**United Nations Development Programme**

***Zimbabwe***

**OUTCOME EVALUATION**

**OF THE**

**UNDP COUNTRY PROGRAMME OF COOPERATION 2007-2011**

**Outcome 1: Enhanced National capacity and ownership of development processes towards the attainment of MDGs by 2015**

**Draft Report**

**October 2011**

**Evaluation Team**

Sifiso Chikandi and Jerry Mameja

Table of Contents

[List of Tables ii](#_Toc301188921)

[List of Figures ii](#_Toc301188922)

[Acronyms and Abbreviations iii](#_Toc301188923)

[EXECUTIVE SUMMARY 1](#_Toc301188924)

[1 INTRODUCTION 8](#_Toc301188930)

[1.1 Rationale for the evaluation 8](#_Toc301188931)

[1.2 Purpose of Evaluation 8](#_Toc301188932)

[1.3 Key themes addressed by the evaluation 9](#_Toc301188933)

[1.4 Addressing Gender issues in the Evaluation 9](#_Toc301188934)

[1.5 Overview of the Country Programme and Outcome being evaluated 9](#_Toc301188935)

[1.6 Methodology 13](#_Toc301188936)

[1.7 Limitations 13](#_Toc301188937)

[2 Development Context 16](#_Toc301188938)

[2.1 Socio-economic trends 16](#_Toc301188939)

[2.2 Overview of the government’s response 19](#_Toc301188940)

[3 Findings 21](#_Toc301188941)

[3.1 Status of the Outcome 21](#_Toc301188942)

[3.2 UNDP contribution to outcome (strategies/outputs) 23](#_Toc301188943)

[3.3 Overall assessment of progress in delivering outputs and contribution to the outcome 26](#_Toc301188944)

[3.4 Relevance of the chosen outcome and outputs 27](#_Toc301188945)

[3.5 Effectiveness of the strategies and output 27](#_Toc301188946)

[3.6 Efficiency in delivering outputs 29](#_Toc301188947)

[3.7 Addressing cross-cutting Issues 31](#_Toc301188948)

[3.8 Sustainability of the outcomes 31](#_Toc301188949)

[3.9 Institutional Arrangements 32](#_Toc301188950)

[3.10 External Factors beyond UNDP Control 33](#_Toc301188951)

[3.11 UNDP Partnership Strategy 35](#_Toc301188952)

[3.12 UNDP Strategic Positioning 37](#_Toc301188953)

[3.13 Summary of the Main Findings 38](#_Toc301188954)

[4 Lessons Learned 40](#_Toc301188955)

[5 Conclusion and Recommendations 42](#_Toc301188956)

[Annex A: Terms of Reference 45](#_Toc301188957)

[AnneX B: List of Persons Interviewed 49](#_Toc301188963)

[Annex C: Overview of the Country Programme as presented in the CPAP 50](#_Toc301188964)

[Annex D: Programme Tree Outcome 1 (ZWE Coresult 40) projects 2007-2011 51](#_Toc301188965)

# List of Tables

[Table 1: CPAP Outcome 1 Results and Contribution of other UN Agencies 12](#_Toc301188824)

[Table2: Zimbabwe, Key Macro-economic Trends 2001-2011 17](#_Toc301188825)

[Table 3: Status of Achievement of Outcome 1 22](#_Toc301188826)

# List of Figures

[Figure 1: Outputs towards the achievement of Outcome 1 11](#_Toc301188881)

[Figure 2: Share of Programme Expenditure by Outcome Area 13](#_Toc301188882)

[Figure 3: Zimbabwe, ODA Trends 1995-2008 18](#_Toc301188883)

[Figure 4: Zimbabwe Humanitarian Assistance by First Line Recipient 18](#_Toc301188884)

[Figure 5: Reconstruction of Problem Context 23](#_Toc301188885)

[Figure 6: A logic Model for the UNDP Response 24](#_Toc301188886)

# Acronyms and Abbreviations

AfDB African Development Bank

ASPEF Agriculture Support and Productivity Enhancement Facility

BACOSSI Basic Commodities Supply Support Initiative

CCA Common Country Assessment

CO Country Office

CP Country Programme

CPAP Country Programme Action Plan

CPD Country Programme Document

CPD Country Programme Documents

CZI Confederation of Zimbabwe Industries

DIM Direct Implementation Modality

EMA Environmental Management Agency

FDI Foreign Direct Investment

GDP Gross Domestic Product

GFATM Global Fund to Fight AIDS, Tuberculosis and Malaria

GFP Gender Focal Point

GNU Government of National Unity

GPA Global Political Agreement

HDR Human Development Report

HIPC Highly Indebted Poor Countries Initiative

HIV/AIDS Human Immuno Deficiency Virus/ Acquired Immuno Deficiency Syndrome

ILO International Labour Organization

IP Implementing Partner

LED Local Economic Development

M&E Monitoring and Evaluation

MD Modernisation Department

MDG TGs Millennium Development Goals Targets

MDG Millennium Development Goals

MIS Management Information Systems

MLRR Ministry of Lands Agriculture and Rural Resettlement

MoA Ministry of Agriculture

MoESC Ministry of Education Sports Art and Culture

MoET Ministry of Environment and Tourism

MoF Ministry of Finance

MoH&CW Ministry of Health and Child Welfare

MoIIT Ministry of Industry and International Trade

MoJLA Ministry of Justice and Legal Affairs

MoL&SS Ministry of Labour and Social Services

MoEP&IP Ministry of Economic Planning and Investment Promotion

MoRIIC Ministry of Regional Integration and International Cooperation

MoSTD Ministry of Science and Technology Development

MoWAGCD Ministry of Women Affairs Gender and Community Development

MoYDEC Ministry of Youth Development and Economic Empowerment

MTP Medium Term Plan

NDPRS National Development and Poverty Reduction Strategy

NIM National Implementation Modality

NGO Non Governmental Organisation

NHIS National Health Information System

NPRS National Poverty Reduction Strategy

ODA Overseas Development Assistance

ODPM Office of the Deputy Prime Minister

OECD Organisation for Economic Cooperation and Development

OPC Office of the President and Cabinet

OPM Office of the Prime Minister

PASS Poverty Assessment Study

PDMC Programme Development and Management Committee

PFMS Public Finance Management Systems

PICES Poverty, Income, Consumption and Expenditure Survey

PLARP Public and Local Authorities Recovery Plan

PPP Public Private Partnerships

PRF Poverty Reduction Forum

RBA Regional Bureau for Africa

RBM Results Based Management

RBZ Reserve Bank of Zimbabwe

ROAR Results Oriented Annual Report

STERP Short Term Economic Recovery Programme

TNF Tripartite Negotiating Forum

UN United Nations

UNCT United Nations Country Team

UNDP United Nations Development Programme

UNESCO United Nations Education and Scientific Organisation

UNFPA United Nations Population Fund

UNICEF United Nations Children’s Fund

UNIDO United Nations Industrial Development Organization

WHO World Health Organisation

ZEDS Zimbabwe Economic Development Strategy

ZERF Zimbabwe Economic Recovery Framework

ZHDR Zimbabwe Human Development Report

ZIMDAT Zimbabwe Statistics Database

ZUNDAF Zimbabwe United Nations Development Assistance Framework

ZIMSTAT Zimbabwe Statistics Agency

# EXECUTIVE SUMMARY

In June 2011, UNDP Zimbabwe commissioned a set of three outcome evaluations covering three of the five outcomes of the UNDP Country Programme Action Plan (CPAP) 2007-2011. This report presents the findings, recommendations and lessons learnt emerging from the evaluation of **Outcome 1: Enhanced National capacity and ownership of development processes towards the attainment of MDGs by 2015.**

## Purpose and Objectives

This outcome evaluation, conducted towards the end of the 2007-2011 Country Programme, was designed as a forward looking exercise focused on identifying what could be learnt from the experience of formulation and implementing a programme of support in Poverty Reduction in Zimbabwe to inform future programmes, projects and practice. More specifically, the evaluation sought to address four broad questions:

* What progress has been made towards the outcome
* What factors have affected the movement towards the outcome
* What has been UNDP’s contribution and had UNDP ‘done the right things’ and ‘done things right’ (assessment of relevance, efficiency, effectiveness, and sustainability); and
* What has been the partnership strategy and how has it worked?

The evaluation of the Zimbabwe 2007-2011 CPAP offers a unique opportunity to reflect upon and learn from the implementation of a programme of support in a complex environment characterised by political tension, strained relations with the donor community, and what qualifies as the worst economic and social deterioration in a country that is not at war.

## Methods

The overall methodological approach for the evaluation was based on deductive analysis of both primary and secondary data from comparative, descriptive and cause-effect relationships. The focus was on establishing accountability for outputs and outcomes to assess the effectiveness of programme strategies, outputs and activities. The data and information gathered from the primary data collection were analysed by comparing with progress reports, and against stated performance targets and outputs. Data collection methods included desk reviews of available literature including project documents and progress reports, analysis of the portfolio of projects for the outcome, and interviews with key informants from Implementing Partner agencies (past and current) and UNDP staff.

The evaluation faced a number of limitations most notable among which were: weak problem identification and analysis; an outcome specified at too low a level resulting in a narrow scope for the programme response; inadequate analysis and documentation of processes and results, especially as these related to contextual changes; and weaknesses in the preparation for the evaluation[[1]](#footnote-2). In response to the limitations and operating within the time constraint the evaluation team adopted an iterative approach that, in some cases, resulted in reconstruction of analytical and action frameworks, repeat interviews and reanalysis of findings and observations. In a few instances, particularly where IPs raised a common problem, detailed documentation of specificities was not undertaken. Instead, the evaluation focused on the broader issues and triangulated the issues against other studies and emerging findings on the other two outcomes that were being evaluated at the same time. The evaluation team believes the findings of the evaluation reflect closely what would have been found had the team had ideal evaluation conditions.

## Findings

The following points outline the main findings of the evaluation.

1. *The 2007-2011 CPAP was implemented during a particularly difficult period* during which Zimbabwe experienced massive economic decline, political tension, worsening poverty, and the withdrawal of donor support for development work.
2. *UNDP maintained its support for poverty reduction work* at a time when the relationship between the government and donor community was complicated by political tensions and the withdrawal of support for development. This continued engagement proved valuable in strengthening the capacity of UNDP to engage the government in dialogue.
3. The evaluation finds that *the support of UNDP was relevant in relation to the needs of the country* and in the form in which it was delivered. The approach focused on strengthening ownership and building capacity at a time when the Government of Zimbabwe was experiencing severe capacity limitations.
4. *The support provided by UNDP was effective in building capacities* and strengthening the capacities to undertake mandates that are important for effective programming to realise the MDGs.
5. *The statement of the outcome was weak, not time-bound and open-ended.* Further, the outcome was stated differently in different parts of the CPAP and lacking a focus on developmental results[[2]](#footnote-3). The key elements of the outcome statement repeated what is expected to be good practice in all UNDP programming and did not confine the outcome to the life of the CPAP.
6. The absence of a situation analysis at the development and start of the programme meant that, other than country trends, *there was little shared analysis of the problems* in the selected outcome area and as such little guidance as to what would constitute an adequate programme of support[[3]](#footnote-4). The problem was further reinforced by the definition of the outcome and a set of indicators that did nothing more than confirm delivery of outputs.
7. In so far as the outcome is defined to focus on capacity building and the delivery of structures and products to facilitate actions towards the attainment of MDGs by 2015, *considerable progress has been made*. If however the focus is extended to look at the contribution of these products to the pace of progress towards the MDGs then *the products produced to date are relevant and instrumental* to the attainment of results but are yet to deliver results in terms of evidence of improved action towards the attainment of MDGs.
8. While *there were some inefficiencies* that were caused by factors beyond the control of UNDP especially in the 2007-2008 period, several others were within the control of UNDP. Key among these were delays in decision-making, the persistency of payment delays, and inadequate coordination and synergy of support to the same partners within UNDP programmes.
9. The capacities that have been built through UNDP support and their utilisation hinges on several factors key among which is the availability of funding to implement developed policies and implement programmes for which capacity has been developed. *Sustainability is predicated on success in demonstrating value, mobilising resources, and retaining skilled personnel*.
10. The work in this outcome area has remained narrowly focused and lacked new partnerships outside the traditional engagement with central government. Thus, *the engagement with local authorities, civil society and the private sector on this outcome has been relatively weak.*
11. *Monitoring and documentation have been weak* creating voids in information. While processes have been central in the work of UNDP, progress reports[[4]](#footnote-5) have offered little by way of analysis of the processes, their trends and implications for UNDP. There has not been a deliberate effort to strengthen institutional memory.

## Lessons Learnt

The evaluation draws out several lessons from the analysis of UNDP work and experiences in Outcome 1. The key lessons are as follows:

1. **In highly contested political environments there is need for good political analysis and management to minimize waste of resources.**

In highly politicized environments few decisions and investments are purely technical. In the absence of accompanying political analysis there is a high risk of resource wastage through support to initiatives whose implementation feasibility is compromised by political considerations For example, building consensus for and ensuring implementation of a programme may hinge not only on the need for the programme but also on the extent to which there is buy-in into the programme across the spectrum of political actors.

1. **Working with coalition governments is a balancing act that requires thorough analysis and investment in political buy-in.**

In working with coalition governments it is important to take into account the positions of all members of the coalition and find the right balance between the interests of the general population and the interests of politicians. When agreements are reached with a part of the government that has a mandate for an area of work it may not necessarily represent buy-in by the government as a whole. To date, UNDP has done well in ensuring there is a balance. There is need to continue to utilise political intelligence and engage all key stakeholders to improve the possibility of success.

1. **In formulating responses in long-drawn out crisis situations in which there is a stand-off between the government and donors UNDP needs to strike a strategic balance between the NIM and the need to mobilise resources in support of the population.**

In undertaking work in the area of governance and HIV&AIDS (as GFATM Principal Recipient), UNDP has struck the balance between NIM and DIM needed to retain its position as a trusted broker but also advance the interests of the population by supporting other critical players. Direct execution may be a useful modality in facilitating innovative work that expands engagement and contribution to national affairs. UNDP has utilised the DIM to support research that has been central to dialogue on economic recovery.

1. **Civil society and the private sector have a legitimate role to play and clear strategies for their engagement are necessary. In evolving governance environments there is need to define and operationalize operational models that facilitate the participation of civil society and the private sector.**

The engagement of civil society and the private sector in analysis, dialogue and the design and implementation of actions to address the challenges facing Zimbabwe has been limited. A key challenge has been the reliance on mechanisms for engagement in state-driven processes without adequate attention to enable these actors to have their own processes that would allow them to develop and push for their own positions and programmes. Work on advocacy has suffered the most as under the NIM modality as attempts at advocacy have been via projects with the government who by the nature of their role are the targets of advocacy work.

1. **Considerations of political sensitivity can negatively affect documentation and weaken institutional memory and learning.**

The Zimbabwean operating environment has been unique and challenged all actors to develop new skills and ways of doing business. An opportunity to learn and inform UNDP work in similar contexts may have been lost to weak documentation and analyses that have not been utilized to interrogate and strengthen internal systems and processes. While the political sensitivity surrounding many issues in Zimbabwe is appreciable, responsiveness to such political sensitivity needs to be balanced with management responsibility including the responsibility to strengthen institutional memory, accountability and learning.

1. **The lack of an active common forum of all IPs can delay the resolution of common issues and negatively affect programme delivery**

While UNDP guidelines provides for Projects Boards, these have not been consistently implemented at the start of projects. Furthermore, while the Ministry of Finance has the responsibility to bring together all projects supported in the partnership with UNDP in all forums for the purpose of resolving common challenges affecting projects, the forum has not been consistently convened. This has led to delay in resolution of some issues.

1. **Operating in silos can result in programme clusters operating at cross-purposes or failing to create synergies.**

The synergies between UNDP’s programme pillars has been less than optimal creating the risk of components working at cross purposes or failing to take advantage of potential synergies. The placement of personnel engaged in work across the organisation in programme pillars creates the risk of underutilisation of the skills base available within UNDP. Programming could benefit from improved sharing of information and objectives across the programme pillars.

1. **M&E needs to be planned for as a distinct component of the CP and implementation of the plan be closely monitored at the highest level of the organization.**

The NIM modality in pursuing national ownership may be contributing to weak M&E in UNDP as there is an implicit assumption that M&E should be undertaken by the IPs and UNDP’s role is to ensure financial accountability. In many instances IPs do not have the capacity to undertake sound M&E. To strengthen both the commitment to M&E in UNDP and capacities of IPs to undertake M&E, it is necessary for the UNDP CP to include a component on M&E focusing on planning for M&E, building capacity for M&E, and Implementation of planned M&E activities. Accountability for the execution of the plan should be at placed at the highest level.

1. **There is value in constructing and documenting problem analyses and a results logic model even when these are not required as part of the formal process of programme planning.**

Key observations in this document have focused on the weakness of the outcome statement and its implications for the analysis and guidance of the work supported by UNDP. While the work has been relevant, it could have been strengthened through undertaking and documenting problem analysis and developing a logic model for an effective response. This would not only contribute to the clarification of assumptions but also improve risk analysis and monitoring further strengthening the programme design.

1. **Work below the national level requires that UNDP invests in capacity for engagement at this level including the development of guidelines and examples of how IPs are to work with local authorities.**

Activities focused on MDG localization have been fairly weak throughout the implementation of the CP. While the responsibility for this scenario can be placed with the central government IPs (MoLSS and MoLG), there has not been evidence of UNDP’s clarity and capacity to support work at this level. In the absence of clear guidance from UNDP on how to undertake work at this level and do so in a way that strengthens local capacities, it is highly unlikely that the central ministries will facilitate processes that result in and reflect local empowerment. A stronger investment in documentation and learning about models and approaches that work would benefit UNDP’s efforts localizing MDGs and strengthening accountability for delivery on commitments.

