Federal, Development planning | 4 |
| Federal, Statistics | 4 |
| State, Development planning | 3 |
| State, Statistics | 3 |
| **Efficiency** | **4** |
| Management | 4 |
| Cost-efficiency | 4 |
| **Sustainability** | **4** |
| **Overall performance** | **3.8** |

# Conclusions, lessons learnt and recommendations

## Conclusions

**The component was and is still relevant to transform inputs into the best Development results through a sound evidence-based planning and budgeting system**. The objectives are relevant but the initial logical framework lacks SMART indicators to monitor progress and does not lay out the assumptions and hypotheses underpinning the results-chain. Types of activities and delivery approach,based on the Paris Declaration on Aid Effectiveness and Accra Action Plan principles, are appropriate but suffering from delays in the adoption of the AWPs and the quasi-absence of the monitoring. Governance structure is consistent with the expected outcomes and could be reinforced by more inclusiveness of the relevant stakeholders to ensure the right level of coordination and capacity development interventions. Level of resources is low regarding the ambition of the Programme but the UNDP has been able through the CPAP to leverage more domestic resources through cost-sharing agreements and more ODA by setting up a MBTF for Development planning and building upon the high credibility of the UNDP as a trustee but gaps are still to be closed and further action is needed while investing the national partnership for statistics created in the wake of the SRF to ensure better aid coordination in this area.

**Interventions have been effective but results have to be used by budgeting and implementation process to impact the Development goals**. The Country has experienced significant progressin terms of the Development Planning at the Federal level with the adoption of the Vision 20:2020, the MDGs Countdown Strategy 2010-15, the first NIP 2010-13, the MTEFs for 2010-12 and 2011-12. Tremendous progress has been made in terms of outputs for the two subcomponents. UNDP’s contribution to these achievements is great both in terms of funding interventions directly or indirectly through leveraging and of knowledge transfer of best methods and international standards. However, the usefulness of outputs is limited by the unclosed gap between planning and budgeting, and the plans themselves should be more realistic, results-oriented and regularly monitored through the elaboration of progress reports.

**The efficiency is satisfactory**. Implementation is benefitting from UNDP procedures that contribute to lowering unit costs. However, the culture of performance is often lacking and should be reinforced to have better results with lesser resources. Scope efficiency is ensured through the focus on few Federal agencies and states and a limited number of products. Synergy between institutions has brought more scale efficiency gains. Cost-effectiveness is impeded by the shortcomings in terms of budget-consistency of the Development plans.

**Financial sustainability was not a source of concern while risk management has to be strengthened**. The delivery approach and the cost-sharing agreements have brought more commitment of the Government partners to the Programme results. However, exit strategies and expertise management are crucial for sustainability and should receive more scrutiny. Risks related to politics, institutional and human resources capacity, revenue mobilization and fiduciary have not been assessed and mitigation strategies appraised.

## Lessons learned

**The main lessons learnt from the review are:**

1. Mainstreaming the evidence-based development planning into the performance-oriented budgeting is urgently needed to ensure that resources spent to achieve the CPAP first outcome lead to more effective and efficient public spending that speed up the pace towards Development Goals;
2. Managing the CPAP for results is an imperative and should be looked for by revamping the results-chain of the logical framework, by setting SMART indicators with baselines, milestones and targets and disaggregating them for each IP, and by reinforcing the performance monitoring and evaluation for all undertaken actions and involved resources;
3. Synergies between Federal and State institutions have been spurred by the delivery approach but there is still a room for improvement that should be explored and implemented to enhance the efficiency of public interventions;
4. Risk management is lacking by identifying potential threats to the CPAP objectives’ attainment and by elaborating mitigation strategies. For example, the risk of political change as it is expected after coming elections should be addressed and managed as proposed below.

## Recommendations

On the basis of this assessment, the mid-term review recommends to implement the following actions (See Annex 1 for the proposed calendar):

