

United Nations Development Programme (UNDP)

Technical Assistance for
Micro-Enterprise Development Programme for Poverty Alleviation
at the Sub-National Level (MEDPA-TA)

Final Evaluation Report



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Project and Evaluation Information

Project Information:		
Project title	Technical Assistance for Micro-Enterprise Development Programme for Poverty Alleviation at Sub-National Level (MEDPA-TA)	
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¹ It is the entity that has overall responsibility for implementation of the project (award), effective use of resources and delivery of outputs in the signed project document and work plan.

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Map of Nepal - MEDPA TA support



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Abbreviations

BDSPO	Business Development Service Providing Organization
CSIDB/O	Cottage Small Industries and Development Board/Office
CPD	Country Programme Document
CSIO	Cottage Small Industries Office
CFC	Community Facility Centre
CMDP	Cooperative Market Development Programme
DEDC	District Enterprise Development Committee
DFAT	Department of Foreign Affairs and Trade
DCSIOs	District Cottage and Small Industry Offices
DMEGA	District Micro Entrepreneur's Groups Association
EDC	Enterprise Development Committee
EDF	Enterprise Development Facilitator
EDSP	Enterprise Development Strategic Plan
GESI	Gender Equality and Social Inclusion
GESIMIS	Gender Equality and Social Inclusion-Management Information System
GON	Government of Nepal
LG	Local Government
ME	Micro Entrepreneur
MEA	Micro Entrepreneur's Association
MED	Micro Enterprise Development
MEDEP	Micro Enterprise Development Programme
MEDPA	Micro Enterprise Development for Poverty Alleviation
M&E	Monitoring and Evaluation
MOF	Ministry of Finance
MOFAGA	Ministry of Federal Affairs and General Administration
MoICS	Ministry of Industry, Commerce and Supplies
MoITFE	Ministry of Industry, Tourism, Forest and Environment
MoWCSC	Ministry of Women, Children and Senior Citizen
NPD	National Project Director
NPM	National Project Manager
NYC	National Youth Council
PG	Provincial Government
SDGs	Sustainable Development Goals
SIYB	Strat and Improve Your Business
TA	Technical Assistance
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Proramme
VCDP	Value Chain Development for Fruits and Vegetables Project

Executive summary

The Micro-Enterprise Development for Poverty Alleviation (MEDPA) is a flagship project of the Ministry of Industry, Commerce and Supplies (MoICS), Government of Nepal (GoN) to improve livelihoods of poor people and socially marginalised communities. The MEDPA-TA was designed in October 2018 and is being implemented since to support the GoN to institutionalise the Micro Enterprise Development (MED) model in all seven provinces and 753 local governments (LGs). The project objectives are aligned to achieve the United Nations Development Assistance Framework (UNDAF)/ UNDP Country Programme Document (CPD) Outcome 1² by 2022, directly contributing to the national and international priority in reducing poverty (SDG 1 and 2), gender equality and social inclusion (GESI) (SDG 5 and 10) and decent work and economic growth (SDG 9). Towards these objectives, the MEDPA-TA was designed to support MEDPA implementation in new federal context through the following two outputs: i) The local governments in seven provinces allocate their resources to MEDPA/MED activities as well as to help implement MEDPA in their constituencies; and ii) to institutionalise the MED model at federal, provincial and local governments to implement MEDPA. The intervention mainly focused in the areas of:

- Advocacy for resource allocations for MED
- Revisions of laws, by-laws and guidelines for inclusion of MED model
- Building capacities of government at all levels to implement MEDPA and institutionalise MED model
- Effective functioning of GESI Management Information System (GESI-MIS)

The Project is being implemented by the MoICS, GoN, with technical and financial assistance of UNDP and DFAT under the National Implementation Modality (NIM). The total budget of the project period was USD 2,077,817. As of December 2020, a total of USD 1,676,097 has been spent.

As the project ends in March 2021, UNDP commissioned an evaluation of the project to assess and document its achievements, challenges and lessons learned. The findings of the evaluation and specific recommendations are meant to provide guidance for the way forward for future interventions. The key stakeholders of this evaluation are the MoICS, Ministry of Federal Affairs and General Administration (MoFAGA), Ministry of Industry, Tourism, Forest and Environment (MoITFE) at provincial level, District Cottage and Small Industry office/ Cottage and Small Industry Development Committee (DCSIO/CSIDB) at district level, Local Governments (LG) and Micro Enterprise Development Service Provider (MEDSP), the micro entrepreneurs, UNDP and DFAT and other related stakeholders.

² UNDP CPD Outcome 1: By 2022, impoverished, especially economically vulnerable, unemployed and under-employed and vulnerable people have increased access to sustainable livelihoods, safe and decent employment, and income opportunities

The evaluation was carried out with respect to relevance, coherence, effectiveness, efficiency, impact and sustainability of project interventions with GESI and Human Rights as cross cutting criteria. The evaluation followed a design with mixed approach by using both qualitative and quantitative methods of data collection and analysis. Desk reviews, interviews of key informants, focus group discussions and field observations were used for data collection, and analysis was done using descriptive and content analysis.

The project objectives were found to be very relevant. They were drawn from the corporate outcome (UNDAF/CPD) which were directly linked to the national priority reflected in 14th and 15th Plan of the GoN and its commitment to meet 2030 Sustainable Development Goals (SDGs) targets by increasing economic opportunities for the poorest of the poor, generating employment and decent jobs, reducing gender inequalities and social exclusion. The project interventions addressed the capacity needs of the MEDPA implementing partners e.g. MoICS and its units, and MoITFE of seven provinces and 753 LGs.

The project was able to maintain coherence within its units, PGs and LGs and other projects with similar interventions as well as programmes at the national level, e.g. the Poverty Alleviation Fund. However, its coordination with other development partners and line ministries was found moderate in view of the level and significance of the role it could play.

The number of MEs (84% women) created, increased resource allocations by LGs for MED, revisions of policies, laws and by-laws for institutionalisation of MED model, operational guidelines and functional GESI MIS system reflect a very high level of effectiveness of the project intervention. The adoption of national implementation modality also contributed to the effectiveness and ownership of the project results. The support in response to COVID-19 was significant to some extent, but could have been more effective with better coordination, sufficient information and justifiable rationale in targeting the beneficiaries.

The entire approach of the programme interventions and selection of target beneficiaries (70% women and socially marginalised) was found to be guided by the GESI principles and imbedded in each step of the MED process. The establishment of GESI MIS is an important indicator of the GESI priorities of the project. Of the total beneficiaries, more than 80% constitute youth from diverse ethnicities which could contribute towards an enabling environment for social cohesion. Protection and promotion of local resource use for enterprise development also featured well in the MED model. Both financial and human resources of the project were found to be efficiently managed and used well. Transformation of the poorest of poor and marginalised communities into self-employed micro entrepreneurs is a huge impact of the project. Increased number of employment opportunities generated through the project will also have a greater impact in reducing poverty and hunger, thus contributing towards achieving national and international goals (SDG 1 and 2).

Ample evidences were available to indicate sustainability of project interventions. However, having all the appropriate laws, acts and guidelines in place is essential but not sufficient and do not fulfil the purpose of institutionalisation. For this to take place, all these instruments must be properly understood and appropriately implemented at all stages. The systems are followed if the responsible people are fully aware and capable of following the processes.

Entrepreneurship requires economic capability and confidence to take risks; therefore, the chances of poor people to become entrepreneurs is oftentimes minimal which is also manifested through the MED Model. The NIM, with a dedicated structure of Project Management Board chaired by National Project Director (NPD) from the Government does reflect the ownership and commitment towards the project interventions. In view of the achievements made in internalising the MED model, this modality can be considered as one of the best practices.

The overall performance of the project was found to be highly successful. Results intended through two outputs were largely achieved in line with priority policy interventions of funding agencies (UNDP and DFAT) and made significant contribution towards achieving national and international goals, including the SDGs. However, the following recommendations are made on the basis of immediate needs and strategic interventions for future course of action:

1. In view of the magnitude of support needed at the local level and to ensure the institutionalisation of the tremendous achievements made in building the capacity and systems, it is highly recommended to continue the TA support for at least two years with a phase-wise exit strategy (MoICS/UNDP).
2. In order to ensure greater participation of development partners for financial support to the project, a cost sharing mechanism under a practical and mutually agreeable implementation modality, e.g. NIM, should be adopted (MoICS/UNDP).
3. In view of the capacity needs of LGs, a certain portion of resource allocated by the government should constitute capacity support costs. This will help ensure proper use of government resources at the local level (MoF, MoICS).
4. As tremendous investments have been made with decades of MEDEP support, the ways and means to utilize the capacities and infrastructures within DCSI and CSIDB for MED should be explored (MoICS).
5. While the Operational Guidelines (2077) have been updated to become more GESI responsive, there are still some aspects to be addressed. Important structure such as MED Coordination Committee (Chapter 8) needs to be reviewed to ensure greater participation of women. Instead of the Chair of the Committee nominating two women entrepreneurs, the Entrepreneurs Associations/Groups should be requested to select women representatives to make the process more democratic and transparent (MoICS).
6. As the primary objective of the project is to improve livelihood of the poor and socially deprived people, it would be important to find out the status of these entrepreneurs and the socio-economic changes in their lives. A thorough examination of the enterprises and their products should be carried out to assess quality standards and competitiveness with market prices to provide guidance in updating and improving the MED model (MoICS/UNPD).
7. Monitoring and Evaluation (M&E) is an important aspect of project management and should be included in Project Board Meetings. All key partners including funding agencies

should also be consulted when conducting M&E activities. The knowledge and information collected from such activities should be well documented and mechanisms to manage such knowledge streamlined (MoICS/UNDP).

8. Conscious and deliberate actions are required to ensure coherence and synergy of project interventions at all levels, more prominently at programmatic levels by both national and international development partners. At least one coordination meeting should be held with all development partners of UNDP projects contributing to specific UNDAF outcome and CPD output with the participation of relevant stakeholders (MoICS/UNDP).

The ratings of the project in terms of evaluation criteria is given in the below Table 1

Table 1. Evaluation Criteria and Ratings/Scores		
Evaluation Criteria	Rating/ Score	Description of performance
Relevance	1	Found highly relevant in view of the national priorities, needs of the federal, provincial and local governments, organizational goals of development partners (UNDP/DFAT) and the international agenda of the SDGs.
Coherence/ Synergy	2	Maintained coherence and synergy within the MEDPA-TA/MoICS and its affiliated entities, with the provincial and local governments, and with other projects of similar interventions. However, level of coordination with development partners at programmatic/outcome levels could be improved.
Effectiveness	1	Both outputs related to resource allocation and institutionalisation of MED model are well integrated by LGs.
Efficiency	1	Well-managed resources and achieved the progress
Impact	1	Large number of MEs (84% women) and employment generation reducing poverty and hunger
Sustainability	2	Capacity needs of provincial and local government still exist, limiting the potential to properly make use of results produced. Achievements made need to be well grounded with further solid technical and management support.
Gender and Social Inclusion	1	One of the best examples in addressing GESI concerns from the designing phase to implementation with specific guidelines and results are aggregated using GESI/MIS system.
Overall	1	The programme interventions are highly satisfactory

(Scale: 1: Highly satisfactory, 2: Satisfactory, 3: Moderately satisfactory, 4: Somehow satisfactory, 5: Not satisfactory)

The overall rating is highly satisfactory.

1. Introduction

The MEDPA-TA project with the financial support of UNDP and DFAT was started in October 2018 to support the government to implement the MEDPA and institutionalise the MED model across the nation under the new federal structure.

As the project is ending on 31st March 2021, the final evaluation was commissioned to identify and document the achievements of project interventions, challenges, lessons learned and good practices. A team of two independent evaluators was set up for a total period of 25 working days to conduct an independent evaluation of the project. A detailed Terms of References is attached as Annex 1. The findings of the evaluation are expected to provide guidance for the way forward for future course of action with specific recommendations. The primary audiences of the evaluation are the implementing partners, particularly MoICS and the federal, provincial and local governments, UNDP and DFAT as the funding agencies, the service providers of the project and other stakeholders. They are particularly interested to learn lessons for future improvements or to replicate good practices in future projects of similar kind or for the extension of the existing programme as per the need. Hence, it is expected that the users welcome critical findings and expect specific recommendations for future development support.

This report is organized into six chapters. Chapter 1 covers a brief introduction of the evaluation with rationale and context. Chapter 2 describes the intervention to be evaluated while the Chapter 3 describes the purpose and scope of the evaluation. The evaluation approaches and methods including data collection methods, data analysis are described in Chapter 4. Detailed findings are provided in Chapter 5. Chapter 6 draws the conclusion of findings and presents the recommendations and lessons learned. Finally, the report has an Annex section at the end.

2. Description of the Project Intervention

The Micro Enterprise Development Programme (MEDEP) was launched in 1998 with financial support from UNDP, DFAT and other development partners. The entrepreneurship development initiative under MEDEP, over the period of 20 years, has evolved as the MED model suitable to create employment opportunities targeting the poorest of the poor and marginalised communities in rural settings, utilizing local resources through creation and promotion of micro enterprises. After the successful completion of the MEDEP in July 2018, the GoN (MoICS), UNDP and DFAT agreed to support the replication of the MEDEP model through the “Micro Enterprise Development for Poverty Alleviation” programme (MEDPA) in all 77 districts. MEDPA has been a flagship program of the MoICS in promoting micro enterprises and contributing to the national priority of reducing poverty. With the roll out of the new federal system of governance and the establishment of seven provinces and 753 local governments following elections in 2017, the institutionalisation of the MED model through MEDPA has demanded new commitments from the PGs and LGs. It is imperative that the policy framework, systems, and institutional arrangements that underpin MEDPA implementation are also adapted to the new federal context and capacities of the PGs and LGs are enhanced. A timely intervention was therefore critical to ensure that the model could be effectively internalized by PGs and LGs and continues to be recognized as an important poverty reduction strategy in Nepal. To respond to this emerging

priority to ensure smooth transition of MEDPA, a new MEDPA-TA program (originally for two years from October 2018 to September 2020, later extended till March 2021) was launched by GoN, MoICS, with support from DFAT and UNDP.

The success of the government's flagship program for MED is determined by the level of commitments of its provincial and local constituent in adapting the components of MEDPA in their new setup. The MEDPA-TA has thus been supporting the government, at different levels, to adapt MEDPA to the new federal structure. The primary objective of the MEDPA-TA was to support institutionalisation of MED model promoted by MEDEP. The project was expected to contribute to five out of the 17 SDGs in reducing poverty and hunger (SDGs 1 and 2), promoting gender equality and reducing inequalities (SDGs 5 and 10) and promoting decent work and economic growth (SDG 9). The project is aligned with the UNDAF 2018-2022 and UNDP CPD 2018-2022.

Table 2 below provides clarity of MEDPA-TA project interventions and its linkages with UNDAF outcome and CPD output.

