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# Executive Summary & Lessons Learned - Mid Term Review of NMSP Programme

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## I - Executive Summary

1. The UNDP NSDP/CMDG Monitoring Support Programme (NMSP) is classed as a five-year intervention, which was initiated in June 2011 after a delay to start with a planned end-date of 31 December 2015. The design of the programme was based upon a resource base of \$USD 4M, which was intended for joint funding between UNDP as the lead organisation and key DPs including those who are members of the Technical Working Group for Planning and Poverty Reduction (TWG-PPR). The Ministry of Planning (MoP) under the UNDP National Implementation Modality (NIM) is leading the implementation the NMSP programme.
2. NMSP is being implemented within a much SMALLER FINANCIAL ENVELOPE than what it was envisaged and designed around with a short fall of USD \$ 2.2 M (55%) of the fund requirement being witnessed. To-date no adjustment to the Pro-Doc to take into account the impact that upon actions that can be programmed and implemented, the deliverables that can be feasibly attained and engagement and retention of staff for the programme has been made.
3. The findings of this MTR suggest that to date the programme is delivering a MIXED LEVEL of performance in its three deliverable areas mainly due to; (1) the pre-mentioned shortfall of funding, (2) an evolving operational environment, and (3) the realisation of the Pro-Doc being ambitious within one component area. The overall assessment is based upon a multi-dimensional (qualitative and quantitative) analysis of the actions undertaken, products developed, and deliverables attained indicates that the programme is performing in near alignment to the agreed AWP and strategic decisions of the project Board Meetings (19 March 2012, 8 October 2012 and 22 January 2013). However, when employing the Pro-Doc as the baseline for the MTR assessment the implementation of the project to some extent, has veered from its original strategic focus especially within the boundaries of KD 1 and 2 when comparing activities to the original results framework.
4. Whilst it is safe to assume that the LIMITED RESOURCES HAS EFFECTED THE ABILITY of the NMSP to realise its potential to date as actions have had to be reduced this scenario has also been compounded by a DRIFT IN TERMS OF EMPLOYED STRATEGY that should have witnessed the NMSP providing innovative policy level support which combines conceptual and technical inputs across all three deliverable areas to a situation where NMSP is proving more focused technical inputs to address capacity gaps in relation the workflows and functional needs of MoP.
5. Within the context of planning and implementation, the MTR reveals that where the Pro-Doc and the associated results framework has been followed (D3) then high levels of performance in terms of efficiency, effectiveness, and impact is witnessed. This has been verified during the field missions undertaken whereby it was witnessed that Provincial level teams were able to self generate provincial, district and commune CDB products to aid the sub-national planning processes. Additionally they were able to interpret the reports to inform planners of key focal areas that should be considered when developing annual plans and formulating development projects.
  - i. *At the commune levels it was found that the commune councils owned a good understanding of CMDG progress and lagging CMDG areas. During the course of the focal group meetings held, the CCs were able to identify which CMDGs were lagging and provide some form of*

*analysis to identify key issues and bottlenecks that affect such CMDG scores and profiles as recorded within the CDB. In addition, the CC's were also able to provide copies of the commune data books from previous years and even more explicitly were able to discuss openly where they encountered difficulty in collecting accurate data.*