## Conclusion and Recommendations

The evaluation concludes that considerable progress has been made towards the achievement of **Outcome 1: Enhanced National capacity and ownership of development processes towards the attainment of MDGs by 2015.** The operational context led to a reduction in the effective implementation period of the CPAP by as much as 18 months. However, the work could have benefited from a number of improvements including: a definition of the outcome reflecting greater ambition (a focus on developmental results); stronger political analysis; better monitoring, documentation and evaluation; stronger pursuit of synergies between programme components; a wider partnership base (including civil society, private sector and local authorities as direct partners); greater flexibility in the choice of support modality; and greater management attention to internal limitations on programme delivery. To resolve these issues, the following recommendations are made:

1. **Formulate the next programme to consolidate on the gains made in the CPAP 2007-2011 outcome 1.**

*Summary of related finding:* The results achieved under Outcome 1 are instrumental but inadequate to bring about development level results. Late delivery has been a major limitation. Additional support initiatives are required to assist the Government of Zimbabwe to implementation and manage delivery on the MTP. Past plans have floundered due to lack of resources to support implementation.

*Key actions should include support for:*

1. The translation of the MTP into specific programmes to accelerate progress on the MDGs
2. The development of a funding strategy in support of MDG specific programmes
3. The development of an M&E plan focused on MDGs
4. Improvement of the utilization of RBM in the public sector at both national and sub-national levels. The support provided should be within the context of public sector reforms and take into account current challenges in improving accountability for results[[5]](#footnote-6).
5. Strong measures to build the required business environment for a strong and dynamic private sector, including launching a series of reforms as part of the MTP roll out plan. UNDP is well placed to ensure that such reforms provides an environment that is conducive for private sector development
6. Broad public sector reforms including human resources audits, strengthening human-resource capacity, revising standard operating procedures, clarifying job descriptions and job grading, enhancing performance incentives through greater pay and promotion linkages, and improving human-resource management functions. This could be initially limited and scope to specific sectors, then gradually broadened
7. **Broaden partnerships for the implementation of MDG specific programmes to include local authorities, civil society and the private sector.**

*Summary of related findings:* The work in Outcome 1 has had a narrow partner base. There have been challenges in engaging with civil society. Key roles that could be played by civil society have been absorbed by central government thereby reducing the efficacy of advocacy and localisation of MDGs.

*Key actions should include:*

1. Develop a broad partnership strategy that aggressively seeks to widen the range and variety of partners. The strategy should be accompanied by a clear guidance on roles, engagement and phase out strategies, and delivery modalities for working with local authorities, civil society and the private sector
2. Separate advocacy work from government’s delivery and monitoring functions. Advocacy is best undertaken by civil society. Admittedly, UNDP cannot deliver everything in such difficult environment, and should find ways to work smarted to deliver priorities, especially those that is outside its purview
3. **Maintain a balance between outputs and processes**

*Summary of related findings*: UN agencies and some IPs express concerns that UNDP has at times focused on outputs without adequate attention to and investment in processes. Specific examples include the use of consultants and by-passing of UN theme groups in work that ought to involve a number of agencies. Other examples include the lack of documentation and formally defined processes for joint programmes, and undocumented collaborative work.

*Key Actions should include*:

1. Adoption of a facilitation role in inclusive processes for the production of national reports
2. Improved adherence to the guidelines for joint programming, and
3. Formalisation of collaborative processes with other development actors through memoranda of understanding.
4. **Improve programme planning within UNDP.**

*Summary of related findings:* There has been limited use of problem analysis. Outcomes are poorly defined and indicators do not capture progress on outcomes but rather tend to confirm delivery of outputs. Risks are not adequately analysed and there is room for synergy between programme components.

*Key actions should include:*

1. Strengthening capacity for Results-Based Management
2. Improving problem analysis and analysis of assumptions and risks at the outset of the new programme.
3. Inclusion of risk monitoring and reporting as part of regular project/programme reporting
4. Improving programme planning and review meetings that examine UNDP programming in its entirety to ensure opportunities for synergy are identified and possible areas of conflict addressed.
5. **Improve Monitoring, Evaluation and Documentation**

*Summary of related findings:* Monitoring, documentation and evaluation have been weak. There has not been adequate investment in M&E capacity within UNDP and among IPs.

*Key actions should include:*

1. Developing a CPAP M&E framework and documentation plan that can be used as a basis for tracking programme delivery.
2. Plan for M&E as a specific component of the CPAP that supports capacity building and the undertaking of M&E activities by both UNDP and IPs.
3. Invest in dedicated CO M&E capacity from the outset of the new programme.
4. Ensuring that M&E and documentation include process analysis.
5. Improve documentation of decisions and related justifications.
6. **UNDP should improve accountability to partners**

*Summary of related findings:* UNDP has made decisions to reduce resources against signed work plans without engaging the affected IPs. Where decisions to terminate support have been made, there appears not to have been good communication with the affected IP nor a clear exit strategy that is known to the affected IP.

*Key Actions should include:*

1. The development of a clear partnership strategy that includes an exit plan.
2. Strengthening interaction and communication between UNDP and IPs especially when unilateral changes are anticipated.
3. **UNDP should take measures to resolve constraints to timely decision-making and funding**

*Summary of related findings:* IPs have experienced considerable delays in decision-making and payments. In some instances the solutions have been found through the work of programme boards[[6]](#footnote-7) that facilitate senior level interaction.

*Key actions should include:*

1. Analysis by UNDP of the causes of payment delays and decision-making delays
2. Consideration of conducting micro-assessments with greater frequency to identify opportunities to use cash advances
3. Exploring option to strengthen the utilisation of UNDP/IPs fora to discuss plans, share common challenges and identify solutions and monitor implementation of the CP.

# 

# INTRODUCTION

In June 2011 UNDP commissioned an outcome evaluation of the Zimbabwe 2007-2011 Country Programme Action Plan (CPAP 2007-2011). Three of five outcomes were selected for evaluation – two under the Poverty Reduction Practice Area and one under the Governance Practice Areas. Three reports were produced –one on each evaluated outcome. This report focuses on Outcome 1 of the CPAP - **Enhanced National capacity and ownership of development processes towards the attainment of MDGs by 2015**- pursued under the Poverty Reduction Practice Area. The report is presented in five sections inclusive of this introduction. Section 2 presents an overview of the development context in which UNDP support was provided. Section 3 presents the findings of the evaluation. Section 4 presents recommendation; and section 5 presents the lessons learnt.

## Rationale for the evaluation

This Outcome Evaluation of the CPAP, coming at the end of the Country Programme (CP), aims to assist the Country Office (CO) in determining how best to undertake its responsibilities in light of the complex operating environment, funding deficiencies, and the goals of poverty reduction(the Millennium Goals). It is conducted at the end of the Country Programme and covers the time from the start of the Country Programme, January 2007 to date, and covers all relevant stakeholders and beneficiaries. It focuses on one strategic outcome - **Enhanced National capacity and ownership of development processes towards the attainment of MDGs by 2015.** The evaluation was designed as a forward looking process to identify what could be learnt from the experience of designing and implementing the Poverty Reduction Programme to enable UNDP and its implementing partners to effectively design the next Programme in support of Zimbabwe’s national goals and priorities and international commitments such as the MDGs.

## Purpose of Evaluation

The objective of the evaluation was to sharpen the strategic direction of UNDP, and to undertake a thorough review of the contribution of the chosen strategies and outputs to the achievement of the outcome with the aim of making improvements in the 2012-2015 programme and defining further improvements to be made towards the attainment of outcomes. The evaluation analysed the relevance, the effectiveness, the efficiency and the sustainability of the Country Programme Outcome 1 and the overall management of the CP by the CO. More specifically, the evaluation sought to address four broad questions:

* What progress has been made towards the outcome
* What factors have affected the movement towards the outcome
* What has been UNDP’s contribution and had UNDP ‘done the right things’ and ‘done things right’ (assessment of relevance, efficiency, effectiveness, and sustainability); and
* What has been the partnership strategy and how has it worked?

This report spells out the most apparent strengths and weaknesses of the UNDP’s strategies and approaches based on field work in Zimbabwe, desk review of documents from various sources inside and outside the agency and partner organizations, and conversations with different Implementing Partners (IPs). The report presents a series of options for strategic action by UNDP and puts forward a list of possible direction the agency might take. Insights gained, such as lessons learned, best practices, shortcomings and possible improvements identified by the evaluation, are expected to feed into future Country Programme, thereby enhancing its effectiveness and improving project results, and enable donors and the government to better understand whether the CP is relevant and useful for the country. The evaluation also contributed towards fulfilling the commitment made by UNDP to undertake final evaluations of CPs.

## Key themes addressed by the evaluation

The evaluation assesses the relevance of the Country Programme in light of the developments challenges during the last four years as well as its performance with regards to relevance, efficiency, effectiveness, and sustainability. This can be summed up as seeking to evaluate the outcomes in terms of:

A. ***Content*** – were the programmes included in the CPAP relevant, effective, efficient and sustainable and having impact in terms of Zimbabwe’s development priorities and goals;

B. ***Process*** – how relevant, effective, efficient and sustainable were the CPAP framework and mechanisms in helping UNDP to contribute to Zimbabwe’s development priorities and goals

In particular, the evaluation focused on:

* Assessment of the programme design to determine whether the outcomes and indicators are clearly articulated and address the needs and challenges of Zimbabwe as outlined in the ZUNDAF;
* Assessment and analysis of programme outcomes to determine their current status, and the extent to which they have been or are likely to be achieved, including an appraisal of their relevance; and whether any unexpected results or outcomes have occurred.
* Analysis of whether UNDP's interventions can be credibly linked to achievement of the outcomes and key outputs;
* Assessment of institutional arrangements whether they support efficient implementation of the poverty reduction outcomes;
* Assessment of UNDP’s partnership strategy and whether this has been appropriate and effective, including the range and quality of partnerships and collaboration developed with government, civil society, donors and the private sector; and whether these have contributed to improved programme delivery;
* Analysis of factors beyond UNDP’s control that influenced performance and success of the programme (including the opportunities and threats);
* Assessment of resources delivery (financial, human, material etc.) and see if the partnership delivered resources as per plan in order to support programme implementation;
* Assessment of sustainability and ownership for programme results
* The extent to which HIV and AIDS and gender have been mainstreamed in the design of the outcomes, outputs and targets
* Assessment of UNDP’s responsiveness to the operating environment

The full Terms of Reference are attached as Annex A.

## Addressing Gender issues in the Evaluation

The CPAP identifies the thematic area of poverty, government, HIV and AIDS and Energy and Environment. However, because gender equality is a goal in the MDGs and there were specific gender programmes under the UNDAF, the evaluation addressed gender and HIV and AIDS as cross-cutting issues. The evaluation assessed how the design and implementation of the CPAP, with its stated outcomes, outputs and targets and the institutional arrangements and management structures helped the country empower women as a step towards gender equality and ultimately balanced and sustainable development. The assessment examined the outcome, outputs and targets from gender equality and women’s empowerment perspective.

## Overview of the Country Programme and Outcome being evaluated

The UNDP response in Zimbabwe has been guided by the Zimbabwe United Nations Development Assistance Framework (ZUNDAF). The ZUNDAF, developed with the participation of the government, UN agencies active in the country, civil society and development partners, sets out priority areas for UN system support for a defined period. On the basis of the ZUNDAF, some individual UN agencies (the Funds and Programmes) develop their respective Country Programme Documents (CPDs) that spell out the agencies’ specific areas of support. The CPD is formally approved by the UNDP Executive Board and is operationalized through the more detailed CPAP. In responding to the country context in the 2007-2011 period, the UNDP was guided by the UNDP Corporate Strategy 2008-2011[[7]](#footnote-8). The strategy document identifies critical areas for UNDP support to countries as: effective aid management; poverty reduction; HIV and AIDS; democratic governance; crises prevention and recovery; environment and sustainable development; and gender equality and the empowerment of women. To further national ownership, UNDP activities are based on the understanding that governments have the primary responsibility for development and for establishing and leading the national development agenda.

The ZUNDAF 2007-2011 priorities were informed by the 2004 Millennium Development Goals Progress Report by mutual agreement between the Government of Zimbabwe and the UN Country Team (UNCT).[[8]](#footnote-9) The 2004 MDG Progress Report prioritised Goal 1 – ‘Eradicate extreme poverty and hunger’, Goal 3 –‘Promote gender equality and empower women’, and Goal 6 – Combat HIV and AIDS. These three goals were deemed to be central to the achievement of the other five goals[[9]](#footnote-10).

Informed by the above, the UNDP CPD notes the proposed country programme’s contribution to development results by supporting actions in areas such as: economic management for poverty reduction; strengthening democratic governance; supporting the fight against HIV and AIDS; land reform and agriculture; sustainable environmental management; conflict transformation; and gender mainstreaming.

The CPAP 2007-2011 was developed with five outcomes, namely:

1. Enhanced national capacity and ownership of development processes towards the attainment of MDGs by 2011
2. Strengthened systems, institutions, mechanisms processes that promote governance, dialogue, gender equality and the rule of law
3. Enhanced sustainable livelihoods, recovery and disaster risk reduction integrated into development planning
4. Improved natural resources use and environment management
5. Effective management and coordination of the HIV and AIDS national response in the context of the three ones, including advocacy and resource mobilization

A total of 17 outputs were identified to support the achievement of the 5 outcomes (see Annex C for the specific outputs in support of each outcome).

In February 2009, following the formation of the GNU, the newly appointed Prime Minister wrote a letter to UNDP affirming a discussion with the UNDP Resident Representative and requesting UNDP to provide support. Nine areas were identified for support. These were:

* Technical support in the area of aid management and aid effectiveness
* Institutional capacity needs assessment
* Restoration of basic freedoms
* Electoral support
* Constitution making process
* Support to the resolution of residual issues related to land
* Early recovery
* Establishment of a National Economic Council
* Support to the Resident Coordinator’s Humanitarian Coordination role

The outcome under review (**Enhanced National capacity and ownership of development processes towards the attainment of MDGs by 2015)** was to be achieved through the delivery of three outputs and via the contribution of Output 4 of Outcome 2. below gives a schematic presentation of the outcome and supporting outputs.

Figure 1: Outputs towards the achievement of Outcome 1

The UNDP CPAP Outcome 1 was the ZUNDAF’s Outcome 2. Thus, the expected contributions of other UN agencies to the achievement of the outcome were clearly spelt out. below presents an overview of the outcome, the partners, planned contributions of other UN agencies and the indicators and targets set for the outcome.

From the list of 9 issues raised in the Prime Minister’s letter, the issue of Aid Management and Aid Effectiveness was taken into account in Outcome 1 leading to support to the Ministry of Regional Integration and International Cooperation (MoRIIC).

In relation to the CPAP 2007-2011 expenditures, Outcome 1 represents 12% of the programme funding that was mobilized for the CPAP, excluding management and related expenditures. The relative shares of the other outcomes are presented in below.

Table 1: CPAP Outcome 1 Results and Contribution of other UN Agencies

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Result** | **Indicators** | **Baseline** | **Targets** | **Partners** | **Contribution of UN Agencies (ZUNDAF Outcome 2)** |
| Outcome 1: Enhanced national capacity and ownership of development process towards the attainment of MDGs by 2015 | Credible pro-poor macro-economic frameworks in place | No medium term strategy framework (NDPRS) | ? | MoPED  MoL&SW  MoYDEC  MoF  MoH&CW  MoWAGCD  MoSTD  MoIIT  OPC  PRF  MDG TGs (MoESC, MoHCW, MoET, MoA, MoWAGCD, MoF)  MDG Task Force | UNICEF   * social protection for children integrated in ZEDS * -Sector policies reviewed and implemented in line with MDGs and NPRS * Capacity to formulate and implement pro-poor and MDG-based national budgets * National Social Protection system strengthened   UNICEF/UNFPA   * Strengthened capacity for management and maintenance of statistics (ZIMDAT) * Mechanisms for youth dialogue strengthened (national and district levels)   UNFPA   * integration of gender and population linkages in ZEDS * increased availability of sex and age disaggregated data   ILO   * employment policy formulation * labour market information system strengthened * TNF strengthened * Local economic development (LED) programme developed   UNIDO   * Enhanced research and development and information sharing   UNESCO   * Strengthened national capacity to preserve and promote cultural heritage   UNICEF/WHO/UNESCO/UNFPA   * National information systems (MIS, DEMIS and NHIS) providing timely, quality disaggregated data   UNICEF/UNDP   * Capacity to formulate and implement pro-poor MDG-based budgets and align to national priorities |
| Number of policy reforms adopted | No medium term to long term pro-poor macroeconomic policy framework | ? |
| National MDG based M&E framework established | MDGs not mainstreamed into national budgets and sectoral policies | ? |
| Output 1: MDG-based national development and poverty reduction strategy formulated and implemented | * Number of policy reforms implemented to comply with NDPRS * Number of sector policies MDG-ised | ? | * MDG-based NDPRS in place 2007 * Credible MDG-based macro-economic framework and key sectoral policies formulated * MDGs, gender and HIV&AIDS mainstreamed in government budgets |
| Output 2: Strengthened capacity of all relevant ministries in pro-poor and MDG-based sector policy analysis | * Number of ministries with MDG-ised policies and strategies * NDPRS, EMA, Gender Policy and revised land and agriculture policies implemented by 2011 | ? | * MoF, MoED capacitated to formulate and implement NDPRS * MOA, MLRR capacitated to implement land and agricultural policies * MOE and MOJLA capacitated to implement EMA * MOGCD capacitated to implement gender policies |
| Output 3: National MDG monitoring system established and operationalised (including timely dissemination of PASS, HDRs and MDG Reports) | * MDG progress report produced annually * ICES and PASS II produced timely | ? | * New statistics bill enacted * Semi-autonomous Zimbabwe Bureau of Statistics established by 2007 * Comprehensive National MDG framework in place * 3rd Poverty assessment conducted by 2008 |

Figure 2: Share of Programme Expenditure by Outcome Area

## Methodology

The evaluation was undertaken at multi-levels involving different actors (UNDP, implementing partners and beneficiaries), different levels (programme, project, activities) and different stages (inputs, outputs, outcomes). This framework required that the evaluation team maintain a clear distinction between programme design and structural issues, and implementation of activities. The overall methodological approach for the evaluation was based on deductive analysis of both primary and secondary data from comparative, descriptive and cause-effect relationships. The focus was on establishing accountability for outputs and outcomes to assess the effectiveness of programme strategies, outputs and activities. The data and information gathered from the primary data collection were analysed by comparing with progress reports, and against stated performance targets and outputs.