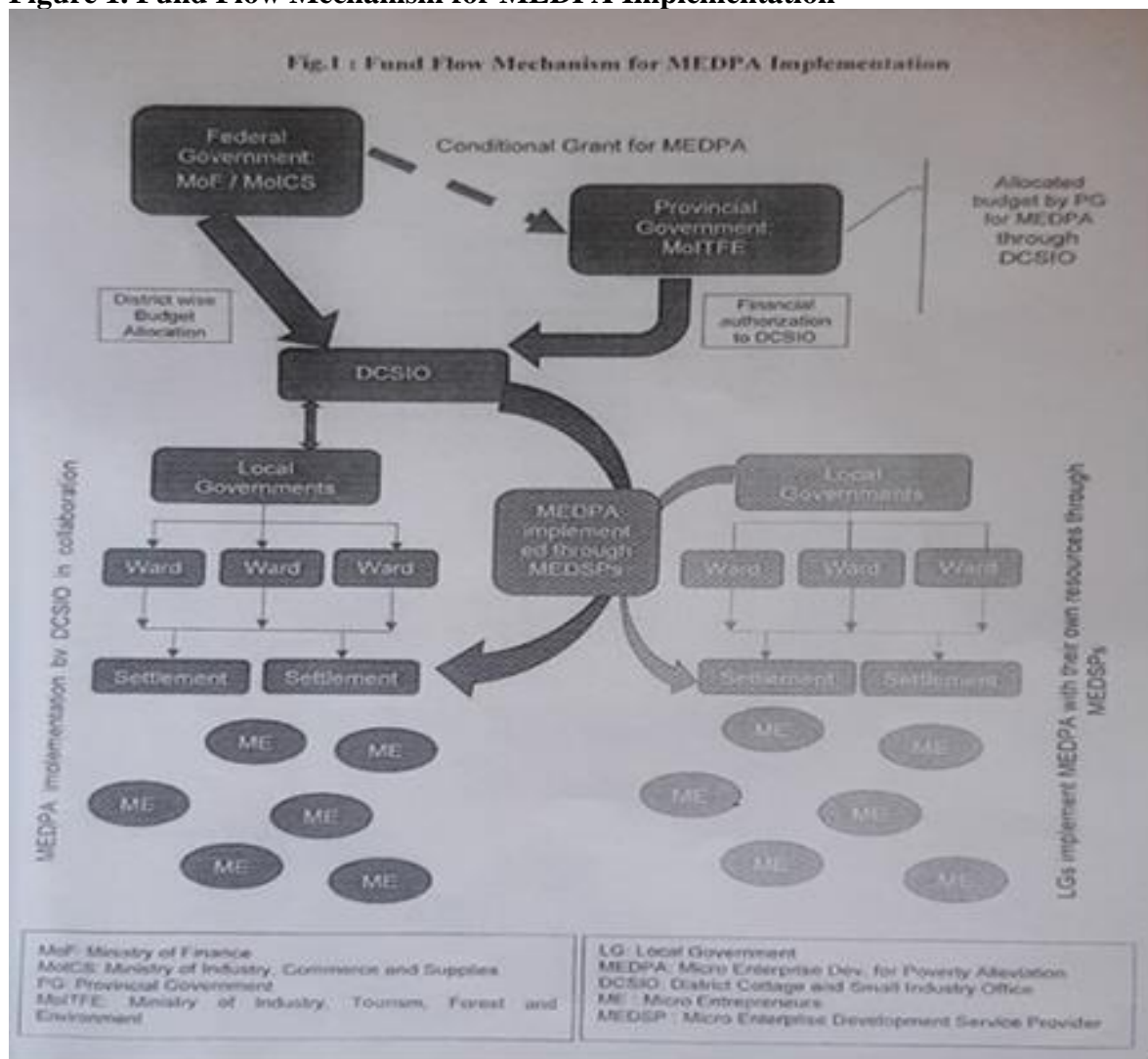
Table 2. MEDPA-TA – linkages with UNDAF and CPD	
UNDAF/CPD Outcome 1: By 2022, impoverished, especially economically vulnerable, unemployed and under-employed and vulnerable people have increased access to sustainable livelihoods, safe and decent employment, and income opportunities	UNDP CPD Output 1.1: Policy, institutional, and capacity development solutions lead to improved disaster and climate-resilient livelihoods, productive employment and increased productivity in rural areas.
MEDPA-TA Project Outputs	Key Action & Resource Allocation
1. The local governments in seven provinces allocate their resources to MEDPA/MED type activities as well as help implementing MEDPA in their constituencies'	TA support to advocate for resource allocation of the government and inclusion of MED in the policy documents, and revisions of laws, bylaws, acts and guidelines in support of increased resource allocations of the government for the promotion of MED at all levels.
2. Institutionalise the microenterprise development model at federal, provincial and local government to implement MEDPA.	The TA will be aligned with newly defined functional responsibilities and accountability of various agencies of the federal, provincial and local governments with respect to their role in MEDPA implementation and fund flow. Support MEDPA implementation, reforms in systems, policies, acts, laws and by-laws, and guidelines. Promotion of MED and establishment of functional GESI-MIS for strengthening the M&E system.

At the time of programme design, some assumptions of risks/issues were made which might have hindered the programme objectives. Related mitigation strategies were identified to address such issues. Table 3 below presents the risks/issues and mitigation strategies:

Table 3: Risk/Issues and Mitigation Strategies	
Risk/Issues	Mitigation Strategies
1. Institutional structures and mandates for micro-entrepreneurship support insufficiently defined	UNDP and MEDPA-TA team will advocate with GoN for policy reform to clarify organizational structure and mandates at all levels of government
2. Procurement delays of MED service providers	Revise MEDPA Operational Guidelines to clarify procurement process
3. Frequent transfers of Government officials	MEDPA-TA Team organize orientation events for new government officials on MEDPA objectives and implementation
4. Local government may not accept the service providers selected by the DCSIO	Advocate for the advantage of using a single service provider selected by the District for MEDPA
5. Insufficient human resources and capacity gaps	Human resource strategy as part of MEDPA II strategy document will be developed

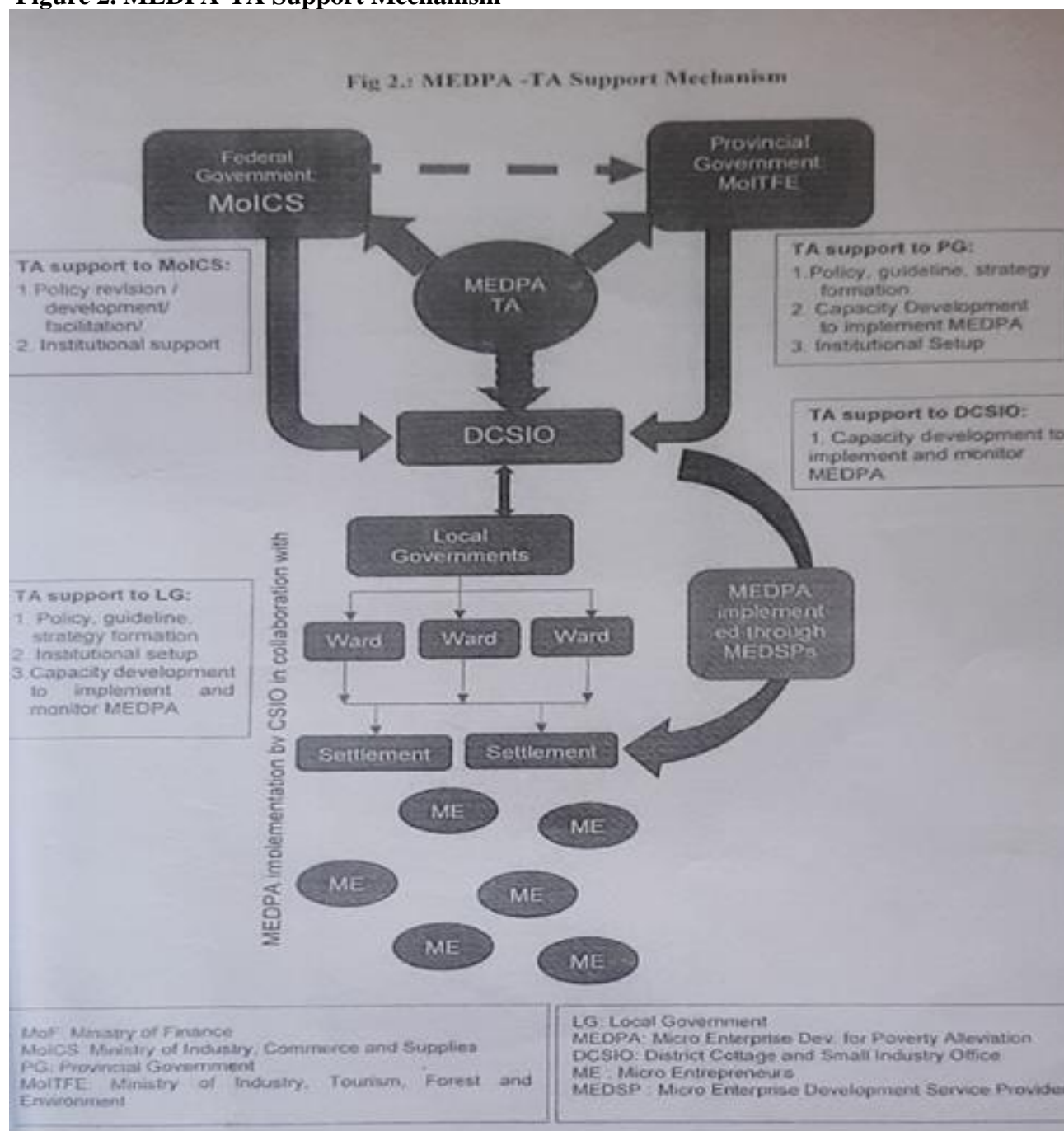
Partnership and Implementation Strategy: MoICS is the sole responsible entity for implementation of the project in coordination with MoF and MoFAGA at the federal level, whereas it is implemented by the MoITFE at provincial and local levels. DCSIOs are extended arms of MoICS to ensure proper implementation of conditional grants allocated at local level in coordination with PGs and LGs. DFAT and UNDP are the main external funding partners. Under this arrangement, Figure1 below explains the fund flow mechanism, whereas Figure 2 provides MEDPA-TA support mechanism:

Figure 1. Fund Flow Mechanism for MEDPA Implementation



However, during the course of project implementation, this changed with funds from the federal government directly channelled to LGs with no roles for PGs or DCSIOs. Similarly, Figure 2 below was originally designed for the MEDPA-TA support mechanism. With the new federal structure, the TA support is geared more towards LGs. This has minimized the expected technical and supervisory support from the PGs and DCSIOs.

Figure 2. MEDPA-TA Support Mechanism

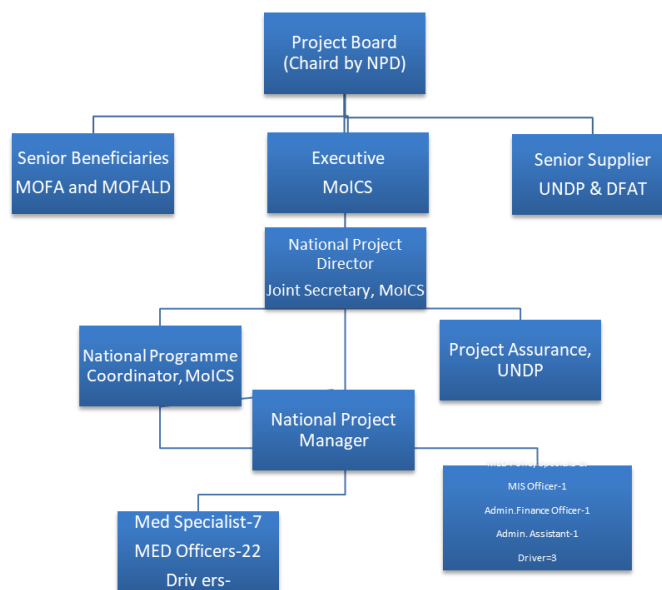


Gender Equality and Social Inclusion: Recognizing that GESI are preconditions and accelerators for achieving the SDGs, the MEDPA programme was designed adopting income poverty and inclusion as the basic criteria for targeting the beneficiaries of the project. The operational guidelines made ample provisions for the participation of women including single women, women with disabilities and other socially excluded groups from poor families of the communities as target beneficiaries for the development of micro-enterprises.

Response to COVID-19: The COVID-19 pandemic crisis, the closure of businesses and prolonged lockdown has disproportionately impacted the most vulnerable, including informal workers, particularly women and daily wage workers, internal migrants and seasonal migrants. In this changed context, the MEDPA-TA had to diversify its resources and activities to support the LGs in creating jobs for women and youth.

Project Management Structure: The management structure of the project is based on the NIM Guidelines agreed upon by the Government and UNDP. The NPD, appointed by MoICS, is responsible for overseeing the MEDPA-TA implementation to support the MEDPA programme of the government with the technical support of the Project Team. The Project Management structure as stated in the project document explains the line of responsibility and the reporting structure.

Figure. 3. Project's Organizational Structure:



3. Evaluation Scope and Objective:

Evaluation objectives: The overall purpose of the final evaluation is to assess the MEDPA-TA project in terms of its relevance, coherence, effectiveness, efficiency, impact and sustainability. The final evaluation intends to identify and document achievements, challenges, lessons learned and good practices. In addition, it aims to provide specific recommendations for the way forward for future course of actions. The specific objectives of the final evaluation are:

- to assess the implementation approaches, progress made, challenges encountered, identify and document the lessons learnt and to make recommendations for future course of actions;

- to assess the progress against project objectives, expected outputs and indicators;
- to assess the structure, approaches and interventions adopted by the project towards achieving the outputs;
- to identify and document main project achievements and results, their impact and lessons learned;
- to ascertain the relevance, effectiveness, coherence, efficiency and sustainability of the project interventions.

Evaluation scope: The scope of evaluation is to assess both the results and the process of the project mainly focused on the following:

- Relevance: review the progress against project outputs and contribution to outcome level results and identify any other intended or unintended, positive or negative, results.
- Effectiveness and efficiency: review project's technical and operational approaches, quality of results, alignment with national priorities, needs of the stakeholders; the partnerships strategy and issues of capacity; Review the project's approaches including mainstreaming of GESI with particular focus on women and marginalised groups.
- Review and assess the impact and sustainability of the results and risks and opportunities (in terms of resource mobilization, coherence/synergy and areas of interventions) related to future interventions.

Evaluation criteria and questions: The evaluation followed the OECD-DAC's revised evaluation criteria - Relevance, Coherence, Effectiveness, Efficiency, Impact and Sustainability. In addition, Partnerships, GESI and human rights were added as cross-cutting criteria. The guiding questions provided in the ToR were refined to contextualize according to the project interventions as well as to include questions related to partnerships, GESI and human rights as cross-cutting concerns. A great variance in the level of understanding of the project, its approaches and strategies for MED was noted. Therefore, specific questions targeted to specific groups of stakeholders were developed and are included in Annex 2.

The evaluation criteria and key questions respective to each criterion are given in the table below while further details (sub-questions, indicators, source of data etc.) are provided in the Evaluation Matrix placed in Annex 4 of this report.

Table 4. Evaluation Criteria and Key Questions	
Evaluation Criteria	Key questions
Relevance	How far the project objectives were consistent with national priorities, the needs of target groups and donor policies?
Coherence	To what extent the intervention addressed the synergies and interlinkages with other interventions carried out by UNDP or the Government of Nepal? (internal coherence)
Effectiveness	To what extent were the objectives achieved? Any examples?

Efficiency	How efficient was the project in terms of effective utilization of the project resources, cost-efficiency and reaching target groups?
Impact	What is the status of the Government's commitment and plan in terms of institutionalizing MED model for the development and growth of Micro Entrepreneurs in Federal Governance system in Nepal?
Sustainability	To what extent will project achievements, results and effects be expected to continue after donor funding ended?
Gender and Social Inclusion (GESI)	To what extent have gender equality and social inclusion (GESI) provisions been incorporated in the MEDPA implementation?
Human Rights	To what extent have human rights issues been considered in MEDPA implementation and integration of MED model in local government and with what impact?

4. Evaluation Approaches and Methodologies

4.1 Evaluation approach

The evaluation followed a participatory and mixed approach. In order to cover the scope of the evaluation, the evaluators integrated qualitative and quantitative tools and techniques but focused more on qualitative assessment to enrich the data collection process and develop more insight into the project's accomplishments and the lessons learned. OECD-DAC evaluation criteria i.e. Relevance, Coherence, Effectiveness, Efficiency, Impact and Sustainability, were used to assess the performance of the project.