- ii. *Without doubt this level of understanding at both provincial and commune level is reflective of the work that has been completed within the framework of the programme. Weaknesses were witnessed at District level but such issues are directly related to the current functionality of the District Administrations and the on-going work of the NCDD.*
6. Within D1, the programme has supported and facilitated the MoP GDP in the development, production, printing and dissemination of a series of high quality analytical and synthetic documents inclusive of; (1) MTR of the NSDP, (2) NSDP / CMDG progress reports – 2011 and 2012 being in total alignment to the Pro-Doc and results framework.
7. AWP planning and implementation in relation to KD1 has seen a [DEFINITIVE STRATEGIC SHIFT](#) that has veered actions away from the original identified actions of stimulating high level policy dialogue and supporting cross institutional evidence based decision-making associated with accelerating lagging NSDP / CMDG areas using bottleneck analysis research and developing evidence informed concept notes.
8. Actions within KD1 and KD2 delivered through NMSP have focused upon issues of M&E and the identification of credible indicators. Whilst such work may be considered as [BEING OF VALUE](#) providing clear linkages to the formulation of the new NSDP (2014 to 2018) this work is not explicit in relation to the Pro-Doc. The MTR suggests that the activities that have been implemented to-date provide a useful capacity development process as recognised within the board meeting (8<sup>th</sup> October 2012), and therefore [PROVIDE A BASIS](#) for an update of the Pro-Doc and results framework.
9. Given that a majority of the work undertaken within D1 and that which has been attempted with D2 is not referenced by or aligned to the Pro-Doc then the MTR indicates such work currently falls outside of the scope of the programme but [IS SUPPORTING](#) the ability of the NMSP to effectively and efficiently contribute to the attainment of CPAP outcome.
10. Of note however is that a fundamental research activity that was commissioned by the programme in relation to D1 (analysis of national and sub national planning linkages) and which would complement D2 and utilised outputs from D3 was not completed resulting in a [MISSED WINDOW OF OPPORTUNITY](#) for the project to introduce high level informed policy advice that complemented the potential for the development of acceleration strategies for lagging NSDP / CMDG areas.
11. Although the programme is making progress at this juncture a [REDUCTION OF THE SCOPE](#) of the programme would allow for NMSP to fully meet its objectives of contributing to CPAP outcome 5.1. This can be achieved through the careful review and amendment of the Pro-Doc and the results framework to address; (1) the changing operational environment, (2) the funding shortfall, and (3) time constraints implement activities. Based upon such amendment the AWP 2014 and 2015 will need to be re-developed and actions programmed and implemented so that deliverables can be met without variation. The revision of the Pro-Doc also needs to address issues of non-feasibility and over-ambitious actions whilst also explicitly developing improved indicators for the intervention.

12. Whilst many reasons may be cited to account for the current status of deliverables for programme the MTR reveals that three categories of issues need to be addressed proving a series of limited recommendations that need be considered.

#### Strategic Recommendations

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- SR1. *The NMSP must focus its actions to provide [POLICY SUPPORT AND POLICY DIALOGUE](#) facilitation to MoP and beneficiaries as well as assisting the needs of MoP*
- SR2. *The international advisor must assume a role of [SUPPORTING BOTH TEAM A AND TEAM B](#) respectively and should not be compartmentalised to work within the sphere of a single team*
- SR3. *The [FUNDING GAPS THAT PRESENTLY EXIST NEED TO BE ADDRESSED](#), so that the NMSP can support key actions. Meetings held with the EC suggest that funding through the framework contract modality can be made available to support specific programme actions. For example a framework contract ToR can be raised by the NMSP to support the integration of national and sub national planning via a pilot exercise(s) that develop provincial acceleration strategies for provincial lagging NSDP / CMDG areas using the CDB derived tools*
- SR4. *[IMPROVED INTEGRATION](#) with the UNDP LPP project needs be sought and synergies developed. Additionally closer working relationships with the JICA funded PILAC2 project at an operational level needs be realised to support the sustainability of the CDB score cards and sub-national profiles*

#### Management Recommendations

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- MR1. *[THE PRO-DOC REQUIRES AMENDMENT](#) in light of the current financial shortfall and the changes witnessed in terms of the NMSP operational environment. The Pro-Doc needs to be adjusted to reduce the scope of the programme (i.e. removal of Key Deliverable 2 and removal of Sub Deliverable 1.4) additionally the targets as contained within the results framework need revising to provide more explicit and ac indicators.*
- MR2. *Whilst the basic management structure of the programme should be retained the full-time CTA position should be replaced by a [PART-TIME INTERNATIONAL ADVISOR POSITION](#) for the remainder of the programme cycle, providing an input of between 100 and 120 days per annum)*
- MR3. *[AWPs \(2014 AND 2015\) NEED BE RE-DEVELOPED](#) aligning to the amended Pro-Doc. The new AWPs need to be formulated to reflect the strategic policy level options as opposed to providing technical level actions*
- MR4. *[A SIMPLIFIED M&E](#) to monitor programme performance and to support progress reporting needs be developed. The M&E system must use the results framework of the Pro-Doc as its reference*

#### Operational Recommendations

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- OR1. *Key Deliverable 1 – This to be retained in its current form as contained within the pro-doc inclusive of original targets set albeit with changes made to Sub Deliverable 1.2 and Sub Deliverable 1.4 as follows.*
- OR2. *Sub Deliverable D1.2 “NSDP / CMDG policy dialogue forums are held” is still relevant but would appear to be very challenging at national level. This requires to be re-focused to address the formulation of NSDP / CMDG acceleration strategies at the provincial level in two pilot areas to be implemented through EC framework contracts. The action will then link 1.1 to 1.3, and*

*additionally develop synergy with Key Deliverable 3. (a separate concept note has been developed for this purpose).*