More specifically, the following data collection methods were employed:

* Desk study of available literature and locally available reports. The desk study provided an overview of existing information on both processes and outcomes for the different programme,
* Review of the projects in the Outcome 1 portfolio to obtain an in-depth understanding of the scope and depth of work under the outcome,
* Project level reviews to respond to issues of effectiveness and sustainability,
* Review of the recommendations of the Mid-Term Review,
* Review of programme and project level documents including programming documents such as the ZUNDAF, CPD, CPAP, and ROAR among others,
* Content analysis of specific programme outputs to determine their efficacy for contribution to outcomes,
* Analysis of programme and project work plans and budgets,
* Interviews with key stakeholders and Interviews with UNDP Staff (see Annex B for a list of persons interviewed).

## Limitations

The extent to which an outcome can be evaluated depends to a considerable degree on four factors, namely: the clarity of the outcome statement; the extent to which the supporting outputs are clearly defined as well as the supporting projects; the availability of monitoring data; and, the extent to which the problem to whose solution the outcome contributes is clearly articulated. In relation to the Zimbabwe CPAP Outcome 1, there were challenges in each of these four areas.

First, the wording of the outcome varies between the text of the CPAP and Annex 1 of the CPAP that specifies the results and resources. While the text is focused on ‘capacity to formulate, monitor and implement pro-poor policies’, Annex 1 focuses on ‘capacity for and ownership of development processes toward the attainment of MDGs by 2015’. Conceptually, the two statements have different meanings. The focus on capacity to formulate, monitor and implement pro-poor policies raises only the question of what constitutes capacity for formulation, monitoring and implementation. The focus on capacity for and ownership of development processes towards the attainment of MDGs raises several questions, namely: what constitutes capacity, what constitutes ownership, what constitutes development processes towards the attainment of MDGs? An examination of the outputs shows that despite the differences in the two statements of the outcome, the intent remained constant, that is, to support pro-poor policy formulation, implementation and monitoring. The evaluation thus adopted the interpretations of ‘capacity’, ‘ownership’ and ‘development processes’ implied by the outputs. The outcome statement in either variation falls short of an expected developmental outcome. In a results framework the outcome statement represents an intermediate outcome and that still leaves the question “so what” unanswered. The indicators identified for the outcome merely seek to confirm delivery of outputs rather than being indicative of developmental change. Given that capacity development and ownership represent a known strategy and a condition of UNDP’s development support, specifying an outcome in this way adds little value other than to merely state ‘business will be done the UNDP way’.

Second, at the design of the CPAP there was relative clarity on the outputs in support of stated outcomes. Projects related to specific outcomes. With changes in the context, a number of new projects were suggested but there is no documentation detailing the new interventions, the related rationale, and placement of the interventions in relation to existing outcomes and outputs.

Third, monitoring data was limited and progress reporting was limited in analysis. Key decisions were inadequately documented resulting in differing explanations of reasons for certain events.

Fourth, the CPAP provides a good description of the operational context and highlights trends in poverty, movement towards the attainment of MDG targets, and observes the lack of a macroeconomic framework to guide actions in response to the situation that the country was in. However, the underlying causes for each of the areas described are not presented. Thus, the arguments in favour of the identified outputs are unclear and limited guidance is offered as to what changes would reflect progress in addressing the underlying causes. By failing to clearly state the underlying causes the CPAP leaves the understanding of these to analysis of the targets and monitoring indicators[[10]](#footnote-11). Such an approach assumes that the right indicators and targets were selected.

Fifth, it was noted that the outcome could be evaluated in the sense that a specific outcome was defined, outputs identified and projects implemented towards its attainment. However, evaluation would be made difficult by the fact that any assessment of the outcome and interventions towards its achievement had, as a point of departure, to assume that the definition of the solutions, targets and progress indicators provide a complete guide as to the problems being addressed and reflect the totality of required intervention. Weak monitoring and documentation create the need for reliance on recall and the possibility of varied interpretations of similar events.

Other limitations of the evaluations can be summed up as follows:

1. Owing to operating environment difficulties and the creation of a Government of National Unity (GNU), a number of project interventions were either not yet completed or recently completed with movement towards outcomes unclear. Thus, in a number of instances, judgements on the contribution of outputs to the outcome had to be made on the basis of potential rather than actual evidence of contribution.
2. There was limited monitoring data available at programme and project level and no evaluations specific to this outcome other than the Mid-Term Review. The indicators that were developed were of questionable value and not used as a basis for tracking and reporting progress.
3. Project level documentation was inadequate both in quantity and quality. Despite a clear focus on processes, there was no clear documentation on the processes being supported and the progress being made. Decisions and their basis were not documented and progress reports offered limited analysis and information on future directions.
4. The administrative support provided for the evaluation was inadequate leading to significant losses of time and narrow engagement with UNDP’s implementing partners. In many instances partners stated that they did not know in advance of the planned evaluation.

# Development Context

## Socio-economic trends

This section of the evaluation report presents the country context under which the CPAP was implemented. An understanding of the context is important for at least three reasons: It facilitates an understanding of the situation to which the outcome area responds, allows progress to be put into context, and it allows for identification and discussion of the future needs of the country which can serve as a basis for the next UNDP country programme. In presenting the country context this section identifies three distinct periods that had a bearing upon the implementation of the CPAP. The separation of the implementation period of the CPAP into two is informed by major political and economic developments that had a significant bearing on the needs of the country as well as the possibilities of country programme implementation.

First is the situation at the time of the design of the CPAP. The CPAP document highlights a number of key trends that were prevailing at the time of the design of the country programme. For instance, the country had undergone transformation in the agricultural sector with attention focused on correcting the historical land and structural imbalances through a programme of land reform. Lack of consensus on the reforms among domestic and international stakeholders, including bi-lateral and multilateral donors, had resulted in an impasse. A number of stakeholders considered the manner in which the reforms were carried out impinged on the rule of law, violated property rights for individuals and led to the disruption of agriculture production. In addition, real gross domestic product (GDP) had since 2000 contracted by over 40[[11]](#footnote-12) per cent. Inflation had risen from 55.2 percent in December 2000 to a record high of 1193.5 per cent in May 2006 before declining to 993.6 percent for July 2006.[[12]](#footnote-13) The official exchange rate against the United States Dollar had depreciated from ZW$55 in 2000 to ZW$250,000 in August 2006.[[13]](#footnote-14) Zimbabwe experienced dramatic drops in foreign direct investment (FDI), from a negative $0.3 million in 2001 to a negative $8.7 million in 2004.[[14]](#footnote-15) This was coupled with a decline in agricultural production by more than 40 percent[[15]](#footnote-16) over the preceding five years, resulting in chronic food deficits and the need for international humanitarian assistance. Moreover, Zimbabwe had witnessed serious capacity erosion of professional and skilled personnel, as a result of a ‘brain drain’, owing to economic difficulties, and other factors. In the health sector, for instance, vacancy rates for 2005 stood at 32 percent of state-registered nurses and 50 percent of the medical doctors compared to 1999.[[16]](#footnote-17) The overall situation was further compounded by the HIV and AIDS pandemic that continued to put tremendous strain on the capacity of the Government to deliver services. Zimbabwe had the fourth highest HIV and AIDS prevalence rate in the world. While the HIV and AIDS prevalence rate among adults was reported to have dropped to 18.1 percent in 2006[[17]](#footnote-18), the disease continues to cause the death of approximately 3 200 persons per week.[[18]](#footnote-19) In fact the 2005 MDG progress report showed that social indicators had dramatically worsened, throwing Zimbabwe off-track as far as meeting six of the MDGs. The population below the food poverty line increased from 29 percent to 58 percent, while that below the total consumption poverty line increased from 55 percent in 1995 to 72 percent in 2003.[[19]](#footnote-20) In addition to these, other challenges included:

* Increased political tensions and polarisation arising from disputed elections and politically motivated violence around elections (2000, 2002 and 2005).
* The imposition since 2000, of restrictive measures on some individuals in government and restrictions on doing business with central government and companies linked to the ruling party and the state.
* The suspension of lending operations to the country by the World Bank and IMF owing to unserviced debt arrears.
* The suspension of cooperation by the European Union in 2001 and the withdrawal of bilateral support by OECD donor countries.
* The drying up of budget support and external lines of credit to the Government of Zimbabwe since the imposition of restrictive measures.

An overview of key trends in macro-economic indicators and Official Development Assistance (ODA) flows over the period, provided in and respectively.shows the continued decline in GDP, worsening inflation, increasing trade deficit and growing external debt. On the other hand, shows downward trend in ODA flows, the reversal of the trend but with increasing dominance of humanitarian assistance. The bulk of the humanitarian assistance was channelled through recipients other than government, that is, multi-lateral agencies, NGOs and civil society groups (see below).

This period was followed by the early phase of implementation (first two years), that is, the period from 2007-2008, characterised by hyperinflation that practically made plans and budgets impossible to implement. Inflation continued to worsen and peaked sometime in December of 2008 (estimated at 56 billion percent by the IMF and at 231 million percent by the Reserve Bank of Zimbabwe). Costs in local currency became difficult to predict while local currency budgets and accounts lost meaning.[[20]](#footnote-21) Many commodities including the local currency were in short supply. For most of 2008, service delivery was slow and inadequate. Real wages in both the public and private sectors declined severely leading to further losses of skilled personnel. Zimbabwean industries were operating way below capacity[[21]](#footnote-22). The negative trends in GDP growth continued as did the decline in social indicators. Moreover, elections held in 2008 failed to produce a clear winner resulting in a run-off of the Presidential election. Citing politically motivated violence, the opposition candidate pulled out. Consequently, opinion on the validity of the electoral outcome was divided creating a crisis of legitimacy. In September 2008, the country’s three main political parties signed an agreement dubbed the ‘Global Political Agreement’ (GPA) with a view to establish a transitional authority that would among other things, oversee the development of a new constitution, some governance reforms, and free and fair election

Table2: Zimbabwe, Key Macro-economic Trends 2001-2011

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
| Real GDP growth (% year on year) | -8.4 | -5.6 | -10.6 | -4.2 | -7.7 | -4.6 | -5.5 | -17.7 | 6.0 | 9.0 | 5.5 |
| Consumer price inflation (annual average %) | 75 | 135 | 385 | 381 | 267 | 1034 | 12 563 | 56 billion | 6.5 | 3 | 4.8 |
| Total Exports (USD millions) | 2 114 | 1 802 | 1 670 | 1 684 | 1 606 | 1 533 | 1 804 | 1 662 | 1 616 | 3 382 | 4 346 |
| Total Imports (USD millions) | 1 791 | 1 821 | 1 778 | 1 989 | 1 994 | 2 000 | 2 113 | 2 630 | 3 213 | 5 162 | 5 882 |
| Trade deficit (USD Millions) | -323 | 18 | 108 | 305 | 388 | 467 | 310 | 1 026 | 1 426 | 1 735 | 1 203 |
| Total External debt (USD billions) | 3.6 | 3.9 | 4.5 | 4.8 | 4.3 | 4.7 | 5.3 | 6.4 | 7.6 | 8.8 | 9.6 |

Source: IMF Zimbabwe Article 4 Consultation Reports, 2011

Figure 3: Zimbabwe, ODA Trends 1995-2008

Source: Constructed from data available from Global Humanitarian Assistance ([www.globalhumanitarian](http://www.globalhumanitarian)assistance.org)

Figure 4: Zimbabwe Humanitarian Assistance by First Line Recipient

Source: Constructed from data available from Global Humanitarian Assistance ([www.globalhumanitarian](http://www.globalhumanitarian)assistance.org)

The final three years started in February 2009, when a Government of National Unity (GNU) was established ushering in relative political stability. The GNU led to the reconfiguration and expansion of the number of ministries. A multi-currency system was adopted in place of the local currency. Inflation was reduced. Goods returned to the formal market. Predictability was restored to costs and budgets and revenue collection improved. The Government of Zimbabwe however still faced severe funding constraints leading to the adoption of a cash budget system. Despite the modest wages paid by the Government of Zimbabwe, the wage bill still consumed more than 70% of the revenue collected. Aid flows through Government in the form of contributions to the Vote of Credit anticipated to reach $810 million in the 2010 budget did not materialize[[22]](#footnote-23)resulting in downward revision of the estimate for 2011 to $500 million. The debt situation did not show much improvement as both domestic and external debt remained high. Trends in GDP growth in 2009 and 2010 were positive, with the trend expected to continue in 2011.

The development challenge for the Government of Zimbabwe over the period of the CPAP (2007-2011) can be described as the desire to reverse negative trends in GDP growth and human development in a context of constrained resources (financial, technical and material); political polarisation and tensions; and limited engagement with the international community.

## Overview of the government’s response

The Government’s response to the challenges faced by the country consisted of a mix of measures reflecting policy positions informed by ideology and measures in response to specific crises. Against a backdrop of difficult relations and withdrawal of support by OECD donor countries, the Government of Zimbabwe adopted what is generally known to as a ‘Look East’ policy with a view to learn from and mobilise support for recovery from countries in Asia.[[23]](#footnote-24) While the policy did not yield resources to address the crises faced by the country, it did provide modest support for parastatals and hope for investment flows. Through the life of the CPAP, the policy has remained important.

To deal with a number of specific crises between 2007 and 2011, a range of interventions were introduced including: price controls, imposition of cash withdrawal limits, and a range of subsidy programmes (for example Agricultures Support and Productivity Enhancement Facility (ASPEF), Public and Local Authorities Recovery Plan (PLARP), the Basic Commodities Supply Support Initiative (BACOSSI) and controls on the pricing of utilities such as electricity). Subsidy programmes were mainly financed through monetary expansion and domestic borrowing. The central bank, the Reserve Bank of Zimbabwe (RBZ) took on a prominent role directing efforts to put the country on a recovery path. Against a backdrop of rapid erosion of budgets and severely restricted state funding, the RBZ ran a parallel budget system as ministries and parastatals went directly to the RBZ for their foreign and local currency needs. The expansion in the functions of the RBZ were accompanied by an expansion in its staff compliment. Following the coming into being of the GNU, the RBZ was restricted to undertaking only the core functions of a central bank. This move led to massive retrenchments and divestment by the reserve bank from non-core functions. In the process, the planning function was restored to the Ministry of Economic Planning and Investment Promotion while budget planning and management functions were restored to the Ministry of Finance.

In the period 2007 to 2011, several policy documents were developed including: the Zimbabwe Economic Development Strategy (ZEDS), Short Term Economic Recovery Programme (STERP I), STERP II, 100 Day Plan, the Government Works Programme, and the Medium Term Plan 2011-2015. A common characteristic affecting most of the plans, and the ones that preceded them was the lack of implementation arising primarily from lack of resources and weak translation of plans into actionable programmes.

Following the establishment of the GNU, differences of opinion and approach to the resolution of the funding crises facing Zimbabwe’s recovery effort arose. While a section of the Government sought to maintain the ‘Look East’ policy and viewed this and the utilisation of local resources as being central to the solution to the problem, another section saw the solution as lying in re-engagement with the international community and pursuing support through the Highly Indebted Poor Countries (HIPC) route.

Other measures adopted by the government included efforts to better direct resources to areas of greatest need through the government-wide adoption and implementation of results-based management; the setting up of ministry clusters to tackle sector-specific challenges; the intensification of efforts at revenue collection; and efforts aimed at improving aid coordination.

In responding to the political crisis via the establishment of the GNU, an expansion in the number of government ministries has occurred leading to the country having 37 ministers against an all-time low of 15 ministries.

# Findings

## Status of the Outcome

In examining the status of the outcome this section seeks to respond to the question whether or not Zimbabwe now has **‘Enhanced national capacity and ownership of development processes towards the attainment of MDGs by 2015’.**To respond to this question, a matrix tracking progress on the basis of the CPAP indicators and supporting outputs and activities was developed and is presented in below. The Table shows that on the basis of the identified indicators (credible macro-economic framework in place; policy reforms adopted; and MDG-based M&E framework established), progress has been made towards the outcome. A comprehensive macro-economic framework in the MTP that incorporates poverty reduction goals and making specific reference to the MDGs was developed and launched on 7 July 2011. Policy reforms in support of the objectives of the macro-economic framework are pending as these had to follow the unveiling of the MTP. An MDG monitoring structure is in place and is functional. However, the ability to monitor MDGs is limited by several factors including: the lack of MDG Acceleration Action Plans that would move monitoring from merely taking stock of the status of indicators to tracking of efforts and the results of actions to advance the MDG agenda; limited stakeholder engagement in the monitoring process; national capacities to track, monitor and report on the MDGs, as well as outdated and inadequate data.

Assuming that at the time of identification of the M&E indicator the intention was to check on the degree to which an M&E framework that is MDG-based would be in place for the MTP, then it should be noted that a judgement cannot be made until the M&E plan envisaged in the MTP has been developed. The institutional arrangements for monitoring the MTP have been outlined. There is a commitment to work with sector ministries to identify the most appropriate indicators. If on the other hand the M&E indicator relates to the capacity of Zimbabwe to timely produce Human Development Reports, MDG Progress Reports and various poverty-related studies then three observations can be made. Firstly, the production of such reports has consistently been late in relation to planned dates. Secondly, the data used has been too old[[24]](#footnote-25). Thirdly, planned studies have not been undertaken.

The progress made so far towards achievement of the outcome falls short of expectations owing to the late delivery of a key output, the MTP, in relation to the life of the CPAP. A few months short of the end of the CPAP, implementation of the MTP has begun in earnest, however implementation of the plan faces challenges that have afflicted previous plans, mainly the lack of resources occasioned by limited government budget and limited access to credit and development assistance owing to debt arrears and strained donor relations. The second indicator for the outcome presumably was intended to track actual utilisation of the plan. This being the case, it is too early to observe changes in policies.

