

**United Nations Development Programme, Zimbabwe**



**Musirizwi Irrigation Gravity Weir Site: Community working to harness water**

OUTCOME EVALUATION REPORT

ENHANCED LIVELIHOODS AND RECOVERY AND DISASTER RISK REDUCTION INTEGRATED IN DEVELOPMENT PLANNING

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# LIST OF ACRONYMS

AIDS Acquired Immunity Deficiency Syndrome

CCA Common Country Assessments

CO Country Office

CP Country Programme

CDP Country Programme Document

CPAP Country Programme Action Plan

CRRP Community Recovery and Rehabilitation Programme

CAP Consolidated Appeals

DCP Department for Civil Protection

DCPC District of Civil Protection Committee

DDC District Development Committee

DRR Disaster Risk Reduction

DRM Disaster Risk Management

DSSO District Social Services Officer

GFP Gender Focal Point

GPA Global Political Agreement

GNU Government of National Unity

GOZ Government of Zimbabwe

HACT Harmonized Cash Transfer

HDR Human Development Report

HIV Human Immunity Deficiency Virus

ILO International Labor Organization

IOM International Organization for Migration

ISDR International Strategy for Disaster Reduction

IP Implementing Partner

LED Local Economic Development

LICI Livelihoods Institutional Capacity building and Infrastructure

LLER Locally Led Early Recovery

MDG Millennium Development Goals

M&E Monitoring and Evaluation

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

MoYDEC Ministry of Youth Development and Economic Empowerment

MLSS Ministry of Labor and Social Services

MSMECD Ministry of Small to Medium Enterprises and Cooperatives Development

MOU Memorandum of Understanding

MWAGCD Ministry of Women Affairs Gender and Community Development

NEX National Execution

NGO Non-Governmental Organization

NSC National Steering Committee

OCHA Office for the Coordination of Humanitarian Affairs

PCPC Provincial Civil Protection Committee

PDC Provincial Development Committee

RBA Regional Bureau for Africa

RBM Results Based Management

ROAR Results Oriented Annual Report

RRF Resources and Results Framework

SCC Swedish Centre for Cooperative Development

SEDCO Small Scale Enterprise Development Corporation

SME Small to Medium Enterprise Development

SNV Netherlands Development Organization

UN United Nations

UNCT United Nations Country Team

UNDP United Nations Development Programme

UNESCO United Nations Education, Scientific and Cultural Organization

UNFPA United Nations Female Population Fund

UNICEF United Nations Children’s Fund

UNIDO United Nations Industrial Development Organization

UNV United Nations Volunteer

WDCSCU Women Development Credit and Savings Cooperation Union

ZUNDAF Zimbabwe United Nations Development Assistance Framework

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

## Purpose and Objectives

This outcome evaluation, conducted towards the end of the 2007-2011 Country Programme (CP), 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 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 outcome 3 offers a unique opportunity to reflect upon and learn from the implementation of a programme of support in a complex environment characterized 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.

## Limitations

The evaluation faced a number of limitations most notable among which were: i) conflation of two medium to long term *developmental* results *in the outcome statement,* the implication of which is confusion about whether this is one or two outcome statements, ii) limitations of baseline data for some indicators, iii) no evaluations other than the Mid-Term Review, iv) inadequate documentation, both in quantity and quality, and v) inadequate administrative support to the evaluation team.

# FINDINGS AND RELATED RECOMMENDATIONS

The main findings of the evaluation could be summed up as follows:

## Relevance of Outcome

1. The CP was developed in a complex operating environment, characterized by dynamic changes in the macro-economic, social and political environment. The complex operating context, marked by a population with deteriorating livelihoods and a public sector whose capacity was severely weakened by a brain drain of professional and skilled personnel as well as reduced government revenue for operations and administration, Zimbabwe’s CP outcome was appropriately anchored around early recovery and was germane to the country’s needs during a period when most of the population was in need of support to survive.
   1. Enhancing sustainable livelihoods and recovery was fundamental to ensuring that the population which had become used to receiving handouts from relief organizations would begin to take charge of its recovery agenda through self–driven initiatives.
   2. The prevailing situation in Zimbabwe of increased community vulnerabilities to disasters as a result of increasing poverty and the imminent threat of climate change made it prudent to include DRR within recovery.
   3. In addition to being responsive to the needs of the country, support to the achievement of the outcome is consistent with the UNDP Strategic Plan (2008-2011), which stresses poverty eradication and achievement of MDGs and crisis prevention and recovery as the core strategic focus areas.
2. Whilst the relevance of the outcome is incontrovertible, the definition of the outcome could have been more coherent so as to avoid loading two developmental results into one, i.e. (i) Enhanced Livelihoods and Recovery and (ii) Disaster Risk Reduction integrated into development planning. The complexity arises in part because the outputs reflect only a smaller component of the second outcome relating to DRR. Consequently, issues of reduction of exposure to hazards, lessening vulnerability of people and property, wise management of land and the environment, and improving preparedness for adverse effects have been inadvertently missed, because the tendency was to avoid loading the outcome with too many outputs.

## Status of the outcome

1. Evaluating the extent to which livelihoods and recovery processes have been enhanced in Zimbabwe is a complex exercise chiefly because recovery processes are incremental and the absence of credible data to determine the extent to which household’s livelihoods have improved means the basis upon which a measure of progress is made would be speculative. Using UNDP’s supported interventions in a number of pilot communities as proxy towards the attainment of this outcome, *sufficient evidence exists to suggest that communities’ capacity to drive and own the early recovery process have been strengthened.* The evidence also suggests that there has been marked improvement in the restoration of basic services, livelihoods, shelter, governance, security and the rule of law, and to some extent the reintegration of displaced populations.
2. But there seem to *be little progress on the longer-term outcome of enhancing livelihoods and recovery.* Enhanced livelihoods imply building the capacities, readiness and resilience of exposed societies so they can better handle extreme events. Perhaps it is too early to ascertain such progress because, as a result of the protracted nature of the Zimbabwe humanitarian crisis, interventions during the most part of the CP were generally of humanitarian or emergency nature and tended to be oriented to the short term. The focus was on saving lives and protecting livelihoods, and has therefore been inadequate to address livelihoods in a sustainable manner. The interventions were not necessary structured to stabilize community security and address the complex causes and underlying risks that contributed to the crisis.
3. On the macro level, the policy frameworks and legal instruments are in place as well as increased capacity of key institutions, for example,
   1. The Ministry of Labor and Social Services (MLSS) *exhibits increased capacity to coordinate relief and recovery at national and district levels*. A program unit has been set up to coordinate relief and recovery efforts. The unit plays an important role of ensuring successful implementation of recovery interventions. The support also allowed the cascading of ownership from the national right down to the ward levels.
   2. *Evident capacity exists in the Directorate of Civil Protection to lead disaster management.* With a comprehensive policy framework and bill, Zimbabwe has enabling institutional framework and regulations to deal with DRR at the national, provincial, district, ward and village level. A well knitted network of key stakeholders with a broader understanding of disaster risk management has been formed and ready to engage in disaster risk prevention, risk reduction and disaster management at national and district levels.

## UNDP’s contribution to the outcome

1. UNDP’s contribution to the outcome is through three outputs focused on community capacity enhancement to rebuild livelihoods, youth livelihood enhancement and building capacity of disaster institutions and mainstreaming of DRR. Specific projects were identified for output one; i) Assistance to Under-privileged Rural Populations (AURP); ii) Recovery and Rehabilitation at Household and Community Level (CRRP), and iii) Strengthening Locally Led Early Recovery (LLER). *The three projects have strong inclination toward building national ownership for early recovery, in line with the guiding principles for early recovery, and are appropriately designed to strengthen capacity of communities to drive and own the early recovery process.*
2. Output two has mainly been carried out through the LICI cluster and a number of initiatives have been undertaken, including i) skill enhancement of youth through internship arrangement with informal artisans masters, ii) linking horticulture produce from Youth Group with established horticultural markets and ii) building infrastructure for income generating initiatives. Whilst these were well anchored to drive youth livelihoods, there is little evidence to suggest that these were indeed carried out in a systematic way or if they demonstrably contributed to the overall outcome.
3. Output three specifically aims to build the institutional capacity of disaster institutions through a number of activities, including i) institutional capacity needs assessment; ii) disaster risk assessment; iii) updating the national strategy and plans, iv) updating legislation and developing a comprehensive policy framework and v) strengthening of the institutions involved in disaster management. On the scale on tangibility, *this output is demonstrably attributable to the improved policy framework and capacity of key disaster institution.*
4. Whilst the outputs and strategies have been relevant to this outcome, the work in these areas *could have been strengthened through undertaking and documenting regular problem analysis and developing an outcome based 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]](#footnote-1)

## Progress of strategies and outputs

1. Much has been done to develop the policy frameworks and build stakeholder coordination at the national level. Some level of capacity has been restored in the MLSS. As well, *the placements of UNVs in district offices and the various trainings activated the strategic partnership of the relief and recovery institutions at provincial and district level.* As a result of this strategic alliance, efforts have been undertaken towards harmonized and coordinated capacity building of communities.
2. *The LICI cluster has emerged as an effective platform for joint programming in the recovery sector, which in turn seems to have increased efficiency of output delivery. This is a vital arrangement given the limited funding available country wide for recovery and development needs.* The cluster has been instrumental in increasing the visibility of Zimbabwe with International development agencies, NGOs and the private sector. Overall, the LICI cluster arrangement has created a solid network at national level for recovery support to Zimbabwe. However, the CO as the lead agency of this cluster could use its strategic position to influence members of the recovery working group to document good practice studies and evidenced based research to provide a reliable database for replication, particularly to provide lessons on how to deal with ‘non-war’ protracted crises.
3. A major drawback has been at the early conceptualization of the CPAP when little attention was given to the effective joint planning and conceptualization. Joint planning in the context of Zimbabwe is key given that a large number of government agencies are fragmented and have overlapping authorities. An opportunity has been missed to build synergies particularly in terms of capacity building of communities in disaster preparedness and response. Additionally, and whilst the outputs were well formulated to respond to the needs of the country, the protracted period of the recovery meant people had to rely on donor support for much longer, the consequence of which is worrying sign of “dependency syndrome” in government institutions and communities.

## Challenges to the attainment of outcome and outputs

1. Despite the humanitarian crisis, where for example in 2008, about 5 million people were dependent on food aid, the initial period of the CP was marked by a continued disengagement of international development partners from Zimbabwe, further deepening and protracting the crisis. More specifically,
   1. The protracted and gradual onset of the crisis saw major efforts directed towards relief and early recovery processes, the consequence of which is fixation with humanitarian activities. It was not only until recently that livelihoods projects have been initiated.
   2. The hyperinflationary environment, and the complexities of sourcing for services and technical resources and the limited donor support for the sector impeded the attainment of the outcome.
   3. With the adoption of the multi-currency system the costs of goods and services stabilized, but the key challenges of the capacities of partners to manage and account for financial resources remained.
2. On the challenges to the attainment of the outputs, two key issues could be ascertained:
   1. The Restructuring of UNDP Zimbabwe office in 2009 affected the attainment of the outcome as the output “enhancing youth livelihoods” cuts across the two management units. Despite the collective effort in designing the CPAP, there appears to be no joint output management within the units and across the units. This has several problems relating to delays in response to needs of IPs. UNDP’s internal systems – ATLAS and PRINCE2– designed to ensure the joint management of outputs, were not optimally utilized.
   2. Many of the projects meant to catalyze early recovery and recovery are still pending. Communities only started receiving funds after the approval of project proposals by the National Steering Committee at a workshop held on 10 November 2010. A related challenge emanated from the utilization of a mixture of direct cash transfer and central procurement of equipment, goods and services. This was more severe for community supported projects, which required that funds be directly channeled to the communities. Late payment arose because of the lengthy turn around period, caused in part by the complex invoicing system and delays in processing and approval.

## Sustainability of strategies/outputs

1. *Participatory processes have been set in motion to increase the legitimacy of programmes, a sense of shared responsibility, ownership and commitment to implementation, thereby ensuring sustainability.* Because sustainability is predicated on success in demonstrating value, mobilizing resources, and retaining skilled personnel, the failure of IPs to internalize skills and mainstream supported initiatives through effective use of human and financial resources may compromise sustainability. The capacities that have been built through UNDP support and their utilization hinges on several factors key among these is the availability of funding to implement policies and implement programmes for which capacity has been developed. Sustained efforts must be directed at educating IPs on the need to hold their end of the bargain by showing interest and commitment to internalizing support rendered by UNDP.
2. *Support provided by UNDP was effective in building capacities of IPs and other institutions at national level.* The capacity building approach at the downstream, with the increasing use of NGOs as main implementing agents is viewed to be inherently unsustainable mainly because partners for this outcome have been engaged with a specific mandate to deliver certain outputs and not as longer term strategic partners.

## UNDP Partnership Strategy

1. There is little evidence to suggest that UNDP managed its partnership relationships in an efficient and effective way. A good number of International NGOs and Civil Society Organizations are already working on early recovery, e.g. World Vision, CARE International, AFIRCARE, HelpAge, SCC Christian Care and Plan International. The partnership with these organizations has been weak and in some cases the partnership was indeed action and not outcome focused. Therefore no efforts were made to regularly report progress and measure the effectiveness of the partnerships.