1. Maintain and scale up this component in the 8th CPAP and build on its success to ensure full integration of plans into budgets and availability and use of statistics in policymaking (UNDP, FGN and targeted States);
2. Elaborate at the Federal and targeted States level Capacity Building plans based on sound assessments to perform Development planning and budgeting and implementation of NSDS and SSMP and use them to prioritize 8th CPAP interventions (UNDP, FGN and targeted States);
3. Convene the results-chain (see table 6), sign it and add it to the MoU with IP (UNDP, NPC and all IP);
4. Elaborate new MCFs that are consistent with the expected results while reinforcing linkages between subcomponents and with the budgeting process (UNDP, NPC and targeted States);
5. Adopt the AWPs no more later than the Q4 of the preceding year (UNDP, NPC and all IP);
6. Produce quarterly and annual reports on monitoring even using simplified form as proposed by this MTR and complying with the approved results-chain (UNDP, NPC and all IP);
7. Use the Vision20:2020’s Monitoring and Evaluation Framework and National Partnership linked to the SRF to enhance aid coordination on the two subcomponents and invite involved Donors to the AWPs meetings (UNDP, NPC and all IP);
8. Overhaul the governance frameworkespecially by enlarging Boards to all relevant stakeholders (UNDP, NPC and all IP);
9. Review the costing of achieving new targets of outcomes and use it to advocate for financing gaps (UNDP, NPC and all IP);
10. Set up an institutional framework at the federal level for the MTEF elaboration that involves strongly NPC (FGN);
11. Revise on rolling basis the MDGs Countdown, the NIP and the SIP baselines, targets and allocation of resources in tandem with MTEF and by making the Appropriation Bill identical to the first year of the MTEF (FGN, States Executives);
12. Enlarge the CPAP support to the MTEF preparation now by leveraging on its fiscal responsibility sub-component and hence by merging the two outcomes (UNDP, FGN and covered States);
13. Develop and implement a communication strategy to engage all national stakeholders to achieve vision and development plans (UNDP, NPC and covered States);
14. Adopt Results framework of the NIP and the SIP that build upon proposed scorecards for the Monitoring and Evaluation of the Vision20:2020 (UNDP, FGN and covered States);
15. Develop performance-based budgeting linking expenditures’ allocation to the targets from baselines (UNDP, FGN and covered States);
16. Promote setting up letters of missions to the MDAs Heads (FGN and covered States);
17. NSDS and SSMP should be adjusted to be realistic and become more results-oriented setting up targets and milestones for expected outcomes and outputs (UNDP, NPC, NBS and covered States);
18. Set up performance evaluation framework based on letters of missions and results-oriented AWPs (UNDP, NPC and all IP);
19. Conduct quality evaluation of all activities e.g. satisfaction surveys after training (UNDP, NPC and all IP);
20. Clarify the relationship between NBS and NPoPC (FGN);
21. Promoting in the UNDP-supported states an understanding between NBS and SSA (UNDP, NPC, NBS and covered States);
22. Compute and monitor frequently the waste of resources due to abandoned activities (UNDP, NPC and all IP);
23. Evaluate regularly the performance of recruited experts against expected outputs (UNDP, NPC and all IP);
24. Develop a policy for exiting States between CPAPs aiming to ensure the sustainability of achieved results (UNDP, FGN and all covered States);
25. Network expertise developed thanks to the CPAP especially in MDGs costing and ensure they are involved in the planning and budgeting processes (UNDP, FGN and all covered States);
26. Elaborate risks management strategy as proposed by the MTR and incorporate it in the 8th CPAP (UNDP, FGN and all covered States);
27. Mitigate the risk of political change by supporting the elaboration of detailed monitoring reports and restarting the CPAP interventions planning process (new MCFs and AWPs) to adapt to new challenges (UNDP, FGN and covered States where appropriate).

Table : Results-chain of the CPAP first outcome

| Inputs | **→** | Activities | **→** | Outputs | **→** | Outcomes | **→** | Impact |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Regular resources ($6,457m for planning and $2,767m for Statistics)  Other resources  ( $1,792m) | Development planning | |  | | National evidence-based planning index (source: OECD):  2008:2.7  2010:3.0  2012:3.6  Aggregated State Index  2008:  2010:  2012  NMDGs planning outturn[[24]](#footnote-25)  2008:  2010:  2012  SMDGs planning outturn:  2008:  2010:  2012  SCB Indicator  2008:58  2010:57  2012:65 | | MDGs | |
| 1. MDGs costing and Development Plans | | NIP 2008:0, 2010:1; 2012:1  NIP-PR 2008:0, 2010:0, 2012:2  NMDG Costing 2008:0, 2010:1, 2012:1  SIP[[25]](#footnote-26) 2008:0, 2010:2, 2012:7  SIP-PR 2008:0, 2010:0, 2012:7  SMDG Cost 2008:0, 2010:4, 2012:8 | |
| 1. Development planning’s Capacity Building Programmes | | Trainees 2008:0, 2010:800, 2012:2000  S-MT-CDP 2008:0, 2010:1, 2012:6  SPC Bills 2008:0, 2010:2, 2012:6 | |
| 1. Advocacy | | Number of participants[[26]](#footnote-27)  Executives  Legislators  DP Newsletters | |
| Statistics | |  | |
| 1. Data availability and accessibility related activities | | Starting year 2008  NAAS 2008:0, 2010:2, 2012:4  NMDGR 2008:0, 2010:1, 2012:2  CGS-R 2008:, 2010:, 2012:  SSYB 2008:0, 2010:10, 2012:38  SMDGR 2008:0, 2010:1, 2012:6 | |
| 1. Statistical Capacity Building Programmes | | Trainees 2008:, 2010:545, 2012:1200  NSDS-CDP 2008:0, 2010:0, 2012:1  SSMP 2008:0, 2010:23, 2012:14  SSMP-CDP 2008:0, 2010:0, 2012:6  S-Statistics Bill 2008:0, 2010:2, 2012:6 | |
| 1. Advocacy | | Number of participants  Statistics Newsletters | |