Early in this report a concern is expressed in relation to the ambiguity of the outcome statement in terms of the meanings of ‘capacity’, ‘ownership’ and ‘processes towards attainment of MDGs’. While a simple interpretation based on content was accepted, an analysis of the outcome on the basis of the indicators provided raises further concerns as the outcome indicators are a collection of the output indicators and aim to simply confirm delivery of outputs. Thus, the extent to which there is capacity and ownership of ‘processes towards the attainment of MDGs’ remains unclear. A better outcome statement would have focused on improving the country’s rate of progress towards the MDGs.

Table 3: Status of Achievement of Outcome 1

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Result** | **Indicators** | **Baseline** | **Targets** | **Status** |
| Outcome 1: Enhanced national capacity and ownership of development process towards the attainment of MDGs by 2015 | Credible pro-poor macro-economic frameworks in place | No medium term strategy framework (NDPRS) |  | * A Medium Term Strategy (MTP) has been developed and was launched on 7 July 2011 |
| Number of policy reforms adopted | No medium term to long term pro-poor macroeconomic policy framework |  | * Policy reforms to align sector policies with MTP are pending * A National Aid Coordination Policy was adopted in 2010 * Policy papers to inform policy making were developed between 2009 and 2011 |
| National MDG based M&E framework established | MDGs not mainstreamed into national budgets and sectoral policies |  | * MDG Monitoring Structure is in place. Reports are produced. There however is no evidence of mainstreaming of MDGs into the national budget and sectoral policies. |
| Output 1: MDG-based national development and poverty reduction strategy formulated and implemented | * Number of policy reforms implemented to comply with NDPRS * Number of sector policies MDG-ised |  | * MDG-based NDPRS in place 2007 * Credible MDG-based macro-economic framework and key sectoral policies formulated * MDGs, gender and HIV&AIDS mainstreamed in government budgets | * The target dates were missed. An MTP was launched. * Alignment of sector policies is pending. No clear sector strategies to address MDGs outside framework of ‘business as usual’. * Gender is mainstreamed in budget tools but weakly monitored (national budgets are not programme-based, reporting is for financial accounting purposes rather than accountability for results). * Government-wide planning framework allows for sectoral identification of MDGs towards which ministries contribute but does not entail detailing specific measures to address MDGs and the allocation of resources to the specific measures. |
| Output 2: Strengthened capacity of all relevant ministries in pro-poor and MDG-based sector policy analysis | * Number of ministries with MDG-ised policies and strategies * NDPRS, EMA, Gender Policy and revised land and agriculture policies implemented by 2011 |  | * MoF, MoED capacitated to formulate and implement NDPRS * MOA, MLRR capacitated to implement land and agricultural policies * MOE and MOJLA capacitated to implement EMA * MOGCD capacitated to implement gender policies | * MoEP&IP has been supported to produce the MTP * MoF has been supported to revitalise the PFMS and input into the development of the PFMS * MOGCD has been supported to conduct gender-related activities * Technical personnel were seconded to MoEP&IP * Equipment and training were provided to MoF, MoEP&IP and MoRIIC * MoRIIC was supported to develop a strategic plan and clarify its role in Regional Integration and International Cooperation * Programme funding was provided to MoRIIC * Technical support was also provided to facilitate development of an Aid Coordination Policy and to enable the running of the Government Development Forum. * Support has been provided to ODPM for a PPP policy and framework |
| Output 3: National MDG monitoring system established and operationalised (including timely dissemination of PASS, HDRs and MDG Reports) | * MDG progress report produced annually * ICES and PASS II produced timely |  | * New statistics bill enacted * Semi-autonomous Zimbabwe Bureau of Statistics established by 2007 * Comprehensive National MDG framework in place * 3rd Poverty assessment conducted by 2008 | * An MDG monitoring structure is in place * MDG reports are not produced annually * HDRs are produced biennially (last report was produced in 2009. There was no report in 2007) * PASS II study undertaken in 2003 was produced in 2007 * 3rd PASS targeted for 2008 was not produced * PICES is being conducted in 2011 * Semi-Autonomous statistic agency (ZIMSTAT) was established through the transformation of the Zimbabwe Central Statistical office. |

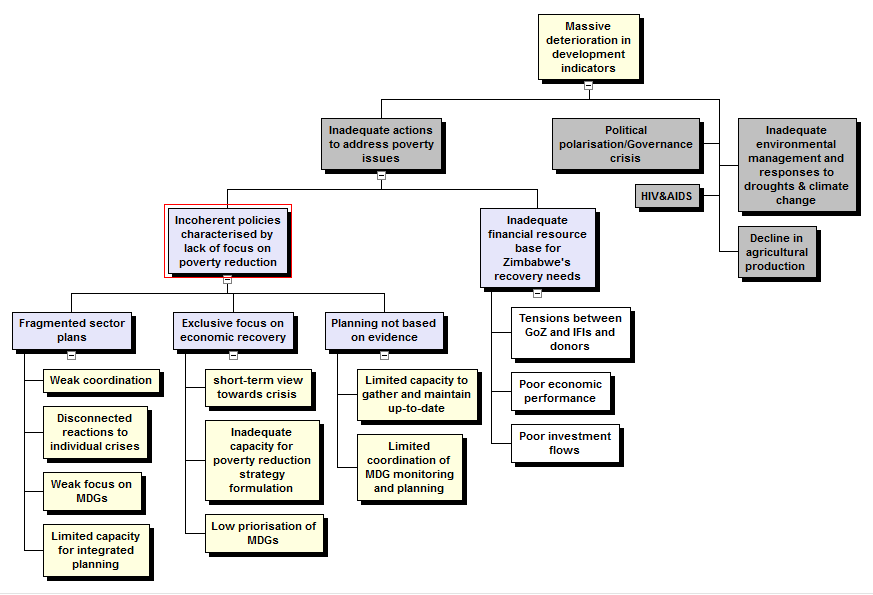
## UNDP contribution to outcome (strategies/outputs)

To discuss the contribution of UNDP it is necessary to summarise the understanding of the problem that informed the formulation of the Outcome and its supporting outputs and activities. To address the absence of a clear problem articulation for Outcome 1, a problem analysis was constructed on the basis of various documents used by the CO, including the CPD, CPAP, project justifications, progress and annual reports, and funding agreements with donors. On the basis of the problem analysis, a response logic is created and the UNDP strategies and outputs analysed within the context of the resultant logic model.

### A Logic Model for the UNDP response

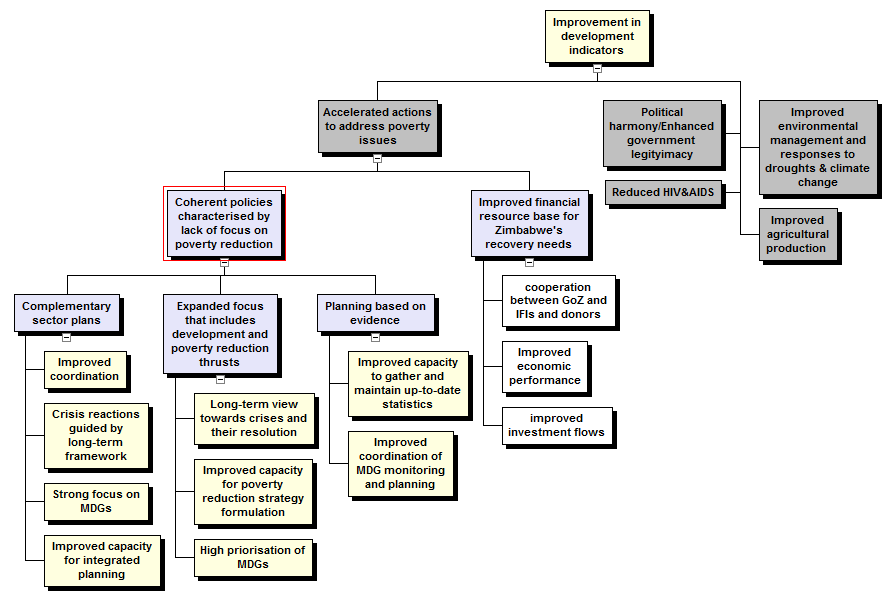
Adopting a focus on poverty reduction the problem faced by the country can be characterised as one of massive and continuous deterioration of the human condition as was illustrated by a variety of indicators. The decline was occasioned by a number of factors including inadequate actions to address poverty issues, a political crisis, HIV&AIDS, environmental challenges and declining agricultural production (see below). The inadequate action on poverty issues arose from two main causes: incoherent policies characterised by lack of focus on poverty reduction and an inadequate resource base to fund the country’s recovery. Outcome 1 was formulated to address the incoherent policies by tackling the immediate and underlying causes.

Figure 5: Reconstruction of Problem Context



Arising from the problem analysis presented in is a logic model for the response to the problem (see below). illustrates that to reverse the trend in development action was required on the causes of the decline. Thus, Outcome 1, focused on the coherence of policies would have, assuming access to the resources to implement the policies, contributed to improved or accelerated implementation of actions to address poverty and MDG progress issues. Improved design and implementation of actions to address poverty and MDG progress constraints would contribute to the improvement of the country’s development indicators. Additional measures to strengthen the extent of improvement would derive from actions to address the other four primary causes of the decline, that is, addressing the governance crisis, HIV&AIDS, effective management of environment-related challenges, and improvements in agricultural production.

Figure 6: A logic Model for the UNDP Response



### Strategies and design of support initiatives

Within the logic model presented in Figure 4, the outputs that were selected for Outcome 1 targeted issues of: improving the attention to the prioritisation of poverty issues and MDGs; the adoption of a long-term plan in place of short-term measures developing synergy between policies; strengthening the capacities for the formulation of poverty reduction strategies; improving policy coherence and synergy within and across sectors; strengthening the capacity to generate evidence for evidence-based policy and planning; and supporting structures for coordinating and reporting on progress on MDGs. Turning to the second issue that needed to be addressed to improve actions on poverty and MDGs, that of the resources to support policy implementation, UNDP addressed issues of aid tracking and coordination; capacity for public-private partnerships (PPP); and knowledge to inform economic policy formulation. Less prominent in the UNDP response and placed output 4 under Outcome 2 of the CPAP, was the contribution to strengthening the capacity of the government to manage and account for resources and support to public sector reforms through strengthening the adoption and implementation of a results-based approach to management of the public sector.

The UNDP strategy towards the achievement of the outcome consisted of a number of projects to deliver each output. An overview of the projects that were designed to deliver the selected outputs is presented in Annex D. Key features of the projects were: the provision of technical support; provision of material support (equipment and related materials); the provision of training/learning opportunities including study tours (South-South Cooperation with visits to Malaysia, Rwanda, Kenya, Uganda, among others); and the provision of financial support to carry out core operations. In keeping with the 2006 Regional Bureau for Africa (RBA) Strategic and Management Review directive that COs should work to provide high-end policy advice, strategic support and leadership, UNDP also undertook analyses of the national policy environment with a view to better inform UNDP and sister UN agencies’ programming for recovery.

### Status of Output Delivery

#### Output 1: MDG-based national development and poverty reduction strategy formulated and implemented

Output 1 consisted of the formulation and implementation of an MDG-based national development and poverty reduction strategy. The strategy, termed the Medium term Plan (MTP) was formulated and officially launched on 7 July 2011. The Medium Term Plan incorporates a national develop plan and poverty reduction strategy. The completion of the strategy has been late in relation to planned timeframes and CPAP results. The implementation of the strategy is yet to begin making the assessment on the basis of policy reforms premature.

#### Output 2: Strengthened capacity of all relevant ministries in pro-poor and MDG-based sector policy analysis

The assessment of delivery on this output requires agreement on which sector ministries are relevant. To date, specific support has been directed at the MoEPIP, MoF, MoRIIC, MoLSS, Office of the Deputy Prime Minister, and MoLG. Other ministries such as the MoWAGCD have received relevant support this has not been through projects under Outcome 1.

The support to date has achieved the following:

*MoEPIP:*

* Capacity to lead and coordinate the formulation of a development and poverty reduction plan;
* Capacity to facilitate continuous dialogue on policy matters through the production of a policy paper series; and
* Exposure to other countries’ economic planning and implementation management approaches

*MoF*

* Revamping and utilization of the Public Finance Management System (PFMS) through the provision of equipment and establishment of call centres and training of staff for the centres.
* Promulgation of the PFM Act in 2010. Rules and regulation to operationalize the Act are being developed
* Support provided to strengthen capacities for aid coordination and debt management (institutional arrangements and staff training and exposure undertaken).
* Training of economists and accountants to strengthen capacities for financial and economic management
* UNDP has mobilised other partners to support the PFMS (ACBF, AfDB, DFID, UNICEF, and World Bank)

*MoRIIC*

* Assisted the new ministry to better define its role through the development of a strategic plan
* Assisted the ministry to develop a National Aid Coordination Policy;
* Strengthened operational capacity of the ministry through personnel training, the provision of equipment and funding of core functions;
* Supported the ministry to perform a coordinating role in the Government Development Forum (a platform for dialogue on aid and aid coordination).

*Office of the Deputy Prime Minister*

* Enabled the ODPM to undertake studies on PPP and develop a national policy and framework for PPP.
* PPP are included in the MTP as a way of mobilising resources for some components of the plan.

*MoLG*

* Enabled the ministry to undertake sensitization on MDG planning at local level.

*MoWAGCD*

* Enabled the ministry to engage MoF and lobby for modification of budget call circular to encourage gender budgeting.
* Ministry has been able to provide training of gender focal points and well as finance officers in gender budgeting (this activity was not supported under Outcome 1 but received support through interventions in Outcome 2 including the RBM programme).

#### Output 3: National MDG monitoring system established and operationalised (including timely dissemination of PASS, HDRs and MDG Reports)

*MoLSS*

* Strengthened the MoLSS capacity to coordinate the work of the MDG Task Force, oversee the production of the ZHDR and MDG Progress Reports; and conduct provincial launches of the reports;
* The planned PASS 2008 was not done.

ZIMSTAT

* Contributed to the transformation of the Central Statistics Office into a semi-autonomous entity. A strategic plan was developed. The institution is has been collecting data for its latest round of studies which are expected to be credible owing to the technical and financial support from the UNCT. ZIMSTAT however still faces staffing challenges.
* Enabled the undertaking of specific studies to address data gaps (most notably the Poverty, Incomes, Consumption and Expenditure Survey - PICES).

#### Outcome 2 Output 4: National HDR and MDG progress reports produced and disseminated for policy dialogue and sustained national MDG campaign established and localized.

The CPAP identified activities to be carried out under Outcome 2 Output 4 that were related to Outcome 1 Output three. These activities were the production, dissemination and advocacy activities around National Human Development Reports and MDG Progress Reports. It appears that these activities were amalgamated into Output 3 of Outcome 1. However, the civil society partners originally identified for the activities were not carried across with the activities.

#### Other Activities that potentially contributed to Outcome 1

*Results-based management*

A notable activity that was undertaken under Outcome 2 that was important for the achievement of Outcome 1 was the provision of support for the adoption of results-based management (RBM) government wide. This activity created the possibility to link plans to budgets and human resources and strengthen monitoring and reporting of actions to deliver on national plans and priorities. Considerable progress was made in terms of developing planning and accountability systems. Gaps still remain in the operationalization of the concepts and systems. The gaps arise primarily from the fact that not all planned programme outputs were delivered leading to the overall framework being in place but operationalization remaining weak.

*UNDP initiative on the requirements for a comprehensive recovery process in Zimbabwe*

* Delivered a number of studies that informed discussion and the content of the MTP.
* Assisted to position UNDP as knowledgeable and credible in informing and guiding the formulation of a recovery strategy.

The work undertaken under this initiative provided an opportunity to harness local knowledge and international experience to prepare a series of studies that provided up-to-date analysis and offered suggestions to inform policy dialogue.

## Overall assessment of progress in delivering outputs and contribution to the outcome

Progress has been made in delivering all planned outputs. The progress has however been slow. In each of the output areas capacities have been built. The utilisation of the capacities is still low with the exception of the production of the MTP. Capacity utilisation is low owing to the recent completion of capacity building activities and the limited activity in and resources for the areas where capacity has been strengthened. The MTP potentially provides a framework for increasing activity and resources for each of the areas where capacity has been built.

## Relevance of the chosen outcome and outputs

The analysis of the development context showed that Zimbabwe was battling multiple crises leading to worsening poverty and was off track on 6 of the 8 MDGs. The country was lacking a coherent strategy to tackle the challenges faced. Moreover, faced with a shortage of resources (skilled personnel and financial resources) the country, while recognising the extent of the poverty challenge, was not in a position to address the situation. By prioritising three MDGs (Reduction of absolute poverty, HIV&AIDS, and Gender and women’s empowerment) the Government of Zimbabwe signalled an intension to address shortcomings in meeting the MDGs. The inclusion of an outcome focused on arresting the worsening poverty and progress on the MDGs was relevant. The outcome was also in keeping with the UNDP mandate.

UNDP provided support that sought to address the major gaps in enabling the Government of Zimbabwe to take decisive action on the worsening situation. The focus on MDGs was strategic in that it allowed UNDP to engage the government in dialogue on addressing the crises without getting caught up in the contested discussions on the causes of the crises. Using the MDGs as an entry point allowed for engagement on major gaps in responding to the crises, namely: the absence of a coherent macro-economic framework, sectoral policy directions and the absence of key data to facilitate meaningful responses.

The approach adopted by UNDP in providing support focused on addressing the capacity challenges in the ministry responsible for planning by sourcing and placing technical capacity in the ministry, providing capacity building support which included exposure to other countries and financial support to assist the Government of Zimbabwe to engage in its own planning exercise. Recognising the need for consensus and buy-in into the products emerging from its support, UNDP encouraged a broad participatory processes, work through thematic groups, and support to ensure key allies for the planning ministry were adequately engaged.

The outputs developed in support of the outcome were relevant in that: a) provided a broad macro-economic framework that serves as a basis for sectoral planning, resource allocation and the coordination of actions, b) created a system for gathering, analysing and reporting progress information, and c) they focused on enabling key institutions in the planning, implementation and monitoring of work on the MDGs to remain operational and relatively stronger than would have been the case without UNDP support. When considered together with actions to strengthen RBM under Outcome 2, the outputs delivered create a sound basis for the use of RBM tools to enhance public sector efficiency, effectiveness and accountability.