## Addressing cross-cutting issues

1. Whilst it is true that men and women were affected by the crisis, due to gender inequalities and lack of structures and norms to protect them, women disproportionately bear the brunt of the crisis. There is little evidence to suggest that Zimbabwe has started to address gender issues holistically in its recovery efforts except for integrating gender activities as part of project implementation. The gap is also in the country’s policy frameworks. Gender mainstreaming cannot be measured against numbers, the success of mainstreaming programme depends on strengthening institutions and changing attitudes and behaviours, both of which are long-term and generational impacts. Therefore, the policy environment should be conducive to ensure that issues that affect men and women are institutionalized to reflect the disproportionate burden placed on women during crisis periods.
2. The major weakness with current recovery efforts is that they do not aggressively seek to address the issue HIV prevention, care and treatment, despite the consensus that mainstreaming of HIV should occur in a systematic manner in all recovery and integration processes. Early recovery processes offers a unique opportunity to ensure a continuum of prevention and care. This is a missed opportunity by partners to ensure that early recovery programming is linked to national AIDS strategies and plans. As the Principal Recipient of the Global Fund, UNDP is better placed to ensure HIV and AIDS mainstreaming in early recovery and recovery processes.
3. Whilst the CP attempts to mainstream gender and HIV and AIDS, the main concern is that these have been integrated at the output stage and not mainstreamed at the outcome level. There is a difference in integrating activities that relate to gender and HIV and AIDS and mainstreaming. Mainstreaming implies a broader strategic approach that delivers sustainable results in the longer term. In this regard, it is more intuitive for UNDP to develop outcome statements that indicate mainstreaming of these sectors. The next country programme should take greater care to mainstream these issues at the outcome level as well.[[2]](#footnote-2)

## Lessons learned

Primarily, ten key lessons have been learnt in the implementation of this outcome. These are as follows:

1. Due to limited donor support for recovery and development, “TRAC” funds become the lifesaver. With more robust TRAC resources UNDP could have provided more support for early recovery.
2. In fluid environments such as that prevailing in Zimbabwe there are many challenges relating to high staff torn over, limited skills and technology, changes in personnel and inadequate extension capacity. Accordingly there is a need to review capacity building strategy in order to ensure skills retention and sustainability of efforts in IP’s and communities including developing mutually beneficial exit strategies.
3. With UNDP’s support it is becoming evident that communities collectively understand their recovery needs, and are willing to design solutions to enhance livelihood and seek necessary partnerships for this to occur.
4. Flexible and adaptive country programme management approaches ensure survival in a complex conflict ridden country.
5. There is need to invest in skills development for full application of RBM approaches and tools within UNDP, IPs and its partners.
6. In a highly politicized environment 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 politics.
7. 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.
8. 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 DIM modality and the need to mobilize resources in support of the population.
9. Effective DRR should be based on community knowledge. DRR processes should be built upon local level participatory analysis of vulnerabilities and capacities, coupled with accessible scientific information to inform their analyses and development of solutions.

## Recommendations

Sifting through the prolific information throughout the report, a number of finding and recommendations have been made, but these deserve further mention in the summary.

1. Summary or related finding: The protracted and gradual onset of the crisis saw major efforts directed towards relief and early recovery processes, the consequence of which is fixation with humanitarian activities

*Recommendation: Overall, the time is opportune for the early recovery processes to prioritize interventions that allow for speedy graduation from early recovery to full recovery and avoid fixation with humanitarian activities. This is particularly relevant given the fact that the Zimbabwean onset of the crisis was protracted and gradual. Whilst the Joint Early Recovery Opportunities Framework provides a good analysis of the opportunities that exists, what is required is a specific early recovery plan to distill the mechanism of transition from humanitarian, to early recovery and eventual recovery. UNDP, through the LICI cluster should expedite the production of such plan. The plan should put emphasis on the greater and meaningful involvement of civil society organisations and local communities.*

1. Summary of related finding: Sustainability challenges result from the absence of a clearly laid out exit strategy and guidelines, which would ensure that recovery efforts by UNDP through various IP are sustainable

*Recommendation: Operational guidelines are required for supporting “lower stream interventions” and examples of how to work with local authorities. In this regard, it is recommended that the CO integrate early recovery community projects with the Global Environment Facility –Small grants programme, which has clearly laid out procedures for ensuring community empowerment and sustainability of interventions.*

1. Summary of related finding: For DRR, the policy frameworks and legal instruments are in place as well as increased capacity of key institutions, however, DRR has not been mainstreamed the broader development agenda

*Recommendation: DRR should be a core component of all poverty reduction and sustainable development efforts. The focus should be on creating upstream dialogue on disaster risk reduction, based on effective partnerships with all development partners, including multi- and bilateral, civil society organizations and the private sector. Accordingly, DRR should be mainstreamed into development process in line with the Global Facility on Disaster Risk Reduction Partnership Strategy (GFDRRPS), 2009-2011 that advocates for mainstreaming of disaster risk reduction within countries’ development strategies. This will ensure that DRR is addressed comprehensively in terms of supportive policy and legislative frameworks that broaden disaster management to incorporate risk prediction, preparedness and responsiveness. Accordingly, UNDP may have to think of mainstreaming DRR in all its interventions.*

1. Summary of related finding: The definition of the outcome could have been more coherent so as to avoid loading two developmental results into one

*Recommendation: It is recommended that UNDP continue to consolidate on the gains made in the CPAP 2007-2011 outcome 3, but avoid loading two developmental results into one. It makes more sense that the development outcomes be considered strategies or at the very least sub-outcomes of an overall outcome focusing on early recovery. The major challenge of having livelihoods, recovery and DRR as equal developmental results is that the outputs only reflect a smaller component of the spectrum of DRR. It is recommended that the outcome be revisited to reflect the overall outcome as Enhanced Livelihoods with two sub-outcomes focusing on Recovery and DRR. The DRR sub-outcome should include several outputs, for example, mainstreaming DRR into developmental processes, reduction of exposure to hazards, lessening vulnerability of people and property, wise management of land and the environment, and improving preparedness for adverse effects.*

1. Summary of related finding: Partnership with international NGOs and Civil Society has been weak and in some cases it was action instead of outcome focused

*Recommendation: UNDP should make it its core goal to leverage relationships and invest in genuine and longer-term partnership mainly with International NGOs and Civil Society Organisations working in early recovery e.g. World Vision, CARE International, AFRICARE, HelpAge, SCC Christian Care and Plan International. Due to the incapacity of the government to deliver on early recovery, the need for longer-term relationship is paramount. This will require that UNDP shifts from an emphasis on transactions towards a genuine partnership based on long-term institutional relationships and trust.[[3]](#footnote-3) One way to manage the partnership more efficiently is to develop a broad partnership strategy that aggressively seeks to clarify the modalities of partnerships and 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. This should go a long way to ensure that UNDP works together in smarter ways to deliver priorities, especially those that fall outside its purview[[4]](#footnote-4).*

*Similarly UNDP needs to develop a specific Country Management Exit Strategy and guidelines, which will be used by all the units and for all UNDP support, to ensure smooth transition to full ownership by IPs and communities as part of its accountability towards the IPs.*

1. Summary of related finding: Measuring progress towards achieving livelihoods and recovery has been complex because recovery processes are incremental and the absence of credible data makes it difficult to determine the extent to which household’s livelihoods have improved and whether good lessons could be learned from UNDP supported initiatives

*Recommendation: The LICI cluster should invest in the development of a reliable database of good practice studies and evidence research based literature, which should culminate into a proper Knowledge Management System. UNDP, as the leader for the early recovery cluster, should make it its core business to ensure that more research is directed towards strengthening partnership and building predictability models and accountability frameworks.*

1. Summary of related finding: During early conceptualization of the CPAP little attention was given to the effective joint planning as in the case with youth livelihoods which required closer collaboration with the governance programme

*Recommendation: There is need for an outcome-based program management approach to each practice area and within the Poverty Reduction Crisis Recovery Unit and Governance. This approach will provide for improved teamwork, synergies and collaboration within and across the units.*

1. Summary of related finding: Despite there being a collective effort in designing the CPAP, there appears to be no joint output management within the units and across the units

*Recommendation: One of the ways to set up an effective and integrated monitoring and evaluation (M&E) framework and sustained ongoing system is to carry forward the PRINCE2 model and employ ATLAS more closely. The Results Matrix is another design and management tool used by UNDP, not only to reflect causality linkages between the various results levels in a programme or project (outputs, outcomes and impacts), but also to ensure output management.*

1. Summary of related finding: The capacities of partners to manage and account for financial resources remained UNDP’s key challenge

*Recommendation: UNDP must find a more effective mechanism for disbursing funds in a country context where direct cash transfer to IP’s is considered risky. IPs must also be educated on UNDP internal mechanisms such as DIM and HACT with the view to encouraging IPs to have compliant financial management systems and procedures. Part of UNDP’s partnership management is to develop the capacities of IPs especially NGOs and CSOs so that they can manage development and resources more efficiently and effectively.*

*At the same time, UNDP should critically analyse internal and external causes of delays in disbursement of funds and consider conducting micro-assessments with greater frequency to identify opportunities and constraints to using cash advances, followed by capacity strengthening where necessary. The CO should utilize the existing UNDP/IPs forum more regularly to discuss plans, share common challenges, solicit for inputs and identify solutions and monitor implementation of the CP.*

# INTRODUCTION

UNDP Zimbabwe supports the government’s development needs through the Country Programme Action Plan (CPAP). The framework outlines the conditions under which the UNDP and its implementing partners will assist the government in carrying out its development projects.[[5]](#footnote-5) The overarching goal of the Country Programme is to support Zimbabwe achieve the development vision through delivering on the priorities outlined in the Zimbabwe United Nations Development Assistance Framework (ZUNDAF 2007-2011) by i) strengthening democratic governance, ii) supporting the fight against HIV and AIDS, iii) enhancing the capacity for economic management for poverty reduction, finalizing land reform and agricultural recovery, improving environmental management, building capacity for conflict transformation and mainstreaming of gender.

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 Area. Three reports were produced –one on each evaluated outcome. This report focuses on Outcome 3 of the CPAP - **Enhanced sustainable livelihoods, recovery and disaster risk reduction integrated into development planning** - 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

This poverty outcome evaluation of the Country Programme, coming at the end of the CP, aims to assist the CO in determining how best to undertake its responsibilities in light of the complex operating environment, funding deficiencies, and the goals of poverty elimination (the Millennium Goals). It is conducted at the end of the Country Programme Cycle, which started in 2007 to date. It focuses on one strategic outcome of the Country Programme across all regions of Zimbabwe. The evaluation is designed as a forward looking process to identify what can be learned from the experience of designing and implementing the Poverty Reduction Programme to enable UNDP and its implementing partners to effectively design the next Programme for supporting Zimbabwe’s national goals and priorities and international commitments such as the MDGs. Findings from the mid-term review conducted in 2006 have been instrumental in providing some initial insights and this evaluation broadened the focus of the mid-term review in term of coverage and deepened it in terms of the substantive issues examined. This evaluation also aims at helping UNDP adapt to the fast changing situation in Zimbabwe in order to respond to changing priorities so as to remain relevant.

## 

## Purpose of Evaluation

The purpose of the evaluation is to sharpen the strategic direction of UNDP CO, and to undertake a thorough review of the contributions of the chosen strategies and outputs to the achievement of the outcomes with the aim of making improvements in the 2012-2015 programme cycle and defining further improvements to be made to the attainment of the outcomes. The evaluation analysed the relevance, the effectiveness, the efficiency and the sustainability of the Country Programme Outcome 3. More specifically, the evaluation sought to address five broad questions:

1. What progress has been made towards the outcome;
2. What factors have affected the movement towards the outcome;
3. What has been UNDP’s contribution and had UNDP ‘done the right things’ and ‘done things right’ (assessment of relevance, efficiency, effectiveness, and sustainability);
4. What has been the partnership strategy and how has it worked?; and
5. How did UNDP adapt to a rapidly changing environment in order to remain relevant.

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 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 to enable donors and the government to better understand whether the CP is relevant and useful for the country. Further the evaluation assesses whether this outcome remains relevant and still addresses national priorities. The evaluation also fulfils the commitment made by UNDP to undertake final evaluation of the CP.

## Key themes addressed by the evaluation

The evaluation assesses the relevance of the Country Programme in light of the development challenges during the last four years as well as its performance with regards to efficiency, effectiveness, and sustainability. In summary the evaluation seeks to evaluate the outcomes in terms of:

***Content*** i.e. Where the programmes included in the CPAP relevant, effective, efficient and sustainable and do they have impact in terms of Zimbabwe’s development priorities and goals? And

***Process*** i.e. 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 has been mainstreamed in the design of the outcomes, outputs and targets
* Assessment of UNDP’s responsiveness to the operating environment

## Addressing Gender issues in the Evaluation

The CPAP identifies the thematic area of poverty, governance, 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.

## Overview of the CP and outcome being evaluated

UNDP Zimbabwe supports the government of Zimbabwe’s development needs through the Country Programme Action Plan (CPAP) that aims to support Zimbabwe achieve the development vision through delivering on the priorities outlined in the Zimbabwe United Nations Development 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, individual UN agencies develop their respective Country Programme Documents (CPDs) that spell out the agencies’ specific areas of support. The UNDP CPD is operationalized through the CPAP.

By mutual agreement between the GoZ and the UN Country Team (UNCT), Zimbabwe did not develop a Common Country Assessment (CCA). Instead, the 2004 Millennium Development Goals Progress Report informed the ZUNDAF priorities.[[6]](#footnote-6) 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 and would be catalytic to the achievement of the other five goals.

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:

* ‘Enhanced national capacity and ownership of development processes towards the attainment of MDGs by 2011’
* Strengthened systems, institutions, mechanisms processes that promote governance, dialogue, gender equality and the rule of law
* Enhanced sustainable livelihoods, recovery and disaster risk reduction integrated into development planning
* Improved natural resources use and environment management
* 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 B 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 for UNDP 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 being evaluated focused on **enhanced sustainable livelihoods, recovery and disaster risk reduction integrated into development planning** and identified three outputs, namely 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 figure below is a schematic presentation of the outcome, outputs and strategic alignment with relevant documents.