# ANNEXES

# Annex 1: Recommendations

| **Main conclusions** | **Recommendations** | **Responsibility** | **Calendar** |
| --- | --- | --- | --- |
| **Overall performance has been satisfactory** | Maintain and scale up this component in the 8th CPAP and build on its success to ensure full integration of plans into budgets and availability and use of statistics in policymaking | UNDP, FGN and targeted States | Request by end-2011, Appraisal by mid-2012 |
| **Relevance**  CPAP Alignment on the Capacity Development priorities is insufficient | Elaborate at the Federal and targeted States level Capacity Building plans based on sound assessments to perform Development planning and budgeting and implementation of NSDS and SSMP and use them to prioritize 8th CPAP interventions | UNDP, FGN and targeted States | 2011 until Q1 of 2012 |
| There are no SMART indicators for the results-chain (inputs to impacts) | Convene the results-chain (see proposal), sign it and add it to the MoU with IP | UNDP, NPC and all IP | Immediate |
| Delivery Approach is not implemented as it should be | Elaborate new MCFs that are consistent with the expected results while reinforcing linkages between subcomponents and with the budgeting process | UNDP, NPC and targetedStates | Q2 of 2011 |
| Adopt the AWPs no more later than the Q4 of the preceding year | UNDP, NPC and all IP | Immediate for 2011 AWPs and Q4 for 2012 AWPs |
| Produce quarterly and annual reports on monitoring even using simplified form as proposed by this MTR and complying with the approved results-chain | UNDP, NPC and all IP | Immediate |
| Use the Vision20:2020’s Monitoring and Evaluation Framework and National Partnership linked to the SRF to enhance aid coordination on the two subcomponents and invite involved Donors to the AWPs meetings | UNDP, NPC and all IP | Immediate |
| Governance structure could be further inclusive and conducive to mainstreaming cross-cutting issues into planning and planning into budgeting | Overhaul the governance framework especially by enlarging Boards to all relevant stakeholders | UNDP, NPC and all IP | Q3 of 2011 |
| There is no needs costing to assess the consistency of the funding with expected outcomes | Review the costing of achieving new targets of outcomes and use it to advocate for financing gaps | UNDP, NPC and all IP | Q2 of 2011 |
| **Effectiveness**  Progress toward the expected outcome is impeded by weaknesses in the strategic link between the Development planning to the processes | Set up an institutional framework at the federal level for the MTEF elaboration that involves strongly NPC | FGN | Q2 of 2011 |
| Revise on rolling basis the MDGs Countdown, the NIP and the SIP baselines, targets and allocation of resources in tandem with MTEF and by making the Appropriation Bill identical to the first year of the MTEF | FGN, States Executives | Q2 of 2011 to Q2 of 2012 |
| Enlargethe CPAP support to the MTEF preparation now by leveraging on its fiscal responsibility sub-component and hence by merging the two outcomes | UNDP, FGN | Q2 of 2011 to mid-2012 |
| Develop and implement a communication strategy to engage all national stakeholders to achieve vision and development plans | UNDP, NPC and covered States | Q2 of 2011 and then continue |
| Managing for Results is not moving up as expected | Adopt Results framework of the NIP and the SIP that build upon proposed scorecards for the Monitoring and Evaluation of the Vision20:2020 | UNDP, FGN and covered States | Q2 of 2011 |
| Develop performance-based budgeting linking expenditures’ allocation to the targets from baselines | UNDP, FGN and covered States | Q3 of 2011 |
| Promote setting up letters of missions to the MDAs Heads | FGN and covered States | Q1 of 2012 |
| NSDS and SSMP should be adjusted to be realistic and become more results-oriented setting up targets and milestones for expected outcomes and outputs | UNDP, NPC, NBS and covered States | Q2 of 2011 |
| Performance Management of the CPAP could be further improved | Set up performance evaluation framework based on letters of missions and results-oriented AWPs | UNDP, NPC and all IP | Immediate |
| Conduct quality evaluation of all activities (e.g. satisfaction surveys after training) | UNDP, NPC and all IP | Immediate and continue |
| **Efficiency**  Redundancy in Statistics setting up affects negatively the efficiency | Clarify the relationship between NBS and NPoPC | FGN | Q2 of 2011 |
| Promoting in the UNDP-supported states an understanding between NBS and SSA | UNDP, NPC, NBS and covered States | Q2 of 2011 |
| Giving up tasks that have already consumed funds is detrimental for the efficiency | Compute and monitor frequently the waste of resources due to abandoned activities | UNDP, NPC and all IP | Continue |
| Productivity of recruited expertise could be improved reducing the unit costs of expertise | Evaluate regularly the performance of recruited experts against expected outputs | UNDP, NPC and all IP | Continue |
| **Sustainability**  Exit strategies and nurturing skills are essential to the sustainability | Develop a policy for exiting States between CPAPs aiming to ensure the sustainability of achieved results | UNDP, FGN and all covered States | Q1 of 2012 |
| Network expertise developed thanks to the CPAP especially in MDGs costing and ensure they are involved in the planning and budgeting processes | UNDP, FGN and all covered States | Immediate |
| Risks should be assessed and mitigated | Elaborate risks management strategy as proposed by the MTR and incorporate it in the 8th CPAP. | UNDP, FGN and all covered States | Q2 of 2011 for the 7th CPAP and mid-2012 for the 8th CPAP |
|  | Mitigate the risk of political change by supporting the elaboration of detailed monitoring reports and restarting the CPAP interventions planning process (new MCFs and AWPs) to adapt to new challenges | UNDP, FGN and coveredStates where appropriate | Q1 and Q2 od 2011 |

# Annex 2: Terms of Reference

## BACKGROUND AND CONTEXT:

UNDP continued to play key roles in support of strategic planning by national and sub national governments. Recognizing the need to provide reliable information to enable effective planning, UNDP continued its support to the National Bureau of Statistics (NBS) focusing on information management and the developing of tools for evidence-based planning and decision making. State Statistical systems have continued to be strengthened and strategically linked with national statistical analysis database systems. Support was provided to the Office of the Special Advisor to the President on MDGs to produce the Millennium Development Goals Reports at the national level that has continued to provide critical information for planning and up scaling action towards the achievement of the MDGs. The National Planning Commission was also supported to establish aid coordination Frameworks and tools that would facilitates aid management and harmonization, as well as help advance implementation of the Paris Declaration. A macro-economic framework for MDGs based planning on pro-poor policies is being developed to facilitate MDG based planning at national level. However, a critical barrier to planning for achievement of the MDGS in Nigeria continues to be the availability of up-to-date data on most of the indicators.