On the basis of the ZUNDAF, UNDP was able to cooperate with other UN agencies in supporting some activities that contributed to enhance the quality of defined outputs. Such cooperation included input from UN agencies to ensure specific areas of interest were adequately addressed in the MTP and support to research and data collection initiatives. An example of joint programming was illustrated through support to ZIMSTAT for the conduct of the PICES. UNDP, UNICEF, UNFPA and the AfDB agreed on a joint programme and each agency proceeded to transfer its contribution to the initiative to UNFPA who are managing the support on behalf of the group.

Rising inflation had rendered the PFMS unusable. The public sector had lost personnel that were experienced in the use of the PFMS. With disuse and lack of maintenance the infrastructure for the operation of the PFMS had deteriorated. UNDP together with the World Bank and AfDB contributed to the restoration of the infrastructure. Specifically, UNDP provided support to set-up and equip call centres and supported training of staff for the call centres to provide back-up support to the relatively new finance personnel in government ministries.

## Effectiveness of the strategies and output

The UNDP Intervention has been effective in building capacity and delivering a nationally owned pro-poor macro-economic framework, strengthening the processes for MDG monitoring and reporting and capacities in some key areas in addressing poverty. Outcome 1 as defined and pursued carries much potential for the acceleration of MDGs achievement. What has been achieved to date represents an intermediate outcome. Final outcomes are expected to reflect improvements in the delivery of MDGs.

Under Outcome 2, UNDP supported the government-wide adoption of results-based management. An evaluation of the RBM intervention found that while capacities for RBM had been developed, application of RBM concepts suffered a number of challenges key among which were: the lack of an integrated development plan against which sector ministries could anchor their plans. The MTP fills this void. Among the tools developed to facilitate planning and monitoring under the RBM programme is an integrated planning and monitoring tool known as the Zimbabwe Integrated Planning, Monitoring and Analysis Solution (ZIPMAS). Through the use of this system it is possible to include information on each ministry/department’s actions on a particular MDG goal and track resource allocation and results over time across ministries/departments. The monitoring component of the system will need information on population level differences being made by sector interventions. This information will be provided by ZIMSTAT. Support to the Ministry of Finance has contributed to ensure the existence and functioning of a credible financial management system that allows for the linking of plans with budgets. Incomplete implementation of the RBM support activities however means that the Ministry of Finance is yet to move to a system of allocating funds on the basis of programme and outcomes and require accounting on the same basis.

While UNDP has contributed to the development of systems to guide and support the planning and implementation of actions to arrest the poverty situation and contribute to improved actions towards the achievement of the MDGs, the support provided has left the bigger question of resources to support the implementation of the MTP unanswered. The true worth of the results achieved to date will only become evident when resources to implement relevant components of the MTP are accessed.An earlier presentation of the MTP (May 2010) saw the plan being rejected owing to concerns about the sources of funding to support implementation. The 2011 version of the plan includes a number of resource mobilisation strategies in which OECD donor contribution plays a relatively small part. Proposed funding strategies include revenue collection, domestic and foreign investment, resources from Zimbabweans in the diaspora, setting up a sovereign fund, off-shore financing (via bilateral agreements with Botswana, India and South Africa), and loans (China is expected to be a major contributor).

The support provided to the Ministry of Regional Integration and International Cooperation to develop a National Aid Coordination Policy and run the Government Development Forum creates the possibility to coordinate aid towards implementation of selected components of the MTP. The extent to which progress will be made will depend on relations between GoZ and donors and on the type of funding approach that is pursued. Support has been provided to both MoRIIC and MoF who have a dual responsibility on aid and development results coordination mechanism. There is an on-going process to review the policy and strengthen the aid coordination mechanism in Zimbabwe in view of the launch of the MTP and the creation of ZADMO and the transition to recovery. The MTP forms the basis upon which the sector coordination could be undertaken and around which resources can be mobilised.

The approach adopted by UNDP has focused heavily on upstream engagement with central government. The focus on local government and civil society participation has been weak. At planning, MDG monitoring and advocacy were separated. At implementation, work plans show that much of the advocacy work that should be undertaken at provincial and local government level has been placed in the hands of the government. Such an arrangement may reduce the effectiveness of advocacy work as firstly an arm of the government oversees the production of reports and the same arm has the responsibility for advocacy.

The absence of an MDG Accelerated Action Plan[[25]](#footnote-26) has contributed to weak attention to addressing challenges to the achievement of the MDGs by 2015. In the sectors considered as humanitarian (health, education, water and sanitation, access to food, and HIV&AIDS) actions to address some of the challenges have been delivered through humanitarian assistance funding outside the framework of central government. Thus while a measure of protection has been afforded the population, the capacity of central ministries to guide planning and support implementation has remained weak[[26]](#footnote-27). Of particular concern is the perception among key actors that MDGs are “not an implementable programme but part of regular government business”. Such perceptions militate against the development of specific action plans to address problems. In the absence of such plans, advocacy on the MDGs will remain weak.

## Efficiency in delivering outputs

In delivering outputs UNDP has faced several challenges. Some of the challenges were related to the operational context while others related to internal limitations.

In the period 2007-2008 issues related to government capacity, shortage of bank notes, goods and fuel, among others led to delays in implementation. Many activities planned for this period were not implemented or were implemented late. In 2009, the adoption of multi-currencies altered the scenario with goods, bank notes and fuel readily available. The challenges to implementation were largely internal and mainly related to delays in decision-making and payments.

### Payment delays

The heightened financial risk occasioned by the hyperinflationary environment, multiple exchange rates, shortage of goods and erosion of the integrity of accounts had resulted in UNDP restricting cash transfers to partners and instead paying third party invoices. The volume of transactions handled internally increased stretching the capacity to cope. Furthermore, inadequate knowledge of the administrative process requirements of UNDP saw implementing partners submitting inadequate documentation to facilitate the processing of their payment requests. Thus significant delays arose that in some instances caused disruption of plans and created tensions between UNDP and implementing partners. Prior to UNDP being granted authority to settle invoices in foreign currency, one of the challenges created by the hyperinflationary environment was that by the time invoices were processed, the suppliers required top-up payments before goods or services could be released.

With the adoption of the multi-currency system, the costs of goods and services stabilised but key challenges in the implementing partners’ capacities to manage and account for financial resources remained. UNDP thus continued with payments to third parties. The volume of payments remained large, implementing partners’ capacities to comply with requirements remained inadequate and thus, payment delays persisted.

UNDP has made considerable investment in the capacity of government to manage and account for resources. These improvements however appear not to have strengthened confidence sufficiently to allow UNDP to take some risks and begin to make cash transfers. Thus, an opportunity to ease some of the pressure leading to delays in implementation has not been exploited.

#### Delays in decision making

Implementing partners cited instances where decisions by UNDP were not always timely. Delays in decision-making seem to have been occasioned by the need to carefully weigh all requests before commitments could be made. Structural and management challenges played a key role. Examples cited included an apparent lack of clarity within UNDP on the decision-making levels of staff. From an implementing partner perspective, junior level staff sought to make decisions that needed to be made at higher levels within UNDP often resulting in delays in reaching final decisions. Inadequate accessibility of senior UNDP personnel also contributed to delays as decisions that could be taken easily in face-to-face meetings had to be communicated in writing and through parties that were not positioned to take decisions. The establishment of project boards has in some instances contributed to resolution of this problem.

### Incomplete implementation of activities

There were some initiatives supported by UNDP that were not completed resulting in a loss of value of the investments made. One example was the preparation of the Zimbabwe Economic Development Strategy (ZEDS). Another was the abandonment of the production process of the 2007 Zimbabwe Human Development Report (a process that had been carried over from the previous country programme). Both these initiatives represented substantial investment of UNDP resources.

First, the ZEDS process was abandoned after substantial input had been made. The reasons for the abandonment of the process are unclear. The implementing partner states that a consultative process was undertaken but no substantial product was produced. The IP also cites differences between the lead consultant and UNDP for the abandonment of the planning exercise. UNDP on the other hand cites unwillingness on the part of the IP to engage in an open consultative process and lack of engagement with the other partners for the abandonment of the planning exercise[[27]](#footnote-28). Technical personnel engaged in the exercise suggest problems related to inadequate attention to the sensitivities of the government at the time. In the absence of clear documentation, the real reasons for the abandonment of the planning exercise remain unclear.

Second, the production of the 2007 Zimbabwe Human Development Report, an activity carried over from the previous country programme was abandoned in 2007 when a draft considered by the IP to be print-ready had been produced. The report had a focus on gender.[[28]](#footnote-29) The IP was unable to furnish reasons for the abandonment of the work save for a letter from UNDP stating that no further support would be provided to the institution. The institutional support had been provided as part of the ZHDR production and advocacy activity support. UNDP on the other hand expressed concerns on the extent of moralisation of issues in the report as reasons for not continuing with publication.[[29]](#footnote-30) In addition, procedural questions were raised on support to a particular institution, particularly a then unregistered institution[[30]](#footnote-31), to produce the ZHDR instead of putting the production of the report out to tender. Documentation of the decisions made and their justification is weak and the evaluation team had to rely on recall. The problem seemed to be caused by a general lack of understanding that accountability towards partners is not a trivial footnote to design implementation, but constitutive of the most fundamental principle of programme design.

### Planning and coordination weaknesses

Following the preparation of the CPAP and accommodation of activities carried over from the preceding country programme, UNDP engaged in an exercise to reorganise its support activities into two practice areas in conformity with the UNDP Corporate Strategy 2008 – Poverty reduction, Crisis Prevention and Recovery; and Governance. In the reorganised structure the various components being implemented retained their separate identities despite the potential for consolidation and synergy. The result was that potential efficiency gains were not realised and partners received discrete support for related activities. For example, while under the RBM support intervention, placed under governance, the Results-Based Budgeting (RBB) component was led by the Ministry of Finance and entailed revisions to budget call circulars, the way budgeting is undertaken, and strengthening use of the PFMS, the poverty programme provided its support separately. Similarly, a weakness in the RBM activity was lack of integrated planning, support for integrated planning targeting the same ministry tasked with leadership of the area under the RBM activity was provided separately by the poverty programme. Another example can be seen in the monitoring arrangements proposed for the MTP. The MTP places responsibility with the Office of the Prime Minister (OPM). The RBM initiative, led from the Modernisation Department (MD) in the Office of the President and Cabinet (OPC) places the responsibility for monitoring policy implementation with OPC. The issue of responsibilities for oversight over ministries is contested in Zimbabwe. The UNDP support appears to have played both sides and not contributed to resolving the challenges. Another conflict of roles that UNDP may inadvertently have worsened is that on roles in relation to aid coordination. Here two ministries contesting the same turf have been supported without emphasis on role clarity. Inadequate attention to these issues not only affects efficiency in the present but could result in further efficiency losses in the future.

## Addressing cross-cutting Issues

### Gender

Under Outcome 1, gender has been addressed in the following ways:

* Through the technical support of the UNDP Gender Focal Point (GFP) and MoWAGCD, the drafting of the MTP 2011-2015 received substantive input on gender mainstreaming. Policies and programmes that will support women’s participation and empowerment in the development process have been integrated into the MTP.
* There has been integration of gender equality in national development policies and budget frameworks through the incorporation of gender budgeting in government policies and programmes by the Zimbabwe Government. Zimbabwe’s National Budget has been made gender-sensitive through the issuing of a directive (Call Circular) by the Ministry of Finance promoting participatory and Results Based Management (RBM) and specific attention to gender budgeting. Training in gender budgeting has taken place at the national level for GFPs and Directors of Finance.
* The 2009 ZHDR focused on gender and women’s empowerment.

As is the case with a number of achievements highlighted in this report, these achievements represent early stage progress and require further attention. Against a background of slow harmonisation between the planning approach being promoted through the RBM programme (Outcome Budgeting) and the practice of MoF of allocating and having funds accounted for by input, substantive demonstration of gender-specific results will be difficult to prove or disprove. Thus, while the language of gender-based budgeting will be used, much of this will be internally focused on the government with no clear programmes focused on the population at large with the exception of ministries whose mandate emphasises a focus on women.

There is a need to ensure continued progress on gender mainstreaming through continued emphasis on the need for mainstreaming and ensuring that project documents clearly state how gender will be addressed in the project. UNDP has in-house capacity whose utilisation may be affected by placement within one programme component. There is need to have clear process guidance on how the gender focal point (and other cross-cutting personnel) can be systematically involved in providing advice across projects.

### HIV and AIDS and environment

HIV&AIDS and environment have been incorporated in the MTP and other policy documents. In both these areas, the capacity for mainstreaming remains weak largely due to the absence of serious lobbying and inadequate guidance in the form of guidelines. Both these areas require further action to deepen attention beyond mere mention in policy documents to active analysis and action planning to mainstream them.

## Sustainability of the outcomes

UNDP support has contributed to the strengthening of capacities among key actors in planning, supporting and monitoring the implementation of actions that are important in responding to challenges to the achievement of the MDGs by 2015. The capacities that have been built consisted of technical, material and institutional capabilities. Owing to the strategic placement of the partners supported, the sustainability of the capacities that have been developed is dependent on the extent of partner ownership of supported initiatives, partners attracting additional funding for implementation and being able to retain the personnel that have been trained.

### Ownership of initiatives

In the development of support initiatives UNDP has ensured that government partners take the lead in both the development of interventions and in the development of annual work plans. There has been a strong emphasis on ownership of programmes by the implementing partners. In instances where personnel have been seconded to IPs, such personnel have worked with IP staff and contributed to capacity building that allows IP staff to continue with limited support. UNDP was considered to have been responsive in addressing concerns were seconded personnel (staff and/or consultants) were ineffective. Owing to the high level of ownership, the supported initiatives are likely to feature in the plans and budgets of IPs and to receive funding as part of the core business of IPs. A critical next step is to ensure that activities that sustain and further strengthen the capacities that have been developed are adequately reflected in the strategic plans of the respective IPs and are included in the annual performance agreements of ministries and performance contracts of permanent secretaries.

### Funding for use of capacities

The utilisation of built capacities, their maintenance and contribution to tangible benefits for Zimbabweans hinges on the extent to which funding for implementation of activities supported by the built capacities becomes available. By supporting both an institutional capacity component and a component on operational activities, UNDP has enabled the IPs to demonstrate their value added. For example, the provision of institutional and operational support to ZIMSTAT is allowing the agency to operate and produce much needed products (information) that can serve as a basis for further mobilisation of resources for utilisation strengthened capacities. In the case of MoRIIC, internal capacities have been built and the Ministry supported to undertake functions provided for in the National Policy on Aid Coordination. The Ministry’s performance agreement already reflects priorities related to the area of support thereby signalling an intention to devote part of the core budget of the Ministry to the activities.

The funding outturn, from both government’s own resources and the external support attracted, will be subject to continued demonstration of value and developments in the government’s revenue base and related capacities to financially support programmes. The monitoring of trends will be important, especially as they relate to the replacement of equipment and skills upgrading.

In the area of macro-planning, proceeding to implementation will require the development of new skill sets largely focused on project management and monitoring and evaluation.

### Retention of personnel

The retention of personnel remains a major challenge for the government as salaries remain low. The general trend has been that senior personnel remain in place while the technical personnel that support them tend to be more mobile. Expectations of improvements in salaries are likely to keep many within their positions in the short term. In the medium to long term, strategies to monitor trends in capacity and respond appropriately will be required. The view of some IPs is that UNDP should consider salary top-up to enable the retention of personnel.

## Institutional Arrangements

NIM was the dominant modality for the delivery of support under Outcome 1. Owing to the accounting challenges that were experienced in the country, UNDP opted for direct payment rather than cash transfers. Cash transfers were provided for travel allowances only. Micro assessments of the IPs done in February/March 2009 suggested that there was considerable risk given that audits were late, the electronic accounting system used in government (PFMS) was not operational, and the integrity of the financial database could not be verified. Direct execution (DIM) was utilized for the management of research on the country context and recovery requirements. Projects that were previously operated through Project Management Units (Poverty Reduction Forum and Empretec were phased out).

In working with other UN agencies, there was one joint project (support to ZIMSTAT to undertake specific studies). In undertaking this joint activity the funding modality used was ‘pass through’ with UNFPA receiving and managing the resources on behalf of the partners.

In working with IPs UNDP adopted project boards in some projects and not in others. It appears the adoption of project boards occurred either due to the inclusion of such boards from the design stage or owing to problems encountered during implementation. While project boards are a UNDP corporate requirement for all projects, their institution and operation has not been consistent across projects. UNDP states that the IPs have responsibility for organising, setting up and planning for project board meetings. The extent to which this is clear to IPs is unclear. In one case, the IP held the view that the project board arose out of their displeasure with decision-making delays arising from having a junior staff member as the contact for the project. This suggests that, they had all along not been aware of the requirement to have a project board in place and its role in resolving delays in decision-making.

## External Factors beyond UNDP Control

This report notes that there were delays in delivery and that some of these were beyond the control of UNDP. These external factors can be grouped into two: factors affecting programme design and funding; and factors affecting programme operations.

Factors affecting programme design and funding:

* A *highly polarised political environment*, particularly in the early stages of the CPAP. In the polarised environment, there were sensitivities on statistics and lack of consensus on the underlying causes of the crises experienced by the country. Thus, the search for solutions was hampered by a need to couch discussions and the search for solutions within politically acceptable language. Often this meant that statistics that were not officially produced were disputed and Zimbabweans found it difficult to engage in an objective discussion of problems and search for solutions. The highly polarised environment led to civil society being treated with suspicion thereby negatively impacting both the availability of space at the policy table and the input of civil society.
* The holding of *elections and the presidential election re-run in 2008 created a difficult environment* in which much official business came to a standstill. The operations of development agencies were disrupted by uncertainty and a refocusing on issues arising from the conduct of the elections.
* The lack of funding had brought data collection to a standstill. Thus, there was a dearth of official statistics resulting in much discussion being based on old information. For example, both the 2009 Zimbabwe Human Development Report and the 2010 MDGs Progress Report use 2003 statistics for poverty data. There were also *marked disparities between official statistics and those produced by independent bodies* (most notable among such disparities were figures on inflation at its peak, levels of unemployment, and numbers of migrants that had left the country, among others.
* The *policy of non-engagement with the Government of Zimbabwe among donors* resulted in several parallel processes focused on recovery and reform. For example, while GoZ was engaged in the development of its own recovery plans, the World Bank through the Multi-Donor Trust Fund was developing a separate recovery strategy (Zimbabwe Economic Recovery Framework) that was premised on re-engagement and availability of donor support.