**Figure 1: Outcome 3 Results Linkages with other Relevant Documents and Programmes**

This CPAP outcome is ZUNDAF outcome 2 (Enhancing national capacity and ownership of development processes towards the attainment of the MDGs by 2015). At the core of the outcome are enhanced livelihoods. The UNDP livelihood approach borrows from the definition that a livelihood “comprises the capabilities, assets (including both material and social resources) and activities required for a means of living. It also borrows from the definition that “a sustainable livelihood is that which can cope from stresses and shocks and maintain or enhance its capabilities and assets and provide sustainable livelihood opportunities for the next generation; and which contributes net benefits to other livelihoods at the local and global levels and in the long and short term."[[7]](#footnote-7). UNDP and many other partners, such as Care International, OXFAM and DFID adopted the sustainable development approach. This approach has been viewed as an effective way of reducing poverty as well as building the resilience of communities to vulnerabilities. UNDP has included this approach as part of its overall mandate on human development which brings together the issues of poverty, governance and environment. UNDP employs an asset-based approach and stresses the need to understand adaptive and coping strategies in order to analyze the use of different types of assets[[8]](#footnote-8).

Inculcated into this outcome is youth livelihoods, in direct response to the call that because eighty (85) per cent of the youth live in developing countries thus, ‘youth empowerment’ should be the major focus in such developing economies. Consequently, providing the right environment for employment growth is imperative for empowering youth[[9]](#footnote-9). In addition, DRR has been incorporated into this outcome to address the increasing threat to livelihoods arising from recurring natural and manmade disasters in Zimbabwe. DRR comprises; disaster management, mitigation and preparedness all of which may be integrated in the sustainable livelihood approach to community development. Consequently actions will be targeted at reducing exposure to hazards, lessening vulnerability of people and property, wise management of land and the environment, and improving preparedness for adverse effects.[[10]](#footnote-10)

In terms of overall share of programme expenditure, Outcome 3 constitutes 15% of the overall programme expenditure, as shown by the graph below.

**Figure 2: Share of Programme Expenditure by Outcome Area.**

## 1.4 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 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 analyzed 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 areas of the programme. In particular, the following documents were reviewed: ZUNDAF ( 2007-2011), CDP (2007-2009), CPAP(2007-2011), CAP(2011),JROF(2011)
* Project documents and work plans, specifically CRRP, AURP, LLER, DRR
* Evaluation documents: (i)CRRP end of project evaluation and(ii) Evaluation report on Strengthening Capacity for Disaster Management in Zimbabwe-(2005-2009);
* Review of the recommendations of the Mid-Term Review;
* Interviews with key informants;
* Interviews with UNDP Staff; and
* Focus Group Discussion with beneficiaries for two community project

## 1.6 Limitations

Several factors impacted the efficiency of the evaluation: First, the major problem relates to the way the outcome combines two medium to long-term results i.e. (i) Enhanced Livelihoods and Recovery and (ii) disaster risk reduction integrated into development planning. The immediate impression created is that two outcomes have been combined into one. This creates the particular challenge in that the outputs on DRR only reflect a smaller component, that of DRR integration into development processes and not the entire spectrum of DRR. What is more, the outcome statement as it is stated, creates the wrong impression that DRR to be enhanced and livelihood and recovery be integrated into development planning.

Second, the limitations of mutually agreed (UNDP and IPs) baseline data for some indicators weaken the ability to attribute successes to the UNDP interventions. The joint recovery opportunities assessment, which could have provided baseline data, was concluded after the development of the country programme[[11]](#footnote-11).

Third, there was limited monitoring data available at programme and project level and no evaluations other than the Mid-Term Review. The indicators that were developed were of questionable value and cannot be used as a basis for tracking and reporting progress.

Fourth, 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.

Fifth, 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 did not know in advance of the planned evaluation.

# Development Context

## 2.1 Overview

Since independence, Zimbabwe has gone through major economic periods starting in the 1980s with average real GDP growth above 3%[[12]](#footnote-12), followed by slow economic growth and implementation of economic reforms in the 1990s, then a period of severe economic and social service decline lasting until 2008. By the year 2007/8, the country’s socio-economic indicators had significantly declined below the levels attained in the early years of independence[[13]](#footnote-13) and education enrolment and quality declined due to loss of personnel and inadequate investment[[14]](#footnote-14). Zimbabwe is now in a fourth phase characterized by relative economic and political stability. However, the current socio-economic indicators paint a picture of a country in deep crisis as evidenced by, a) poor and limited livelihood conditions in urban and rural areas, b) poor state of rural social infrastructure, c) low agriculture production and productivity, d) high youth unemployment, e) limited formal employment and e) absence of social safety nets.

Understanding the context under which the CPAP was implemented not only serves to allow progress to be put into context, and for identification and discussion of the future needs of the country but more importantly, to appreciate the situation to which this outcome area responds. The macro-economic conditions had direct impact on livelihood conditions of rural and urban communities in Zimbabwe. For instance, during the protracted development crisis spanning from 2000 up until now, communities have been exposed to political, economic and natural shocks and associated risks that have increased their vulnerability to poverty. The unstable political environment during 2007 to 2008 resulted in tense and insecure living environments because political violence in some parts of Zimbabwe. This unstable political environment had negative macro-economic repercussions such as hyperinflation and rising unemployment which contributed to the erosion of incomes and assets of Zimbabwe’s rural poor people. This was further compounded by global recession which resulted in the increase of prices of imported food and fuel, as well as the effect of climate change on agriculture production.[[15]](#footnote-15) During the period 2005-2008 government revenue, the traditional source of support to social welfare and protection declined to 20.3% of GDP.[[16]](#footnote-16)

The agriculture sector which has traditionally drawn in labor from rural areas was affected by a combination of factors, including erratic rainfall patterns, limited extension support and reduced capital. This led to food insecurity at national and household level. Zimbabwe’s domestic cereal production has consistently been below national requirements, with the gap being filled through food aid, government and private sector direct imports. Food insecurity in Zimbabwe has not always been the case. Zimbabwe was for a long time a net exporter of cereals. A case in point is the cereal national output for 2010 which stood at 1.5 mil MT, this was against a national requirement of 2.2 million MT.[[17]](#footnote-17) In the same year, rural households resorted to selling their assets in exchange for grain and food stuffs. As from 2006 to 2010, natural shocks related to droughts and floods have increased in terms of frequency and severity. For example, in December 2007, the government of Zimbabwe declared floods a national disaster after 600 households had been displaced and affected.[[18]](#footnote-18) The major impact of natural disasters, such as floods on livelihoods is the destruction of social infrastructure including, roads, bridges, schools and clinics. Compounding vulnerability is natural disasters such as floods, epidemic disease outbreaks (such as cholera and measles) and droughts. The climatic, physical, geographic and vegetative characteristics of Zimbabwe make it prone to a range of disasters resulting from natural hazards such as severe storms, floods, droughts, cyclones, earth tremors and veld–fires.[[19]](#footnote-19) Specific examples of severe disasters that Zimbabwe has witnessed so far include the 1992 drought, affecting about 10 million people with several repercussions including a) reduction of national cattle herd by 20%, b) cyclone Eline which struck in March, 2000 destroying roads and bridges in Manicaland Province and c) the 2008 cholera outbreak which killed an estimated 1000 people[[20]](#footnote-20)

Since 2002, the Zimbabwe Vulnerability Assessment Committee (ZimVAC) has been undertaking regular assessments of the livelihood parameters, initially focusing on rural areas until 2007 when an urban focus was added.[[21]](#footnote-21) The ZIMVAC assessment have yielded valuable information regarding, nutrition level, household income and asset accumulation and household food security. This has provided a consistent database for strategic programming. These assessments have also been vital as early warning to international humanitarian agencies involved in food relief and emergency services. ZimVAC report of 2008-2009 noted that 1.6 million people, approximately 18.5% of the rural population were estimated to be food insecure. The same report indicated that more than 40% of children in 23 Districts (out of a total of 60) lived in households that received food assistance in 2009.

Traditional ‘coping’ mechanisms have been severely stretched and food shortages and nutritional deficiencies are overriding concerns. In general urban communities have become more vulnerable to declining social service delivery especially water, sanitation and primary health care as well as the absence of formal employment. In 2008, the decline in water and sanitation in urban areas culminated in a debilitating Cholera outbreak (declared a national disaster) in the major cities, with the capital Harare rated as the most severely hit city. By 15 December of the same year, a total of 18 413 cases and 978 deaths from cholera had been reported nationally.[[22]](#footnote-22) Increasing formal unemployment, estimated at 80%[[23]](#footnote-23), has hit hard on urban residents resulting in the majority of household living below the poverty line. The failure by urban adult residents to get formal employment has spiral effects on the livelihoods of rural communities who have traditionally depended on remittances from urban relatives. Noteworthy however is that the data do not capture the relative importance of the so-called “second economy” that provided goods and services that were not available in the formal market.

Moreover, due to the unstable political environment and deteriorating macro-economic conditions, youth became vulnerable and restless, with increasing mobility within and outside Zimbabwe. Suffice to say, Zimbabwe’s youth comprise over two thirds of the country’s population.[[24]](#footnote-24) The youth faced severe challenges during Zimbabwe’s protracted crisis including the loss of parents as a result of HIV and AIDS; absence of parents to mentor and support them; limited employment opportunities; irregular migration related risks such as exposure to HIV and AIDs and prospects of deportation. Young people are particularly vulnerable to poverty because of limited access to institutions, markets, employment and public service. All these factors have resulted in deteriorating youth livelihoods, more acute for the rural youth.

## 2.2 Zimbabwe Government’s Response

Several policies, legislation and strategies have been adopted to address livelihoods and community recovery and disaster risk reduction, chief among these a) The National Drought Management Policy, b) Civil Protection Policy, c) Land Reform Policy and d) Indigenization and Empowerment Policy and a National Youth Policy. Recognizing the cross cutting nature of gender and its catalytic role in improving the livelihood of women, the Government of Zimbabwe, through the Ministry of Women’s Affairs, Gender and Community Development is coordinating the National Gender Policy and the Implementation Strategy. The plan focuses on institutional mechanisms for the advancement of women, women in power and decision making, education and training of women, women’s health, women and the economy and HIV and AIDS.[[25]](#footnote-25) With regard to youth empowerment, the national youth policy provide the framework to empowering the youth. As an early step towards youth empowerment, youth vocational training centres were established in the late 90s. With the coming in of the GNU, a new Ministry of Indigenization and Youth Empowerment has been established and is putting into place entrepreneurship programmes for the youth.

It is however not certain if the above policies and measures have in fact contributed to improving people’s lives. This analysis does not go far enough in telling us what has been achieved and what difference all these measures have on people’s live or on development conditions.

For Disaster Risk Reduction, institutional and legislative provisions are in place. The Civil Protection Act of 1989 places responsibility of hazard reduction measures in the hands of central government through relevant sector ministries, while local administration is directly responsible for implementation. Institutional arrangement include the collective actions by private sector, nongovernmental organization involved in disaster risk preparedness and community development under the coordination umbrella of the Ministry of Local Government, Rural and Urban Development’s Civil Protection Department. Institutional mechanism has been put in place to deal with DRR through disaster management committees at provincial and district levels.

# Findings

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## 3.1 Relevance of Outcome

The relevancy of the outcome is determined based on its strategic linkages and complementarities with ZUDAF, CDP, UN Strategy on Early Recovery, UNDP policy on early recovery, LICI Cluster, UN International Strategy on Disaster Risk Reduction, and its supportive role to the Government of Zimbabwe (GoZ) strategic thinking and visioning. It examines the outcomes in terms of how pertinent, connected, or applicable it is to these plans, policies, strategies and programmes.

Earlier sections of the report referred to how the CP and the CPAP were formulated within the broader context of the ZUNDAF and how the ZUNDAF in turn is guided by the UNDP Strategic Plan (2008-2011) and agreed national priorities. The strategic plan clearly articulates the areas of focus for UNDP (poverty reduction, MDGs, democratic governance, crisis prevention and recovery and environment and sustainable development) given current global development trends and challenges and guides country offices in programme approaches including the need to coordinate programmes for effectiveness, efficiency and coherence.[[26]](#footnote-26) Given the variance in levels of development and dynamic nature of socio-economic contexts as a result of the unfolding wave of political changes in developing countries, especially in Africa, the strategic plan gives UNDP country offices the flexibility to modify programming to reflect country needs and circumstances.

In Zimbabwe, the CP was developed in a complex operating environment, characterized by dynamic changes in the macro-economic, social and political environment. This posed serious challenges in terms of visioning and long-term strategic focus. Even with UNDP’s collective global experience, the CO could not predict, with any degree of certainty, the precise turn of events after the 2008 elections. Whilst the expected outcomes provided in the CP represent the types of national outcomes that UNDP commonly supports within its four focus areas, post elections developments within the country marked by political conflicts and recurrent drought worsened the humanitarian crisis, where for example in 2008, about 5 million people were dependent on food aid.[[27]](#footnote-27) This period also marked the continued disengagement of international development partners and most bilateral donors including the Organization for Economic Cooperation and Development (OECD) from the development process in Zimbabwe[[28]](#footnote-28) and instead ushered in a new era of humanitarian and relief support under the overall coordination of OCHA.

For the CO, the political environment presented challenges arising from the diminishing financial resources for development work and the need to cooperate- without losing UNDP’s corporate mandate of facilitating development- with a country that was in dire need of humanitarian assistance. Following the formation of the Government of National Unity (GNU) and signing of the Global Political Agreement (GPA) by the three major political parties, some progress has been made particularly with regard to the availability of food, social service provision and industry capacity utilization. Taking into cognizance the country’s complex operating context marked by a population with deteriorating livelihoods and a public sector whose capacity was severely weakened by a brain drain of professional and skilled personnel[[29]](#footnote-29) as well as reduced government revenue for operations and administration, Zimbabwe’s CP outcome was appropriately anchored around early recovery and was germane to the country’s needs during a period when most of the population was in need of support to survive.