Using the participatory approach and tools, the evaluators were able to ascertain the opinions of various stakeholders including the ownership of their achievements and challenges during the implementation of the project. For this, the evaluators had to create an enabling environment through which the concerned stakeholders were also engaged in the evaluation process and able to actively and meaningfully expressing their views. The Appreciative Inquiry (AI) approach was adopted and brought important information to light. It made the stakeholders feel that what they do and think is significant.

4.2 Data sources

i) Secondary data sources:

Desk reviews were conducted of the project documents, annual progress reports from 2018-2020, quarterly progress reports, project implementation guidelines, and other documents, e.g. minutes of project board meetings to obtain secondary data related to project objectives, achievements, implementation strategy, institutional structures, M&E and knowledge management framework. The desk reviews were carried out using a "matrix for desk review" with specific purpose and elements to be focused (attached as Annex 8).

ii) Primary data sources include KII, FGDs and Field observations.

An exhaustive list of stakeholders was prepared for interviews and interactions, ensuring that balanced representation was maintained. A total of 88 stakeholders were consulted. Of the total, 11 were from federal level for policy level response, six were from province and 19 from local levels for specific project interventions and 52 from groups of beneficiaries for effects and impacts using specific questions (Annexes 2 and 3). Field visits were conducted to Province 1 and 2, engaging the beneficiaries and local stakeholders. The selection of provinces for field visits was based on unique features of each province. A total of 88 stakeholders were engaged in the evaluation process (see Annex 6 (a) and (b)).

4.3 Data Collection Procedures and Instruments

i) Key Informant Interviews (KII)

Interviews were conducted in person and via Zoom (where possible), KIIs were conducted with relevant stakeholders who have first-hand knowledge about the project implementation and results to understand their perception on key aspects of the project using the standard evaluation criteria of relevance, effectiveness, coherence, partnership, efficiency, impact and sustainability of results, including the aspects of GESI and human rights, as well as the effects of the COVID-19 pandemic. The list of persons interviewed is attached as Annex 6 (b). Constraints were faced due to transfer/retirement of key informants who held key positions with decision making responsibilities of the project.

ii) Focus Group Discussions (FGD)

FGDs were conducted in Province 1 and 2 with selected groups of stakeholders, ranging from local governments, MEDOs, MED service providers and MEs. The discussions were focused on their understanding and perception with regard to achievements and effectiveness of project interventions with specific questions targeted to the group (Annex 2). Information from Gandaki Province and Lumbini Province was also collected through telephone interviews. The participants for FGDs were selected ensuring representation from diverse social and economic backgrounds (women, Dalits, disadvantaged/marginalised and other vulnerable groups). At least one women' only FGD was arranged to assess the impact of the project to women. Despite rigorous efforts to cover as many respondents as possible, only a limited number of participants were available for FGDs. Other means of communications e.g. Zoom, WhatsApp etc., were not useful at community level because of a lack of reliable internet services.

iii) Observations/Project Site Visits

Field visits were carried out in Provinces 1 and 2. The responsible persons from Lumbini, Gandaki, Karnali and Sudurpaschim provinces were also contacted through telephone. The schedule and people contacted are attached as Annexes 6 (a) and (b).

4.4 Stakeholder Participation

There was good participation (about 80% at provincial and local level) of the key stakeholders of the project in the evaluation process. Participation of federal level stakeholders was also adequate

to collect and triangulate the information. The evaluation team's access to conduct interviews was made easy with the coordination of MEDPA-TA staff. All respondents allowed either physical and virtual interviews. The evaluation tried to involve a wide range of stakeholders by exploring possible respondents and extending the list of the initial sample frame. There was good participation of target beneficiaries in the field. Although there was only one female respondent at the federal level, the minimum number (20-30%) of respondents from women's groups was ensured at the province and local levels. At least one women' only FGD was arranged. The relatively low participation of female respondents was a result of the limited presence of women in government and at policymaking level of other stakeholder groups rather than a result of selection bias.

4.5 Ethical Consideration

The evaluation was carried out adhering to the principles outlined in the UNEG — Ethical Guidelines for Evaluation. The evaluation process was conducted considering the principle of 'do no harm'. All respondents were informed about the objective of the study and asked for their voluntary participation. Identities of the respondents were not disclosed in the report keeping the names and specific addresses confidential. Similarly, all data and information pertinent to the evaluation will not be used and shared externally without the permission of UNDP and partners.

4.6 Performance Standard

To measure the performance of the programme, success measurers or standards were constructed for respective evaluation questions in detail which are included in the evaluation matrix (Annexes 2 and 3). In addition to these qualitative measures the indicators used in the results framework of the project as well as annual work plans with targets were also used to measure the progress of each output and indicator (Annex 9).

The evaluators used 'a five-point scale' against the evaluation criteria to assess the performance of the project.

- **Highly satisfactory (1):** The project performed well overall against each of the evaluation questions.
- **Satisfactory (2):** The project performed well overall against a majority of the evaluation questions but there were room for improvement.
- **Moderately satisfactory (3):** The project performed moderately against almost half of the evaluation questions and there were rooms for improvement.
- **Somehow satisfactory (4):** The project performed poorly overall against a majority of the evaluation questions and there were immediate and major steps that could have been taken for improvement.
- **Not satisfactory (5):** The project performed poorly in almost all of the evaluation questions and there were immediate and significant steps that could have been taken for improvement

4.7 Background Information on Evaluators

This evaluation was carried out by a gender balanced team of two independent consultants (a team leader and a team member), well versed in RBM and with extensive knowledge and understanding

of MED in Nepal. In addition, the evaluators had good competences and skills on GESI and human rights perspectives which was required to assess these aspects in the evaluation process.

4.8 Data Analysis

Descriptive statistics, such as mean, variation, and standard deviation, are the standard methods used in analysing the quantitative data. Since only a limited number of interactions/FGDs were possible, the information and data collected was not sufficient to quantify in a meaningful way. Therefore, the focus was on qualitative aspects of information acquired from desk reviews of documents, KIIs and FGDs. The responses and information collected were grouped based on the evaluation criteria/questions (Annex 2) and analysed using deductive and content analysis approach. However, accuracy and uniformity of responses could not be validated due to wide variations in the understanding of respondents in answering the specific questions related to evaluation criteria. To understand the weightage of the responses and to quantify the assessments of responses from the perception of stakeholders, a scale of 1-5 (1 being the highest) was used where appropriate.

4.9 Limitations of the Evaluation

- Due to the COVID-19 pandemic, in some cases KIIs, and interactions were possible only through Zoom which has its own limitations. The key informants at the federal level were visited in person and a few were contacted by telephone. In some cases, key government officials who were responsible for the project implementation were retired. Newly appointed officials' insight to the project issues were limited.
- Field research could not be carried out as intensively as planned due to safety and security reasons.
- Although a number of senior government officials could be contacted for interviews, access to provincial government officials was limited.
- Only a limited number of beneficiaries and relevant stakeholders were available. Therefore, the FGDs, one of the most important instruments for data collection, was not as effective as expected.

5. Findings

The findings are presented based on the OECD/DAC evaluation criteria of relevance, effectiveness, efficiency, coherence, impact and sustainability of project interventions, as well as GESI and human rights, against objectives, intended outputs, work plans and indicators.

5.1 Relevance

The design of the project aligns well with the RBM principles. The outcome and outputs are appropriately drawn from UNDAF/CPD and are directly linked with the SDGs and national priorities. The Project's Results Framework has been used to define outcomes and outputs with indicators to measure the progress at four different levels - SDGs, national goals, UNDAF outcome and CPD outputs. Some inconsistencies in terms of baselines and targets were noted. An ample

number of project's output indicators was noted as required in assessing the results, as reflected in Annex 9.

The project design well recognizes GESI as a precondition and accelerator for sustainable development. Hence, among the target beneficiaries of the project, it was stipulated that at least 70% must be women. This was also ensured in the Operational Guidelines of MEDPA. Among the total beneficiaries, the guidelines ensured reaching 30% Dalits, 40% indigenous (Janajati) 40% Madhesi and 60% youth. In many instances, these intended targets were exceeded during the implementation.

Most of the risks and assumptions identified (Table 3 above) were found to be well managed and also addressed in the revised MEDPA Operational Guidelines. The structures and mandates for MED have also been well defined in the guidelines. Issues related to procurement service under risks 2 and 4 above have also been resolved by default as funds are now channelled directly to the LGs and the procurement process has also been streamlined accordingly. However, the risks identified under risks 3 and 5 still remain. The issues related to the frequent transfer of government officials may to some extent be addressed once the Civil Service Act at local level is introduced. The human resource issues remain quite critical and needs greater attention by the government

The M&E framework was also found to be well formulated with necessary elements ensuring periodic reviews and reporting requirements. However, it was not systematically followed with periodic monitoring plans to oversee the performance specific to project outputs and indicators that are expected to contribute to UNDAF outcomes and CPD outputs. The Multi Year Work Plan 2018-2020 was largely used as the basis for annual work plans in terms of project outputs. However, a significant number of activities originally planned were dropped in the 2020 annual work plan to include new activities in response to the COVID-19 pandemic. Thus annual work plans were the basis for the assessment of progress against annual targets and not against the Multi Year Work Plan and the indicators.

Implementation Strategy: The project adopted NIM and was found to be instrumental in the successful implementation and ownership of the intervention. The NPD, appointed by the GoN, was responsible for the overall performance and expected to ensure coherence, ownership and sustainability of the project's achievements. However, the frequent changes of NPDs (four NPDs in two years) has been noted as a constraint which affected the progress.

The participation and influence of other partners at the federal level, expected to support the implementation of MEDPA, including from MoF and MoFAGA, was found to be minimal. The MoITFE at the province level and the LGs are the main drivers of the MEDPA programme. Their roles and responsibilities are clearly mentioned in the project document. However, due to limited experience and capacity, they have mostly been unable to exercise their roles in the implementation.

Originally, the DCSIOs, in partnership with private sector, were responsible for the implementation and coordination. The resource allocations as conditional grants were channelled through the PGs. However, this was discontinued and resources were directly transferred to the LGs with none or very little role to maintain link between the federal government and PGs. The

roles for DCSIOs was also minimised in the new MEDPA Operational Guidelines, despite the huge investment in building their capacity for MEDPA implementation. The Ministry directly deals at local level through Micro, Cottage and Small Industries Promotion Centre and the Enterprise Development Board at the local level. Discussions at all levels confirmed the capacity constraints of LGs to take full responsibility for implementation of MEDPA and their demand for technical support from federal government could be quite overwhelming, indicating the need for a dedicated technical unit to provide such support.

Project interventions: The MEDPA-TA project is one of four UNDP projects contributing to UNDAF/CPD Outcome 1: by 2022, impoverished, especially economically vulnerable people have increased sustainable livelihoods, safe and decent employment and income opportunities; and UNDP/CPD Output 1.1: Policy, institutional and capacity development solutions lead to improved disaster and climate resilient livelihood, productive employment and increased productivity in rural areas. The outcome and output are directly contributing to the national priority of poverty reduction and contributing to five out of 17 SDGs, - reducing poverty and hunger (SDG 1 and 2), promoting gender equality and reducing inequalities (SDGs 5 and 10) and promoting decent work and economic growth (SDG 9) - validating its relevance with national and international priorities. The other three UNDP projects contributing to the above outcome/output are: i) Support to Knowledge and Lifelong Learning Skills (SKILLS); ii) Value Chain Development for Fruits and Vegetables; and iii) Cooperative Market Development Project (CMDP).

The project also directly contributes to specific SDG targets 8.3 and 8.5 respectively in promoting development-oriented policies that support productive activities, decent job creation, entrepreneurship and encouraging the formalization and growth of MSMEs. The primary interventions of the MEDPA-TA project were focused on two project outputs: i) developing capacity of local governments in seven provinces to allocate resources to MEDPA/MED activities; and ii) institutionalising MED model at all levels of federal, provincial and local governments.

Poverty alleviation has been the priority area of GoN for over five decades. It takes central stage in its periodic plans (9th to 15th) of the government. MEDEP and MEDPA's contribution in creating jobs and reducing poverty have been significant. MEDPA is one of the important programmes included in the current 15th Periodic Plan of the Government at the federal level. Almost all LGs (753) have been supported in mainstreaming MED in their strategic plans with dedicated resource allocations.

A total of 22,000 employment opportunities were generated, of which 83% were women, 42% were indigenous groups and 23% were Dalits. Youth constituted 87.3% of the total employment generated. Similarly, a total of 7,478 micro entrepreneurs were developed in 2020, with 84% women and 88% youths, targeting poor, indigenous and Dalit communities and contributing to the government's objective of reducing poverty and addressing gender inequality and social exclusion.

The number of micro entrepreneurs and employment opportunities generated was found to be well documented. However, the information related to the changes in the beneficiaries' economic and social status was not readily available. Since the primary objective of the project intervention was to improve the livelihoods of economically poor and socially deprived people in rural communities, it would be highly relevant to collect such information. Similarly, the positive and

negative effects of enterprises developed and promoted in terms of their quality standards and market competitiveness deserve due attention.

The Government at all levels, including MoICS, DCSI, MoF, Ministry of Agriculture and Cooperatives at federal level, MoITFE at provincial level and LGs, wards and settlements at local level recognize and confirm the high relevance and importance of the project interventions contributing to the national and international goals, addressing the needs of stakeholders, particularly MoICS at federal level, MoITFE at province level, LGs (Municipalities/Wards) and the target beneficiaries. Similarly, the funding agencies: DFAT and UNDP and its projects of similar interventions fully recognize the relevance of the project.

5.2 Coherence:

Internal linkages and synergies with other similar projects were maintained at project level. Project managers were invited in the project board meetings, which were found to be limiting to sharing of information. No significant collaborations were noted. Initiatives to collaborate with National Youth Council, Poverty Alleviation Fund and Pokhara University were noteworthy. In view of its strategic position as an implementing agency of national level MEDPA programme, the MoICS could take the lead in ensuring both internal and external coherence and synergies with the national level flagship programme. In all project board meetings, the national project Coordinators of other similar projects (e.g. Value Chain Development for Fruits and Vegetables, Cooperatives Market Development) were invited, creating an enabling environment for possible collaboration. However, no such engagement was noted with the UNDP-supported SKILLS project contributing to the same UNDAF/CPD outcome and output.

Similar efforts for better coordination and partnership expansion are expected by the federal government entities at all levels, particularly in the sectors of agriculture, employment and labor, tourism, etc. The funding agencies, e.g., UNDP, DFAT, ILO, KOICA, and other donor partners in similar interventions are equally expected to contribute in enhancing coordination and partnerships. For example, the activities responding to the effects of COVID-19 pandemic would have been more effective and impactful with better coordination and collaborative efforts. Initiatives of many projects were focused on returnee migrant workers with very limited knowledge of their real needs. The effects of the interventions on the livelihoods were not clear.

5.3 Effectiveness

Results vs. indicators. The original project document included many indicators per outputs, however, they were not strictly followed and instead replaced with annual work plans (for 2019 and 2020) and were prepared in line with the revised priority areas discussed and agreed upon at Project Board Meetings. Therefore, the project's results are assessed against the annual work plans. The project has achieved more than the planned annual targets. A list of key results in 2019 and 2020 are provided in Annex 5 of this report.

Ample evidences were noted (see table in Annex 5) reflecting ownership and commitment of the government to internalise MED model and implementation of MEDPA. Exponential increase of

resource allocations from the federal, provincial and local governments for MED activities was noted (see Table 6 below).