At implementation level there were several challenges including the following:

* The deterioration of the local currency that led to the Public Finance Management System (PFMS) being unable to cope with the many zeros and resort to manual accounting. This combined with multiple exchange rates and hyperinflation severely *eroded the integrity of financial accounting system and reports.*
* Where funding for activities was made available to the government, implementation of activities was hampered by the *shortage of bank notes* as well as the *scarcity of commodities* including fuel.
* In many government institutions *operational budgets were non-existent* meaning that the government was unable to fund its part of planned activities.
* Inadequate funding on the part of government meant that there was *limited repairs and maintenance or replacement of equipment*. Thus, the infrastructure needed for implementation was dilapidated.
* Some implementing partners faced *staff shortages* arising from high vacancy rates and absenteeism. In some instances promotions were made but the *staff did not have the skills* to perform the tasks expected of them.
* Many activities planned outside the capital could not be conducted owing to *transport shortages*.
* In the 2007-2008 funds that were in *foreign currency and held in local accounts were not always readily available* for withdrawals and in some instances were ‘borrowed’ by RBZ without engagement of the owners of the funds. Thus, many organisations operated bank accounts outside Zimbabwe and made payments directly from such accounts. While this arrangement reduced the risk of loss of funds, it also meant that in the case of payments emanating from accounts based in the USA, any payments made to government ministries or companies linked to targeted individuals or institutions would be frozen.

## UNDP Partnership Strategy

In pursuing the achievement of Outcome 1 UNDP has engaged in partnerships with government ministries and agencies, UN agencies, donors, World Bank, the AfDB, and to a limited extent, civil society organisations. National Execution remains the principal modality for programme implementation. Reference has been made through the report to the various initiatives in which UNDP developed partnerships. In this section, the report focuses on the management of partnerships.

### Relationship with government partners

The relationship between UNDP and Government Partners has largely remained focused on individual implementing partners. There currently does not exist a functional forum[[31]](#footnote-32) that allows for IPs to be engaged in dialogue and exchange of information and experiences in the implementation of their programmes. Better utilisation of spaces for interaction would create the possibility of partners identifying possible synergies, form the basis for support to inter-ministerial work (key for some MDGs), facilitate discussion and resolution of common problems, and provide MoF as executing agency with overview information on the implementation status of projects[[32]](#footnote-33). The Ministry of Labour and Social Services has a project board for interaction with UNDP. The project board is reported to have resolved some key challenges at its very first meeting[[33]](#footnote-34).

A major concern is the criteria for choosing implementing partners. In theory it is based on the mandate and capacity of the IP. In practice, however, the actual and existing capacity of the IP is overlooked. At times, IPs lack the skills to carry out a task or simply lack the manpower to take on a project. Existing staff are often burdened with additional project work in addition to their daily tasks. It is ideal to build the capacity of partners so that they are more effective in the long term but such activities should be planned as part of the CPAP and tabled as part of the programme planning consultations in order to avoid delays in project implementation.

A challenge that is as yet to be resolved is one created by differences in the operational approaches and processes between GoZ and UNDP. A key source of frustration of IPs has been the amount of time it takes to approve projects. Implementation is said to often begin in March with progress reporting expected in June. Towards the end of the year, UNDP stops making payments ahead of the government cut-off dates[[34]](#footnote-35) and this creates problems with approved activities that cannot be conducted, or suppliers who cannot be paid owing to the closure of UNDP books[[35]](#footnote-36). A consequence has been that plans that initially appear realistic turn out to be ambitious as the effective period for implementation is reduced by to 7-9 months in a year.

IPs also express a concern regarding the ability of UNDP to respond to requests that are relevant but outside the annual work plan. The concern here is that UNDP cannot respond quickly. Examples cited included situations where an IP may need short-term consultancy support to fill an information need, and situations such as the completion and launch of the MTP that now requires a shift in focus away from planning to M&E and calls for an M&E expert to provide support.

The view of MoF as executing agency is that a number of issues could be resolved if UNDP made cash transfers to the National Development Fund. The improvements in the PFMS that UNDP and other actors have supported were cited as justification to consider this option. The soundness of the systems for cash transfers has been subjected to a number of separate assessments with no clear coordination.[[36]](#footnote-37) The results of the assessments were also said not to have assisted GoZ as MoF indicated they had not seen the results of the 2009 HACT assessment.

### Relationship with UN agencies and donors

The UN in Zimbabwe is only beginning to move towards joint programmes in line with international trends towards a better coordinated approach. The UNDP management and coordination framework is to work closely with key partners. It builds on the reform principles of simplification and harmonization. The relationships between UNDP and UN agencies and donors have been fairly easy to manage owing to their structured nature. Through the existing theme-based structures, issues, challenges, priorities and plans are discussed. Coordination and collaboration have been enhanced with evidence of movement towards joint programming beginning to emerge. But more still needs to be done to take joint programming forward. The UNDAF already provides an ideal platform – as the strategic UN country framework – for UN agencies to work together based on their mandates and capacities. UNDP has undertaken joint programming with other agencies in the provision of support to the Zimbabwe Demographic and Health Survey (ZDHS). For the ZDHS, UNFPA was the managing agent and funds were pooled. Presently, there is potential for joint programming for the PICES and the national census. In the work in support of the PICES, UNDP is the lead agency with UNFPA and UNICEF as participating agencies. In this work, UNDP could improve its focus on processes by ensuring that the joint initiative reflects the principles of joint programming, that is: having a formal MoU,[[37]](#footnote-38) a steering committee, common work plans, common budget and clear roles for agencies involved.

Issues of inadequate focus on supporting enabling processes also arose in relation to the production of the ZHDR, MTP and MDG Progress Report. For example, the MDGs Progress Report that has always been done through the work of thematic groups in which UN agencies take the lead based on their mandates. However, in 2010, UNDP produced an MDG Status Report with consultants. The difference between the process of producing the Progress Report and Status Report may not have been understood by other UN agencies, who hold the view that UNDP shifted the process from being participatory to a consultant led process. There is need for UNDP to balance the production of outputs with good processes in which the role of UNDP is more facilitative and creating space for expertise from various agencies to be brought to bear.

There is need for UNDP to ensure that all of its collaborative arrangements are formalised. While there are several examples of work that involves multilateral agencies, the extent to which these arrangements have been formalised remains unclear. The African Development Bank (AfDB) for example states that there is an MoU between ADB and UNDP at headquarters level, but this is said not to be formalised. Moreover, there is no MoU at country level. The formalisation of collaborative arrangements will not only improve institutional memory but also formalise the work that UNDP does through influencing the practices and approaches of other actors.

The role of UNDP in coordinating the UN to operate as one UN will be particularly important in mobilising support for key components of the MTP. Currently only three Excom agencies (UNDP, UNICEF and UNFPA) are obliged to implement HACT and joint programming. Standing the MTP in good stead of implementation will require the expansion of participating agencies. Beyond issues of UN agency participation is the need for the adoption of sector-wide approaches to facilitate coordination and efficient resource utilisation. GoZ is looking to UNDP to support processes that strengthen the channelling of resources towards implementation of the MTP.

### Relationship with civil society and the private sector

The relationships between UNDP and the private sector and civil society exhibit major weaknesses. Engagement has largely focused on periodic engagement related to input in government policy processes. Programming with this group of stakeholders has not been well developed. While there are obvious opportunities to support more active engagement by the sectors in alternative analyses and advocacy, investment in such efforts has not been made. Past civil society partners have complained of inadequate and late communication on decisions. For example, in the termination of the relationship with the Poverty Reduction Forum there was no prior notification on the decision that UNDP had reached. Regardless of whether PRF was an official IP[[38]](#footnote-39), after a 10 year partnership in which PRF produced ZHDRs and undertook popularisation and advocacy around the same, a decision to cease support was made and communicated at short notice. This not only disrupted on-going work but also created tension as there was no phase out period or clear strategy for phasing out.

## UNDP Strategic Positioning

### Strategic Role

The UNDP role in supporting the achievement of Outcome 1 of the 2007-2011 CPAP has been in keeping with the Regional Bureau for Africa (RBA) strategic focus on capacity development for pro-poor growth and accountability (CD-PGA). In providing support, UNDP has remained focused on continued engagement at a time when relations between government and the donor community have been frosty. UNDP has thus remained well positioned to act as broker.

The support to the selected implementing partners has been strategic. Critical areas of government capacity essential for rapid recovery that would have been further eroded have been supported positioning the key government agencies for effective leadership in their respective areas of responsibility.

In policy formulation, UNDP has been able to balance the interests and thrust of the government with stakeholder input through support to consultative processes and commissioned research studies. The engagement of stakeholders beyond the policy formulation has however not received adequate attention. There has been limited strategic support to civil society’s participation in processes such as MDGs monitoring and advocacy. In the view of some, there has even been a reversal from past trends where the Zimbabwe Human Development report was produced via the Poverty Reduction Forum (PRF) through the participation of government, UNDP, academics, and civil society organisations and there was a clear calendar of advocacy events around the report. Civil society entities play a crucial role in monitoring poverty reduction goals. They must be regarded as important users of information and analysis, which would allow them to participate in policy debates. Civil society participation should therefore be seen as a design principle, to be incorporated in all aspects of the MDGs monitoring system.

### Responsiveness

UNDP has been able to identify and support relevant initiatives in the Outcome area. In response to contextual changes, UNDP has had sufficient flexibility to respond to the emerging priorities of the government.

There is less reflection of responsiveness to contextual developments in terms of the position adopted by donors of avoiding support to central government and channelling support to local authorities and civil society organisations.[[39]](#footnote-40) This avenue offered the possibility to strengthen programming at district level and in partnership with civil society organisations working at both national and local levels. There is no evidence that UNDP attempt to respond to this reality and faced constraints. What is evident is an attempt to engage in district level activities via support to a central Ministry. The engagement was at arm’s length with no clear strategic support to the initiatives at sub-national level. Although governance received considerable donor support during the period of the CPAP, it is difficult to believe that well formulated local level and civil society led initiatives to strengthen capacity for MDGs planning, action and monitoring would not attract donor support. The inability of UNDP to provide leadership in this area was noted by a number of organisations. It is possible that engagement at this level would have created tensions with GoZ but the type of activities undertaken could not have been any more controversial than activities undertaken at this level via the governance related outcome.

### Coordination

Outcome 1 as designed and implemented, represents an area in which there has been limited partner and donor engagement beyond the IPs and UN agencies. Work with other UN agencies has been coordinate via the relevant thematic groups. The scope for further coordination outside the UN theme groups has been limited.

The limit to the possibility of coordination of donor supported initiatives stems firstly from the limited donor interest in supporting development interventions and having a preference for humanitarian assistance. While this is generally true, Figure Secondly, the perception of donors of UNDP may be a key factor. Two issues arise here: UNDP’s operational modality for delivering support (NEX) and perceptions of the agility of UNDP in delivering responses outside of the traditional model of working through the government.

In the polarized operating environment characterized by politicization of development work, the NEx modality can be subject to political capture. Thus, in mobilizing aid for community level work in the Zimbabwean context, international NGOs and agencies utilizing direct execution have been better placed to avoid political capture albeit the frequent demonization by the sections of the government as promoting the interests of the former opposition parties. Conversely, there has been, in the same sections of government a strong sentiment against UNDP having ‘UNDP programmes’ in Zimbabwe with the work of UNDP as fund manager for the GFATM being cited as an example of how UNDP has undermined capacity and abandoned the role that it is expected to play in the country.

The perception of UNDP as lacking agility stems firstly from the NIM modality in the sense that all assistance must be negotiated and the perception of UNDP as bureaucratic and slow in decision-making. A reputation for slow feedback, shifting of goalposts and late payments has not helped the agency’s cause. A third element is that UNDP is perceived as having limited programming capacity to provide the leadership and to monitor outputs against targets and lacking innovation in its approaches. The limited success with community level work has not done much to alter these perceptions.[[40]](#footnote-41)

## Summary of the Main Findings

1. *The 2007-2011 CPAP was implemented during a particularly difficult period* during which Zimbabwe experienced massive economic decline, political tension, worsening poverty, and the withdrawal of donor support for development work.
2. *UNDP maintained its support for poverty reduction work* at a time when the relationship between the government and donor community was complicated by political tensions and the withdrawal of support for development. This continued engagement proved valuable in strengthening the capacity of UNDP to engage the government in dialogue.
4. *The statement of the outcome was weak, not time-bound and with open-ended deliverables.* Further, the outcome was stated differently in different parts of the CPAP and lacking a focus on developmental results[[41]](#footnote-42). The key elements of the outcome statement repeated what is expected to be good practice in all UNDP programming and did not confine the outcome to the life of the CPAP.
5. The absence of a situation analysis at the development and start of the programme meant that, other than country trends, *there was little shared analysis of the problems* in the selected outcome area and as such little guidance as to what would constitute an adequate programme of support. The problem was further reinforced by the definition of the outcome and a set of indicators that did nothing more than confirm delivery of outputs.
6. In so far as the outcome is defined to focus on capacity building and the delivery of structures and products to facilitate actions towards the attainment of MDGs by 2015, *considerable progress has been made*. If however the focus is extended to look at the contribution of these products to the pace of progress towards the MDGs then *the products produced to date are relevant and instrumental* to the attainment of results but are yet to deliver results in terms of evidence of improved action towards the attainment of MDGs.
7. The evaluation finds that *the support of UNDP was relevant in relation to the needs of the country* and in the form in which it was delivered. The approach focused on strengthening ownership and building capacity at a time when the Government of Zimbabwe was experiencing severe capacity limitations.
8. *The support provided by UNDP was effective in building capacities* and strengthening the capacities to undertake mandates that are important for effective programming to realise the MDGs.
9. While *there were some inefficiencies* that were caused by factors beyond the control of UNDP especially in the 2007-2008 period, several others were within the control of UNDP. Key among these were delays in decision-making, the persistency of payment delays, and inadequate coordination and synergy of support to the same partners within UNDP programmes.
10. The capacities that have been built through UNDP support and their utilisation hinges on several factors key among which is the availability of funding to implement developed policies and implement programmes for which capacity has been developed. *Sustainability is predicated on success in demonstrating value, mobilising resources, and retaining skilled personnel*.
11. The work in this outcome area has remained narrowly focused and lacked new partnerships outside the traditional realm of UNDP work in Zimbabwe. Thus, *the engagement with civil society and the private sector on this outcome has been weak and unresponsive to trends in donor practices* and interests in the country.
12. *Monitoring and documentation have been weak* creating voids in information. While processes have been central in the work of UNDP, progress reports[[42]](#footnote-43) have offered little by way of analysis of the processes, their trends and implications for UNDP. There has not been a deliberate effort to create institutional memory.

Overall, the expected outcome represents the type of outcome that UNDP commonly supports within its focal areas. UNDP is well positioned to support the government to take forward the implementation of the MTP. The key challenges are to find creative solutions to constraints that have affected the implementation of previous plans and ensure that the MDG focused aspects of the MTP are translated into action plans that are implemented effectively. A major challenge of Zimbabwe is that large number of government agencies are fragmented and have overlapping authorities. There is a need for an institutional framework that will govern the division of roles, responsibilities and resources between the agencies.

# Lessons Learned

This section of the report presents a selection of lessons that have been identified through the evaluation of Outcome 1.

1. **In highly contested political environments there is need for good political analysis and management to minimize waste of resources.**

In highly politicized environments few decisions and investments are purely technical. In the absence of accompanying political analysis there is a high risk of resource wastage through support to initiatives whose implementation feasibility is compromised by political considerations For example, building consensus for and ensuring implementation of a programme may hinge not only on the need for the programme but also on the extent to which there is buy-in into the programme across the spectrum of political actors.

1. **Working with coalition governments is a balancing act that requires thorough analysis and investment in political buy-in.**

In working with coalition governments it is important to take into account the positions of all members of the coalition and find the right balance between the interests of the general population and the interests of politicians. When agreements are reached with a part of the government that has a mandate for an area of work it may not necessarily represent buy-in by the government as a whole. To date, UNDP has done well in ensuring there is a balance. There is need to continue to utilise political intelligence and engage all key stakeholders to improve the possibility of success.

1. **In formulating responses in long-drawn out crisis situations in which there is a stand-off between the government and donors UNDP needs to strike a strategic balance between the NIM and the need to mobilise resources in support of the population.**

In undertaking work in the area of governance and HIV&AIDS (as GFATM Principal Recipient), UNDP has struck the balance between NIM and DIM needed to retain its position as a trusted broker but also advance the interests of the population by supporting other critical players. Direct execution may be a useful modality in facilitating innovative work that expands engagement and contribution to national affairs. UNDP has utilised the DIM to support research that has been central to dialogue on economic recovery.

1. **Civil society and the private sector have a legitimate role to play and clear strategies for their engagement need to be in place. In evolving governance environments there is need to define and operationalize operational models that facilitate the participation of civil society and the private sector.**

The engagement of civil society and the private sector in analysis, dialogue and the design and implementation of actions to address the challenges facing Zimbabwe has been limited. A key challenge has been the reliance on mechanisms for engagement in state-driven processes without adequate attention to enable these actors to have their own processes that would allow them to develop and push for their own positions and programmes. Work on advocacy has suffered the most as under the NIM modality as attempts at advocacy have been via projects with the government who by the nature of their role are the targets of advocacy work.

1. **Considerations of political sensitivity can negatively affect documentation and weaken institutional memory and learning.**

The Zimbabwean operating environment has been unique and challenged all actors to develop new skills and ways of doing business. An opportunity to learn and inform UNDP work in similar contexts may have been lost to weak documentation and analyses that have not been utilized to interrogate and strengthen internal systems and processes. While the political sensitivity surrounding many issues in Zimbabwe is appreciable, responsiveness to such political sensitivity needs to be balanced with management responsibility including the responsibility to strengthen institutional memory, accountability and learning.