Enhancing sustainable livelihoods and recovery was fundamental to ensuring that the population which had become used to receiving handouts from relief organizations would begin to take charge of its recovery agenda through self–driven initiatives. The Guidance Note on Early Recovery produced by the Cluster Working Group on Early Recovery through leadership from the UNDP Bureau for Crisis Prevention and Recovery was used to formulate the specific interventions under the outcome. The Guidance Note describes recovery as part of the development continuum which starts from relief, to early recovery, recovery and ultimately development.[[30]](#footnote-30) Although UNDP’s interventions were meant to facilitate communities to move from relief to early recovery, it must be understood that the earlier years of the programme coincided with a situation when Zimbabwe was still in humanitarian crisis requiring UNDP to use a mix of support mechanism bordering on relief and early recovery. With strategic priorities to achieve human development as contained in the UNDP Strategic Plan (2008-2011), UNDP integrated the national priorities of MDGs 1 and 3,[[31]](#footnote-31) which were mainstreamed in pilot community recovery projects, for example the Locally Led Local Recovery where support was provided for income generating projects focusing on women groups and youth. Zimbabwean youths had been severely affected by the humanitarian crisis, with high school dropout rates and limited employment opportunities. The majority of Youth had been deprived of their livelihoods and hence having the LICI cluster focusing on youth livelihoods through the Youth Working Group was particularly relevant.

Incorporating DRR into outcome 3 supports the strategic vision of GoZ, that of having comprehensive legal instruments that address DRR broadly from a development perspective and a policy that strengthen the institutional capacity and mechanisms and coordination for disaster preparedness and management. In the context of the prevailing situation in Zimbabwe of increased community vulnerabilities to disasters as a result of increasing poverty and the imminent threat of climate change it was prudent to include DRR within recovery. This also places the outcome well within the context of the Global Facility on Disaster Risk Reduction Partnership Strategy (GFDRRPS 2009-2011) that seeks to mainstream disaster risk reduction within countries’ development strategy. According to the strategic focus of GFDRRPS, countries should address DRR comprehensively in terms of supportive policy and legislative frameworks that broaden disaster management to incorporate risk prediction, preparedness and responsiveness.

Overall, Outcome 3 has been formulated drawing from UNDP policy on early recovery (2008). The basic principle for early recovery is the need to build on humanitarian programmes and to catalyze sustainable development opportunities with the aim of generating self-sustaining, nationally owned, resilient processes for post crisis recovery.[[32]](#footnote-32) The section on outcome analysis, will examine the extent to which this has been achieved.

In addition to being responsive to the developmental challenges, the outcome is well anchored to ZUNDAF outcome 2: “Enhanced national capacity for promoting and ownership of development process toward the attainment of MDGs by 2015”. Focusing on sustainable livelihoods infer the localization of MDGs, specifically regarding poverty reduction and gender equality, as well as strengthening local governance structures. The outcome is also relevant in the context of other ZUNDAF outcomes, *inter alia*:

* Outcome 1, CPO 1.3 “Increased access to and utilization of comprehensive care and support for individuals, families and communities affected by HIV” through supporting capacity development of the social sector to support affected families and communities;
* Outcome 3, CPO 3.2.1 “Strengthened Capacity of marginalized groups to improve their livelihoods and to actively participate in the decision making processes” in particular the support for a revised decentralized policy and strategy that involves vulnerable groups such as female headed households in partnership with UNICEF;
* Outcome 4, CPO 4.1.1 “Strengthening national capacities for gender analysis and mainstreaming, policy planning and MDG reporting and Monitoring”;
* Outcome 6, CPO 6.3.3 “Policy Framework and capacity for disaster management and mainstreaming of environmental issues developed and strengthened”.

Generally UNDP’s interventions around the outcome conform to the UNDP policy on early recovery (2008) and the joint guidance note on integrated recovery planning.

## 3.2 Status of the outcome

The outcome intended to enhance sustainable livelihoods and recovery (for the targeted beneficiaries) as well as promoting the integration of DRR into development planning. The outcome, as presented in the CP, shows the poverty-livelihoods-risk nexus and puts at its core the paramount importance of supporting livelihoods within a coherent early recovery approach, including the need for government at all levels to include disaster risk reduction in their development plans. The first question to be addressed is the extent to which the humanitarian programmes have led to the self-sustaining, nationally owned, and resilient processes for post crisis recovery. We refer to these as downstream or micro level outcomes. The second question requires that a whole range of policy issues relevant to the poor are considered, such access to health and education and other broader issues such as access to finance, markets and personal security. We refer to these as upstream or macro level outcomes. However, for the purposes of this evaluation, macro level analysis is restricted to the policy framework of key disaster institutions and not entire range of social policies.

The first question directly addresses the overall developmental result of Outcome 3, which is to enhance livelihood and recovery. There are several complexities in trying to evaluate the status of this outcome. First, recovery process is incremental and the absence of baseline information means that the basis upon which a measure of progress is made would be speculative at best. Moreover, the outcome indicators relating to “enhanced sustainable livelihoods and recovery” were poorly stated in the CPD. Compounding the measurement problem is the fact that no credible data exist to determine the extent to which household’s livelihoods have improved over the past years, except for baseline data compiled recently as part of project planning for the specific pilot projects. For all intents and purposes, progress towards such an outcome could only be measured by assessing specific aspects of livelihoods related to contributions made by UNDP towards pilot community projects. Suffice to say, generalizing the status of the outcomes on enhancing livelihoods may not serve the right purpose, given that UNDP’s interventions toward this outcome are limited to communities in specific geographic areas, a fact not reflected in the outputs and indicators of the CPAP. Using UNDP’s contribution as a measure towards attainment of this outcome, our conclusion is that building capacity of communities to achieve full and expeditious recovery is yet to be achieved. However, progress has been made in the specific locations towards building capacity of communities to drive the early recovery process and to set up local level institutions responsible for coordination for recovery. Specific UNDP’s contribution and progress towards the outcomes is discussed in sections 3.3 of the report.

On the macro level, progress has been made to develop the policy frameworks and legal instrument as well as strengthening the capacity of key disaster institutions. First, a revised draft policy disaster risk management has been formulated through an extensive stakeholder consultation process. The draft revised policy, finalized in June 2011 seeks to address issues relating to comprehensive institutional and legal frameworks, hazard and vulnerability analysis, risk reduction, knowledge, innovation and education and strengthening disaster preparedness for effective and efficient response. Second, progress has been observed with the revision of the 1989 Civil Protection Act, toward the Disaster Risk Management Bill. The bill provides for integrated, coordinated and mainstreaming of disaster risk management, which will broaden the mandate of DCP to comprehensively deal with disaster prevention, preparedness, mitigation, response, recovery and reconstruction as well as integrating current international and regional policy fundamentals. The bill also calls for the establishment of a National Disaster Risk Management Strategy in order to minimise vulnerability to both natural and human-made, biological, technological and radiological hazards and a comprehensive information management system inclusive of an integrated early warning system for the management of emergencies and disasters[[33]](#footnote-33). When these are in place Zimbabwe will be well positioned to deal with natural and man-made disasters. Institutional arrangements for effective disaster risk management envisaged through the proposed new law will include: Cabinet Committee on DRR, a multi-sectoral working party on disaster risk management, and a national disaster risk management platform. A decentralised approach to disaster risk management will be achieved through provincial, district, ward and village disaster risk management structures. Both the revised policy and the bill are yet to be formally and legally approved and implemented. However due DCP’s improved capacity to undertake a protracted and extensive consultation process, a well knitted network of key stakeholders with a broader understanding of disaster management has been formed and ready to engage in disaster risk prevention, risk reduction and disaster management.

Third, there is evident capacity of DCP to create awareness on DRR and lobby for the integration of DRR in key institutions responsible for DRR. A number of awareness literature and publications have been drafted and widely disseminated, example of which include a Book on Disaster Risk Management, Schools Manual on Emergency Response and Posters and Pamphlets on Cholera, Floods and the inclusion of DRR in secondary school curricula. UNESCO has facilitated the printing and wide dissemination of the book and the schools manual to rural and under-privileged urban schools. Fourth, improved Human Capacity in DRR is another notable progress of this outcome, as evidenced by its ability to build capacity of other stakeholders, produce valuable disaster related information and coordinate disaster management efforts at country level. Fifth, the existence a national disaster management institutional framework starting with the Cabinet Committee on Disaster Risk management, to the Provincial Disaster Management Committees followed by District Disaster Management Committee, and at community level, the Ward Disaster Management Committees means that there is an improved national capacity and coordination for DRR.

## 3.3 UNDP CONTRIBUTION TO OUTCOME (STRATEGIES AND OUTPUTS)

## 3.3.1 Effectiveness of strategies and outputs

The CPAP lists three outputs towards the attainment of the outcome. This section of the report focuses on the effectiveness of these outputs, that is, the extent to which agreed upon outputs have been met or can be expected to be met and to what extent these outputs contributed towards the attainment of the outcome. Outputs selected for this outcome focused on issues of community capacity enhancement to rebuild livelihoods, youth livelihood enhancement and building capacity of disaster institutions and mainstreaming of DRR. The UNDP strategy towards the achievement of the outcome consisted of a number of projects for output 1 and specific activities for output 2 and 3.

*3.3.1.1 Community capacity enhancement*

Three projects are discerned for this outcome, namely; i) Assistance to Under-privileged Rural Populations (AURP); ii) Recovery and Rehabilitation at Household and Community Level (CRRP) which had a 1 year front edge project on Capacity Development for the Achievement of MDGs at local level[[34]](#footnote-34); and iii) Strengthening Locally Led Early Recovery (LLER) as successor to the former. Whilst this was not an explicit output under this outcome, UNDP’s interventions had a strong inclination toward building national ownership for early recovery, in line with the guiding principles for early recovery.[[35]](#footnote-35) Given the weak capacity in the MLSS as a result of the brain drain and diminished financial resource base for administration and operation, UNDP designed an effective mechanism for restoring some level of capacity in MLSS. A program secretariat/unit, comprising a Programme Manager and Administrator is responsible for relief and recovery. The unit plays an important role of ensuring successful implementation of recovery interventions. By working with MLSS on CRRP and LLER, UNDP not only build capacity and ensured national ownership, but more appropriately allowed the cascading of ownership from the national right down to the ward level. Early evidence suggests that authorities are able to strategize, negotiate and engage in dialogue with affected communities, as well as with national and international partners.[[36]](#footnote-36) The various trainings provided by SCC to the National Steering Committee, District Steering Committee and Ward Steering Committee on project management, monitoring and evaluation, leadership and governance was a vital step in reinforcing local administration capacity. As a stopgap measure, UNDP employed UNVs as Programme Officers to supplement the inadequate personnel in MLSS at district level. Whilst this approach has been reported by key informant as being effective in building the capacity of the ministry at District level, concerns were raised in some districts on the value addition of UNVs in instances where the UNV’s competencies and experience were less than those of the DSSO. Nonetheless, this approach has been reported to have strengthened the District Social Services Office in delivering its mandate of coordinating relief and recovery efforts. It has also been said that the training and placements of UNVs in district offices activated the strategic partnership of the various relief and recovery institutions. As a result of this strategic alliance at the district level, efforts have been undertaken towards harmonized and coordinated capacity building of communities, for instance joint trainings.

Early evidence also suggests some progress towards strengthened capacity of communities to drive and own the early recovery process. The evidence also suggests that there has been marked improvement in the restoration of basic services, livelihoods, shelter, governance, security and the rule of law, and to some extent the reintegration of displaced populations. Key informants related to how community knowledge and skills have increased as a result of the various community trainings provided by UNDP partners (including Africa 2000 Network, SNV and SCC), in proposal development, project management, local governance, monitoring and evaluation. The ability of communities to design projects relating to income generation, sustainable agriculture production and marketing has been strengthened. Through the LICI Cluster, youths have been mobilized to participate in SMEs through skills development in various informal sector activities. Increased capacity of communities to identify and coordinate their efforts in rehabilitating local infrastructure that supports their livelihoods such as boreholes, dip tanks, footbridges, has been observed.

Beyond capacity building and strengthening community cohesion and coordination in the various districts where the UNDP supported interventions took place, it may be too early to tell whether sustainable livelihoods have been enhanced, as many of the projects meant to catalyze these are still pending due to delay in disbursement of funds. Communities only started receiving funds after the approval of project proposals by the National Steering Committee at a workshop held on 10 November 2010.[[37]](#footnote-37) Notwithstanding, community capacity to identify priority capacity needs, design project proposal and form project management committees has been improved. In the case of Zvishavane District, communities have successfully developed project proposals with funding approved for projects covering goat production, poultry, nutritional gardens, as well as the rehabilitation of a district clinic (Weleza Health Centre). Various factors have contributed to the slow progress, chief among them the need for third parties in procurement of equipment during the early years of the CPAP and slow disbursements of funds to community projects (more of these is discussed under section dealing with efficiency of delivery of outputs). Another major question remains the extent to which the strategies to stabilizes community security and addresses underlying risks that contributed to the crisis are being addressed by these projects.

However, in the short to medium term, it is evident that some communities are making progress towards enhanced sustainable livelihoods and recovery. Using the case of Musiriwi irrigation scheme in Chipinge District Manicaland,[[38]](#footnote-38) it emerges that when projects have clearly spelled out and target and the vulnerability is well defined, progress can be made towards the ultimate outcome of enhanced recovery. Figure 3 below summarizes the achievement of the scheme. Worth noting is that this community had been targeted due to its vulnerability to recurrent drought.