Extensive capacity building activities were carried out for governments at all levels to internalise the MED modality and to implement MEDPA. The incorporation of the MED model in the Industrial Enterprise Act and related by-laws, adoption of ED strategy plans by LGs, regular review and adoption of MEDPA Operational Guidelines, budget allocations of NRs. 861,483,000 (US\$7.36 million) by the LGs and NRs. 1,225,385,000 (US\$10.47 million) by the PGs for MED in FY2020/21 and appointing EDFs and focal persons for MEDPA implementation are examples of effectiveness of the project interventions. A few important activities related to the selection and awarding of contracts to BDSPOs are still to be completed in five districts of Sudurpaschim, Karnali, Gandaki and Bagmati Provinces.

Results in terms of number of products (Acts, laws and guidelines) and services (e.g. number of capacity building activities) were quite impressive. The effects of these results in terms of capacities of PGs and LGs could, however, not be assessed until the skills acquired are used for implementation. The level and type of involvement of PGs and LGs in the process was not evidently clear from progress reports and documents made available. The frequency and magnitude of requests to the TA team for support from LGs clearly reflect the capacity needs at the local level, even to understand and properly use the results/outputs of the project. Capacity development and institutionalisation requires a systematic step-by-step orientation and practice with the application of the 'theory of change' in building competency with confidence.

COVID-19 Response: The COVID-19 pandemic has had a profound impact on lives and livelihoods around the world. Many countries have taken unprecedented measures to extend social safety nets, especially for vulnerable groups such as low-income households, children and young people, women, low-skilled workers, part-time or temporary workers and the self-employed.

The IMF June 2020 Economic Outlook Update projected a decline in global GDP by 4.9 percent in 2020. The ILO estimates the impact of COVID-19 to result in a rise in global unemployment of between 5.3 million ('low' scenario) and 24.7 million ('high' scenario), signalling that 'sustaining business operations will be particularly difficult for Small and Medium Enterprises (SMEs)' (ILO, 2020³).

In support of the Government's decision, the MEDPA-TA made a significant contribution to respond to the COVID-19 pandemic. A total of 37 groups of MEs, including migrant workers, were engaged in producing protection material (e.g. masks, gowns, sanitizer and soap) in all seven provinces. Technical support from the MEDPA-TA team was provided to MoICS and UNDP in relation to Multi-Partner Trust Fund supported initiatives such as "Employment Generation to returnee migrants and unemployed youth"; "Employment Generation and Livelihood Improvement" for Karnali and Sudurpaschim Provinces, and to Gandaki and Lumbini Province on

³ The ILO's Study 2020

employment creation for returnee migrants and the poor. Technical inputs were also provided to the joint proposal (UNDP and WFP) for livelihood recovery and employment of COVID-19 affected people.

While it is important to address the livelihood of migrant workers, it was interesting to note that most of the projects, including CMDP, VCDP and ILO-supported projects focused their COVID-19 response activities on migrant workers. Sufficient information and justifiable rationale to focus the support on migrant workers were found to be limited. The need of an assessment of the effects of such supports was noted for lessons learned.

5.4. Efficiency

Efficiency of the project performance is assessed from two key aspects: use of resources, and timely delivery. Table 5 below indicates the use of resources against the allocated budget.

Table 5: Resource Allocation and Expenditure (USD)						
Project components/output	Budget Allocation in 2018	Actual Expenditure in US\$ 2018	Budget Allocations in 2019	Actual Expenditure in 2019	Budget Allocation in 2020	Actual Expenditure in 2020
Output 1: The local governments in seven provinces allocate their resources to MEDPA/MED type of activities as well as help implementing MEDPA in their constituencies	-	-	105,487	109,365 (104%)	690,373	654,378 (95%)
Output 2: Institutionalise the MED model at federal, provincial and local government to implement MEDPA	-	-	66,199	53,802 (81%)	107,507	99,002 (92%)
TA Management and Implementation Support	49,022	32,732 (67%)	538,455	524,589 (97.4%)	212,366	202,229 (95%)
Total Project Budget					2,062,311	
Total Expenditure as of December 2020					1,676,097	

The delivery rate, though arguable at times, is one of the important indicators of project performance and evaluators considered more than 80% is sufficiently high in an unusual situation such as the COVID-19 pandemic. A few important activities related to capacity building which were meant to be outsourced had been conducted by the TA Team itself. Some activities at the level of LGs were yet to be completed. Table 6 below provides Government's funding details and delivery status. A very low delivery rate, below 30% of the budget allocation (2018-2020) of the government is noted. This signifies the implementation capacity of the LGs.

Table 6: Sources of funds, budget and utilization project period (Amount in USD)⁴							
Source of Fund	Funding Period (Start-End Date)	Total Budget	Expenditure up to 2019	Expenditure in 2020	Total Expenditure till 2020	Total Budget Utilization (%)	Budget Balance
GoN	2018-2021	340,471	-	101,161	101,161	29.71%	239,310
DFAT	2018-2021	767,340	281,302	334,954	616,256	80.31%	151,084
UNDP	2018-2021	954,500	439,186	519,494	958,680	100.44%	(4,180)
Total		2,062,311	720,489	955,609	1,676,097	81.27%	386,214

One monitoring visit by senior officials from the government, who were responsible for MEDPA implementation, and from partner agencies (MOICS, NPC, TA Team, UNDP, and DFAT) was reported. However, a structured Monitoring Plan with specific purpose and expected outcome of the visit was not available. Similarly, a monitoring visit report with observations made during the visit was not included in any of the agendas for discussion at the Project Board Meetings. Monitoring visit reports are also important knowledge management tools to be used for enhancing the effectiveness and efficiency of the project implementation.

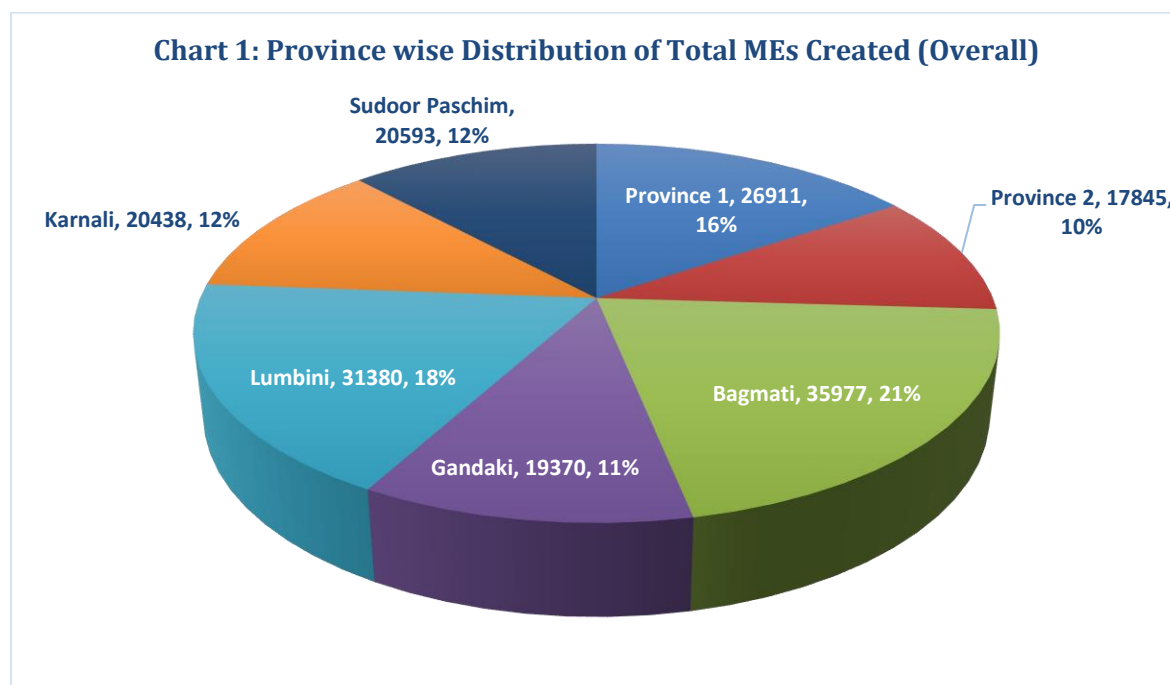
The MEDPA TA Team was found to be providing support to other programmes of the MoICS. Other related ministries also sought advice and support from this Team. This has revealed that such a technical team or structure with required expertise within the government system can be a dependable source of quality services as and when required.

5.5 Impact

The impact of the project interventions is assessed on the basis of the changes at individual, organizational and institutional levels. The transformation of the poor and marginalised communities into self-employed micro entrepreneurs has definitely made a huge impact in economic and social strata of rural setting in Nepal. As of January 2020, through the interventions of MEDEP and MEDPA programme, a total of 172,514 Micro Entrepreneurs (MEs) have been created, consisting of 25% Dalit, 39% Janajati, 76% women, 41% youth and 20% Madheshi. The largest number of MEs is from Bagmati Province, followed by Lumbini, Province 1, Karnali and Sudurpaschim (see Chart 1 for further details).

A total of 8,812 employments were generated under the MEDPA-TA project, thereby contributing directly to poverty reduction – the priority goal at the national and international (SDG) level.

⁴ MEDPA TA Progress Report 2020



The capacities of governments at all levels (Federal, Provincial and Local) have been remarkably strengthened in internalizing MED model and allocating resources for implementation of MEDPA. As a result of project interventions through its output 1, all seven provinces have shown their confidence and capability of allocating budgetary provision totalling NRs. 1,275,385,000 (equivalent USD \$ 10.47 Million) for the fiscal year 2020/2021. Similarly, 269 out of 753 local governments were also able to demonstrate their capability and commitments by allocating total budget of NRs. 861,483,000 (USD \$ 7.36 Million) covering seven provinces for MEDPA implementation as shown in the table below.

Province	Provincial Budget Allocation in Rs.'000	No. of LGs	Budget allocation of LGs in Rs.'000
Province 1	164,485	55	129,655
Province 2	320,000	36	115,511
Bagmati	9,060	42	143,410
Gandaki	122,000	38	67,035
Lumbini	211,200	37	45,537
Karnali	198,800	28	179,894
Sudurpaschim	199,840	33	159,104
Total (NRS)	1,225,385	269	861,483
Total (USD approx..)	\$ 10.47 Million		\$ 7.36 Million

The results of the project intervention through output 2, in institutionalisation of MED model and MEDPA implementation, had immense impact on capacities of many stakeholders of PGs and LGs. Their commitment to implement MEDPA adopting the MED model and the confidence in investing for the services of Enterprise Development Facilitators (EDFs), Focal Persons and BDSPOs are reflected in Table 8 below.

Table 8: LGs procuring the services of EDF, Focal Persons and BDSPOs covering the period of 2019-2020.				
Province	No. of LG	No. of EDF	No. of Focal Person	No. of BDSPOs
Province 1	137	130	137	28
Province 2	136	128	128	16
Bagmati	119	113	118	20
Gandaki	85	81	84	17
Lumbini	109	108	105	23
Karnali	79	77	79	18
Sudurpaschim	88	87	88	16
Total	753	724	739	138

The ability to plan, manage and expand their businesses and access to financial institutions has also been immensely increased with continuous support from MEDPA-TA Technical Team. The impact on the application of knowledge may be high provided continuous technical support, in the form of “hand holding”, for upgrading of skills, accessing financial provisions and markets with value chains.

More than 3,000 new MEs were added in 2020, of which 84% were women, 20% Dalits, 44% Janajatis, 21% Madhesi, and 88% youth. While these are important achievements and expected to further increase economic gains and general employment, one should not be complacent with these figures. A comprehensive assessment of the economic opportunities that have impacted on the living standards of these MEs will be worth commissioning.

5.6 Sustainability

The sustainability of the project achievements, results and effects is assessed based on the capacity and commitment of individuals and organizations to continue the positive effects even after the completion of the project. The incorporation of MEDPA/MED into the GoN’s 15th Periodic Plan can be assured with Local Government Operations Act, Industrial Enterprise Act and efforts to promote MED with other Ministries at Federal Level geared towards enhanced sustainability. LGs are allocating budget for MED from their own resources demonstrating their ownership of the MEDPA programme without budgetary support from federal government.

Some important activities related to provincial Industrial Enterprise Act, Five Year Periodic Plan, procuring the services of BDSPOs, EDFs and FPs are yet to be completed. The TA support is geared to lobbying and motivating elected government officials to incorporate MED in local level

acts and regulations and in preparing Five-Year Municipal Enterprise Development Strategy Plans. These activities at federal, provincial and local levels are the foundation and vital steps for the sustainability of MEDPA but seem to be at great risk after the completion of the project in March 2021. The capacities at the local levels are not yet adequate to move forward with the achievements made without further technical support.

Although there were extensive capacity building activities targeting 1,960 key drivers of MED and MEDPA implementation, particularly EDFs, Focal Persons, and other stakeholders of LGs, the level of understanding of some LGs on MEDPA operational guidelines, MED Strategy Planning Guidelines and GESI MIS operational manuals were found to be very low. Some of the observations made during the field visits confirm the need for continued support to both LGs and the supporting team, e.g. newly appointed EDF and FPs.

The gap in the capacity levels of the technical team (EDFs and FPs contracted by LGs) in the field were found to be quite wide. The newly appointed EDFs and FPs also need to be thoroughly oriented to familiarize with MED modality, operational guidelines and the GESI MIS system to ensure that they can provide effective and efficient services to the stakeholders on par with the experienced EDFs who were engaged from the beginning of the project.

High levels of commitments and enthusiasm from all relevant stakeholders were noted to sustain the programme interventions. Considering the capacity needs at local levels, the continuation of MEDPA-TA support seems to be detrimental, at least for some time, to ensure full sustainability of the impacts created by the project interventions.

5.7 Gender Equality and Social Inclusion (GESI)

GESI considerations were well articulated in the project document. The newly revised Operational Guideline (2077) has addressed the GESI principles more prominently, making discriminated and marginalised group of communities, such as women, indigenous people, dalits, madhesi and youths, as the target beneficiaries of the programme. More than 70% of the target groups of the project intervention are poor women and socially deprived population of the communities. Gender responsive Start Your Business (SYB) training, childcare centres in Community Facility Centres (CFCs) and introduction of women friendly technology for entrepreneurship are significant indicators of the GESI priorities of the MEDPA programme. Similarly, GESI-MIS is another milestone intervention. Participants from all seven provinces and 547 LGs received training on GESI/MIS in which 47% were women, as shown in table 9 below.

Table 9: GESI/MIS Training to Local Governments				
Province	No. of LGs	Total	Men	Women
Province 1	30	112	61	51
Province 2	118	276	169	107
Bagmati	78	195	107	88
Gandaki	85	209	89	120
Lumbini	109	293	121	172
Karnali	72	186	112	74

Sudoor Pashchim	49	104	68	36
Total	547	1375	727	648

Although the number of participants looks quite inclusive, the utility and the operational sustainability of the GESI/MIS system is not clear.

The success of the project in the area of GESI should be credited to the well-versed MEDPA-TA team in GESI principles, including on sexual harassment and child protection policy, through trainings and orientations. This practice should be replicated in other projects.

Better representation of women could be ensured in the events such as exposure visits of the programme (Table 5 of the progress Report 2019) as only 19 women were included compared to 120 men in 2019, with some improvement in 2020. Compared to women's participation in the project as 'beneficiaries', their role in the decision-making process is still very low. Women representatives in different committees provisioned in operational guidelines are the direct nominations by the chairs of the committees. Such nominations should have been called from different associations of women entrepreneurs. Although the human rights issues were not reported specifically in any of the documents reviewed and during discussions, the equity and social justice issues seemed to be addressed during various stages of project implementation, particularly while selecting the target beneficiaries.

5.8 Human Rights

The project design does not especially aim to address any particular human rights concerns. The human rights issues were not reported specifically in any of the documents reviewed. However, the equity and social justice issues seemed to be addressed during various stages of project implementation, particularly while selecting the target beneficiaries. The selection of enterprises was also done without any ethnical biases. MEs were encouraged to choose their areas of enterprises independently. Discussions on equal pay, conducive environment for women entrepreneurs, access to information and technologies, policies related to gender-based violence, harassment and occupational health and safety, etc. were covered during training events.