1. **The lack of an active common forum of all IPs can delay the resolution of common issues and negatively affect programme delivery**

While UNDP guidelines provides for Projects Boards, these have not been consistently implemented at the start of projects. Furthermore, while the Ministry of Finance has the responsibility to bring together all projects supported in the partnership with UNDP in all forums for the purpose of resolving common challenges affecting projects, the forum has not been consistently convened. This has led to delay in resolution of some issues.

1. **Operating in silos can result in programme clusters operating at cross-purposes or failing to create synergies.**

The synergies between UNDP’s programme pillars has been less than optimal creating the risk of components working at cross purposes or failing to take advantage of potential synergies. The placement of personnel engaged in work across the organisation in programme pillars creates the risk of underutilisation of the skills base available within UNDP. Programming could benefit from improved sharing of information and objectives across the programme pillars.

1. **M&E needs to be planned for as a distinct component of the CP and implementation of the plan be closely monitored at the highest level of the organization.**

The NIM modality in pursuing national ownership may be contributing to weak M&E in UNDP as there is an implicit assumption that M&E should be undertaken by the IPs and UNDP’s role is to ensure financial accountability. In many instances IPs do not have the capacity to undertake sound M&E. To strengthen both the commitment to M&E in UNDP and capacities of IPs to undertake M&E, it is necessary for the UNDP CP to include a component on M&E focusing on planning for M&E, building capacity for M&E, and Implementation of planned M&E activities. Accountability for the execution of the plan should be at placed at the highest level.

1. **There is value in constructing and documenting problem analyses and a results logic model even when these are not required as part of the formal process of programme planning.**

Key observations in this document have focused on the weakness of the outcome statement and its implications for the analysis and guidance of the work supported by UNDP. While the work has been relevant, it could have been strengthened through undertaking and documenting problem analysis and developing a logic model for an effective response. This would not only contribute to the clarification of assumptions but also improve risk analysis and monitoring further strengthening the programme design.

1. **Work below the national level requires that UNDP invests in capacity for engagement at this level including the development of guidelines and examples of how IPs are to work with local authorities.**

Activities focused on MDG localization have been fairly weak throughout the implementation of the CP. While the responsibility for this scenario can be placed with the central government IPs (MoLSS and MoLG), there has not been evidence of UNDP’s clarity and capacity to support work at this level. In the absence of clear guidance from UNDP on how to undertake work at this level and do so in a way that strengthens local capacities, it is highly unlikely that the central ministries will facilitate processes that result in and reflect local empowerment. A stronger investment in documentation and learning about models and approaches that work would benefit UNDP’s efforts localizing MDGs and strengthening accountability for delivery on commitments.

# Conclusion and Recommendations

The evaluation concludes that considerable progress has been made towards the achievement of **Outcome 1: Enhanced National capacity and ownership of development processes towards the attainment of MDGs by 2015.** The operational context lead to a reduction in the effective implementation period of the CPAP by as much as 18 months. However, the work under this outcome could have benefited from a number of improvements including: a definition of the outcome reflecting greater ambition (a focus on developmental results); stronger political analysis; better monitoring, documentation and evaluation; stronger pursuit of synergies between programme components; a wider partnership base (including civil society, private sector and local authorities as direct partners); greater flexibility in the choice of support modality; and greater management attention to internal limitations on programme delivery.

***Recommendations***

To resolve the issues identified in this report the following recommendations are made:

1. **Formulate the next programme to consolidate on the gains made in the CPAP 2007-2011 outcome 1.**

*Summary of related finding:* The results achieved under Outcome 1 are instrumental but inadequate to bring about development level results. Late delivery has been a major limitation. Additional support initiatives are required to assist the Government of Zimbabwe to implementation and manage delivery on the MTP. Past plans have floundered due to lack of resources to support implementation.

*Key actions should include support for:*

1. The translation of the MTP into specific programmes to accelerate progress on the MDGs
2. The development of a funding strategy in support of MDG specific programmes
3. The development of an M&E plan focused on MDGs
4. Improvement of the utilization of RBM in the public sector at both national and sub-national levels. The support provided should be within the context of public sector reforms and take into account current challenges in improving accountability for results[[43]](#footnote-44).
5. Strong measures to build the required business environment for a strong and dynamic private sector, including launching a series of reforms as part of the MTP roll out plan. UNDP is well placed to ensure that such reforms provides an environment that is conducive for private sector development
6. Broad public sector reforms including human resources audits, strengthening human-resource capacity, revising standard operating procedures, clarifying job descriptions and job grading, enhancing performance incentives through greater pay and promotion linkages, and improving human-resource management functions. This could be initially limited and scope to specific sectors, then gradually broadened
7. **Broaden partnerships for the implementation of MDG specific programmes to include local authorities, civil society and the private sector.**

*Summary of related findings:* The work in Outcome 1 has had a narrow partner base. There have been challenges in engaging with civil society. Key roles that could be played by civil society have been absorbed by central government thereby reducing the efficacy of advocacy and localisation of MDGs.

*Key actions should include:*

1. Develop a broad partnership strategy that aggressively seeks to widen the range and variety of partners. The strategy should be accompanied by a clear guidance on roles, engagement and phase out strategies, and delivery modalities for working with local authorities, civil society and the private sector
2. Separate advocacy work from government’s delivery and monitoring functions. Advocacy is best undertaken by civil society. Admittedly, UNDP cannot deliver everything in such difficult environment, and should find ways to work smarted to deliver priorities, especially those that is outside its purview
3. **Maintain a balance between outputs and processes**

*Summary of related findings*: UN agencies and some IPs express concerns that UNDP has at times focused on outputs without adequate attention to and investment in processes. Specific examples include the use of consultants and by-passing of UN theme groups in work that ought to involve a number of agencies. Other examples include the lack of documentation and formally defined processes for joint programmes, and undocumented collaborative work.

*Key Actions should include*:

1. Adoption of a facilitation role in inclusive processes for the production of national reports
2. Improved adherence to the guidelines for joint programming, and
3. Formalisation of collaborative processes with other development actors through memoranda of understanding.
4. **Improve programme planning within UNDP.**

*Summary of related findings:* There has been limited use of problem analysis. Outcomes are poorly defined and indicators do not capture progress on outcomes but rather tend to confirm delivery of outputs. Risks are not adequately analysed and there is room for synergy between programme components.

*Key actions should include:*

1. Strengthening capacity for Results-Based Management
2. Improving problem analysis and analysis of assumptions and risks at the outset of the new programme.
3. Inclusion of risk monitoring and reporting as part of regular project/programme reporting
4. Improving programme planning and review meetings that examine UNDP programming in its entirety to ensure opportunities for synergy are identified and possible areas of conflict addressed.
5. **Improve Monitoring, Evaluation and Documentation**

*Summary of related findings:* Monitoring, documentation and evaluation have been weak. There has not been adequate investment in M&E capacity within UNDP and among IPs.

*Key actions should include:*

1. Developing a CPAP M&E framework and documentation plan that can be used as a basis for tracking programme delivery.
2. Plan for M&E as a specific component of the CPAP that supports capacity building and the undertaking of M&E activities by both UNDP and IPs.
3. Invest in dedicated CO M&E capacity from the outset of the new programme.
4. Ensuring that M&E and documentation include process analysis.
5. Improve documentation of decisions and related justifications.
6. **UNDP should improve accountability to partners**

*Summary of related findings:* UNDP has made decisions to reduce resources against signed workplans without engaging the affected IPs. Where decisions to terminate support have been made, there appears not to have been good communication with the affected IP nor a clear exit strategy that is known to the affected IP.

*Key Actions should include:*

1. The development of a clear partnership strategy that includes an exit plan.
2. Strengthening interaction and communication between UNDP and IPs especially when unilateral changes are anticipated.
3. **UNDP should take measures to resolve constraints to timely decision-making and funding**

*Summary of related findings:* IPs have experienced considerable delays in decision-making and payments. In some instances the solution have been found through the work of programme boards[[44]](#footnote-45) that facilitate senior level interaction.

*Key actions should include:*

1. Analysis by UNDP of the causes of payment delays and decision-making delays
2. Consideration of conducting micro-assessments with greater frequency to identify opportunities to use cash advances
3. Exploring option to strengthen the utilisation of UNDP/IPs fora to discuss plans, share common challenges and identify solutions and monitor implementation of the CP.

# Annex A: Terms of Reference

Terms of Reference

OUTCOME EVALUATION: Poverty Reduction and Recovery

Country Programme Action Plan 2007 - 2011

**Country Programme**

**Outcome 1:** Enhanced national capacity and ownership of development processes towards the attainment of MDGs by 2015.

**Outcome 3**: Enhanced sustainable livelihoods, recovery and disaster risk reduction integrated into development planning

**A. Background**

The Poverty Reduction Programme (2007-2011) was developed at a backdrop of severe economic and political challenges. The programme was designed to be flexible enough to take advantage of future opportunities as the country recovers from these challenges. The programme was developed to address the ZUNDAF (2007-2011) priorities in line with the Regional Bureau for Africa (RBA) strategic focus on capacity development for pro-poor growth and accountability (CD-PGA) given the centrality of capacity development for Sub Sahara Africa to achieve its development goals and MDG targets. The programme also guided by UNDP corporate strategic focus on a) poverty reduction and MDG achievement, b) democratic governance, c) crisis prevention and recovery and d) environment and sustainable development as well as the UNDP’s comparative advantages. This strategic focus prioritized support to early recovery within the context of the UNDP Policy on Early Recovery.

The Poverty Reduction programme was to support capacity development for early recovery at all levels as well as MDG-based planning and MDG localisation, which were central to the country’s economic and human development. The Programme was to support efforts towards the attainment of the country’s three priority Millennium Development Goals that are related to these three challenges Goal 1: Eradicate extreme poverty and hunger; Goal 3: Promote gender equality and empower women and; Goal 6: Combat HIV and AIDS, malaria and other diseases. The Poverty Reduction programme was to assist the Government of Zimbabwe to design and develop workable and effective solutions for early recovery and continued socioeconomic challenges negatively impacting growth and development. The Programme was to assist the Government in laying the foundations for macroeconomic stability, sustained economic growth and development and poverty-reduction.

Key areas of programme support were to strengthen macro-economic policy through the formulation of medium to long term national poverty reduction strategy i.e. the Zimbabwe Economic Development Strategy (ZEDS) which would serve as the overarching framework for the development of pro-poor social and macroeconomic policies and effective strategies for breaking the nexus, thus, broad-based policy consensus on key social and macroeconomic issues and evidence-based policy formulation systems central to this Poverty Reduction.

Particular attention was to be paid to both early recovery and medium to long term recovery imperatives in Zimbabwe, with the necessary up-stream policy research and advocacy being conducted in order to ensure that international best practices are shared with all national stakeholders. It was to pay particular attention to supporting the coordination of early recovery at all levels through capacity development of the coordination structures in partnership with GoZ, other UN agencies, CSOs and the private sector. More over community recovery interventions were piloted to create capacity for community based planning in districts and locally led early recovery interventions in communities.

The Programme was to deliver its outputs and achieve its objectives by strategizing around three key programme components, viz: Poverty Reduction, HIV and AIDS Mainstreaming and Recovery and Community Livelihoods. Through these components, the Programme will also support internal CO processes through effective advisory services related to its mandate.

**B. Evaluation purpose**

This outcome evaluation is being conducted at the request of UNDP to provide information about the status of the achievement of the stated outcomes to ensure accountability for the overall results of the programme so that UNDP and the Government can draw lessons from the programme to influence the programme for the next cycle.

**C. Objectives and scope of the Evaluation**

* Evaluate the impact of UNDP interventions and its contribution in building national capacity for efficient, accountable and inclusive poverty reduction interventions.
* Assess the appropriateness and relevance of the UNDP strategies in addressing the identified problems and hence contributing to the achievement of the two outcomes.
* Assess if the outcomes have been achieved or will be achieved given the activities supported by UNDP.
* Provide appraisal on the validity/relevance of the outcomes for UNDP supported interventions, and the extent to which the set results and outcomes have or can been achieved;
* Identify gaps/weaknesses in the current Programme design and provide recommendations as to their improvement;
* Identify lessons learnt from previous and ongoing interventions in these areas;
* Assess impact of UNDPs community recovery projects and identify the lessons learnt from them;
* Review and assess the Programme’s partnership with the government bodies, civil society and private sector, international organizations in Programme implementation and comment on its sustainability;
* Review and assess the efficiency of implementation and management arrangements of the Programme;
* Review achievements undertaken by the Programme up until now and assess what they have achieved and their sustainability;
* Review links/joint activities with other UNDP Programmes and UN Agencies and how these have contributed to the achievement of the outcomes;
* Provide recommendation on how best to implement the CPAP outcomes and its planned interventions.

## Expected outputs and deliverables

The evaluation team is expected to produce two Outcome Evaluation Reports – one per outcome - that highlights the findings, recommendations and lessons learnt, and give a rating of performance. These reports should follow the Outcome Evaluation Report Template and include all sections recommended therein (see attached template). The evaluators are also expected to produce an inception report, draft reports and a presentation of the draft reports.

## *Scope of the Evaluation*

The evaluation will cover the time from the start of the country programme, 1 January 2007, up until 30 April 2011, and cover all relevant stakeholders and beneficiaries.

Questions guiding the evaluation

*Outcome analysis*

* Are the stated outcome, indicators and targets relevant for the context, needs and priorities in Zimbabwe, and those of UNDP?
* What is the current status and prospects for achieving the outcome with the indicated inputs and within the indicated timeframe and resources?
* Are the outcome indicators chosen relevant and sufficient to measure the achievement of the outcomes?
* What are the main factors (positive and negative) within and beyond UNDP’s interventions affecting the achievement of the outcome? How have or will these factors limit or facilitate progress towards the outcome?
* Are UNDP’s proposed contributions to the achievement of the outcome appropriate, sufficient, effective and sustainable?
* How have other partners contributed to the achievement of the outcome and how instrumental has UNDP been in rallying this contribution?
* How has UNDP influenced policy, institutions and cultural factors in addressing the outcome?

*Output analysis*

* + What are the key outputs that have been or that will most likely be produced by UNDP to contribute to the outcome? Please demonstrate causality linkages between outputs produced and the achievement of the outcome
  + Are the UNDP outputs relevant to the outcome? Have these outputs contributed to the solution?
  + What are the quantity, quality and timeliness of the outputs? What factors impeded or facilitated the production of such outputs?
  + Are the indicators appropriate to link these outputs to the outcome?
  + Has sufficient progress been made in delivering the UNDP outputs?
  + To what extent has UNDP’s ability to advocate best practices, and influence integration of international standards into national policies and plans been adopted/successful?

*Output-outcome link*

* Can UNDP’s outputs or other interventions be credibly linked to the achievement of the outcome? Causality linkages
* What are the key contributions that UNDP has made/is making to the outcome?
* With the current interventions in partnership with other actors and stakeholders, will UNDP be able to achieve the outcome within the set timeframe and inputs?
* To what extent has UNDP been able to contribute to the development of national capacity in a sustainable manner?
* Has UNDP been able to respond to the changing context circumstances to remain relevant with regards to the outputs?
* What is the prospect of the sustainability of benefits as a result of UNDP interventions related to the outcome?

*Resources, partnerships, and management analysis*

* + Were partners, stakeholders and/or beneficiaries of UNDP assistance involved in  
    the design of UNDP interventions in the outcomes area? If yes, what were the  
    nature and extent of their participation? If not, why not?
  + Are UNDP’s management structures and working methods appropriate and likely to be effective in achieving this outcome?
  + Does the project and institutional arrangements foster sustainability?
  + Has the intervention developed the necessary capacities (both human and institutionally) for sustainability

*Recommendations*

* If supported by the above analysis, how should UNDP adjust its programming, partnership arrangements, resource mobilization strategies, working methods and/or management structures to ensure that the proposed outcome is fully achieved?
* If supported by the evidence from the evaluation what corrective actions are recommended for the new, ongoing or future UNDP  
  work in the same area?
  + How the Programme most effectively continue to support the national partners in achieving effectively responding to poverty reduction and service delivery capacity of the state institutions? Should the programme continue? If so what would be the most effective support that the partners should provide in order to effectively respond to poverty reduction issues.

***Products expected from the evaluation***

The key products expected from this outcome evaluation are two comprehensive analytical reports that includes, but is not limited to, the following components:

* Executive summary
* Introduction
* Description of the evaluation methodology
* Analysis of the situation with regard to outcome, outputs, resources, partnerships, management and working methods
* Key findings
* Conclusions and recommendations for the future program implementation (See UNDP Guidelines for outcome evaluators for more detailed information.)

Since the two outcomes at hand are closely interlinked, and are conducted by the same evaluation team, it will be expected that parts of the reports contain the same information and analysis. Nevertheless, two separate evaluation reports, one per each of the country programme outcomes, will be required.

At the start of the evaluation, an inception report will be required, detailing evaluation scope, methodology, including data collection methods as well as approach for the evaluation.

***Audience***

## **The evaluation is intended mainly for UNDP Zimbabwe CO, Government partners and other stakeholders.**

**D. Description of the context**

The CPAP Outcome 1 focused on strenghtened national capacities to formulate, monitor and implement pro-poor policies with 3 major outputs centred on (i) MDG-based national development andpopverty reduction strategy (NDPRS) formulated and implemented (ii) strenghtened capacity of all relevant ministries in pro-poor and MDG-based sector policy analysis,formulation and implementation and (iii) national MDG monitoring system established and operationalised( including timely dissemination of PASS, HDRs and MDG reports).

The CPAP Outcome 3 focused on enhanced sustainable livelihoods, recovery and disaster risk reduction interated into development planning with 3 outputs focusing on (i) vulnerable communities capacitated to attain sustainable livelihood, (ii) youth livelihoods enhanced, (iii) Policy frameworks and capacity of key disaster institutions strengthened and DRR ,mainstreamed into development planning.