**Figure 3: Enhanced Livelihoods and recovery: The Case of Musirizwi Irrigation Scheme, Chipinge District, Manicaland Province**

*3.3.1.2 Youth livelihoods enhancement*

On the whole, little progress has been made towards youth livelihoods. Lack of a coherent CO strategy and pilot projects, specifically for youth livelihoods, is the major reason for the sluggish progress. Another observation is that UNDP’s early recovery support through the Community Recovery and Rehabilitation programme could have had positive results on youth livelihoods if it were not for the tense political environment and the ensuing hyperinflation. UNDP work on this output has mainly been carried out through the LICI cluster. Through the LICI cluster, other UN agencies, including OCHA, ILO and IOM have undertaken youth empowerment initiatives in partnership with civil society, private sector and International NGOs. Efforts in this regard pertain to skill enhancement of youth through internship arrangement with informal artisans’ masters, linking horticulture produce from Youth Group with established horticultural markets and building infrastructure for income generating initiatives, for example warehousing and storage facilities. Whilst, it is our opinion that some progress has been made regarding vocational and life skills training and income generating activities for the youth, the effectiveness of such progress is hard to measure.

*3.3.1.3 Integration of DRR into development planning*

Output three involved activities around institutional capacity needs assessment; disaster risk assessment; updating the national strategy and plans, updating legislation and developing a comprehensive policy framework and strengthening of the institutions involved in disaster management. On the scale of tangibility, some level of progress has been made towards policy framework and capacity of key disaster institutions. For example, a comprehensive capacity needs assessment of DCP was conducted, a revised draft policy framework has been developed through extensive consultations, the 1989 Civil Protection Act has been updated into a Disaster Risk Management Bill awaiting the requisite legal approvals, and consultative workshops have been undertaken towards updating the national strategy on DRR, though this has taken much longer than anticipated. In terms of institutional support, DCP has been supported with skills training (including support provided to two employees to undertake Masters training in Disaster Risk Management) and also with material support, including vehicles, computers and equipment. Whilst the draft legal and policy framework as well as the institutional mechanisms seems to be in place as a first step towards DRR integration, the overall objective of integrating DRR into development planning and programming is far from being realized. There is need to monitor the uptake of the policy through mainstreaming of DRR by relevant stakeholders and the activation of the institutional framework with necessary funding as provided for in the Bill. In addition, DCP must forge stronger partnership with the Ministry of Environment and Natural Resource Management to ensure that the climate change agenda is broadened to include all relevant stakeholders at national level.

## 3.3.2 Overall assessment of progress of strategies and outputs

Whilst a lot has been done to develop the policy frameworks and build stakeholder coordination, a major drawback has been at the early conceptualization of the CPAP when little attention was given to the effective joint planning and conceptualization within the Poverty Reduction Unit. Joint planning in the context of Zimbabwe is key given that a large number of government agencies are fragmented and have overlapping authorities. An opportunity has been missed to build synergies particularly in terms of capacity building of communities in disaster preparedness and response. Teamwork across the units in areas where outputs link toward one particular outcome has been overlooked. For example, output 2 of outcome 3 required that there be closer collaboration with the Governance Unit that deals with Youth Livelihoods. Because UNDP views early recovery as an integral part of its support for poverty reduction and the achievements of the millennium development goals, more attention should have been given for joint programming and building synergies.

Whilst, overall the outputs were well formulated to respond to the needs of the country, the protracted period of the recovery meant people had to rely on donor support for much longer. Realizing that such support was meant to ensure national and community ownership of the initiatives, worrying signs of “dependency syndrome” in government institutions and communities are emerging. On the part of government the failure to institute proactive measures to ensure internalization of capacity building is an indicator of the syndrome. Whilst it is true that national ownership is not synonymous to government ownership, in Zimbabwe, state institutions are an important part of the process. On the part of the communities, specifically activities related to output 1, clear signs of dependency have emerged; for example, communities in Zvishavane have not yet started recovery projects before funds are deposited into their accounts. These are the unintended results of this project that must be addressed as part of the design of the CPAP.

What is more, the unresolved political issues surrounding constitution making and general elections may result in the country sliding back into a humanitarian crisis, making communities rely even more on external support for food. Current projects may also not be sustained, thereby diminishing community interests in these initiatives.

Also, despite gender being cited as a developmental principle, it has not been fully integrated as a cross-cutting issue at the initial assessment and planning stages of the early recovery initiatives.

## 3.3.3 Efficiency in delivering outputs

The prevailing macro-economic environment as well as internal management systems in UNDP has implication on the efficiency of delivery of outputs. In general, funding for recovery has been limited because of disengagement of donor community from Zimbabwe. With the impasse between government and its traditional donors and the reluctance by the donor community to fund government institutions, UNDP had to come up with ingenious ways of ensuring that MLSS and relevant communities could still receive support for early recovery, including recourse to TRAC, using a mixture of direct cash transfer and central procurement of equipment, goods and services. This however had its own challenges including late payment and failure to complete outputs. This was more severe for community supported projects, which required that funds be directly channeled to the communities. Late payment arose because of the lengthy turn around period, caused in part by the complex invoicing system and delays in processing and approval. 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 stabilized 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 multiplied and UNDP staffing remained the same, whilst at the same time IPs capacities to comply with requirements remained inadequate, compounding the problem of payment delays. 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.

In addition, 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. In fact, UNDP has other internal mechanisms, including ATLAS and PRINCE-2 that it is yet to employ more effectively to manage outputs.

## 3.4 Sustainability of strategies/outputs

Sustainable development has been subjected to considerable academic scrutiny and has become the mantra for a coherent approach to address developmental problems facing the world. It has emerged as the paradigm that underlies the United Nations MDGs.[[39]](#footnote-39) It highlights the view that if we are to successfully attain the goals of a peaceful, prosperous and secure future for humankind, the ability of UNDP partners to address the principal challenges of sustainable development must be reinforced. Sustainability in this context means that there is a flow of benefits after the major assistance has been completed. In the context of this outcome, sustainability of the strategies is dependent on the extent of the partnership for recovery interventions, the extent of application of participatory approaches, ownership of initiatives and provision of technical resources.

## 3.4.1 Coordinated approach to recovery intervention by UNCT and its key partners

As the LICI Cluster Coordinator, UNDP provides oversight and leadership to organizations working in the recovery cluster. The LICI Cluster works to coordinate partners to create jobs, strengthen market linkages, open new markets and enhance entrepreneurship skills in horticulture, arts and crafts. For the youth group joint programming with other UN agencies, international NGOs and national civil society organizations has focused on improving youth livelihoods in the area of youth livelihoods with relevant UN agencies, International NGOs, Civil Society and Private Sector. This is a positive development that has ensured maximum use of the limited donor funding available to UN agencies involved in recovery intervention. LICI is poised to make valuable contribution to the livelihoods of rural and peri-urban communities and will facilitate the gradual move of communities from a state of early recovery to full recovery through leveraging comparative competencies across the UN system. The 2010 Joint Recovery Framework is another indicator of progressive collaboration of the various partners and will further provide guidance to the various partners to mobilize resources under the Consolidated Appeal, coordinate, and take action to effectively address the early recovery needs in Zimbabwe.

## 3.4.2 Increased Application of Participatory Approaches

Participatory processes have been set in motion to increase the legitimacy of programmes, a sense of shared responsibility, ownership and commitment to implementation, thereby ensuring sustainability. The increased application of participatory approaches such as the Participatory Development Model-PDM by civil society actors (SCC and Africa 2000) in recovery at local level has enabled communities to take “ownership” of the process of recovery. A good case study is the Vukuso ward in Zvishavane where the community expressed aspirations of building a community centre, a weir or market gardening and to rehabilitating the damaged roof of a local school.

## 3.4.3 Ownership of Initiatives

Community ownership of initiatives remains a key challenge. The use of NGOs as opposed to government entities has been argued to divert the potential to create social and collective change and the possibility to shift power relations, and strengthen ownership and responsibility for change. When government departments at district level and communities are not fully integrated in outputs at the onset, a vacuum is created when the NGO no longer works in the area. A case in point is the Musirizwi Irrigation Scheme project which is showing signs of community conflicts after the departure of Africa 2000 Network following the commissioning of the scheme. Therefore initiatives should follow the principle as outlined in the UNDP L4R initiative that acknowledges that communities, however disparate, have within themselves the resources and capital to confront socio-economic challenges and promote changes in community norms. Another sustainability challenge is the absence of a clearly laid out exit strategy and guideline which would ensure that recovery efforts by UNDP through various IP are sustainable.

## 3.4.4 Internal Placement of Personnel and Technical Resource Provision

Capacity strengthening of MLSS through support to the Programme Secretariat has been made to ensure mainstreaming of the recovery support from UNDP into the department’s relief and recovery programme. On scale of tangibility, the placement of UNV’s in the District Social Services Offices in the targeted district has contributed to improved coordination by the DSSO of stakeholder; from government, civil society and private sector, with structures established to complement existing local governance institutional coordination mechanisms.[[40]](#footnote-40)

## 3.5 Addressing Gender, HIV and AIDS and other cross-cutting issues

Overall gender and HIV and AIDS have been integrated only in output 1. More specifically, the project on “Capacity Development for MDG achievement at Local Level” has gender and HIV and AIDS at the core. Generally, gender integration has been mainstreamed in various outputs and activities including, i) support provided by the Ministry of Women Affairs, Gender and Community Development to MLSS to ensure that they apply gender based budgeting principles, ii) MSMECD prioritization of women in terms of accessing micro finance for small to medium enterprises, and iii) skills training by various partners (SCC and LICI) that focused on women’s needs such as tailoring, bakery, small livestock rearing and vegetable production.

Whilst UNDP recognizes the importance of gender issues and has a good quantitative and qualitative representation of women, the issue was not adequately internalized or systematized in the policies, programmes, project design and monitoring and evaluation systems. Moreover, data on the output and outcome were not disaggregated by gender. However, gender mainstreaming cannot be measured against numbers, the success of the gender mainstreaming programme depends on strengthening institutions and changing attitudes and behaviours, both of which are long-term and generational impacts. Gender balance and equality has to be mainstreamed, not only at the output level, but at the outcome level.

Similarly, HIV and AIDS have only been at the output and activity levels. Some efforts hae been made to increase community understanding of HIV and AIDS and environment. Community training workshops incorporated awareness on HIV and AIDS, prevention and care. Some of the community projects had a built in mechanism to support AIDS orphans through provision of vegetable produce. Again, this falls short of the required systematic manner in which HIV and AIDS and gender should be mainstreamed. Whilst education initiatives in Zimbabwe have done a lot to instill high knowledge about HIV and AIDS, men still control most of the sexual episodes. As a result of this male-female power differential, women may find themselves in situations that increase their risk for sexually transmitted infections, including HIV infection despite knowledge they may have about how to protect themselves. The risk to HIV infection is compounded by the fact that women tend to engage in transactional sexual relations in crisis situation, increasing their vulnerability to unsafe sexual activities due to their weaker bargaining position relative to their male partners. Women tend to use their limited bargaining power to negotiate for higher economic gains instead of safe sexual practices increasing their risk for contracting HIV. Hence, it is axiomatic that gender and HIV and AIDS be mainstreamed simultaneously in recovery processes. The major weakness with current recovery efforts is that they do not aggressively seek to address the issue HIV prevention, care and treatment, despite the consensus that mainstreaming of HIV should occur in a systematic manner in all recovery and integration processes. Early recovery processes offers a unique opportunity to ensure a continuum of prevention and care. This is a missed opportunity by partners to ensure that early recovery programming is linked to national AIDS strategies and plans. As the Principal Recipient of the Global Fund, UNDP is better placed to ensure HIV and AIDS mainstreaming in early recovery and recovery processes.

Environment was mainstreamed in community projects on sustainable agriculture through training in low input agriculture and application of organic farming. Again, the problem is that these have only been mainstreamed at the output and activity levels only. Another cross-cutting issue that seems to have received little attention is conflict prevention. We could not ascertain the extent to which this has been mainstreamed in anyone of the activities, outputs and the outcome.

## 3.6 Institutional Arrangements

National Execution (NEX), now referred to as National Implementation (NIM) was the dominant modality for the delivery of support under this outcome. However, in light of the Micro assessments of the IPs carried out in February/March 2009 which 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, UNDP opted for direct payment rather than cash transfers. In most cases UNDP opted for central procurement and cash transfer to project beneficiaries, thereby by-passing government.

In terms of working with agencies outside of government, the LICI cluster seems to have provided the perfect platform for joint programming in the recovery sector, which in turn seems to have increased efficiency of output delivery. This is a vital arrangement given the limited funding available country wide for recovery and development needs. The cluster has been instrumental in increasing the visibility of Zimbabwe with International development agencies, NGOs and the private sector. Overall, the LICI cluster arrangement has created a solid network at national level for recovery support to Zimbabwe.

## 3.7 External Factors beyond UNDP Control

This section will assess factors beyond UNDP’s control that affected the achievement of outcome. First the continued disengagement of international development community from funding development work may be the greatest external challenge affecting the outcome. As highlighted in earlier sections, funding for recovery efforts has been few and far between, mainly because sources of international support were mainly earmarked for humanitarian and governance support. In addition, the policy of non-engagement with the Government of Zimbabwe among donors resulted in several parallel processes focusing 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.

Second, with the formation of the GNU, new ministries and departments emerged, leading to changes of key personnel, especially those in senior management. For MLSS the demerger with Public Service may have resulted in a reduction of staff, compounding an already depleted institution as a result of “brain drain”. This is coupled with staff shortages as a result of high vacancy rates and absenteeism. In some instances promotions were made but the staff did not possess the requisite skills.

Third, a highly polarised political environment, particularly in the early stages of the CPAP, characterized Zimbabwe. In such 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.

Fourth, inadequate funding on the part of government meant that there were limited repairs and maintenance or replacement of equipment. Thus, the infrastructure needed for implementation was dilapidated.

Fifth, many activities planned outside the capital could not be conducted owing to transport shortages.

Sixth, 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.