6. Conclusion, Recommendations and Lessons Learned

6.1 Conclusions

The overall performance of the project was found to be very successful in achieving both of its intended outputs - local governments allocating resources for MEDPA implementation and institutionalisation of MED model. The project's support in orienting the stakeholders at national, provincial and local level on MEDPA implementation and MED model was found to be highly effective in creating an enabling environment for MED institutionalisation. Formation of necessary institutional set-ups, orientation on operational guidelines, and provisions for accessing technical services are going to be important instruments for ensuring the governments' commitment in terms of resource allocations.

The project's first output could be considered largely achieved in view of the volume of resource allocations made by the governments for MED activities. However, the delivery rate of the government's budget allocation in the FY2019-2020 was below 30% and in view of the existing capacities at local level, efficient use of the resources allocated could not be ensured.

Adequate understanding of operational procedures and their application will be crucial for ensuring optimum use of resources made available at the local level. Strong technical/administrative and financial guidance will still be required for the LGs until they have developed adequate capacity to take full responsibility of MEDPA implementation. After the completion of the MEDPA-TA project in March 2021, at least two potential risks could be inferred: i) underutilization of resources; and ii) inefficient use or mismanagement of resources. There is greater risk of using these funds for random skills training activities as in many past interventions, therefore, resource allocation alone cannot be considered as a success indicator.

In the case of output 2, the project has made significant progress towards institutionalizing the MED model at the federal, provincial and local levels. In view of the coverage of stakeholders across the nation, and their capacity needs, the project's support to build their capacity for MEDPA implementation and MED institutionalisation were found to be a daunting task. The capacity building events and the number of participants in the trainings/orientations were very impressive. The impact of these trainings depends on the type of participants in terms of their role in programme implementation. Although not covered in this evaluation, there are examples of surveys where people participated to meet the quorum rather than to utilise the skills learnt. This is more likely to happen at the local level, thus making it very difficult to assess the effectiveness of the training/orientation activities.

The updating of operational guidelines and inclusion of MED modality in acts, laws and by-laws provides a critical foundation for MED institutionalisation. Going through some of the documents, particularly operational guidelines, one-time orientations were found to be far from adequate to fully understand and operationalize them. An example worth mentioning here is a situation the evaluation team had encountered during a meeting at the project office, when a LG official asked for help to hire an EDF, which the team later discovered happened frequently to the project office. Therefore, the evaluation team realised that it was important to envision an entity that could provide such support. In the absence of such a support mechanism, the sustainability of the achievements made so far may not be ensured for a smooth implementation of the MEDPA programme even with the availability of large amounts of resources at the local level.

The results and achievements made by the project have been quite overwhelming and are highly relevant to the national and international goals. The assessment on the effectiveness, impact and sustainability of the results largely depend on numbers and volumes. Achievements and progress are reported mainly in terms of quantity, e.g. number of MEs, trainings/orientations, EDFs/BDSPOs, FPs, etc. These numbers are likely to keep growing once the LGs start implementing the programme with their own resources. Qualitative aspects of the project's achievements, such as the impact on the lives and behaviours of intended beneficiaries, were not adequately reflected in the progress reports. While numbers are important to assess the results, due attention in reporting qualitative aspects of the results could be expected. A comprehensive impact

assessment of the project interventions could validate the socio-economic changes in the lives of the entrepreneurs, including sustainability of the enterprises that have been promoted in terms of demand in the market and quality standards.

The GESI/MIS, an important output, seems to be functioning well, generating impressive GESI aggregated data. The system could also include provisions for collecting information/data related to quality of the products and services of project interventions. The use of GESI/MIS could be expanded, linking with other programmes at local levels. A conducive working environment for EDFs and FPs with necessary equipment, e.g. computers, was one of the issues discussed during field visits related to the capacities of EDFs and proper use of GESI/MIS.

All development partners of the MEDPA programme agree and emphasize the need for proper and effective mechanisms to ensure coherence, synergies, coordination and partnership. The national implementing partners are expected to take a lead role to ensure adequate level of coordination, synergies, and coherence at the national level. The project implementers claim that adequate efforts have been made in bringing synergy and coherence at project level through participation in their programmes, collaboration in possible areas of interventions and sharing their experiences, from e.g. MEDPA-TA, VCDFV and CMDP, in their Project Board Meetings. At the planning stage of defining outcomes at national levels, including UNDAF preparation, ample exercise seems to have taken place in bringing coherence, synergy and partnership. They are well documented, establishing the linkages of project interventions all the way to the UNDAF, national plans and the SDGs. During the implementation of the programme, a similar type of exercise at UNDAF level was expected by implementing partners.

The NIM, with a Project Management Committee chaired by the NPD from the Government, was effective and efficient in ensuring national ownership, commitment and accountability. The office of the TA team within the MoICS was found to be the most effective entity to manage the project. In view of the achievements made in internalizing the MED model and implementation of MEDPA programme, it is concluded that the rate of success of project intervention is quite high when a dedicated structure with an accountability framework is in place. It was also noted that one of the reasons for TA support from external sources is to avoid the complications of procurement processes of such services under government funding. To address such bureaucratic hurdles, the government could choose a different implementation modality available in the existing NIM guidelines. Thus, the adoption of NIM modality could be considered for both lessons learned and as a good practice.

However, the government's administrative processes do not ensure NPDs' continuity for the entire project period, undermining their accountability towards project results as they could be transferred at any time. While technical and managerial expertise may be sufficiently available within the government structure, the absence of a system to appoint NPDs in line with the nature and duration of the project is noted. Substantial amount of time and efforts are required to orient newly appointed NPDs regarding the project interventions and the smooth implementation of the project. Thus, the potential risks (2 and 3) identified in the original project document remain valid and their effects on institutionalisation processes are significant.

While certain segments of the government entities advocate channelling all the resources mobilized through the government's budgetary system, other entities of the government, who are mandated to implement the project and are responsible for results within the project duration with fiduciary accountability, perceive it as extremely difficult, if not impossible, to implement projects within the existing administrative processes of the government due to various concerns pertaining to transparency and fiduciary accountability. In view of a declining trend of funding to the project from development partners, various options of funding, including cost sharing modalities, that are mutually agreeable could be explored.

Based on the above analysis and conclusion, the ratings of the project in terms of evaluation criteria are given in the Table 10 below.

Table 10. Evaluation Criteria and Ratings/Scores		
Evaluation Criteria	Rating/ Score	Description of performance
Relevance	1	Found highly relevant in view of the national priorities, needs of the federal, provincial and local governments, organizational goals of development partners (UNDP/DFAT) and the international agenda of the SDGs.
Coherence/ Synergy	2	Maintained coherence and synergy within the MEDPA-TA/MoICS and its affiliated entities, with the provincial and local governments, and with other projects of similar interventions. However, level of coordination with development partners at programmatic/outcome levels could be improved.
Effectiveness	1	Both outputs related to resource allocation and institutionalisation of MED model are well integrated by LGs.
Efficiency	1	Well managed resources and achieved the progress.
Impact	1	Large number of MEs (84% women) and employment generation reducing poverty and hunger.
Sustainability	2	Capacity needs of provincial and local government still exist, limiting the potential to properly make use of results produced. Achievements made needs to be well grounded with further solid technical and management support.
Gender and Social Inclusion	1	One of the best examples in addressing GESI concerns from the designing phase to implementation with specific guidelines and results are aggregated using GESI/MIS system.
Overall	1	The programme interventions are highly satisfactory.

(Scale: 1: Highly satisfactory, 2: Satisfactory, 3: Moderately satisfactory, 4: Somehow satisfactory, 5: Not satisfactory)

The overall rating is highly satisfactory.

6.2. Recommendations

1. In view of the magnitude of the support needed at the local government level, and to ensure the institutionalisation of the tremendous achievements made in building the capacity and systems, it is highly recommended to continue the TA support for at least two more years. Since a project has a timeline with specific objective, it is expected to phase out at a certain point, once the objectives are fulfilled, an important success indicator. Therefore, a phase-wise exit strategy of the project should be closely and regularly monitored as part of the project management to make the exit process as practical and smooth as possible (MoICS/UNDP/MoF).
2. In order to ensure greater participation of development partners for financial support to the project, various funding mechanisms, including cost-sharing under a practical and mutually agreeable implementation modality, e.g. NIM, should be explored. (MoICS/UNDP)
3. As frequent changes of officials and political leaders are expected, periodic orientation on the MED model should be a permanent feature of the programme to familiarize the officials and responsible entities for MED activities at all levels of the federal governance system. To support such activities, a certain portion of the resources allocated to the LGs should constitute capacity support cost. Various options in mobilizing resources and choosing appropriate implementation modalities should be considered to ensure the proper use of government resources at the local level. (MoICS/MoF/UNDP).
4. Appropriate roles of existing government structures in the Districts should be identified and utilized as tremendous amount of investments were made with decades of MEDEP support. The ways and means to use infrastructures within DCSI and CSIDB built in the past for MED should be explored. (MoICS)
5. While the Operational Guidelines (2077) have been updated to make them more GESI responsive, there are still some aspects to be addressed, e.g. the MED Coordination Committee (Chapter 8). Instead of nominating two women entrepreneurs by the Chair of the Committee, submission of appropriate representative should be called from Women Entrepreneurs Associations/Groups to make the process more democratic and transparent (MoICS).
6. As the primary objective of the project is to improve livelihoods of poor and socially deprived people, it would be important to find out the status of these entrepreneurs and the socio-economic changes in their lives. A thorough examination of the enterprises and their products should be carried out to assess quality standards and competitiveness with market prices to provide guidance in updating and improving the MED model (MoICS/UNPD).
7. Conscious and deliberate actions are required to ensure coherence and synergy of project interventions at all levels, more prominently at programmatic levels, by both national and international development partners. At least one coordination meeting should be held at with all development partners of UNDP projects contributing to specific UNDAF outcome and CPD output with the participation of relevant stakeholders (MoICS/UNDP).

8. M&E is an important aspect of project management and should be included in Project Board Meetings. All key partners including funding agencies are well consulted when conducting M&E activities. The knowledge and information collected from such events are well documented and mechanisms to manage such knowledge are streamlined (MoICS/UNDP).

6.3 Lessons Learned

The evaluation captures some important lessons learned and some of them could even be considered as the best practices.

1. One of the important lessons drawn from the project is that institutionalisation is not an end game. It needs to be continuously managed and updated with the changing context. The “theory of change” needs to be carefully applied to ensure institutionalisation at all stages. Developing and approving acts, laws and procedures do not fulfil the purpose of institutionalisation. It takes place when all these acts, laws, by-laws, procedures, guidelines and systems are properly followed and implemented. The systems will be followed if those responsible are fully made aware and capable to follow the processes.
2. As noted in the progress reports of MEDPA-TA as well as experiences of project implementation of many externally supported projects, government’s ownership of the project interventions - internal or external – results in greater chance of sustainability if an appropriate implementation structure with accountability framework is in place. This can also be considered as one of the best practices.
3. In many instances in the past, and to some extent even in the current context, providing skills training is perceived as entrepreneurship development. The MED model introduced under MEDEP/MEDPA has been able to uncover this misconception and made the stakeholders realize the whole gamut of the processes required for the development of entrepreneurs. This learning is very important for training institutions to replicate.
4. It has been a general understanding that to be an entrepreneur, one needs not just skills but economic capability and confidence to take risks. Therefore, chances of poor people becoming entrepreneurs were considered to be minimal. This notion has also been rectified with right approaches and processes introduced in the MED Model.

9. Annexes:

Annex 1: Terms of Reference

Term of Reference (ToR)

for the Final Evaluation of Technical Assistance for Micro Enterprise Development for Poverty Alleviation at the Sub-national level (MEDPA-TA) 1.

Background and Context:

The micro enterprise development model tested by the program (Micro Enterprise Development Programme (MEDEP), launched in 1998) has been now recognized as a successful model for poverty alleviation and employment generation in Nepal. The government of Nepal has replicated the model in all 77 districts through launch of Micro Enterprise Development for Poverty Alleviation Programme (MEDPA), a flagship program of the government led by the Ministry of Industry, Commerce and Supplies (MOICS).

With roll out of the new federal system of governance followed by establishment of seven provinces and 753 local governments in 2017, institutionalisation of the MED model through MEDPA has demanded new commitments from the provincial and local governments. It is imperative that the policy framework, systems, and institutional arrangements that underpin MEDPA implementation are adapted to the new federal context and capacities of the provincial and local governments are built for implementation. A timely intervention is therefore critical to ensure that the model is effectively delivered by provincial and local governments and continues to be recognized as an important poverty reduction strategy in Nepal.

To respond to this emerging priority to ensure smooth transition of MEDPA under this changed context, the Ministry of Industry, Commerce and Supplies (MOICS), Department of Foreign Affairs and Trade (DFAT) and United Nations Development Program (UNDP) have agreed to implement a new MEDPA-TA program for two years from October 2018 to September 2020. The project has been extended till March 2021.

Microenterprise development and supporting poor households to become micro entrepreneurs is now recognized as among the effective strategies for reducing poverty and generating employment in Nepal. This achievement is due in part to MEDEP's two decades of involvement to develop and refine a microenterprise development model and roll it out nationwide. With the impending closure of MEDEP, the success of the government's flagship program for microenterprise development (MEDPA) will depend on whether its constituent components are suitably adapted to the new federal setup. Identifying and addressing gaps at the federal, provincial, and local government levels, based on their respective mandates related to microenterprise development is crucial. The project will support the government – at different levels - to adapt MEDPA to the new federal structure. It will therefore work at all three levels of government, building on existing capacities and systems for micro enterprise development, and supporting the government to address gaps. The MEDPA - TA has been designed to support MEDPA implementation nationally in new federal context to achieve the following two outputs:

Output 1: The local governments in seven provinces allocates their resources to MEDPA/Micro Enterprise Development (MED) type activities as well as help implement MEDPA in their constituencies; and

Output 2: Institutionalise the microenterprise development model at federal, provincial and local government to implement MEDPA.

The technical assistance will be aligned with newly defined functional responsibilities and accountability of various agencies of the federal, provincial and local governments with respect to their role in MEDPA implementation and fund flow.

The Project is being implemented by the Ministry of Industry, Commerce and Supply, Government of Nepal in technical and financial assistance of UNDP and DFAT under the National Implementation Modality (NIM). The total budget of the project period is 2,062,821 USD, out of which UNDP TRAC funds 955,010 USD, DFAT funds 767,340 USD and Government of Nepal funds 340,471 USD. As of 13 September 2020, the total USD 1,242,286 has been spent.

The MEDPA-TA staffs are stationed at the Federal Ministry – the MoICS, the provincial Ministry of MoITFE and in 21 districts- the District Cottage and Small Industry Office (DCSIO) with physical presence in 28 districts and has been providing technical assistance to different levels of the government. The key support provided by MEDPA-TA for institutionalisation of MED model are- support in MEDPA implementation, reforms in existing systems, policies, acts, by-laws, guidelines; promotion of MED and establishment of functional Gender Equality and Social Inclusion (GESI) MIS for strengthening the M & E system. In line with substantial budget allocation (NRs. 2.2 billion from 1.1 billion) by Federal Government as Conditional grant to all 753 local governments, the role of MEDPA-TA to institutionalise MEDPA has increased substantially. As a result of the TA support, the different levels of the government has allocated budget for MED related activities, drafted policies/acts, inclusion of MED in the policy documents, and revision of guidelines for the promotion of micro enterprise development.