- OR3. Sub Deliverable 1.4 "A multi-donor PBA modality is adopted and implemented in support of MPSP" is no longer relevant and needs removal. To allow for the retention of unforeseen work (M&E) within the context of the Pro-Doc, SD 1.4 can be used and reworded to contain the following, "... support to NSDP (2014-2018) M&E via the establishment of a suitable M&E framework and clear identification of explicit indicators to promote LM M&E systems conformity". Since work has already been undertaken in this area the follow-up actions need be limited to: (1) development of a consensus built M&E framework for the NSDP (2014-2018) using the NWGM&E, and (2) Agreement upon NSDP indicators through consensus approach via NWGM&E.*
- OR4. Key Deliverable 2 – This is not attainable due to issues of funding and strategic relevance given the mandate of the NCDD-S and the positioning of the MoP in terms of the D&D reform process and IP3. This deliverable can be removed from the Pro-Doc without affecting the NMSP contribution to CPAP Output 5.1*
- OR5. Key Deliverable 3 – No change is required however emphasis needs be placed upon SD 3.3. This can be achieved by the linking of the CDB with the CCPD through financial data fields that contained the actual investment figures contained within the District and Provincial Rolling investment plans which are annually consolidated and generated by MoI / NCDD.*
- OR6. Specific CTA work tasks need be completed by December 2013, which need be limited to the following to reduce any possibility of slippage*
- OR7. Assistance to MoP to finalise the NSDP (2014-2018) that needs be limited to the development of an M&E framework and identification of indicators consolidated within the compilation of a quality M&E strategy document for the NSDP (2014 to 2018). No other work on M&E should be undertaken with all programme support for M&E being tapered off at the cession of the CTA input*
- OR8. Completion of the NSDP / CMDG progress report (2013)*

## **II - Conclusions and Lessons Learnt**

- CON1. The MTR reveals that the programme has to-date delivered some very positive actions and outputs in terms of attaining SD's within KD1 and KD3. Unfortunately the inconsistency of implemented actions within KD1 and the planned omission of actions within KD2 have reduced the overall implementation performance assessment of the programme. Using a subjective biased performance assessment for each KD the following performance metrics are estimated by the MTR; - KD1 = 41%, KD2 = 10%, and KD3 = 101% based upon adjusted SD targets in alignment to programme cycle.*
- CON2. Overall the performance of the NMSP project to date FALLS BELOW what can be expected of an important strategic intervention that supports the governments national development plan and which specially contributes directly to the achievement of CPAP output 5.1 when programme outputs are compared against the Pro-Doc results framework.*
- CON3. In essence the NMSP programme should afford to offer high-level conceptual and strategic support to the MoP at a policy level and use its limited resources to introduce and inform the*

*RGC upon modalities of acceleration planning using in-country and regional generated evidence from a variety of sources.*

- CON4. The original design of the Pro-Doc is highly relevant to the CPAP and provides a very logical approach that addresses actual needs of the RGC in the context of the development of acceleration strategies to address lagging NSDP/CMDG areas using localised data and evidence part derived through the disaggregation of sub-national data via the CDB.*
- CON5. Whilst the MTR recognises that work that has been completed by the programme especially within KD1 providing technical support to the operational sphere of the MoP GDP such work falls beyond the scope of the NMSP programme requiring that an update of the Pro-Doc and the results framework need be sought.*
- CON6. Incoherence of AWP and the retention and roll-over of incomplete actions is evident whereby non-completed actions are not rolled-over and are commonly replaced with new actions. This has compounded the ability of the programme to provide greater contributions to CPAP output 5.1 to-date and has allowed the drift in strategic focus to occur.*
- CON7. Due to perceived capacity gaps within the MoP – GDP, a tendency for CTA position to technically fill such gaps has been encouraged through inexact formulation of the AWP. This has resulted in the weakening of the strategic role of the CTA position to actively induce conceptual options for change and act as catalysis to introduce new knowledge and skills within the MoP to address the overall objective of the NMSP programme as defined by CPAP output 5.1.*
- CON8. The limited funding has contributed to a limited investment in terms of realising the programme deliverables. In view of the reduced funding UNDP CO with MoP could have reduced the scope of the programme earlier and re-focused some actions through the proposition of an updated Pro-Doc and results framework that could have been agreed upon during the NMSP-PB meetings.*
- CON9. Where success is attained greater effort needs to be placed upon disseminating such results and knowledge not only in country but regionally. The development of the CDB derived tools and localisation of CMDGs is a unique feature of the programme and provides a best international practice that should be pollenated throughout the region and also in MDG sensitive areas in Africa.*