## 3.8 UNDP Partnership Strategy

The partnership strategy adopted by UNDP in the delivery of this outcome is in line with UNDP Strategic Plan (2008-2011), which emphasizes capacity development as the overarching contribution of UNDP, national ownership of development programmes, increased cooperation with other UN agencies and assisting national governments in creating an enabling environment in which the links between national governments, the United Nations development system, civil society, nongovernmental organizations, and the private sector involved in the development process are strengthened.[[41]](#footnote-41) Working in partnership is the most productive way of achieving a more efficient and effective use of limited resources. Partnerships are an essential part of delivering improvements to people's quality of life, but they can bring risks as well as opportunities. Our overall conclusion is that UNDP could have better focused on how it can work together in smarter ways to deliver priorities, especially those that fall outside its purview.

## 3.8.1 Partnerships with government- IPs

The selection of MLSS as the main IP for outputs 1 and 2 and the Department of Civil Protection for Output 3 were ideal and strategic given the mandates of the two institutions. Despite programme documents specifying other IP’s considered key in the delivery of said programmes, UNDP has tended to enter into contractual agreements with a single IP. For example although the project on Strengthening Locally Led Early Recovery listed the Ministry of Local Government, Urban and Rural Development as an IP, the General Management Agreement was only signed between UNDP and MLSS. The same holds true for the CRRP project, which involved the MSMECD and MWACD. This limits the ability of UNDP to directly relate with the other IP’s and only rely on reports emanating from the main IP. In the absence of a forum that brings all the IPs together, such as the one created by MLSS on MDGs, challenges relating to institutional conflicts, lack of cooperation and general constraints in project execution persisted.

## 3.8.2Parterships with International NGOs, National Civil Society and Private

Both IPs and communities commended UNDP’s partnership with Civil Society Organizations in delivering outputs for this outcome. UNDP choice of partners in this regard was based on several factors, including technical knowledge in participatory community development, decentralized systems of managing projects as well as experience in working in targeted districts and communities. Accordingly, UNDP partnered with SCC, SNV and Africa 2000 Network. Generally civil society was viewed by the IP as having played a critical role in providing knowledge and skills for enhanced youth livelihoods and recovery. However, the civil society partners cited problems with disbursement of funds as having impeded progress. The evaluation team is of the opinion that whilst partnerships with civil society are vital, there should be proper exit strategies that include mainstreaming of interventions in relevant government departments at appropriate levels to ensure sustainability. Private sector engagement was limited to complex activities, e.g. irrigation projects such as engineering equipment installation. The partnership has been ad hoc and as and when requested by the implementing agent. In this regard implementing agents were wary of the lengthy procurement process especially where equipments were bought offshore.

Another concern is that the management of contractual arrangements with International NGO, national NGOs and Private sector to deliver toward outcome was weak. These partners were brought in to deliver on specific outputs, (for example skills training) and their tenure was limited to the attainment of those outputs. This poses challenges of retention of skills and application of skills once the contract has expired. Unlike in the past when many NGOs had recourse to own resources and would continue ensuring skills uptake, the situation no longer applies given the “donor flight syndrome” facing Zimbabwe. A related challenge is the failure of IPs to internalize the work done by specialized agents brought in by UNDP to complement their efforts. This resulted in a scenario where communities feel “abandoned”, as is clear in the Musirizwi case, as explained in section 3.4.3. UNDP needs to revisit how specialized agents work with IPs and communities to ensure sustainability.

## 3.8.3 Coordination with UN agencies, international development agencies and donors

ZUNDAF (2007-2011) shows increased levels of cooperation of UN agencies for this outcome. Due to the humanitarian crisis facing the country during the early years of ZUNDAF, there was greater need for coordination of UN efforts. Accordingly, UNDP has participated actively in the Consolidated Appeals and in Joint Recovery Opportunities Assessments. Consequent to these collaborative efforts, the LICI cluster has emerged as a catalyst joint programming. With LICI, a multi-stakeholder forum now exists in Zimbabwe through which information, data and experiences are shared amongst the UN agencies, International development agencies, donors and civil society. This has allowed for the full exploitation of synergies and complementarities. Through LICI, the UN has been able to assist vulnerable households such as the child headed, female headed, internally displaced persons and those affected/ infected with HIV and AIDS to undertake quick recovery initiatives. Joint programming in community capacity building, livelihood improvement and community infrastructure rehabilitation has occurred. LICI’s work around youth livelihoods is particularly commendable and has shown it is building a strong foundation for “UN delivering as one”.

## 3.8.4 UNDP’s Strategic Positioning

Support for achievement of Outcome 3 of CPAP (2007-2011) are consistent with the strategic focus of UNDP Strategic Plan (2008-2011) which include poverty eradication and achievement of MDGs and crisis prevention and recovery. Regarding recovery efforts, UNDP has been consistent in providing transitional activities that build national ownership. UNDP has been able identify key implementing partners whose mandates have a direct bearing on recovery. 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. UNDP has to some limited extent integrated gender in early recovery complying with the ‘Eight Point Agenda for Women’s Empowerment’ and ‘Gender Equality in Crisis Prevention and Recovery’.

Bearing in mind the need to ensure national ownership of recovery initiatives, UNDP has promoted a participatory approach in the formulation of draft policies and in setting up of coordination mechanisms. Through the output on enhanced livelihoods and recovery, UNDP has attempted to set the foundation for local development, by focusing on a sense of collective community decision making, and reviving the local economy by supporting income generating activities. However the real impact of this intervention is yet to be seen due to the late start of community projects.

In keeping with the UN policy on early recovery, UNDP has strengthened its partnerships and collaboration with other UN agencies and International NGOs and donors. The LICI cluster approach has been strategic, as it has set in motion joint programming in the UN.

UNDP’s support to DCP has been very strategic given the recurring disaster conditions that the country is facing thereby necessitating a solid institutional capacity for prevention, responsiveness and management of risks from natural and man-made disasters. Support in the formulation of the disaster and risk management policy for Zimbabwe has widened the scope to include vulnerability to climate change.

## 3.8.5 Responsiveness

The evaluation team is of the opinion that in terms of responsiveness, UNDP has been able to identify and support relevant initiatives in this Outcome area. In response to contextual changes, UNDP has had sufficient flexibility to respond to the emerging priorities of the government. Whilst it is true that UNDP attempted as much as possible to engage CSO in the delivery of this outcome, the challenge however is that the outcome required the involvement of multiple IPs and UNDP could have handled these arrangements more effectively given the context. An example here is the Community Recovery and Rehabilitation Program where MLSS was the main partner, with other partners, specifically, MSMECD and MWAGCD playing only supportive roles. UNDP did not have contractual relations with the other IPS, except with MLSS, effectively placing the MLSS as the overall coordinator of its intervention on early recovery. The implication is that the output was not entirely maximized as UNDP could not exercise its oversight control over the other IPs. In challenging context like that prevailing in Zimbabwe, managing partnerships is a critical component of effective responsiveness. Notwithstanding, it is commendable that UNDP used lessons from this experience and improved its approach in the successor project on Locally Led Early Recovery.

## 3.8.6 Coordination

Coordination of efforts in the humanitarian sector has been provided by OCHA. Through OCHA, the LICI cluster was formed and it has been instrumental in providing for improved coordination of UN agencies such as ILO, WHO and IOM in the early recovery initiatives. The Consolidated Appeal has provided these agencies with a great opportunity for joint programming in support of livelihoods, institutional capacity building and local infrastructure. However the results of this improved programming approach are still to be realized. Joint programming around enhanced sustainable livelihoods has been affected by the limited funding for full recovery as most resources are still in the humanitarian sector.

Outcome stood to benefit more from increased UN agency coordination had the joint opportunities for recovery assessment been commenced early and the result fed into the system. Prospects for enhanced sustainable livelihoods could have been better given the existence of joint opportunities framework for recovery, if it were not for the poor response to resource mobilization under the consolidated appeals.

## 4.0 Summary of the main findings

1. *UNDPs support for the outcome was relevant to the country’s prevailing cont*ext and needs. Taking into cognizance the country’s complex operating context marked by a population with deteriorating livelihoods and a public sector whose capacity was severely weakened by a brain drain of professional and skilled personnel[[42]](#footnote-42) as well as reduced government revenue for operations and administration, outcome was appropriately anchored around early recovery and was germane to the country’s needs during a period when most of the population was in need of support to survive the peak of the humanitarian crisis as well as the increased incidences of disasters. For future programming, UNDP may need to streamline recovery interventions aimed at lower stream in terms of mode of delivery.
2. *Weak Definition of outcome:* the definition of the outcome in the SRF could have been more coherent so as to avoid loading two developmental results into one. i.e. (i) Enhanced Livelihoods and Recovery and (ii) disaster risk reduction integrated into development planning. In fact, DRR should not only be stated as an outcome of a specific programme, but as an issue that must be mainstreamed into all poverty programmes. Unfortunately, unlike gender and HIV and AIDS, DRR has not received enough attention as a cross-cutting theme. However the fact remains that there is a lot of scope to address risk reduction holistically and in this respect it may be prudent for UNDP to mainstream DRR in all its interventions.
3. *The support provided by UNDP was effective in building capacities of IP and other institutions at national level as well as building the capacities of communities to understand and the process of recovery and indentify recovery priorities*. LICI has been instrumental in providing a coordinated and holistic approach to recovery drawing on the comparative strengths of the UN, international development agencies, donors and civil society. However, the approach to downstream capacity building could have been improved as fear exist that the increasing use of NGO may not be sustainable in the event that such an NGO is no longer supported for that specific locality. In this regard, UNDP should make better use of the LICI cluster to select organizations to lead lower stream recovery initiatives.
4. *Some level of progress has been made to achieving macro level* “upstream” *outcome* with theMinistry of Labor and Social Services’ capacity to coordinate relief and recovery at national and district level being evident. UNDP’s support for capacity building at national down to the ward level as well as the formation of recovery institutions at these different levels has set the country on a path toward full recovery. Also, there is sufficient information to suggest that the Capacity of DCP to lead disaster management has been strengthened with evidence of its transformation from a disaster reactionary to an institution that proactively creates awareness on DRR, early warning for DRR and well laid out disaster response and management structures/systems. The participation of District Authorities in the recovery process and UNDP’s strategic interventions in building their capacities to lead and manage recovery efforts is illustrative of the sustainability of the programme.
5. *Little progress has been made in achieving the micro “downstream*” *outcome.* Whilst, it is evident that communities have the capacity to drive and own the early recovery process, the longer term outcome of enhancing livelihoods and recovery is yet to be achieved. A related concern is the extent to which the strategies and outputs aim to stabilize community security and addresses underlying risks that contributed to the crisis.
6. *Complex and unpredictable operating environment.* Many external factors affected UNDPs ability to efficiently deliver the outputs for outcome 3 including the hyperinflationary environment, the complexities of sourcing for services and technical resources and the limited donor support for the sector. Internal management systems could however have been improved to limit the delays in decision –making and making payments for outsourced services.
7. *Sustainability is predicated on success in demonstrating value, mobilizing resources, and retaining skilled personnel*. Sustainability of UNDP support may be compromised by failure of IPs to internalize skills and mainstream supported initiatives through effective use of human and financial resources. The capacities that have been built through UNDP support and their utilization hinges on several factors key among which is the availability of funding to implement policies and implement programmes for which capacity has been developed. Sustained efforts must be directed at educating IPs on the need to hold their end of the bargain by showing interest and commitment to internalizing support rendered by UNDP.
8. The Restructuring of UNDP Zimbabwe office in 2009 to create two separate units (i) Governance and (ii) Poverty Reduction, Crisis Prevention and Recovery, each with specific practice areas to some extent affected the outcome. The evaluation team noted some outputs cut across the two management units necessitating the need to continue rationalizing the units so that they effectively deliver on CPAP outcomes and provide for teamwork approach through collective delivery across practice areas and across the two units. CO’s approach to managing outputs is that of assigning individuals who manage the implementation modalities. Despite there being a collective effort in designing the CPAP, there appears to be no joint output management within the units and across the units. This has several problems relating to delays in response to needs of IPs. This is a missed opportunities to synergize and complement efforts across units toward the various outputs. UNDP should invest more time in designing a system that ensures a team approach in the management of outputs that runs across practice areas and units
9. *Weak Monitoring and result documentation.* A key issue that has been repeated throughout the report is that monitoring and evaluation has remained a major concern of the CPAP. No robust M&E system was developed to measure the effectiveness of activity implementation. Weak and uncoordinated monitoring systems currently result in a lack of evidence on effectiveness and outcomes of the chosen strategies. Reporting has not always been consistently applied over the years, making it difficult to measure and compare achievements over the years. Moreover, there is no evidence that the reporting system was used to facilitate programme improvement, because these did not necessary produce “living data”; data that is easy to interpret in order to facilitate rapid programme improvement. This is a reflection of the weakness in application of RBM principles. Available progress reports provided little information on progress and lessons learned that inform future programming. UNDP should continue building institutional capacity in RBM application in programming and strengthen outcome monitoring systems.
10. *Mainstreaming gender, environment and HIV and AIDS.* One of the main concerns with mainstreaming gender, environment and HIV and AIDS in the CPAP is that it has been only mainstreamed at the output stage and not at the outcome level. Success of gender mainstreaming is transformational and is therefore not easily measured through outputs. UNDP should develop GSMART results and indicators at outcome level in all its future programmes.