Project Information	
Project title	Project title Technical Assistance for Micro Enterprise Development Programme for Poverty Alleviation at the Sub-National Level (MEDPA-TA)
Award ID	00106411
Contributing outcome and output	UNDAF/CPD Outcome1: By 2022, impoverished, especially economically vulnerable people have increased access to sustainable
	UNDP CPD Output 1.1: Policy, institutional, and capacity building development solutions lead to improved livelihoods, productive employment and increased factor productivity in rural areas
Country	Nepal
Region	Region Asia Pacific

Project dates	Start	Planned End
	October 2018	March 2021
Project budget	US \$ 2,062,821.00	
Project expenditure at the time of evaluation	USD 1,242,286.00	
Funding source	GoN, DFAT and UNDP	
Implementing Partner	Ministry of Industry, Commerce and Supplies, Government of Nepal	

At the time of writing the ToR, Nepal has confirmed 65,276 cases of COVID-19 (as of 21 September 2020) of which 47,238 are recovered and 427 have died. The source of the COVID-19 cases is mostly from the arrival of large numbers of returning migrant workers and Nepali students from India, the Gulf, and other Asian and European countries. The government decided to bring the entire nation under lockdown from 24th March 2020. The lockdown has profoundly altered the rhythm of everyday life. After the partial ease of the lockdown, the cases were started to increase and now the spread is widely, and community transmissions are started to be seen in specific locations.

The Covid-19 pandemic crisis further deteriorated livelihoods and impacted badly to the poor daily wage earner migrant workers due to the closure of businesses and prolonged lockdown. The crisis has disproportionately impacted the most vulnerable including informal workers, particularly women and daily wage workers, internal migrants and seasonal migrants to India, who are excluded from any social protection measures, exacerbating social and economic inequalities. In this changed context, the MEDPA-TA is playing a vital role in creating jobs for women and youth by providing technical support to local governments. A total of more than 344,900 long-term jobs were created with the technical support to MEDEP/MEDPA as of July 2020. The work of MEDPA-TA has also been impacted by the pandemic, the field travel has been curtailed owing to lockdown, prohibitory orders and increased infections. The field staffs are working from home providing TA support basically through online communications.

As the project is going to end on 31st March 2021, UNDP has planned to commission an evaluation to identify and document the achievements of project interventions, challenges, lessons learned and best practices. The findings of the evaluation will provide guidance for the way forward for future course of action. Thus, the evaluation report is expected to include specific recommendations for future programming/interventions.

The key stakeholders of this evaluation are the Ministry of Industry, Commerce and Supplies (MOICS), Ministry of Federal Affairs and General Administration (MoFAGA), Ministry of Industry, Tourism, Forest and Environment (MOITFE) at provincial level, District Cottage and Small Industry office/ Cottage and Small Industry Development Committee (DCSIO/CSIDB) at district level, Local Governments (LG) and Micro Enterprise Development Service Provider (MEDSP), the micro entrepreneurs, UNDP and DFAT.

2. Purpose of the Evaluation:

The overall objective of the final evaluation is to assess the results and approaches of the MEDPATA implementation in collaborating with and supporting the Federal, Provincial and

Local governments and its institutionalisation. The evaluation should assess results against output targets and project's contribution in effective implementation of the MEDPA, assess the relevance, appropriateness of the implementation strategies and challenges encountered as well as identify the key lessons learnt and make specific recommendations for future course of actions. In addition, the evaluation should indicate if the produced results are in the right direction towards contributing to employment generation.

The evaluation is intended to be forward looking which will capture lessons learnt and provide information on the relevancy, effectiveness, coherence, efficiency and sustainability of the MEDPA-TA. The evaluation will also highlight on the usefulness, further need of the MEDPATA support to the sub-national level governments- the Provincial and Local for MED institutionalisation and MEDPA implementation at the Local Government levels. The emphasis on learning lessons articulate to the issue of understanding what has worked, what has not worked and what are the effective ways of supporting different levels of the government as a guide for future planning.

The specific objectives of the final evaluation are the following:

- to assess the implementation approaches, progress made, challenges encountered, identify and document the lessons learnt and make recommendations to develop similar technical assistance projects in the future.
- to assess the progress against its objectives, expected result, outputs and indicators.
- to assess the approaches and interventions adopted by the project towards achieving the outputs.
- to identify and document main project achievements and results and their impact, and lessons learned.
- to ascertain the relevance, effectiveness, coherence, efficiency and sustainability of the project interventions.

3. Scope of the Evaluation:

The evaluation should look at the relevance of the project, quality of project design, effectiveness and efficiency of implementation to date and sustainability of the project at all three levels of the government. It will address the results achieved, MED model institutionalised, as well as issues of capacity and implementation approaches.

Particularly, the evaluation should cover but not limited to the following areas.

- Relevance of the project: review the progress against project outputs and contribution to outcome level results as defined in the project's theory of change and ascertain whether assumptions and risks remain valid. Identify any other intended or unintended, positive or negative, results.
- Effectiveness and efficiency of implementation approaches: review project's technical as well as operational approaches and deliverables, quality of results and their impact, alignment with national priorities and responding to the needs of the stakeholders; covering the results achieved, the partnerships established, as well as issues of capacity;

- Review the project's approaches in general including mainstreaming of gender equality and social inclusion, with particular focus on women and marginalised groups.
- Review and assess the sustainability of the results and risks and opportunities (in terms of resource mobilization, synergy and areas of interventions) related to future interventions.
- Review external factors beyond the control of the project that have affected it negatively or positively; • Review planning, management, monitoring and quality assurance mechanisms for the delivery of the project interventions.
- Review coordination and communication processes and mechanisms with the stakeholders.
- Review how the implementation of project interventions may have been impacted by COVID-19 and how the project interventions are contributing to address the immediate and long-term employment needs in the changed context.
- Include Gender equality and women's empowerment in the scope of the evaluation.

4. Evaluation Criteria and Guiding Questions

The evaluation will follow the OECD-DAC's revised evaluation criteria - Relevance, Coherence, Effectiveness, Efficiency, Impact and Sustainability. Partnership, GESI and Human Rights will be added as cross-cutting criteria. The guiding questions outlined below should be further refined by the evaluation team and agreed with UNDP before commencement of the evaluation.

Table 2 - Criteria and Guiding Questions	
Criteria	Guiding questions
Relevance	(i) To what extent the overall design and approaches of the project were relevant? (ii) To what extent, the inputs and strategies identified were realistic, appropriate and adequate to achieve the results? (iii) To what extent did the Project achieve its overall objectives? (iv) To what extent the project was/is able to address the needs of the three tiers of governments in the changed context? (v) To what extent were the output level results achieved and how did the project contribute to project outcomes for institutionalizing MED model in federal and provincial level? (vi) To assess whether the results achieved had a differentiated impact on women and other vulnerable groups? (vii) To what extent the project contributed to the outcome and output of the CPD? Were there any unintended positive or negative results?
Effectiveness	To what extent the project activities were delivered effectively in terms of quality, quantity and timing? (ii) How effective were the strategies and tools used in the implementation of the project?

	<p>(iii) To what extent the project was effective in enhancing the capacity of the federal, provincial and local government to institutionalise the MED model and MEDPA implementation.</p> <p>(iv) How effective has the project been in responding to the needs of the beneficiaries, and what results were achieved?</p> <p>(v) What are the key internal and external factors (success & failure factors) that have contributed, affected, or impeded the achievements, and how UNDP and the partner have managed these factors?</p> <p>(vi) To what extent did the project contribute to the CPD outcome and outputs, the SDGs, the UNDP Strategic Plan and national development priorities?</p> <p>(vii) To what extent the project was successful to create entrepreneurship and employment opportunities at the local level?</p> <p>(viii) How effective was the project in ensuring that concerns around GESI were integrated in its approach?</p>
Coherence	<p>(i) How well the intervention fit in changed context?</p> <p>(ii) To what extent the intervention is coherence with Government's policies</p> <p>(iii) To what extent the intervention addressed the synergies and interlinkages with other interventions carried out by UNDP or Government of Nepal?</p> <p>(internal coherence)</p> <p>(iv) To what extent the intervention was consistence with other actor's interventions in the same context or adding value to avoid duplication of the efforts? (External coherence)</p>
Efficiency	<p>(v) To what extent is the existing project management structure appropriate and efficient in generating the expected results?</p> <p>(vi) Have resources (funds, human resources, time, expertise, etc) been allocated strategically to achieve outcomes?</p> <p>(vii) Was the process of achieving results efficient? Were the resources effectively utilized?</p> <p>(viii) Did project activities overlap and duplicate other similar interventions (funded nationally and/or by other donors?</p> <p>(ix) What are the strengths, weaknesses, opportunities and threats of the project's implementation process?</p>

Sustainability	<p>(i) To what extent are the three tiers of governments likely to be institutionalised MED model and implemented MEDPA after the completion of this project?</p> <p>(ii) What is the likelihood of continuation and sustainability of Micro Enterprise Development Service Provider (MEDSP) procurement process by federal, province and local government after completion of the project?</p> <p>(iii) How were capacities strengthened at the federal, provincial and local governments for MEDPA implementation and institutionalisation ?</p> <p>(iv) Does federal, provincial and local government formulate enabling policies, regulations, guidelines and institutional mechanism required for implementation of MEDPA?</p> <p>(v) To what extent are the three tiers of government allocated budget to implement poverty alleviation through entrepreneurship development program through MED model?</p> <p>(vi) Describe key factors that will require attention in order to improve prospects of sustainability of Project outcomes and the potential for replication of the approach?</p>
Impact	<p>(i) To what extent the programme initiatives indicate that the changes (positive and negative, intended and unintended) will be achieved?</p> <p>(ii) To what extent the MEDPA-TA has made real difference to the implementation of MEDPA and MED model in local governments?</p> <p>(iii) To what extent has the support enabled citizen's trust in local government and its systems, particularly those of women.</p>
Gender and Social Inclusion (GESI)	<p>(i) To what extent have gender equality and social inclusion (GESI) provisions been incorporated in the MEDPA implementation?</p> <p>(ii) what extent the GESI MIS developed by the project is robust to generate gender disaggregated data and information? (iii) To what extent has the project promoted positive changes of women, disabled and all types of marginalised group?</p>
Human Rights	<p>(i) To what extent the human rights issues are/were considered in MEDPA implementation and integration of MED model in local government and with what impact?</p> <p>(ii) To what extent the issues of human rights are reflected in the policy, guidelines and manuals developed to implement MEDPA</p>

4. Methodology

The evaluation methods suggested here are indicative only. The evaluation consultant should review the methodology and propose the final methods and data collection tools as part of the inception report. The evaluation should build upon the available programme documents, field visits, interviews and discussions, which would provide an opportunity for more in-depth analysis and understanding of MEDPA-TA programme. The evaluation consultant is expected to frame the evaluation using the criteria of relevance, effectiveness, efficiency and sustainability. The methods and tools should adequately address the issues of gender equality and social inclusion.

The consultant must provide evidence-based information that is credible, reliable and useful. The consultant is expected to follow a participatory and consultative approach ensuring close engagement with government counterparts, project team, UNDP CO and key stakeholders. The evaluation will provide quantitative and qualitative data adopting appropriate methods. Some of the data collection methods are listed in below table 3.

Review of related literature	The evaluator is expected to carry out the following activities while reviewing the related literature: (i) Desk study of relevant literature (ii) Study and review of all relevant project documentation including project documents, annual work-plans, project progress reports, progress against output and other results indicators, annual project reports, reports of the project steering committee (iii) Evidence sources (such as monitoring reports, surveys, partner reports, pictures etc)
Interviews/Consultations	(i) In depth interviews to gather primary data from key stakeholders using a structured methodology (ii) Focus Group discussion with project beneficiaries and other stakeholders. (iii) Interviews with relevant key informants (iv) Meetings and or discussions with MoICS, UNDP and MEDPA-TA officials and other relevant stakeholders to complement the information received from other sources and for triangulation of information. (v) Online surveys or zoom meetings may be conducted to solicit feedback.
Observation/Field visits	The evaluator will carry-out necessary field visits using checklists which have been pre-approved by the office as part of the Inception Report and ensuring that all beneficiaries are adequately covered.

The final methodological approach, including interview questionnaire and schedule, field visits, evaluation matrix and data to be used in the evaluation should be clearly outlined in the inception report and fully discussed and agreed with UNDP. The evaluator should select the respondents using an appropriate sampling technique. While selecting the respondents, the evaluator should ensure gender balance.

5. Expected Deliverables:

The following deliverables in line with IEO's guidance are expected:

Table 4 - Expected Deliverables and Descriptions
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Deliverables	Descriptions
Inception Report	<p>The report is subject to outline the key scope of the work and intended work plan of the analysis, and evaluation questions</p> <ul style="list-style-type: none"> • Shall be submitted after 5 days of commencing the consultancy. • The report should detail the evaluators' understanding of what is being evaluated and why, showing how each evaluation question will be answered by way of: proposed methods; proposed sources of data; and data collection procedures. • The report should include a proposed schedule of tasks, activities and deliverables, designating a team member with the lead responsibility for each task or product. • Inception report must demonstrate whether the evaluator's have the same understanding of the Theory of Change as the CO; • Inception report should include specific questions to be posed to the stakeholders under each of the evaluation categories
Evaluation matrix	This matrix should include key evaluation criteria, indicators, question and sub-questions to capture and assess them.
Evaluation briefing	After completion of data collection or before sharing the draft report, the evaluator should present preliminary debriefing and findings to stakeholder
Draft report	Evaluator should submit a comprehensive draft report consisting of major findings and recommendations for future course of action. • The draft report will be shared with the wider stakeholders for their review and comments. • The report will be produced in English and Nepali Language. The report should provide options for strategy and policy as well as recommendations. • At least 10 days needs to be provided for review and comments.
Final draft report	The final draft report should be submitted within the given timeline with enough detail and quality
Audit Trail Form	The comments and changes by the consultant in response to the draft report should be retained by the evaluator in form of audit trail to show they have addressed comments.
Final report	The consultant should submit the final report, incorporating all the comments and suggestions received on the draft1

6. Evaluation team composition and required competencies:

Team of two evaluators (national) is envisaged that include one as a team leader and another as a team member. Evaluation team should be gender inclusive to the extent possible. Applying team members who are involved in any way in the design, management or implementation or advising any aspect of the MEDPA-TA that is the subject of the evaluation will not be qualified. The team will be selected by UNDP CO. The two consultants are expected to work as a team under the leadership of Team leader. In case of difference of opinion, the team leader will make the final decision.

The draft division of time among team members is given in below table. The consultants are expected to work in parallel as a team and the total of estimated persons days to complete the final evaluation should not exceed 45 days (25 days for team leader and 20 days for team member).

Deliverables/ Outputs	Estimated per days to complete	1 National Consultant Team Leader	1 National Consultant Team Memberr
MTR inception report (including final methodology, data collection tools and questions, proposed schedules, evaluation matrix etc)	6	3	3
Desk review and analysis	6	3	3
Desk review and analysis	14	7	7
MTR draft report	10	5	5
Debrief on draft findings and recommendations to the management	2	1	1
MTR Second Report	4	3	1
MTR final draft	2	2	0
Final Presentation	1	1	9
Tptal	45	25	20

6.1 National Consultant-Team Leader: One

Responsible for overall lead and management of the final evaluation. S/he should be responsible to ensure the overall quality of the evaluation and timely submission of the evaluation report to UNDP. He should ensure gender and social inclusion perspectives are incorporated throughout the evaluation work and report. Table 5 - National consultant-team leader and required competencies.