A key lesson from past country programmes is that development planning strengthened with credible and regular statistics is essential to sustained economic growth and poverty reduction in Nigeria. Also tangential to this is the fact that the success of other UNDP supported activities is linked to the extent to which they are mainstreamed to the development planning and statistics component. This underscores the need for sustaining CO focus on the Development Planning and Statistics outcome.

### UNDP COUNTRY OFFICE RESPONSE:

The UNDP 7th CP has identified key implementing partners at the federal and states for the Development Planning and Statistics outcome.

In the area of development planning, we have such target outputs as;

• Vision 20:2020 Long-term Plan and the Medium term Implementing Framework;

• MDG Needs Assessment/costing and its Integration in Planning and Budget Process at federal and state levels;

• Design of Macroeconomic Model for MDG-based planning;

• Computation of State by State GDP

In the area of Statistics, we have such target outputs as;

• ICT Infrastructure (Virtual Private Network)

• Manpower Development

• Production of Statistical Yearbook in States

• Advocacy in States for the Statistical Bureau and Act.

Although modest progress has been made with the implementation of components of development planning, the country office needs a much clearer direction, especially looking at Federal/state dimension, as well as the need to fine tune the project outputs to ensure that they are better focused and become more responsive to emerging development challenges.

## PURPOSE, USE AND USERS OF THE EVALUATION:

The purpose of the evaluation is to assess progress with implementation of programme components and achievement of the outcomes on development planning in-order to draw lessons that will enable the UNDP and its partners (National Planning Commission, National Bureau of Statistics and State Planning and Statistical Agencies) to make necessary mid-course adjustments.

## OBJECTIVES OF THE EVALUATION

The main objective of the evaluation is to conduct a mid-term/outcome evaluation to assess programme implementation in the first half of the programme and chart a way forward for the remaining period of the Country Programme Action Plan. The evaluation will specifically address the following key issues:

- Are we really underpinning development planning with work on statistics? (evidence-based) or are these just two separate areas with two separate IPs;

- Are we really making a difference in the substance of statistics, or are we just spending millions of dollars on equipment?

- Are there opportunities to tighten up and integrate our work on statistics - development planning – state planning – public procurement – fiscal responsibility i.e. ensuring that Nigeria public funding ends up where it is supposed to be.

- Should we also expand our overall concept and start being concerned with “delivery rates of public funding”.

- assess relevance of the tools and mechanisms applied by the development planning programs in attaining strategic goals;

- Identify gaps/weaknesses in the current Programme design and provide recommendations for the refocusing the programme.

## SCOPE OF THE EVALUATION

The evaluation team will have to review and assess the progress of the development planning outcomes during 2009-2010 taking into consideration UNDP’s contribution to:

• Policy analysis, formulation and implementation;

• Capacity building for sustainable human development;

• Resource mobilization and coordination;

• Planning, monitoring and evaluation practices.

## 5. EVALUATION QUESTIONS:

The Evaluation should answer the following:

### Outcome analysis

• Are the stated outcome, indicators and targets appropriate for the National and State bodies institutional capacities in Nigeria?

• What is the current status and prospects for achieving the outcome with the indicated inputs and within the indicated timeframe and resources?

• Whether the outcome indicators chosen are relevant and sufficient to measure the outcomes?

• What are the main factors (positive and negative) within and beyond UNDP’s interventions that are affecting or that will affect the achievement of the outcome? How have or will these factors limit or facilitate progress towards the outcome?

• Are UNDP’s proposed contributions to the achievement of the outcome appropriate, sufficient, effective and sustainable?

• How have the other partners contributed to the achievement of the outcome and how instrumental has UNDP been in rallying this contribution?

• How has UNDP influenced policy, institutions and cultural factors in addressing institutional capacity development?

• Are gender and human rights issues integrated in programme implementation?

### Output analysis

• What are the key outputs that have been or that will most likely be produced by UNDP to contribute to the outcome?

• What is the quantity, quality and timeliness of outputs? What factors impeded or facilitated the production of such outputs?

• Are the monitoring and evaluation indicators appropriate to link these outputs to the outcome, or is there a need to improve these indicators?

• Has sufficient progress been made with regard to UNDP outputs?

• Assess UNDP’s ability to advocate best practices, and influence integration of international standards into national policies and plans.

### Output-outcome link

• Whether UNDP’s outputs or other interventions can be credibly linked to the achievement of the outcome (including the key outputs, projects, and soft assistance);

• What are the key contributions that UNDP has made/is making to the outcome?