## Lessons Learned

Primarily, ten key lessons have been learnt in the implementation of this outcome. These are as follows:

1. ***TRAC funds are immensely useful in a crisis situation****.* Due to limited donor support for recovery and development, “TRAC” funds are the lifesaver. IPs and Civil society organizations expressed great appreciation for UNDP TRAC funds which were considered lifesaver during a time when funding was hard to mobilize.
2. **Institutional memory and retention is vital for effective early recovery***:* In the context of Zimbabwe, there have been too many changes of personnel in most institutions due to the brain drain syndrome and the reorganization of mandates resulting in split of ministry functions. This has created challenges in the internalization and mainstreaming of UNDP support to IPs.There is a need to review capacity building strategy in order to ensure sustainability of efforts in IP’s and communities including developing mutually beneficial exit strategies after extensive consultations with IPS so as to anticipate the implications of withdrawal and internalize capacity building lessons.
3. **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. Thus, there is need to utilize political intelligence and engage other key stakeholders to improve the possibility of success.
4. **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 DIM modality and the need to mobilise resources in support of the population.** In undertaking work in the area of governance and HIV&AIDS (as GFATM Fund Manager), 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.
5. **Communities have the inherent capacity to self- recover**. With UNDP’s support it is becoming evident that communities collectively understand their recovery needs, design solutions to enhance livelihood and seek necessary partnerships for this to occur. Accordingly there is need to continue providing seed funding for community recovery projects.
6. **Flexible and adaptive country programme management approaches** ensure survival in a complex conflict ridden country.
7. There is value in **constructing and documenting problem analysis and a results logic model** even when these are not required as part of the formal process of programme planning.
8. **Effective DRR should be based on community knowledge**. DRR processes should build upon local level participatory analysis of vulnerabilities and capacities, coupled with accessible scientific information to inform their analyses and development of solutions.

## 6. Summary of Recommendations

The recommendations should be considered in the context of enormous challenges facing Zimbabwe, including the financial crisis, climate change and threat to food security. In this light, the recommendation are relatively modest and doable, and may indeed offer an opportune juncture to review the UN role in early recovery, recovery and disaster reduction.

1. The UNDP policy provides a good guide to the various inter-connected and mutually supportive component of early recovery; including building capacity at the national and local levels, facilitation of early recovery efforts and coordination of recovery planning. The current programme seems to only address some component of the entire menu of early recovery and does not seem to address questions of prioritization and sequencing. It is important that the next CPAP clearly shows the link between activities at early stage of recovery, which requires an acute sense of prioritization and those aimed for longer term development so as to avoid a situation of fixation with early recovery initiatives, but more so to create the space for continuously reflection of the progress or regression of situation.
2. The LICI cluster should invest in the development of a reliable database of good practice studies and evidence research based literature. UNDP, as the leader for the early recovery cluster, should make it its core business to ensure that more research is directed towards strengthening partnership and building predictability models and accountability frameworks.
3. In order to proactively respond to challenges, UNDP should have regular senior management consultations with IPs to address issues of strategic interest.
4. UNDP has been able to adapt DIM to suit Zimbabwe’s context through a mixture of central procurement and direct cash transfers. However, outcomes are more likely to be achieved when outputs are mainstreamed in relevant government institution. UNDP must find a more effective mechanism for disbursing funds in a country context where direct cash transfer to IP’s is considered risky. In this regard micro-assessments of IPs must be done early before the next programming cycle and must be used to strengthen IP’s financial management system so as to reduce risk. This must be coupled with an exercise to educate IPs on the UNDP’s internal funding mechanisms.
5. UNDP needs to develop an exit strategy and guidelines to ensure smooth transition to full ownership by IPs and communities as part of its accountability towards the IPs.
6. There is need for an outcome-based program management approach to each practice area and within the Poverty Crisis Recovery Unit and Governance. This approach will provide for improved a team work, synergies and collaboration within and across the units.
7. UNDP needs to formulate operational guideline for supporting “lower stream interventions” and examples of how to work with local authorities, because as the evaluation found, there are concerns that civil society role may not be sustainable in the present Zimbabwe context where they do not have sufficient funding to continue with community work after exhaustion of UNDP funds.
8. Supporting partners with limited capacity could be made part of an annualized output or activity that would lead to improving their capacity for the long term. In effect, UNDP can plan the capacity building of partners and stakeholders as a long-term measure if capacity assessments are done as part of the pre-project planning and avoid carrying out needs-assessments and training activities on an ad hoc basis.
9. UNDP must make disaster risk reduction a core component of all poverty reduction and sustainable development efforts. The focus should be on creating upstream dialogue on disaster risk reduction, based on effective partnerships with all development partners, including multi- and bilateral, civil society organizations and the private sector. Public private partnerships are the key for successful institutionalization of DRR.
10. A grave need exists to sensitize the policy and decision makers at various levels about the need to integrate DRR into various development programmes. The policy framework exists and now efforts must be focused towards sensitizing policy makers, communities and businesses about DRR. UNDP should sponsor efforts to sensitize policy makers, communities and businesses on DRR, because making them aware of facts of DRR will make it easier to mainstreaming DRR in planning frameworks, and the successes will be multiplied through the partnerships.
11. UNDP’s role should not only be limited to upstream capacity building and advocacy but also seen as a knowledge network. In this regard UNDP, through the LICI cluster, must support more research, especially as it relates to understanding the patterns of poverty in Zimbabwe. The aim should be to stimulate and, deepen understanding of the causes of extreme poverty; and provide policy guidance that will contribute to contextualizing livelihoods initiatives. This may require investment in Zimbabwe’s knowledge institutions by supporting higher institution, e.g universities and think tanks to develop and expand Zimbabwe’s analytical foundations for development. UNDP should be commended for the series of working papers on recovery that provided the first step toward stimulating debate and contextualizing the recovery processes in Zimbabwe.
12. UNDP should make it its core goal to leverage relationships and invest in genuine and longer-term partnership with CSOs that work on recovery. This will requires that UNDP shifts from an emphasis on transactions towards a genuine partnership based on long-term institutional relationships and trust.
13. The CPAP must include an M&E plan with clear operational definitions of the outcomes, outputs and indicators. The outcomes must be clearly defined in line with the output and the activities. Clear and attainable targets must be set to reflect the relative strength of the UNDP office. Similarly outcome indicators should not be confused with national level impact indicators. The plan must include periodic reviews and assessments of the processes and outcomes and use this to reflect, refine and revise targets where necessary.
14. There is need to invest in skills development for full application of RBM approaches and tools within UNDP, IPs and its partners. This is in view of the weaknesses observed in designing CPAP’s outcomes, indicators and targets as well as the absence of a performance monitoring framework that systematically tracks progress toward the outcome.

# ANNEXES

**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.

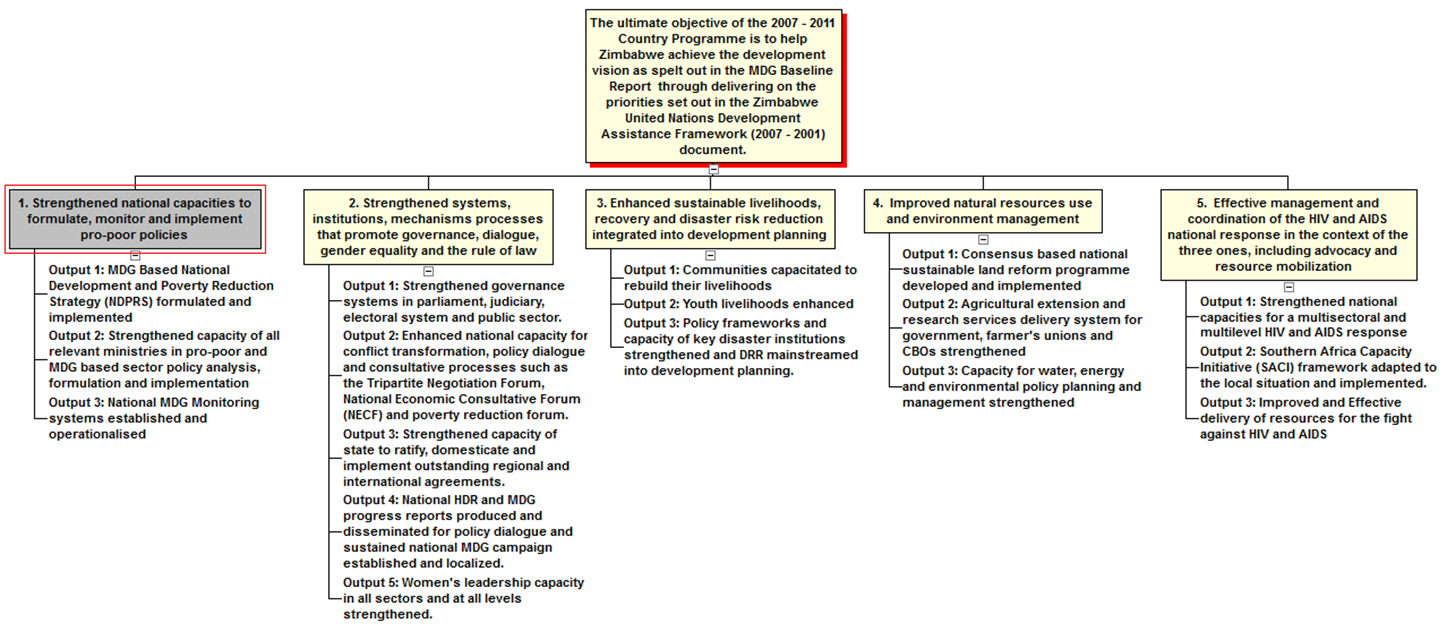
During the outcome evaluation, the evaluators are expected to apply the following approaches for data collection and analysis:

* 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: Overview of the Country Programme as presented in the CPAP**



**Annex C: Outcome 3 Detailed Result Logic**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Outcome and indicators** | **Programme Outputs and indicators** | **Project**  **Objectives and indicators** | **Contribution to ZUNDAF** | **Project**  **Output and indicators targets** | **Project Activities** | **Partners** |
| Enhanced sustainable livelihoods ,recovery and disaster risk reduction integrated into development planning  Indicator 1  *40% of the population is living below food poverty line*  Indicator 2  *300000 households supported to attain sustainable livelihoods* | 1. Vulnerable communities capacitated to attain sustainable livelihoods  *Indicators:*   * *At least 1.5 million beneficiaries supported of 60% are women* * *Number of infrastructure rehabilitated*   2. Youth Livelihoods enhanced  *Indicators*   * *1.Youth empowerment legislation in place* * *At least*   *100 000 youth beneficiaries* | Community recovery and rehabilitation  Objectives:  i)To rebuild the livelihoods of rural and peri-urban communities  ii)To encourage dev partners in participating in the country’s recovery process  iii)to support the dev of an effective partnership between GoZ,  the UN, participating communities, LA,NGOs, CBOs and the pvt sector  *Indicators*  1, *Proportion of the total pop dependent on humanitarian relief disaggregated by sex*  2*.Estimated no of community initiated development interventions*  3. *Improved social service delivery at community le*vel. | 1. Enhanced national capacity to engage in relief, recovery and income generating activities in order to reduce poverty  2. Enhanced national capacity for community infrastructure development and rehabilitation. | 1. Productive empowerment of women through training and support for income gen activities  2.Effective participatory planning and mgt processes at community level with involvement of all stakeholders  3. Increased food security at community level through increased production and productivity ,better access to markets and sustainable use NR  4.Establishmet of micro-finance schemes in order to enable small scale investment and the diversification of productive activities  5. Increased access to. And quality basic social services, including primary schools and health centers  6.Increased knowledge of HIV and AIDS among target communities | 1a)entrepreneurial training of women  1b)identification of local market opportunities for rural women  1c)Seed capital for enhancement/start up of SS Businesses  2a)participatory project appraisals, monitoring and evaluations  2b)Establishment of participatory planning and monitoring mechanisms  2c)CB of mgt groups and committee  2d)Community building  3a)Dev of partnership with Pvt sector  3b)Support to procurement of inputs  3c)Training on farming techniques & use of appropriate tech  d)Dev of irrigation schemes  e)NR mgt  4a)Provision of small scale credit to individual or organised groups for productive activities with specific emphasis on women groups  4b) support to investment and credit mgt  5a) Construction and rehabilitation of social infrastructure  5b) Strengthening management structures at community level  5c)Provision of learning and teaching aids and material for schools  5d) provision of equip and essential medical supplies for selected health centres  6a) Activities of HIV and AIDS PREVENTION CARE ANDF SUPPORT  6b)Communities mobilised for VCT PMTCT and ART  6c) Initiatives and campaigns for behavioural change  6d)Dissemination of prevention tools and techniques  6e)provision of information on nutrition and alternative medicines | MSMED  MLSS  Micro finance Institution-SEDCO,PUNDUTSO.  WADSCU  MOHCW |
|  | Strengthening Locally led Early Recovery in Zimbabwe | 1.To strengthen community local and national government planning and decision making capacity for early recovery  2. Restore and revitalise community livelihoods by supporting priorities soci-economic recovery needs  3. Establish a multi-sectoral recovery link between the humanitarian and dev effort.  OUTCOMES  1.Post Crisis local governance capacity strengthened , including measures to work toward prevention of crisis  2. Improved sustainable socio-economic recovery in rural, peri-urban communities  3. Multi-sectoral link of Early recovery established with humanitarian and development efforts. | 1.Bottom-up area based local level planning capacity for early recovery strengthened in 11 Districts  Targets  a)11 District Development plans formulated  b)Ward and District level recovery projects in all targeted districts  1.2 Strengthened national level early recovery planning and decision making capacity  2. 1. Recovery priorities supported in 11 target districts to improve community livelihoods.  3.1 Early recovery  Co-ordination capacity strengthened  3.2 Strengthened Early Recovery Knowledge Mgt | 1a) Needs Assessments, community training, community planning and prioritisation  b)Capacity development response  c)Youth and Livelihoods Needs Assessment  2. a Identify and implement activities aimed at restoring livelihoods  b)Support emergency employment creation and other SME dev at community level  c)Identify and rehabilitate important socio-economic infrastructure  d)Provide support and facilitate skills training  3. Develop and implement ER cluster | SCC,SNV  GEF small  grants programme  DIFID Protracted Relief Programme  FAO and NANGO |
| 3. Policy frameworks and capacity of key disaster institutions strengthened and DDR mainstreamed into development planning  *Indicators:*  *Policy and new act on DRR in place*  *Department of Civil Protection and 8 provinces, 30 districts are strengthened and disaster risk management plans updated*  *70% of communities in 30 districts are trained in disaster risk management* | Strengthening National Capacity for disaster Mgt in Zimbabwe  1.to undertake an assessment and analysis of hazards vulnerabilities and capacity of communities in order to determine the nature and extent of their risk  2.To update the NDMGT strategy and Plan and prepare provincial and district disaster mgt strategies and plans in a pilot province/district so that disaster prevention, preparedness, mitigation and response can be properly guided  3. To support the legislative and policy dev and implementation process so as to ensure an adequate legal framework for effective disaster mgt in the country  4.To strengthen the institutional capacity of DCP,PCPCs,  DCPCs so that they are able to effectively coordinate and undertake disaster mgt  Indicators:  Comprehensive national disaster policy, legislative ,regulative and mgt framework is in place and is being implemented , to ensure effective disaster mgt  improved rate of response by national and sub-national disaster mgt structures to disaster situations  Public well informed about disasters, their consequences and mitigation and preventative measures.  Improved capacity by disaster stuck communities to be resilient and cope with the effects of disasters  Reduced occurrences of disasters, and where they still occur , reduced negative effects of disasters. | 1. Improved food security and sustainable mgt of NR and environment  2.Strenghtened policy and institutional framework for mainstreaming of disaster and risk mgt | 1. National Disaster Mgt in place defining roles of key agencies in vital functions  2. A national Disaster Preparedness Plan is in place describing the means to address a disaster within a specific timeframe, and detailing the mechanisms for operated planning at the onset of a potential.  3. Provinces and Districts start emergency and revise the Plans  4. A national Mine Action strategic Plan in place.  5.Passing of the Emergency Preparedness and Disaster Management Act  6, A national Disaster management policy in Place to provide an overarching disaster mgt framework  7. Disaster management is integrated into the education system.  8. Enabling environment for disaster risk management is enhanced  9. Attitude and knowledge of communities regarding disaster mgt enhanced.  10. An Early warning system EWS in place at national and sub-national level. | Human resource capacity for emergence response and recovery strengthened  Targets:  a)No of personnel to assist RCO  b)Timely prod of SITREPS  c)Needs assessment reports with gender analysis  2.Emergency response plan and ER framework  a) number of people trained on emergency response and recovery  b)ER and recovery framework in place  3. Capacity needs for DRM implementation identified.  a)Capacity for DRR mainstreaming in dev planning implementation documented  5.one pilot district flood preparedness/contingency plan dev and implemented  a) flood preparedness /contingency plan for one flood prone district in place  b. facilitate planning meetings and training sessions for the four assessment teams  c)co-facilitate multi-sector flood impact an needs assessments in the flood prone areas around the country  d)produce SITREPS on the floods situation as required  6a) conduct sphere training to assist in emergence response  b) Facilitate needs assessments for ER frameworks  c)facilitate dev of an early recovery framework with the provision of technical backstopping from BCPR/consultants  d) facilitate launch of the recovery plan  7a)Undertake training on DRM mainstreaming capacity assessment for UN and govt agencies  b)Recruit a national consultant to conduct capacity assessment  c)support DCP to coordinate DRM mainstreaming in dev planning  d) undertake monitoring activities through meetings  8a)Provide training on dev of preparedness/contingency plans at District level  b)develop at least one District flood preparedness/contingency plan  c)Facilitate implementation of the plan | DCP  UNCEF,FAO,WFP,WHO and Zimbabwe Red Cross, Save the Children Fund  Bureau for Crisis Prevention and Recovery |