Title	National Consultant: Team Leader
Duration	25 days
Qualifications	At least Master's degree in Sociology, International Development, Development Economics/Planning, Rural Development, Public Policy, Public Administration, and any other related disciplines
Experience	At least seven years' experience in designing, implementing and/or monitoring development programmes (including but not limited to social mobilization, micro-enterprise development, employment development, micro-finance, policy formulation and implementation and/or income generation activities etc) • Should have demonstrated experiences of designing and conducting similar kinds of evaluations of development projects and programmes in Nepal;
Skills and competencies	Excellent analytical and report writing skills. • Knowledge and experience of gender sensitive evaluations; • Excellent written and verbal communication skills in English and Nepali are required. • Knowledge and experience in the field of Entrepreneurship development, poverty alleviation, public policy related to entrepreneurship development related issues;

Major roles and responsibilities	<ul style="list-style-type: none"> • Collect and review the relevant documents • Finalize the review methods, scope and data collection and analysis instruments • Arrange and conduct interview with the selected target group, partners and stakeholders independently. • Facilitate stakeholders' discussion and focus groups to collect, collate and synthesize information (both in Kathmandu and provinces) • Analyze the data and prepare a draft report ensuring the triangulation of the findings, obtain strong evidence for the analysis from multiple sources. • Follow the ethical consideration. • Incorporate the comments and feedback of the stakeholders in the draft report to finalize it • Submit the final report to UNDP within stipulated timeline.
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6.2 National Consultant-Team member: One

Responsible for contributing in design and management of the final evaluation by supporting the team leader in reviewing the documents, collecting information, finalizing the methodology, setting up the interviews and drafting the selected chapters of the evaluation report as assigned by the Team Leader. He should assist the Team Leader to ensure the overall quality and timely submission of the final evaluation report to UNDP. Table 6 - National consultant-team member and required competencies.

Title	National Consultant: Team Member
Duration	20 days
Qualifications	At least Master's degree in Sociology, International Development, Development Economics/Planning, Rural Development, Public Policy, Public Administration, and any other related disciplines
Experience	At least 5 years' experience in designing, implementing and/or monitoring development programmes (including but not limited to social mobilization, micro-enterprise development, employment development, micro-finance, policy formulation and implementation and/or income generation activities etc) • Should have demonstrated experiences of designing and conducting similar kinds of evaluations of development projects and programmes in Nepal;
Skills and competencies	Excellent analytical and report writing skills. • Knowledge and experience of gender sensitive evaluations; • Excellent written and verbal communication skills in English and Nepali are required. • Knowledge and experience in the field of Entrepreneurship development, poverty alleviation, public policy related to entrepreneurship development related issues;
Major roles and responsibilities	Collect and review the relevant documents • Support to the team leader in finalizing the evaluation methods, scope and data collection and analysis instruments • Arrange and conduct interview with the selected target group, partners and stakeholders independently. • Facilitate stakeholders' consultation and focus groups discussion to collect, collate and synthesize information (both in Kathmandu and provinces) • Analyse the data and support the team leader in drafting, edition, correcting and/or revising selected chapters of the evaluation

	reports particularly livelihood components • Follow the ethical consideration. • Assist the team leader in finalizing the report and sharing it with stakeholders • Incorporate the comments and feedback of the stakeholders in the draft report to finalize it
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7. Ethical Consideration

This evaluation will be conducted in accordance with the principles outlined in the UNEG ‘Ethical Guidelines for Evaluation’. The consultants must safeguard the rights and confidentiality of information providers, interviewees and stakeholders through measures to ensure compliance with legal and other relevant codes governing collection of data and reporting on data. The contractor must also ensure security of collected information before and after the evaluation and protocols to ensure anonymity and confidentiality of sources of information where that is expected. The information knowledge and data gathered in the evaluation process must also be solely used for the evaluation and not for other uses without the express authorization of UNDP and partners.” Contractor will be held to the highest ethical standards and are required to sign a Code of Conduct upon acceptance of the assignment.

8. Implementation Arrangements:

The principal responsibility for managing this evaluation resides with the UNDP CO in Nepal. The UNDP CO will contract the consultants and ensure the timely and quality management of the evaluation. The details of the implementation arrangement are described in Table 7.

Table 7 - Implementation Arrangements:

Who (responsible)	What (responsibilities)
Evaluation Manager/RBM Analyst	Assure smooth, quality and independent implementation of the evaluation with needful guidance from UNDP’s Senior Management. <ul style="list-style-type: none"> • Prepare and approve ToR and selection criteria. • Hire the national consultant by reviewing proposals and complete the recruitment process. • Ensure the independent implementation of the evaluation process. • Approve each steps of the evaluation • Supervise, guide and provide feedback and comments to the evaluation consultants. • Ensure quality of the evaluation. • Ensure the Management Response and action plans are fully implemented
Portfolio Manager-Inclusive Economic Growth	Draft ToR to be reviewed and finalized by the evaluation manager • Support in hiring the consultant • Provide necessary information and coordination with different stakeholders including donor communities • Provide feedback and comments on draft report • Prepare management response and action plan and follow up the implementation
Project Team (MEDPA-TA)	Provide required information, furnishing documents for review to the consultant team. • Logistic arrangement, such as for support in setting

	up stakeholder meetings, arranging field visits and coordinating with the Government.
Evaluation team	Review the relevant documents. • Develop and submit a draft and final inception report • Conduct evaluation. • Maintain ethical considerations. • Develop and submit a draft evaluation report • Organize meeting/consultation to discuss the draft report • Incorporate inputs and feedback in draft report • Submit final report with due consideration of quality and effectiveness • Organize sharing of final evaluation report
Stakeholders	Review draft report and provide feedback • Participate in debriefing session and provide suggestions

The evaluator will be briefed by UNDP upon arrival on the objectives, purpose and output of the evaluation. An oral debriefing by the evaluator on the proposed work plan and methodology will be done and approved prior to the commencement of the process.

The evaluation of MEDPA-TA will remain fully independent. The evaluators maintained all the communication through the Evaluation Manager during the implementation of the evaluation. The Evaluation Manager should clear each step of the evaluation. Evaluation report must meet the requirements from the Independent Evaluation Office's guidelines which will be provided as part of the inception meeting.

Contractors will arrange mission wrap-up meeting with the stakeholders and noted comments from participants which will be incorporated in the final report. The final report will be signed off by Deputy Resident Representative of UNDP Nepal.

9. Activities and Timeframe

The evaluation is expected to start in October 2020 for an estimated duration of 25 working days. This will include desk reviews, field work - interviews, and report writing. The tentative schedule will be the following: Table 8 - Timeframe and Tentative Schedule

Planned activities	Tentative work Days (15th Oct-30 th November)	Remarks
Desk review of relevant documents and designing the evaluation (home based)	2	
Briefing by UNDP on corporate requirements	1	
Finalizing design, methods & inception report and sharing with reference group for feedback	3	

Stakeholders meetings and interviews in Kathmandu and Field (Virtual and/or field visits)	10	Applicable travel cost and DSA will be borne by UNDP for field missions, outside duty station – Kathmandu valley, if any, as per UNDP rules & regulations.
Analysis, preparation of draft report and share for review	5	
Stakeholder meeting to present draft findings	1	
Incorporate suggestions and comments to finalize and submit final report to UNDP	3	
Total	25	

10. Use of Evaluation Findings

The evaluation findings and recommendations of the evaluation will be used by the MoICS and UNDP to learn lessons for future improvements, or to replicate good practices in future programmes/projects of similar types or for extension of the existing programme as per the need. Therefore, the evaluation report should provide critical findings and specific recommendations for future interventions.

11. Application Process and Selection Criteria

The application submission procedure and its selection criteria will be reflected in procurement notice.

12. Annexes2

(i) Relevant Documents: Project Document, Multi-year work plan, Annual Work Plan 2018 and 2019, Project Progress Reports of 2018 and 2019, Financial Reports, Technical Needs Assessment Report, Project Management Structure, Knowledge products etc.

(ii) IEO's guidance on Structure and content of report

(i) List of key agencies, stakeholders and partners for evaluation

UNDP

- UNDP Senior Management (DRR), Policy Advisors, Portfolio Managers
- MEDPA-TA National Project Manager and other Project Managers as needed

Stakeholders:

- International development partners
- Project donor and other donors
- National Project Director
- National Project Managers of other projects
- Implementing Partners
- Ministry of Industry, Commerce and Supplies
- Civil society organizations and media

- (iv) Inception Report Contents Outline
- (v) Review matrix
- (vi) Format of the review report
- (vii) Evaluation Audit Trial Form
- (viii) Code of Conduct

Annex 2: Specific evaluation questions targeted to specific stakeholders

Intendent Respondents	Sample Question (relevance, effectiveness, efficiency, impact, sustainability, coherence, GESI and Human Rights)
1. Federal Government (MOIC, MOF and DCSIOs)	<p>R1: How far the project objectives were consistent with national priorities, the needs of target groups, and donor policy</p> <p>R. What are the major challenges of avoiding duplication and ensuring synergies of interventions?</p> <p>R. What were the mechanisms followed by the management at different levels of government to avoid duplication and enhance coordination of interventions?</p> <p>I. What is the status of Government's commitment and plan in terms of institutionalizing MED model for the development and growth of Micro Entrepreneurs in Federal Governance system in Nepal?</p> <p>S. What strategy the Government has to continue the project achievements, results and effects could be continued after donor funding ended?</p>
2. Provincial government: (MOITFE, DCSIO,	<p>C: What are the mechanisms used to ensure the coordination/ synergies with other components, subcomponents of MEDPA Programme with other programmes of government and other organizations?</p> <p>I. What is the status of Government's commitment and plan in terms of institutionalizing MED model for the development and growth of Micro Entrepreneurs in Federal Governance system in Nepal?</p> <p>S. To what extent will project achievements, results and effects be expected to continue after donor funding ended?</p>
3. Local Governments, Municipality, Ward, Settlements)	<p>C How was the coordination/ synergies with other components, subcomponents of MEDPA Programme with other programmes of government and other organizations?</p> <p>S: What are the key strength/capacity of target groups/ intermediary organizations to receive the positive effects of the project interventions without external support in the long-term?</p>
4. Funding Agency: UNDP CO DFAT	<p>R:How far the project objectives were consistent with national priorities, the needs of target groups, and donor policy</p> <p>R2: Which of the results of the MEDPA TA component is contributing to which UNDAF outcomes and SDGs?</p> <p>L: What were the adjustments made in the implementation approach?</p> <p>S. How effective are the exit strategies, and approaches to phase out assistance provided by the project?</p> <p>S. What are the exit strategies, and approaches to phase out assistance provided by the project?</p> <p>E. What is your assessment on achievement / limited achievement of objective and targets?</p> <p>E. What are the key implementation approaches worked well in achieving this level of the objective of?</p>

	What are the implementing approaches and processes that did not work well in meeting the objectives?
5. Other partners: UNDP projects: CMDP, VCDP ILO	R: Which of the results of the MEDPA TA component is contributing to which UNDAF outcomes and SDGs? I: What are the key challenges for achieving sustained improvement and inclusive economic growth to improve the quality of life of the MEs? C: How was the coordination/ synergies with other components, subcomponents of MEDPA Programme with other programmes of government and other organizations?
6. MEDPA TA Project	E. How efficient was the project in terms of effective utilization of the project resources, cost-efficiency, and reaching target groups? E. What is your assessment on achievement / limited achievement of EE component immediate objective and targets? E. What are the key implementation approaches worked well in achieving this level of the objective of ? What are the implementing approaches and processes that did not work well in meeting the objectives? S: What are the main factors (including implementation approach) influencing the achievements or non-achievements of sustainability of the project? S. How effective are the exit strategies, and approaches to phase out assistance provided by the project? L. What lessons could be learned from the success/failure of the project; innovative approaches used as well as major challenges it encountered L. What are the L: What are the adjustments made in the implementation approach?
Note: R-Relevance; E-Effectiveness; 1 y: Efficiency; I-Impact; S-Sustainability; C:Corence/synergy, G-GESI; L-Lessons Learned	

Annex 3: Checklist for consultation with Stakeholders (KII and FGD)

1. Stakeholders at Federal level: (MOIC, MOF and DCSIOs)

Name of the Ministry/Department: Name of Respondant:			Date
Related Project	Year/Amount	Year/Amount	Remarks:
Output 1 Resource Allocations to MED			
Output 2: Institutional setup/capacity	Resp. Dept/Unit	No. of Staff Members:	Male: Female:
List of Key Activities completed	1. 2. 3.		
Average Annual Financial transaction”	Rs.	Key Results	Impact:
Output 1.		1.	1. Capacity
Output 2:		2.	2. Sustainability
		3.	3. Awareness
			4. Any Other
Key findings:3.			

2. Stakeholders at Provincial level: (MOITFE, DCSIO,

Name of Province: Name of Respondent			Date
Related Project	Policy:	Year/Amount	Remarks:
Support:	Guidelines:	allocation:	
Output 1 Resource Allocations to MED	Strategies:		
Output 2: Institutional setup/capacity	Institutional setup: Capacity: Systems: Procedures:	No. of Staff Members: Regular: Through External Support:	Gender Ethnicity Male: Female:
List of Key Activities completed	1. 2. 3.	Future Plan:	
Average Annual Financial transaction”	Rs.	Key Results	Impact:
		1.	1. Capacity
		2.	2. Sustainability

Output 1.	3.	3. Awareness
Output 2:		4. Any Other

Key findings:

3. Stakeholders at local level: Local Governments/Municipality, Ward, Settlements)

Name of the Municipality/Ward: Name of Respondents	No of Wards:	No. of Settlements:	Date
Related Project Output 1 Resource Allocations to MED Output 2: Institutional setup/capacity	Policy: Guidelines: Strategies Institutional setup: Capacity: Systems: Procedures:	Resp. Dept/Unit:	Remarks: No. of Staff Members Gender Ethnicity Male: Female:
List of Key Activities completed	1. 2. 3. 4.		
Average Annual Financial transaction” Output 1: Output 2:	Rs. 	Key Results 1. 2. 3.	Impact: 1. Capacity 2. Sustainability 3. Awareness 4. Any Other

Key findings:

Annex 4: Evaluation Planning Matrix

Relevant evaluation criteria	Key questions	Specific sub questions	Data source	Data collection methods/tools	Indicators /success standard	Methods for data analysis
1. Relevance	1: How far the project objectives were consistent with national priorities, the needs of target groups, and donor policy?	1. Which of the results of the MEDPA TA is contributing to which UNDAF outcomes and SDGs? 2. How MEDPA TA components contributed to the needs of the target groups? 3. What are the available evidences? 4. How do you assess the design of the project in terms of project structure, implementation strategy?	Funding partners ; implementing entities; Relevant Federal Governments at all levels Collaborating partners Documents and Report	Interviews with Key Informants Interactions & FGDs with structured and semi-structured questionnaires, checklist and observations and reports	No. of meetings and interactions No. of stakeholders responded	Records of meetings, reports, minutes and cross vetting of the issues discussed Use of Evaluation Matrices (Annex 3, 4, 5) Results evaluation
	2: How relevant was the project interventions in addressing the constraints of the institutions under Federal Governance system? Example?	1 How the needs of TA were assessed before the programme design? 2 What were the major enabling environment constraints of institutions under Federal government system and responsible actors? 3 What was the feedback from the targeted groups of the TA programme to remove the				

		identified constraints? Example?				on with indicators (Annex 5)
2. Effectiveness	1: To what extent were the objectives achieved?	1, What is your assessment on achievement / limited achievement of EE component immediate objective and targets? 2. What are the key implementation approaches worked well in promoting MED model in government's programme at all level? 3. What are the main obstacles in sustaining the capacity of local governments? 4. What are the implementing approaches and processes that did not work well during the period project? 5. What are the factors behind this?	Project Document, Annual Progress Reports Project Board Meeting	Evaluation Matrix with indicators (Annex 5)	Quarterly report and Minutes of PBM	
3. Efficiency	1, How efficient was the project in terms of effective utilization of the project resources, cost-efficiency, and reaching target groups?	1, Timeliness in accomplishing the planned activities complying with planned? 2, What were the major factors (including implementation approach) influencing the	Funding partners ; implementing entities; Federal Governments at all levels	Interviews and interactions in groups, Questionnaires, checklists	Rate of project delivery; Budget release process	

		efficiency and non-efficiency of the project interventions	Report			
4. Impact	1: What is the status of Government's commitment and plan in terms of institutionalizing MED model for the development and growth of Micro Entrepreneurs in Federal Governance system in Nepal?	<p>1, How competent are the implementing partners at Province and Local Government institutions in taking forward the MEDPA programme as model for entrepreneurship development in Nepal?</p> <p>2, What are the key changes – direct or indirect, intended or unintended, and positive or negative, in enhancing the economic conditions of women, marginalised and ethnically disadvantaged population of the country?</p> <p>3. What are the key challenges for achieving sustained improvement and inclusive economic growth to improve the quality of life of the MEs.</p>	Funding partners ; implementing entities; Federal Governments at all levels Annual Progress Report Review of CPD and UNDA F	Review of Reports Interviews	References of success made in Government's report; Funding agencies reports; Stakeholders acknowledgements in meetings and media	
5. Sustainability:	1. To what extent will project	1, To what extent will project achievements,	Annual Progress Report	Review of Reports		