• With the current planned interventions in partnership with other actors and stakeholders, will UNDP be able to achieve the outcome within the set timeframe and inputs – or whether additional resources are required and new or changed interventions are needed?

• Assess UNDP’s ability to develop national capacity in a sustainable manner (through exposure to best practices in other countries, holistic and participatory approach).

• Has UNDP been able to respond to changing circumstances and requirements in capacity development?

• What is the prospect of the sustainability of UNDP interventions related to the outcome?

### Resources, partnerships, and management analysis

• Were partners, stakeholders and/or beneficiaries of UNDP assistance involved in

The design of UNDP interventions in the outcomes area? If yes, what were the

Nature and extent of their participation? If not, why not?

• Are UNDP’s management structures and working methods appropriate and likely to be effective in achieving this outcome?

• Does the project and institutional arrangements foster sustainability? In other words has the project created conditions for sustainability beyond UNDP interventions?

## METHODOLOGY

The evaluators are expected to apply the following approaches for data collection and analysis:

• Desk Review

• Structured interviews with principal partners and stakeholders

• Field Visits to States:

• Where appropriate a Stakeholders workshop

## EXPECTED OUTPUTS AND DELIVERABLES

The consultant is expected to produce interim and final reports of the evaluation which highlights the findings, recommendations and lessons learnt, and give a rating of performance. This report should follow the Outcome Evaluation Report Template and include all sections recommended therein (see attached template).

## DURATION AND TIMEFRAME

Duration: 4 Week (including initial desk review of UNDP project documents and related materials, in-country mission, and report finalization)

Timeframe: August/September 2010

Location: Abuja (other internal travel as required)

## COMPOSITION OF THE EVALUATION TEAM:

In line with UNDP programme requirements, a team comprised of two-experienced International and National Experts with in-depth knowledge development planning, statistics will be required to undertake the exercise. UNDP may also consider funding an independent consultant representing the Government on the mission. Donors active in the sector will be welcomed to join the mission by consultants/staff selected by them. The composition of the team should be gender sensitive. The selected consultants are also expected to be independent and should have no prior involvement in any of the programmes.

### Responsibilities:

#### International Expert (Team Leader)

The international consultant should have an advanced university degree in Economics and at least 10 years of work experience in strategic planning, development management and or statistics. Extensive knowledge about results-based management (especially results-oriented monitoring and evaluation) will be an additional advantage. S/he must be fluent in speaking and writing English.

The team leader will perform the following tasks:

* Lead and manage the evaluation mission;
* Design the detailed evaluation scope and methodology (including the methods for data collection and analysis) for the report;
* Decide the division of labor within the evaluation team;
* Draft related parts of the evaluation reports; and
* Finalize the whole evaluation report.

#### National Consultant

The National Consultant should be an experienced consultant with at least ten years experience and sound knowledge of strategic planning and statistics and a strong knowledge and experience in monitoring and evaluation of development projects/programmes. He/she should have a university degree preferably at PhD in Economics. He/she should have demonstrated abilities to work in a multi-disciplinary team of specialists from diverse technical backgrounds.

Fluency in speaking and writing English is essential.

# Annex3: Methodology

UNDP intends to evaluate its first CPAP2009-12 outcome (designated outcome1 in the remainder of this note) stating to achieve: “major progress by 2012 towards an evidence-based, technically sound, inclusive and coordinated development planning system underpinned by timely, relevant and disaggregated data at federal and state levels”. The objectives of this evaluation are:

* To assess the design and the implementation of the outcome-related interventions from the onset of the CPAP until now;
* Derive conclusions and lessons learned and
* Propose recommendations to be implemented to improve the development planning and availability, quality and use of data component of the CPAP for the remaining time.

The evaluation will be conducted by sticking to the following principles:

* Ethical rules especially integrity in relation to different parties, honesty in formulation of findings, independence relative to stakeholders, confidentiality and protection of sources when it is appropriate, and transparency along the whole process,
* Participation of all stakeholders;
* Capacity building to ensure transfer of knowledge and ownership of used tools by UNDP staff and Nigerian institutions who are involved in the program implementation;
* High sensitivity to gender and human rights issues.

The methodology is structured in three phases: (i) Analysis framework, (ii) Data collection and (iii) Report and are presented in the following sections. A fourth section is dedicated to the timetable of the mission.

## Analysis framework

International standards for mid-term evaluation[[27]](#footnote-28) that is focused on the results-chain from inputs to outcomes –and not assessing impacts- recommend an analysis through four (4) criteria:

* **Relevance** of design and current situation to ensure its usefulness in regard to the Development and capacity building Goals, of outcome1 with the priorities while assessing if the results-chain is well outlined and consistent and if SMART (Specific, measurable, attainable, relevant and time-bound) indicators have been set out with baselines, targets and milestones, of alignment of outputs on outcome trying to estimate the level of contribution, of adequacy of activities, governance and financing with targeted outputs and outcome, of delivery approach especially its compliance with the Paris Declaration principles;
* **Effectiveness** that is to assess to what extent results’ milestones (for mid-term when they exist) have been achieved and targets could be attained. This part of evaluation should analysis what are the underlying hypothesis of the design and actual deviations from them, and what are the factors that have influenced the implementation and results-delivery. When the results’ indicators are not expressed, attempts should be made to derive approximate measure from narrative of CPAP and assess effectiveness on its basis.
* E**fficiency** both of allocation and technical that relates outputs to inputs-requires also implementation assessment- and analyzes if resources have been used in the optimal way to deliver results. This would peruse if there are waste of resources or higher unit costs due to procurement or management issues. It would try to appreciate the economic value of outputs to costs of inputs, and develop counterfactual and benchmarking analysis within CPAP or with other comparators;
* **Sustainability** of CPAP results after its demise and what are determinants and major risks.