**Annex D: List of Key Informants**

|  |  |  |
| --- | --- | --- |
| **Name** | **Position** | **Organization** |
| A. Zinanga | DRR/Program Director | UNDP |
| A. Made | Technical Advisor | UNDP |
| C. Primdal | Early Recovery Officer/LICI Coordinator | UNDP |
| S. Mhishi | Director Department of Social Services | Ministry of Labour and Social Services |
| Mr. Manyika | Programme Officer | Ministry of Labour and Social Services |
| K. Muneri | Administrative Assistant | Ministry of Labour and Social Services |
| Alec Nyikadzino | District Services Officer  Zishavane | Ministry of Labour and Social Services |
| Tendai Chipunza | UNV/Prog Officer  Zvishavane | Ministry of Labour and Social Services |
| Steven Ihude | Acting Chief Economist | Ministry of Small and Micro Enterprises and Cooperative Development |
| Theresa Chigwere | Senior Economist | Ministry of Small and Micro Enterprises and Cooperative Development |
| Blessing Gwengwe | National Project Coordinator | ILO(LLER/LICI) |
| Osmond Mugweni | Executive Director | Africa 2000 Network |
| Roy Dembaremba | Natural Resources Officer | Chipinge Rural District Council |
| C Matizha | Director for Gender Affairs | Ministry of Women Affairs,, Gender and Community Development |
| Grace Okore | Country Representative | Swedish Centre for Cooperative Development |
| Jonathan Kagoro | Programme Officer | Swedish Centre for Cooperative Development |
| Peternella Teeuwen | Senior Development Advisor | SNV/LICI |
| N. Chimbetete | Executive Director | Zimbabwe Women Resources Centre and Network |
| Vincent Oduor Omuga | Humanitatrian Affairs Officer | OCHA |
| Natalia Perez | Programme Director | IOM(LICI) |
| Caroline Ort | Country Director | NRC(LICI) |
| Mr Pawadyira | Director | Department of Civil Protection |
| Ms Ndlovu | Deputy Director | Department of Civil Protection |

**Annex E: Focus Group Discussion Attendance List, Musirizwi Irrigation Scheme-Chipinge**

|  |  |
| --- | --- |
| Name | Sex |
| Charles Mapfukireyi | M |
| Luwis Mhlanga | M |
| Lovemore Manxee | M |
| Agripa Ndawazani | M |
| Joel Dhliwayo | M |
| Herbert Manxee | M |
| Maud Sithole | F |
| Nokwase Sithole | F |
| Majorie Syndraum | F |
| Simon Sithole | M |
| Nyadzeni Dhliwayo | F |
| Esimate Maunde | F |
| Phillimon Siyanda | M |
| Rueben Machazi | M |
| Thoko Nemande | F |
| Lilian Nemande | F |
| James Mayahle | M |
| Nyadzawo Mhlanga | F |
| Lyton Mangwanda | M |
| Muremeredzo Soroti | F |
| Mwakorera Mhlanga | F |
| Midio Mangwanda | F |
| Thoko Sithole | F |
| Maria Magumeni | F |
| Godwell Sithole | M |
| Eness Rupono | F |
| Margret Manyawani | F |
| Joyce Mwaziya | F |
| Lycan Gapara | M |
| Timothy Sithole | M |

**Annex F: Focus Group Discussion Attendance List, Zvishavane District- Vukuso Ward.**

|  |  |
| --- | --- |
| Name | SEX |
| Sasiso mangema | F |
| Skuliwe Mandhlokuwa | F |
| Auxillia Mazo | F |
| Silo Moyo | F |
| Florence Gumbo | F |
| Rumbidzi Chirambanegomo | F |
| Cicilia Chipo | F |
| Rollita Matendere | F |
| Siyai machokoto | F |
| Angeline Moyo | F-Ward Faciliatator |
| Silence Mandhlukuwa | F |
| Annatoria Gwangwava | F |
| Tenjiwe Mahonye | F |
| Alexio Matsveru | M |
| Kudzai Moyo | F |
| Vongai Msipa | F |
| Hloripa Magadzire | F |
| Estery Mafuhwe | F |
| Eunice Chakawa | F |
| Blessed Garabwe | M |
| Alpha Ndlovu | F |
| Ester Chihono | F |
| Grace Mazhambatate | F |
| Manyimo Isheunesu | M |

1. Analysis done at the beginning of the program cycle for the existing ZUNDAF and CPAP was sufficient to set up the CPAP. However the question also remains the extent to which risk analysis address Zimbabwe’s public sector capacity. [↑](#footnote-ref-1)
2. Mainstreaming helps us address the basic socio-cultural issues related to gender, environment and HIV and AIDS [↑](#footnote-ref-2)
3. The problem is that there are no credible long term partnerships with CSO for early recovery in Zimbabwe. Many of the organization so far employed was to deliver on specific outputs and not on any longer term relations. [↑](#footnote-ref-3)
4. The issue being addressed here is much more than partnering but that of a well defined partnership strategy with clearly laid out roles and responsibility framework and exit conditions. This will go a long way to ensure greater accountability to IPs. [↑](#footnote-ref-4)
5. Government of Zimbabwe/UNDP country programme of cooperation, Country Programme Action Plan 2007-2011 [↑](#footnote-ref-5)
6. No Common Country Assessment (CCA) was undertaken [↑](#footnote-ref-6)
7. Sustainable rural livelihoods: practical concepts for the 21st century. IDS Discussion Paper No. 296, Brighton, IDS, R. Chambers & G. Conway, (1992). [↑](#footnote-ref-7)
8. Livelihoods approaches compared: A Brief Comparison of the Livelihoods Approaches of the United Kingdom for Department for International Development(DFID) CARE.OXFAM and the United Nations Development Programme; Diana Carney with Michael Drinkwater and Tamara Rusinow (CARE),Koos Neefjes (Oxfam) and Samir Wanmali and Naresh Singh (UNDP), (undated) [↑](#footnote-ref-8)
9. Youth Employment Summit 2002 Report, Education Development Center, Inc [↑](#footnote-ref-9)
10. United Nations International Strategy for Disaster Reduction (UNISDR) Definition. [↑](#footnote-ref-10)
11. Even if the entire JROA does not apply to UNDP, data produced by such an exercise provide a good baseline information on sustainable livelihoods and DRR. [↑](#footnote-ref-11)
12. Zimbabwe Millennium Development Goals Progress Report, 2010. [↑](#footnote-ref-12)
13. Zimbabwe Human Development Report, 2009 reports that Life expectancy that was previously above 55 years declined to below 35years; the proportion living below the food poverty line increased from 20% in 1995 to 40% in 2003; the percentage of children fully immunized declined from 75% in 1999 to 53% in 2005/6; maternal mortality increased from 283 in 1994 to 725 in 2007. [↑](#footnote-ref-13)
14. [↑](#footnote-ref-14)
15. Millennium Development Goals Status Report for Zimbabwe,(2010) [↑](#footnote-ref-15)
16. Fiscal Space, Economic Recovery and Poverty Reduction in Zimbabwe, UNDP Working Paper 7, Tony Hawkins,(2010) [↑](#footnote-ref-16)
17. Zimbabwe 2011 Consolidated Appeal, United Nations [↑](#footnote-ref-17)
18. Situation Report on Floods in Zimbabwe, as at 21 December 2007, Issue Number 004 ,OCHA [↑](#footnote-ref-18)
19. Resource Book for Disaster Risk Management in Zimbabwe, Civil Protection Organization for Zimbabwe,(2009) [↑](#footnote-ref-19)
20. Strengthening Capacity for Disaster Management in Zimbabwe, Evaluation Report ,G.I. Manikai (undated) [↑](#footnote-ref-20)
21. ZimVAC Rural Livelihoods Assessment Report,2010 [↑](#footnote-ref-21)
22. UNDP project on “Strengthening Capacity for the National Response and Management of Cholera in Zimbabwe” undated [↑](#footnote-ref-22)
23. UNDP Human Development Report 2009 [↑](#footnote-ref-23)
24. Zimbabwe 2011 Consolidated Appeal, United Nations [↑](#footnote-ref-24)
25. Human Development Report 2009, UNDP and GOZ [↑](#footnote-ref-25)
26. UNDP Strategic Plan (2008-2011) [↑](#footnote-ref-26)
27. Consolidated Appeals Process (2011) [↑](#footnote-ref-27)
28. UNDP Country Programme Action Plan for Zimbabwe- Mid Term Review 2007-2011, GoZ and UNDP(2011) [↑](#footnote-ref-28)
29. UNDP – Zimbabwe Country Programme Action Plan (2007 to 2011) [↑](#footnote-ref-29)
30. UNDP early recovery policy (2008) [↑](#footnote-ref-30)
31. MDG 1- and MDG 3-------- [↑](#footnote-ref-31)
32. UNDP Policy on Early Recovery: Bureau for Crisis Prevention and Recovery 2008, 2008 [↑](#footnote-ref-32)
33. Disaster Risk Management Bill 2011(draft) [↑](#footnote-ref-33)
34. This project was designed in the context of the previous ZUNDAF and is also referred to as Community Recovery and Rehabilitation Programme by MLSS [↑](#footnote-ref-34)
35. UNDP Policy On Early Recovery (2008) [↑](#footnote-ref-35)
36. UNDP Policy On Early Recovery(2008) [↑](#footnote-ref-36)
37. Strenghtening Locally Led Early Recovery- Proposal Apparisal Workshop. November 2010 [↑](#footnote-ref-37)
38. Supported by UNDP under TRAC from 2008-2010, through the project “Assisting Under-privileged Rural Populations” AURP, [↑](#footnote-ref-38)
39. Haas, P.M. (2007). Promoting knowledge based international governance for sustainable development. In Thoyer S and Martimort-Asso, B., Participation for sustainable development [↑](#footnote-ref-39)
40. PDC,DDC, and WARCO as indicated in the Prime Minister’s Directive of 1986 [↑](#footnote-ref-40)
41. UNDP Strategic Plan (2008-2011) [↑](#footnote-ref-41)
42. UNDP – Zimbabwe Country Programme Action Plan (2007 to 2011) [↑](#footnote-ref-42)