	<p>achievements, results and effects be expected to continue after donor funding ended?</p> <p>6.</p>	<p>results and effects be expected to continue after donor funding ended?</p> <p>2, Strength/capacity of target groups/intermediary organizations to receive the positive effects of the project interventions without external support in the long-term</p> <p>3. How effective are the exit strategies, and approaches to phase out assistance provided by the project?</p> <p>4. Major factors (including implementation approach) influencing the achievements or non-achievements of sustainability of the project</p>	<p>Review of CPD and UNDA F</p>	Interviews		
6..lessons Learned	<p>What are key lessons learned from the success/failure of the project?</p>	<p>What were the adjustments made in the implementation approach?</p> <p>How was the coordination/synergies with other components, subcomponents of the UNNATI Programme and with government organizations?</p> <p>What are the major challenges encountered and</p>	<p>Annual Progress Report Review of CPD and UNDA F</p>	Review of Reports Interviews		

		how they were addressed?				
7. Good Practices	What are key innovative approaches used as well as major challenges it encountered	Can you identify some of the good practices adopted by the project and replicated?	Annual Progress Report Review of CPD and UNDA F	Review of Reports Interviews		

Annex 5: Summary of Results

Summary of Results in 2019 and 2020		
Output	Results in 2019	Results in 2020
Output 1: The local government in 7 provinces allocate their resources to MEDPA/MED type activities and to help implement in their constituencies	<ol style="list-style-type: none"> 7 provinces supported to form and function MEDPA steering committees 77 districts in 7 provinces received technical support to procure MED services & contracted 130 BDSPOs in 69 districts GESI/MIS data base updated and functional 205 LGs were supported to form EDCs 267 LGs in 58 districts allocated resources for MED activities 83 EDSPs were developed by LGs 1972 new MEs, scale up support to 1299 existing MEs and 8 CFCs were established utilizing LGs' resources. 	<ol style="list-style-type: none"> The total of NRs 1,225,385 were allocated by all 7 provinces 269 LGs in 63 districts allocated resources of NRs. 861,483 7478 new MEs were created concept note on employment creation for returnee migrants and 138 BDS awarded in 72 districts COVID-19 and Disaster Preparedness and Response Plan
Resource Use	US\$109,365 (104%)	US\$654,378 (95%)
Output 2: Institutionalise the MED model at federal, provincial and local government to implement MEDPA	<ol style="list-style-type: none"> Supported FG to revise MEDPA guidelines MED incorporated in Industrial Enterprise Act and bylaws 	<ol style="list-style-type: none"> MEDPA included in 15th Periodic Plan at Federal MED in Industrial Enterprise Act, LG Operation Act, Monitory Policy, and Guidelines 2077.

	3. FGs supported to finalize/approve MEDPA Five Year Strategy Plan II 4. PGs supported to incorporate MED provision in provincial IEA and periodic plan 5. LGs supported to incorporate ED in policy and plan	3. MEDPA in provincial periodic plans, 4. MED in annual programme of Province 2 and Bagmati province, 5. Provincial Enterprise Act 6. LGs allocated for MED and periodic enterprise development plans 7. GESIMIS updated with mobile data App
Resource Use	US\$ 53,802 (81%)	US\$85,639 (80%)
Implementation Support	US\$ 524,589 (97.4%)	US\$217,611 (102%)

Annex 6 (a): List of personnel/officials consulted by the Evaluation Team during the final evaluation of MEDPA-TA

A) At Federal		
Name	Designation	Organization
Ms Ayshanie Labe Mr. Barnardo Cocco Ms. Kalpana Sarkar Mr. Balram Poudyal Mr. Dinesh Bista	Resident Deputy Resident Representative Portfolio Manager Representative RBM Analyst	UNDP
Official at DFAT	Head of Development Cooperation	DFAT
Official at DFAT	Programme Manager	
Dr. Ramjee Neupane Mr. Megharaj Acharya Mr. Laxaman Shrestha	Program Manager MED Specialist Admin.Finance Associate	MEDPA-TA
Dr. Baikuntha Aryal Dr. Narayan Regmi Mr. Dinesh Sagar Bhusal	Secretary Joint Secretary Under Secretary	MOICS MOICS MOICS
Mr. Iswari Aryal	Under Secretary	MOF
Mr. Khyam Bahadur Thapa Mr. Suman S. Manandhar	Joint Secretary/NPD-C National Project Manager	MOLMAC CMDP
Mr. Nabin Kumar Jha Mr. Chiranjivi Adhikar	Executive Director National Programme Coordinator	CMIPB (Board VCDP

B) Province Level		
Mr. Nandalal Raya Mr. Rajesh Barma	Senior under Secretary MED Specialist	MOITFE, Province 2
Mr. Meghanath Kafle Mrs. Sabita Koirala	Secretary MED Specialist	MOITFE Province 1
Mr. Krishna Paudel Mr. Rajan Pande MOITFE (Ministry), Mrs. Taradevi Sharma MOITFE (Ministry), Mrs. Kalpana Basnet MOITFE (Ministry), Mrs. Januka Bastola	Under Secretary Section Officer Office Asst 5 th level Asst 5 th level	MOITFE Province 1
Mr. Uttamlal Shrestha	MED Specialist	MOITFE Province 5
Mr. Bhim Bahadur Bista	MED Specialist	MOITFE Province-7
Mr. Hemanta Bahadur Singh	Chief	DCSIO, Kanchanpur, Province-7
C) Local Levels		
Mr. Binod Kumar Khadka Mr. Sunil Kumar Jha	Chief Administrative Officer	Janakpur Sub Metropolitan City
Mrs. Tarakumari Basnet Lama Mr. Dinesh Kumar Kafle Mr. Ganesh Bhandari Mr. Rachin Dangol Mr. Shivashankar Mrs. Hema Moktan Mrs. Milan Devi Shrivastab Mr. Bijayakumar Mahato	Deputy Mayor Focal Person Account Officer Chief Administrative Officer EDF EDF Asst women dev. Inspector EDF	Mithila municipality, Janakpur
Mrs. Sabitri Chaudhari Mrs. Bindadevi Chaudhari Mrs. Lakky Chaudhari Mrs. Isharwati Chaudhari Mrs. Jhalo Chaudhari Mrs. Jayashree Chaudhari Mrs. Anita Chaudhari	Chair/SMEs leader Member (CFC)/SME Member (CFC)/SME Member (CFC)/SME Member (CFC)/SME Member (CFC)/SME Member (CFC)/SME	Common Facility Centre (CFC), Duhabi, Sunsari

D) EDFs, Janakpur	(Name & Palikas	
Mrs. Neelam Yadav	Loharapattee	
Mr. Ajaya saha	Sabail	
Mr. Shivashankar Mahato	Mithila	
Mrs. Lakshmi Mandal	Janakanandinee	
Mrs. Jaya Yadav	Mithila Biharee	
Mrs. Mamata Bhandari	Janakapur sub metro	
Mr. Manojkumar	Dhanusadham	
Mr. Pancha Pandit	Nagarain	
Mrs. Raneer Yadav	Nagaraim	
Mr. Kailash Mandal	Kamala	
Mrs. Hema Moktan	Mithila	
Mr. Balakrishna jha	Mithila	
Mrs. Bina Mandal	Dhanaujee	
Mr. Fekan Yadav	Dhanaujee-	
Mrs. Shruti Singh	Chhireswar	
Mr. Jitendra Ram	Chhireswar-	
Mr. Barun Shah	Lakshminiya	
Mr. Lal Bahadur Das	Dhanusadham	
Mr. Bechan Shah	Dhanusadham	

Annex 6 (b) List of Stakeholders engaged

Level	Discussion matter	Number	Remarks
Federal/Policy	Sustainability, Result, Budget, Impact, manuals	06	Secretaries, Joint Secretaries, Undersecretaries
Federal/Implementation	Implementation status, Issues, Coordination, Implementation mechanism	05	National project director, National program manager, Related project managers
Province/Policy	Implementation mechanism, Issues, Coordination, Support, Strength	06	Provincial secretaries, Officials, Other personnel's
Province/Implementation	Implementation status, Issues, Coordination, Coherence, Strength	05	Provincial Entrepreneur specialists
District	Coordination, Support, Registration, Renew	02	District cottage and small industry offices
Local/Implementation	Manuals provision, Ownership, Internalize, Implementation status/Issues, Coordination, Coherence	12	Chief administration of Municipalities, Focal persons, Other personnel's

	Monitoring, Evaluation, Resource, Capacity building		
Focus group discussion	Manuals provision, Ownership, Internalize, Implementation status /Issues, Coordination, Coherence, Strength	26	focal persons (municipalities), EDFs, MEs, Beneficiaries
Focus group and MEs / Community	Manuals provision, Ownership, Internalize, Implementation status /Issues, Coordination, Coherence, Strength	26	Beneficiaries, MEs, EDFs, Focal persons
Total respondents		92	

Annex 7: List of documents reviewed

Name of documents	Author/ Publisher/owner
Micro-Enterprise Development for Poverty Alleviation-MEDPA	Ministry of Industry Commerce and Supply
A Brief Introduction of MEDPA	Ministry of Industry Commerce and Supply
www.medpa.moics.gov.np	
www.moics.gov.np	Ministry of Industry Commerce and Supply
APR-2019-MEDPA-TA	UNDP/ MEDPA
AWP 2019 MEDPA-TA-2	UNDP/ MEDPA
AWP- MEDPA-TA-2018	UNDP/ MEDPA
APR-2018-MEDPA-TA	UNDP/MEDPA
MEDPA guidelines 3 rd revision	UNDP/MEDPA
Revised MEDPA TA Pro doc. amendment	UNDP/MEDPA
Induction program report-Sept-2019	UNDP/MEDPA
Induction program report-Nov-2019	UNDP/MEDPA
MED related interaction program report-Dec-2019	UNDP/MEDPA
Consultative meeting report-2019	UNDP/MEDPA
1 pro doc_MEDPA-TA amendment-2020	UNDP/MEDPA
1st PB minutes- 9 jan 2019-MEDPA TA	UNDP/MEDPA
2 nd PB minutes-14 may,2019	UNDP/MEDPA
3 rd PB minutes-7 june-2019	UNDP/MEDPA
18 th PB meeting minutes-12 Apr. 2018	UNDP/MEDPA

Annex 8: Matrix for Desk Review

Documents for review	Purpose	Elements to be focused	Relevant cross cutting concerns.
Project Documents	To assess relevance of the project interventions and expected impact,	Project design; Results and Resource framework	GESI, Environment and climate change,

		Objectives, Outcomes, specific outputs and key actions' Implementation strategy; Project structure; M&E framework	partnership and coordination
Annual Work Plans	To assess annual plans in line with multiyear work plan	Relevance with project outputs and indicators, annual targets, key activities and & M&E framework	Distribution of resource allocations and per milestones timeframe
Annual Progress Reports	To assess achievements against annual targets;	Relevance and effectiveness of achievements, extent of results achieved, resource use, Replicability and sustainability of impact made/	Disaggregated data of beneficiaries; effects of results on environment & climate change, level of coordination & partnership
Other relevant documents and reports	To understand the purpose and magnitude of similar interventions and their contributions towards the national priority in increasing employment and reducing poverty.	Relevance, coherence, partnership opportunities, duplications of efforts,	Any cross-cutting issues

Annex 9: Progress on project outputs

Output statement	Output indicator	Baseline	Cumulative Target for 2018 - 2022	Progress up to 2019	2020 Milestone	2020 Progress	Cumulative progress up to 2020	Means of verification
Output 1: The local governments	Number of provinces supported to form and functionalize MEDPA steering committee	0	7	7	7	7	7	PMEDS Report/ Minutes

	Number of provinces supported to procure MED services through MEDPA Procurement System	0	7	7	7	7	7	PMEDS Report/ Minutes
	Number of districts supported for updated MEs data in GESI MIS	0	77	69	77	72	72	Training Report/ GESI MIS report
	Number of Local Governments (LGs) supported to form and functionalize enterprise development committee	65	188	205	80	205	728	PMEDS Report
	Number of LGs supported to allocate resources for MED/enterprise development	65	188	267	100	267	269	PMEDS Report
	Number of LGs supported to develop enterprise development strategy plan (EDSP)	0	188	75	80	55	113	PMEDS Report
	Number of LGs supported to utilize their funding in MED type activities through the adoption of MED model	0	188	120	100	120	165	PMEDS Report
Output 2: Institutionalise the micro enterprise	Federal Government supported to revise MEDPA Operational Guidelines from gender and inclusion lens	1	1	1	1	1	1	Approved Guidelines

	Federal Government supported to incorporate MED in revised Industrial Enterprise Act (IEA) and bylaws as per federal structure	1	1 Bylaws	1	1 Act /1 Bylaws	1	1	Approval process of Bylaws
	Federal Government supported for finalization and approval of MEDPA Five Year Strategy Plan II	1 draft	1	0	0	0	0	Drafting
	Number of provinces supported to incorporate MED provisions in provincial IEA and/or periodic plan	0	7	5	3	5	5	Approved Acts/Periodic Plans
	Number of LGs supported to incorporate enterprise development in policy and plans	0	188	49	80	163	212	PMEDS Report/EDSP
	Number of other provincial ministries supported to use key elements of MED model (SIYB and skill training) in their activities	0	5		2	3	3	PMEDS Report

Annex 10: UNEG Code of Conduct signed by evaluators

United Nations Evaluation Group (UNEG) Code of Conduct for Evaluation in the UN System

Evaluation Consultants Agreement Form

To be signed by all consultants as individuals (not by or on behalf of consultancy company) before a contract can be issued.

Agreement to abide by the Code of Conduct for Evaluation in the UN System

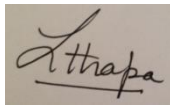
Name of Consultant: Lalita C. Thapa (Team Leader)

Name of the Consultancy Organization (where relevant) _____

I confirm that I have received and understood and will abide by the Code of Conduct for Evaluation.

Signed at place and date: Kathmandu, Nepal on 25 December 2020

Signature _____

A rectangular box containing a handwritten signature in dark ink. The signature appears to be 'Lthapa' with a horizontal line underneath the name.

United Nations Evaluation Group (UNEG) Code of Conduct for Evaluation in the UN System

Evaluation Consultants Agreement Form

To be signed by all consultants as individuals (not by or on behalf of consultancy company) before a contract can be issued.

Agreement to abide by the Code of Conduct for Evaluation in the UN System

Name of Consultant: Ram Prasad Bhattarai (Team Member)

Name of the Consultancy Organization (where relevant) _____

I confirm that I have received and understood and will abide by the Code of Conduct for Evaluation.

Signed at place and date: Kathmandu, Nepal on 20 December 2020

Signature _____