Implementation of the CPAP

Design of the CPAP

Figure : Evaluation cycle

Each criteria –or sub criteria when exists- would be scored from 1 to 5 (1 unsatisfactory, 2 less satisfactory, 3 pretty satisfactory, 4 satisfactory, 5 highly satisfactory).

Table : Correspondence between evaluation questions and criteria

| **Questions to answer** | **Criteria of evaluation** |
| --- | --- |
| **Outcome analysis**  Are the stated outcome, indicators and targets appropriate for the National and State bodies institutional capacities? | Relevance |
| What is the current status and prospects for achieving the outcome with the indicated inputs and within the indicated timeframe and resources? | Relevance and effectiveness |
| Whether the outcome indicators chosen are relevant and sufficient to measure the outcomes? | Relevance |
| What are the main factors (positive and negative) within and beyond UNDP’s interventions that are affecting or that will affect the achievement of the outcome? How have or will these factors limit or facilitate progress towards the outcome? | Effectiveness |
| Are UNDP’s proposed contributions to the achievement of the outcome appropriate, sufficient, effective and sustainable? | Relevance, effectiveness and sustainability |
| How have the other partners contributed to the achievement of the outcome and how instrumental has UNDP been in rallying this contribution? | Effectiveness |
| How has UNDP influenced policy, institutions and cultural factors in addressing institutional capacity development? | Effectiveness |
| Are gender and human rights issues integrated in programme implementation? | Relevance and effectiveness |
| **Output analysis**  What are the key outputs that have been or that will most likely be produced by UNDP to contribute to the outcome? | Effectiveness |
| What is the quantity, quality and timeliness of outputs? What factors impeded or facilitated the production of such outputs? | Effectiveness |
| Are the monitoring and evaluation indicators appropriate to link these outputs to the outcome, or is there a need to improve these indicators? | Relevance and effectiveness |
| Has sufficient progress been made with regard to UNDP outputs? | Effectiveness |
| Assess UNDP’s ability to advocate best practices, and influence integration of international standards into national policies and plans. | Effectiveness |
| **Output-outcome link**  Whether UNDP’s outputs or other interventions can be credibly linked to the achievement of the outcome (including the key outputs, projects, and soft assistance); | Relevance and effectiveness |
| What are the key contributions that UNDP has made/is making to the outcome? | Effectiveness |
| With the current planned interventions in partnership with other actors and stakeholders, will UNDP be able to achieve the outcome within the set timeframe and inputs – or whether additional resources are required and new or changed interventions are needed? | Effectiveness and efficiency |
| Assess UNDP’s ability to develop national capacity in a sustainable manner (through exposure to best practices in other countries, holistic and participatory approach). | Sustainability |
| Has UNDP been able to respond to changing circumstances and requirements in capacity development? | Effectiveness |
| What is the prospect of the sustainability of UNDP interventions related to the outcome? | Sustainability |
| Were partners, stakeholders and/or beneficiaries of UNDP assistance involved in the design of UNDP interventions in the outcomes area? If yes, what were the nature and extent of their participation? If not, why not? | Relevance, effectiveness and efficiency |
| Are UNDP’s management structures and working methods appropriate and likely to be effective in achieving this outcome? | Relevance, effectiveness and efficiency |
| Does the project and institutional arrangements foster sustainability? In other words has the project created conditions for sustainability beyond UNDP interventions? | Sustainability |

## Data collection

Data collection would be undertaken through desk review of relevant documentation followed by field mission.

### Desk review

On the basis of ToR and first batch of documents sent by UNDP, a complete list of documentation would be required and reviewed. Needed documents referring both to Federation and covered States are:

* Constitutional arrangements,
* National and States Development strategies,
* MDGs and Human Development Reports, Poverty assessments
* Latest IMF’s staff report, World Bank’s Country Economic Memorandum, PERs
* Planning and Budgeting framework (including institutions, rules, procedures and guidelines) and products (current plans and MTEF budget laws) including modeling tools used,
* Latest costing of MDGs
* Statistical Development Master Plan, outputs and outcomes especially those related to disaggregation of GDP, MDGs, Labor market and Gender-specific indicators, and also data accessibility,
* Latest IMF’s ROSC on data quality,
* CPAP documents (Agreement, CDP, UNDAF),
* Detailed plans of the CPAP (and Annual Work Plans) with expected outcomes to be attained, outputs to be delivered and activities to be implemented, and current situation drawing results-chain achieved, and copies of relevant documentation on deliverables (reports of studies, database, training reports and so on),
* Institutional arrangements with all relevant regulation and Memorandum of Understanding and minutes of supervisory or coordination bodies,
* Execution modalities, management of staff (adequacy, recruitment, wage, incentives, performance evaluation), procurement procedures and quantity and unit costs of goods and services, resources mobilization (counterpart contributions, other donors), budget implementation, assets (tracking, stocks, maintenance), accounting, treasury, external audit, reporting (for example, reports of joint annual reviews as agreed),
* Updated logical framework, plans and proposed allocation of resources for remaining period.