The achievements of these outcomes have to be evaluated in the context of operational challenges underlined by the deep political and economic crisis experienced in 2007 -2008. Consequently, delivery on the targeted outputs towards the achievement of these outcomes only started in 2009 after the formation of government of national unity and the launching of the STERP in March,2009. The crisis exacerbated the declining socio-economic conditions due to the hyperinflation and negative GDP growth therefore creating a humanitarian situation. Subsequent efforts were directed at stabilization and transitional support to recovery while ensuring flexibility in the delivery of the programme.

The 2007-2011 CPAP mid-term review has highlighted on the major achievements with regard to these outcomes as well as some of the challenges in the implementation. Notably, considerable investment was directed towards the formulation of robust macro-economic policies culminating to a draft Medium Term Plan 2011-2015.The production and disssemination of analytical economic research papers asisted in proffering suggestions and policy options for stabilization and recovery.There is recognition that a full recovery is also predicated on the need to re-engage with the donors and international community to guarantee a development assistance framework that holistically adddress some of the challenges identified under these outcomes. The launch of the aid coordination policy and its subsequent implementation provides a coherent framework for engaging the dvelopment partners as well as a transparent and accountable platform for managing aid effectiveness .

Overally, the results of these outcomes are key to the sustainable growth and development of the country with significant impact on poverty and human development. The evaluation should therefore decipher the impact of the interventions based on tangible results both qualitative and quantitative.

**E. Methodology**

Overall guidance on outcome evaluation methodologies is provided in the *UNDP Handbook on Monitoring and Evaluation for Results* and the *UNDP Guidelines for Outcome Evaluators*.

Based on these guiding documents, and in consultation with UNDP Zimbabwe, the evaluators should develop a suitable methodology for this specific outcome evaluation.

During the outcome evaluation, the evaluators are expected to apply the following approaches for data collection and analysis:

* Desk review of relevant documents (list and documents provided see attached)
* Discussions with UNDP Zimbabwe senior management and program staff;
* Interviews with key informants of partners and stakeholders including government partners;
* Consultation meetings and interviews:
* Interviews with relevant projects’ staff
* Interviews with partners
* In-person interviews and focus groups with local institutions, local authorities, NGOs and a sampling of communities and stakeholders

**F. Evaluation Team**

The Evaluation Team will consist of three consultants: one international consultant (team leader) and two national experts. Under the direct supervision of UNDP Assistant Resident Representative, the Evaluation Team will conduct a participatory outcome evaluation.

# AnneX B: List of Persons Interviewed

ACBF Ms. M. Dengo, Programme Officer

AfDB Dr. M. Ojelade, Head Zim-Fund

AfDB Mr. M. Bawumia, Resident Representative

AfDB Ms. C. Onukogu, Country Programme Officer

ILO Mr. A Chinomwe, Programme Assistant

MoEP&IP Dr. D. Sibanda, Permanent Secretary

MoEP&IP Ms P. Yakobe, Principal Economist

MoF Mr. B. Raisi, Principal Economist, International Finance

MoF Mr. J. Masiyane, Deputy Accountant General

MoF Mr. Mawoyo, Senior Accountant

MoF Mr. S. Zharare, Deputy Director, Domestic and International Finance

MoF Mrs M. Makuwaza, Director, Domestic and International Finance

MoLSS Mr. S. Mhishi, Director, Department of Social Services

MoRIIC Mr. B. Mupuriri, Director, International Cooperation

MoRIIC Mr. Chimanikire

MoRIIC Mr. P. Chali, Acting Deputy Director, international Cooperation Department

NANGO Mr. C. Zinhumwe, Executive Director

PRF Trust Mrs. J. Kaulem, Executive Director

UNDP Mr. J. Wakiaga, Economics Advisor

UNDP Mr. Udo Etukudo, Economic Advisor

UNDP Dr. A. Zinanga, ARR, Poverty Reduction & HIV/AIDS

UNDP Ms. D. Nyamukapa, Programme Officer, Gender

UNICEF Dr. Wei Ha, Economist

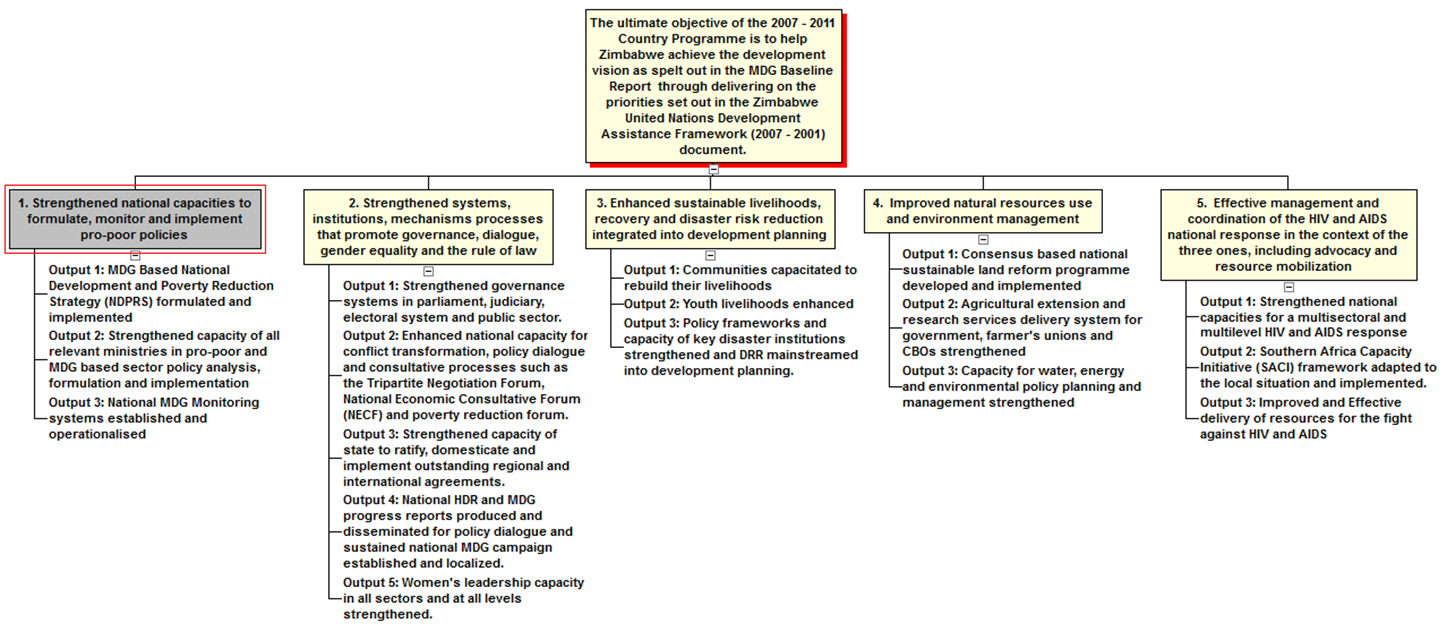
UNICEF Mrs. J. Nhliziyo, Project Officer

UNFPA Mr. P. Mlambo, Programme Manager, Population and Development

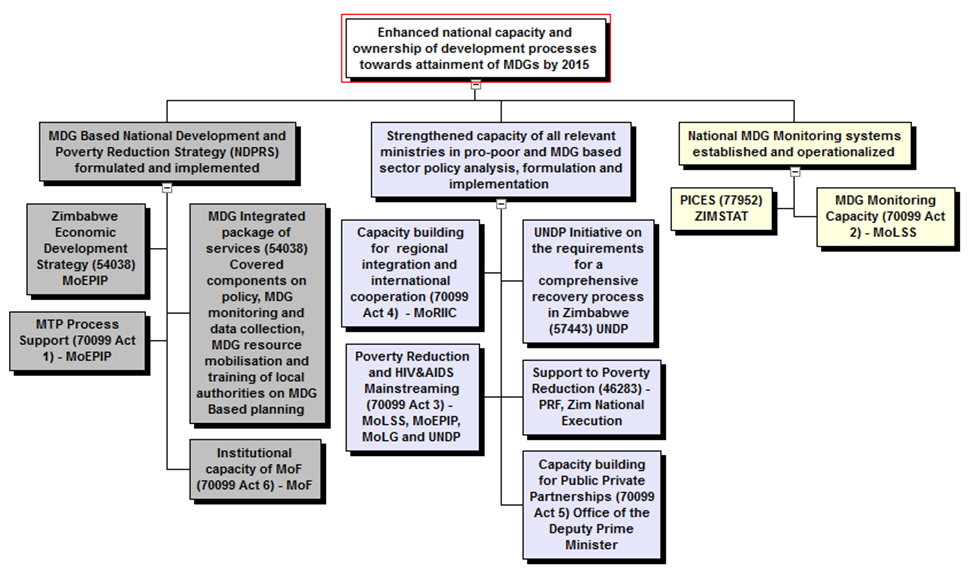
World Bank Ms. N. F. Piffaretti, Senior Country Economist

ZIMSTAT Mr M. Nyoni, Acting Director

# Annex C: Overview of the Country Programme as presented in the CPAP



# Annex D: Programme Tree Outcome 1 (ZWE Coresult 40) projects 2007-2011



Notes:

1. Projects included in the Zimbabwe Programme tree under Outcome 1 that have been excluded from the illustration above: 00015714 (Strengthening national capacity for economic planning); 00015717 (Information and communication); 00015703 (Support to Empretec); 00015692 (Technical support); 00015712 (National Poverty Assessment Study Survey) and 00015702 (Support to Poverty Reduction Forum).
2. Projects 00015717, 00051692, 00015712 and 00015702 are projects that were either completed prior to 2007 or were incorporated into new projects and did not have standalone annual workplans in the CPAP period.

Project 700099 Activity 3 included components related to all three Outcome 1 outputs as well as Community Recovery and Rehabilitation, and HIV&AIDS mainstreaming. Responsible parties included IPs and UNDP.

1. Some IPs stated they were not aware of the evaluation, documentation provided was incomplete, planned schedules were not adhered to, among other challenges. [↑](#footnote-ref-2)
2. It is noted that the Outcome statement was taken from the ZUNDAF and used as was in the UNDP CPAP. Capacity development is a strategy while country ownership is a principle of UNDP work. Thus, stating these as outcomes at programme level treats them as ends rather than means to an end. The ends to be achieved remained undefined but implicit in the outputs. The indicators selected at outcome level confirm delivery of the outputs rather than describing the changed situation in relation to the stated outcome, that is, offer a confirmation of the strategy for bringing about the result rather than measuring the result. [↑](#footnote-ref-3)
3. The ZUNDAF was developed on the basis of an MDG progress report. Given the goal-based nature of the MDG reports and the limited analysis of the underlying causal factors beyond those that are goal–specific, the MDG report offers little by way of specifying performance problems and future objectives for the planning for and management of MDG delivery. A consequence of this scenario is that the framework for tracking performance is weakened and the range of important activities unlimited and the guidance on the choice of what is strategic lacking/unclear and/or subject to varied interpretation. [↑](#footnote-ref-4)
4. UNDP states that a number of trainings on RBM and M&E have been conducted for IPs and that under the NIM the ultimate responsibility for the quality of reports lies with the IPs. [↑](#footnote-ref-5)
5. UNDP has previously supported RBM initiatives in Government. There are capacities that can be consolidated and rolled out. There is a willingness in GoZ to continue implementing measures that strengthen the focus on results and undertake the required reforms. The commitment and tools and systems developed with previous UNDP support offer a good basis for further work. [↑](#footnote-ref-6)
6. Programme/project boards are a requirement for all projects but their existence and functioning has not been uniform across projects. [↑](#footnote-ref-7)
7. The CPD predated the UNDP Corporate Strategy resulting in some realignment of the CP in 2009 to conform to the Strategic Plan. [↑](#footnote-ref-8)
8. No Common Country Assessment (CCA) was undertaken as the agreement with GoZ was to use the 2004 MDGs Progress Report as the basis for programming. [↑](#footnote-ref-9)
9. In 2011 there was a re-prioritisation of MDGs for accelerated action. The new priorities are goals 1,2 and the health related goals 4 and 5. [↑](#footnote-ref-10)
10. The preparation of the CPAP was itself not informed by a situation analysis. Instead, the 2004 MDGs Progress Report is cited as providing the basis of country programme formulation. [↑](#footnote-ref-11)
11. *2005 IMF Article IV Staff Report, 2006 National Budget Statement, NDPRS Concept Paper* [↑](#footnote-ref-12)
12. *Central Statistical Office - Zimbabwe* [↑](#footnote-ref-13)
13. *Reserve Bank of Zimbabwe, 2006 Monetary Policy Statement- using old currency values* [↑](#footnote-ref-14)
14. *2005 First Quarter Monetary Policy Statement, Reserve Bank of Zimbabwe* [↑](#footnote-ref-15)
15. *2006 Fiscal Policy and Budget Statement – Ministry of Finance* [↑](#footnote-ref-16)
16. *National Estimates - Ministry of Health and Child Welfare* [↑](#footnote-ref-17)
17. *Zimbabwe Demographic Health Survey 2005 -2006* [↑](#footnote-ref-18)
18. *National Estimates – Ministry of Health and Child Welfare* [↑](#footnote-ref-19)
19. Poverty Assessment Study 2003 [↑](#footnote-ref-20)
20. By October 2008 the local currency had again reached levels where Atlas and banking systems could no longer process transactions which were in trillions and quadrillions. In November the Central Bank and UNDP Treasury authorized the CO to process local payments of vendors in US dollars. [↑](#footnote-ref-21)
21. The Confederation of Zimbabwe Industries (CZI) Manufacturing Sector Survey of 2008 estimates that by 2007 industrial output was less than 30% of its 2003 levels and 75% of industry was operating at less than 50% capacity utilisation. Later estimates suggest further contraction to 10% capacity utilisation. [↑](#footnote-ref-22)
22. A total of USD300 million was realised [↑](#footnote-ref-23)
23. While the Look East Policy is not clearly articulated, it marked an important strategic shift in Zimbabwe’s perspective of cooperation with the West. Instead the country linked itself more and more with Asian partners to forge closer and deeper economic relations. The ‘Look East’ Policy is not a Zimbabwean creation but was initiated by India in 1991 to forge economic, trade, cultural and security cooperation with countries in Asia. [↑](#footnote-ref-24)
24. Attributed to lack of new data. However, in some instances ZIMSTATS disputes the lack of newer data claiming that data available through ZIMDAT is newer than some of the statistics being used. [↑](#footnote-ref-25)
25. The Government committed in 2010 to focus on increased actions to attain the MDGs and the development of such AAPs. One national MDG AAP is already finalized – on MDG 5 – while another one – on MDG 2 – is under development with much support and drive from UNDP. While this information was obtained from UNDP, the MoLSS which is the coordinating ministry on MDGs appears unaware of these developments. [↑](#footnote-ref-26)
26. This is of particular concern in relation to MoLSS who are the coordinating ministry that should be at the forefront of providing leadership, strengthening commitment and ownership of MDGs. [↑](#footnote-ref-27)
27. This particular issue had arisen in 2006 and UNDP had resolved to allow GoZ to proceed with a rapid process with limited consultation whose output would then be assessed in terms of international best practice ahead of any future decision of further support. In 2007 support was resumed but the documentation is inadequate to explain the basis for the resumption. [↑](#footnote-ref-28)
28. However, in 2009 UNDP proceeded to produce the ZHDR with a focus on gender. [↑](#footnote-ref-29)
29. This appears to be an issue that UNDP should have been able to handle early on in the process through participation in the technical guidance arrangements for the production of the ZHDR. [↑](#footnote-ref-30)
30. UNDP had supported the organisation for 10 years prior to the termination of support. [↑](#footnote-ref-31)
31. In keeping with the NIM Guidelines, MoF as executing agency chairs a forum but it has not been effectively utilised to address problems that cut across IPs. The tripartite review meetings were said to happen on an ad hoc basis resulting in MoF becoming aware of problems at project closure rather than during the life of the project. [↑](#footnote-ref-32)
32. Currently MoF approves projects but does not have access to information on implementation status during the life of the projects. [↑](#footnote-ref-33)
33. UNDP states that they had to push hard before the project board was established and note that it is still a challenge to get the meetings organised. [↑](#footnote-ref-34)
34. UNDP closes accounts in November while GoZ authorisations are up to 31 December. [↑](#footnote-ref-35)
35. UNDP could, based on knowledge of its own processes, assist IP pay greater attention to this limitation by not authorising activities that fall beyond the cut-off dates for the closure of its books. [↑](#footnote-ref-36)
36. EU, WB and UNDP were said to have conducted separate assessments. [↑](#footnote-ref-37)
37. UNICEF stated that they had transferred to UNDP $100 000 in support of the PICES. In the absence of a common workplan and budget it is unclear what the basis for the transfer of the funds was. [↑](#footnote-ref-38)
38. UNDP states that PRF was not a legal entity and thus could not qualify to receive UNDP funding, despite being supported during a ten year period. [↑](#footnote-ref-39)
39. Analysis of the funding for activities shows that all the activities were funded via core UNDP funding (TRAC resources). [↑](#footnote-ref-40)
40. See the Outcome Evaluation for Outcome 3. [↑](#footnote-ref-41)
41. It is noted that the Outcome statement was taken from the ZUNDAF and used as was in the UNDP CPAP. Capacity development is a strategy while country ownership is a principle of UNDP work. Thus, stating these as outcomes at programme level treats them as ends rather than means to an end. The end remained undefined but implicit in the outputs. [↑](#footnote-ref-42)
42. UNDP states that a number of trainings on RBM and M&E have been conducted for IPs and that under the NIM the ultimate responsibility for the quality of reports lies with the IPs. [↑](#footnote-ref-43)
43. UNDP has previously supported RBM initiatives in Government. There are capacities that can be consolidated and rolled out. There is a willingness in GoZ to continue implementing measures that strengthen the focus on results and undertake the required reforms. The commitment and tools and systems developed with previous UNDP support offer a good basis for further work. [↑](#footnote-ref-44)
44. Programme/project boards are a requirement for all projects but their existence and functioning has not been uniform across projects. [↑](#footnote-ref-45)