### Data gathering

During the field mission planned during the first days of December, data would be gathered through structured interviews with main stakeholders from UNDP, federal and state oversight and implementation agencies and legislators who are scrutinizing plans and budgets, donors, civil society and other users of statistics. This list could include:

* UNDP resident representative and staff,
* National Economic Council
* Ministry of Finance/ Budget Office,
* Planning Commission
* Office of Special Assistant of the President in charge of MDGs
* Two State Planning Commissions picked on the basis of size and distance to Abuja (out of 13 covered states: Adamawa, Akwa-Ibom, Benue, Imo, Kaduna, Lagos, Anambra, Bayelsa, Delta, Niger, Ondo, Rivers and Sokoto)
* Joint Planning Board Chairman,
* One or two sector planning units,
* National Bureau of Statistics,
* State Bureau of Statistics,
* Donors (World Bank, EU, DFID and UN agencies).

## Report

Report will be drafted on the basis of the Terms of Reference, consistently with the UNEG standards[[28]](#footnote-29) and contain:

* Executive Summary,
* Introduction,
* Presentation of the outcome1-related parts of the CPAP, the evaluation and its used methodology,
* Findings of the evaluation,
* Conclusions, lessons learned and recommendations,
* Annexes including (i) revision of the logical framework (or results-chain) of the CPAP first outcome for remaining period, (ii) matrix of recommendations to be implemented, (iii) methodology, (iv) list of met persons.
* Bibliography.

Draft would be submitted and the final report would be finalized after receiving comments from all stakeholders.

## Timetable

The mission would be achieved by January 31st, 2011 and undertaken as following:

| **Activities** | **Date** |
| --- | --- |
| Contract signing | November 19th, 2010 |
| Beginning of mission | November 20th, 2010 |
| Validation of methodology | November 30th, 2010 |
| Field mission | January5-15th, 2011 |
| Draft Report | February 14th, 2011 |
| Final Report | April 6th, 2011 |

# Annex 4: List of interviewed people

**I - UNDP**

1. Janthomas HIEMSTRA, Deputy Country Director
2. Kabiru NASIDI ;
3. Robert ASOGWA ;
4. Macro-economist;

**II- Federal Level**

1. Tunde LAWAL, NPC ;
2. Barth FEESE, OSSAP-MDGs ;
3. Simon B. HARRY, NBS ;
4. Fafunmi ELISHA, NBS;

**III- Niger State**

1. Ahmed Ibrahim MATANE, Head of Service/Chairman /Focal Person;
2. Zakarai ADAMU, Director of Planning;
3. Musa DALAU, Director of Budget;
4. Ramatu UMAR, Head, Economic Cooperation;
5. Liman USMAN, Director of Statistics;
6. Sanusi UMAR, Assist. Chief Planning Officer;
7. Mustapha Mohammed, Statistics Unit
8. Bello KPAKO, Permanent Secretary, Finance and Economic planning;
9. Babawachiko YAHAYA, Focal Point office;
10. Yahuza Abdu AGUYE, Department of Planning/Focal Point office;
11. Abdulkadir SHABA, Planning Department.

**IV- Donors**

1. Esther FORGAN, DFID ;
2. JohnNGWAFON, World Bank ;
3. Alain, World Bank.

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1. The MTR mission did not get any evaluation report that shed light on results achieved by the 6th CPAP and analyzed its attribution or contribution to the national and state achieved results. [↑](#footnote-ref-2)
2. This structure has not been detailed in the CPAP documents but is derived from the financial reporting. [↑](#footnote-ref-3)
3. This approach has been agreed on by the UNDG Executive Committee Agencies (UNDP, UNFPA, UNICEF, WFP) to harmonize the way they transfer cash to implementing partners and has three pillars: assessments to examine whether the partner system is appropriate to channel resources, assurance by the UN Agency to check use as intended, and FACE to simplify the format for transferring funds. [↑](#footnote-ref-4)
4. Estimates from the World Bank point out that Nigeria has the highest figure of natural capital per capita ($4,040) in the SSA (World Bank, 2000). This report has shown by developing a counterfactual Hartwick's rule analysis that misuses of oil revenues have forgone huge amounts of physical capital that could have contributed to speed up growth and poverty reduction. Later in 2004, the FGN introduced a fiscal rule based on oil price to protect public finances from market volatility. There are ongoing plans to set up a National Sovereign Investment Authority with three funds for stabilization, inter-generational equity and investment the latter could be de-linked from the budgeting process and undermine its credibility. [↑](#footnote-ref-5)
5. A poverty assessment is now undertaken on the basis of the latest Household survey on living standards conducted in 2008/09 that will unveil recent figures of poverty indicators that are expected to show more progress. [↑](#footnote-ref-6)
6. Data showed deterioration of health MDGs Indicators between 2000 and 2003 as illustrated by the rise of under-five children mortality rate from 183 per 1000 births to 201 and of maternal mortality rate from 704 per 100,000 live births to 800. [↑](#footnote-ref-7)
7. For an indicator this measure is computed by the ratio where corresponds to the most recent figure, the nearest data to 1990 and the MDG target for this indicator. A value close to 1 indicates that significant progress has been made. A negative value as it is the case of the relative poverty headcount indicator highlights that things were moving in the wrong direction. When normalized by the time passed to see where data points are, compared to the line linking MDGs baselines to their targets, experienced positive changes are less encouraging with none of the computed measures is overpassing 0.5 (1 indicates that point is on this line). [↑](#footnote-ref-8)
8. This means that Nigeria outperforms less than 13% of countries. [↑](#footnote-ref-9)
9. Another striking figure is that 9 out of 10 richest States in terms of GDP per capita are covered through UNDAF or CPAP, the latter’s figure is 6 out of 7. [↑](#footnote-ref-10)
10. Hence, the answer to the first and third question of the evaluation is mixed stating the relevance of the outcome itself but pointing out to the lack of appropriate indicators at the Federal and State tiers of Government. [↑](#footnote-ref-11)
11. Despite noting significant improvements (IMF, 2009), the IMF does not yet perform a Report on Observance of Standards and Codes (ROSC) that assesses the data quality. However, it is worth to note that Nigeria is a participant to the GDDS. [↑](#footnote-ref-12)
12. Only the case of the Sokoto State has been reviewed and it indicates a strong commitment of the State Government. However, it could be further enlarged to some priority sectors, like education, to LGAs representatives and to the private sector while reinforcing the participation of the civil society for example to media or researchers on Development from University or Think-Tanks. [↑](#footnote-ref-13)
13. UNDP and NPC, as the national agency in charge of aid coordination, are always parties of the signed agreements. [↑](#footnote-ref-14)
14. This analysis requires to getting data on the financing gaps coming from Development planning and Statistical capacity needs assessments. [↑](#footnote-ref-15)
15. As there are no targets for outcome, the analysis there will be limited to the progress made. [↑](#footnote-ref-16)
16. The detailed methodology for those two indicators could be seen in (World Bank, 2007). Development strategies are evaluated against three criteria: unified strategic framework across sectors and tiers of governments, prioritization including MDGs targeting and cross-cutting issues coverage, and strategic link to budgets through performance-oriented MTFF or MTEF. Scores are assigned using LEADS methodology (L for Little action, E for Elements exist, A for Action taken, D for Developed and S for Sustainable) that could be converted to numeric scores varying from 1 to 5. This methodology could be expanded to develop a state-specific measure of the quality of results-based development strategies while taking further into account linkages with the federal frameworks. [↑](#footnote-ref-17)
17. Managing for Development Results is assessed also against three criteria using the same scoring methodology: quality of development information with a particular focus on availability of the MDGs data and not estimates, stakeholder access to information and coordinated monitoring and evaluation. [↑](#footnote-ref-18)
18. The President of the Federation of Nigeria has stated in his 2011 Appropriation Bill speech before the joint session of the National Assembly that “this is the first budget to be prepared based on the Nigeria Vision20:2020’s first National Implementation Plan”. [↑](#footnote-ref-19)
19. Numeric scores have been computed replacing letters attributed to each component by the corresponding mid-point of values range and the aggregation is using simple average between the two indicators. [↑](#footnote-ref-20)
20. Estimates are using the qualitative information on the improvements in terms of Development planning and managing for results. All components bar the monitoring and evaluation get better especially the strategic framework due to the long-term vision that allows it to move up to the status of ‘Developed’ and the link to the budget with the development of the MTEF and explicit-reference to the NIP in the appropriation law that stepped up the status to ‘Action taken’. [↑](#footnote-ref-21)
21. There are two ways to assess the efficiency by benchmarking costs and outputs with comparable operations (relative efficiency) or by estimating a multiproduct cost-function to assess scope and scale efficiency. In this case, the lack of data does not allow using one of them and limits us to a qualitative analysis to highlight strengths and weaknesses. [↑](#footnote-ref-22)
22. For example, it has been noted that contracts for experts recruited for the MDGs office are extended only on the basis of a simple letter and not on the evaluation of the performance. Even pay should be linked to the level of productivity. [↑](#footnote-ref-23)
23. Scores correspond to the qualitative assessment delivered in the findings. A score of 4 indicates a satisfactory performance that has still a room for improvement. For example, relevance to Development challenges is judged as satisfactory due to the fact that the CPAP clearly brings a strategic approach for Development but could be improved if the content of the CPAP was extracted from a comprehensive Capacity Development Programme to achieve the objectives of federal and state strategies. [↑](#footnote-ref-24)
24. MDGs-Adjusted planning outturn=Executed Appropriation of Capital Spending/Planned Capital expenditures \*Planned Capital expenditures for MDGs cost sector/Capital Expenditures from MDGs costing. [↑](#footnote-ref-25)
25. Computed only for States that are covered either by UNDAF or by UNDP [↑](#footnote-ref-26)
26. Targets should be set after the MCFs update. [↑](#footnote-ref-27)
27. OECD (2010): Evaluating Development Cooperation: Summary of Key Norms and Standards. Paris: OECD. [↑](#footnote-ref-28)
28. UNEG(2010): UNEG Quality Checklist for Evaluation Reports [↑](#footnote-ref-29)