**ANNEX 3: Terms of Reference: Terminal Evaluation of UNDP CPAP (2011-2015)**

 **BACKGROUND and CONTEXT**

Swaziland is categorized as a low-middle income country with a GDP of $2.930 and GDP of $6.259 billion (2013 MEPD Economic Outlook Report). Economic growth has continued to be sluggish, poverty levels remain high at 63% (SHIES, 2010) exacerbated by high inequalities with a gini-coffiecent of 50.5%. The country still continues to be reliant on SACU receipt to finance the national budget, although 2013 saw a major relief from government having received over 1 billion in receipts thus cushioning the government to be able to finance its budget for 2013/2014. The 2011 MICS report continue to indicate a high unemployment rate of 30% especially amongst the youth which stands 42% of those unemployed despite measures put in by the country such as the Youth Fund to mitigate such. Social protection still remains weak in the country although a number of initiatives are on-going such as the elderly grants, largely caused by the fragmented manner in which it is rolled out, a more integrated approach can see a greater number of people accessing it. 67% of the population is using an improved source of drinking water, but many inequalities are present (MICS: 2010). Only 27% of the adolescents that should be at the secondary education are studying. According to the Swaziland DHS, 18.5% of the women between the ages of 15 and 19 years old had a child before the survey. Inequalities still continue to persist, while 32.5% of the girls from the poorest families between 15 and 19 years old had begun childbearing, the percentage is 14.6% for those girls in the richest families. This contributes to school dropouts, and perpetuates the poverty cycle, mainly in the rural areas of the country. Stunning amongst children is still at a high rate 30.9%.

In the area of HIV and AIDs, the country has made strides from a baseline of 2.9% in 2008, the HIV incidence rate in 2012 is estimated as 2.6% in 2012. The Swaziland’s HIV Incidence Measurement Survey (SHIMS 2011) measured HIV incidence using empirical data, as opposed to modelling and showed the HIV incidence rate for persons aged 18-49 years in Swaziland as 2.38% in 2011, comprised of 3.14% for women and 1.65% for men. This rate is within the confidence threshold as estimation using models for the same population. Despite these achievements there is still a significant rate of high infections especially amongst those aged between 24 – 35 years. Although 97% of pregnant women visit qualified health personnel for their first antenatal care (ANC) most of them (77%) have four or more ANC visits, matching the international standard being recommended by the World Health Organization (WHO). However, only 26% of the women attend ANC during the first trimester, while most women prefer attending ANC during the second and third trimesters, yet most maternal death are higher during the first trimesters thus preventing early diagnosis for HIV and AIDS.

Around environment, the country at the moment is faced with a series of environmental challenges mainly loss of biodiversity, land degradation, waste management, and air pollution. Despite these challenges the government of Swaziland has made great strides in reforming a number of legislation.

In governance the Kingdom of Swaziland operates a system of governance that is a product or blend of two influences, namely; the Traditional System and the Western models of governance. This dualism also permeates the legal system, wherein the Roman-Dutch Law co-exists with traditional law. The Kingdom has a decentralised system of governance which consists of three tiers, namely; National/Central Government, Local Government and regional structures known as ‘*Tinkhundla*’. Local government is applied to the administration of urban areas, while the ‘*Tinkhundla* system- a traditional model of election through which representatives are chosen- covers 250 Chiefdoms grouped into 55 Constituencies. This system promotes national cohesion which is necessary for peace and stability. In 2013 we saw a new government coming into place following an election process. A number of legislation pieces were enacted that seek to protect the rights of marginalised people. Despite the benefits that the system brings it has presented a number of overlaps and ambiguities in policy and decision-making processes yet the success of any government in addressing national issues is embedded in good governance provisions and practices. Corruption is still a problem in the country. Limited infrastructure, insufficient human resources, and a lack of tools required to executing justice effectively have contributed to a huge case backlog. A related challenge is the inadequate domestication of international and regional human rights instruments. Gender based violence continues to be a huge problem with reported cases happening on a daily basis. Women representation remains low at 14% compared to the constitutional provision of 30% and SADC Protocol of 50%

In response to the above challenges as outlined in the United Nations Common Country Assessment (CCA) and the United Nations Development Assistance Framework (UNDAF), UNDP developed the Country Programme Action Plan (CPAP 2011-2015) which is a five year framework defining mutual cooperation between the Government of the Kingdom of Swaziland and United Nations Development Programme (UNDP) covering the period 20011-2015. The CPAP also took into account, the various United Nations Conferences, Conventions and in particular Millennium Development Goals (MDGs). It also drew lessons and progress made during the implementation of the previous Country Programme – the 3rd Country Cooperation Framework for the period 2006 – 2010, and national development priorities as outlined in the National Development Strategy (NDS) and the Poverty Reduction Strategy and Action Plan (PRSAP). The CPAP, prepared in close consultation with key stakeholders, defines the broad outlines of the Government and UNDP common development interventions, within agreed financial and programme parameters.

The goal of the Country Programme is to contribute to the realization of Swaziland’s Vision 2022 as articulated in the NDS and PRSAP and attainment of the MDGs by improving quality of life of the population. The UNDP Country Programme for Swaziland supports implementation of the four outcomes of the 2011-2015 UNDAF, targeting areas where the organization has comparative advantages and demonstrated capacity. In this respect, UNDP focuses on: poverty reduction and sustainable livelihoods, HIV and AIDS, environmental sustainability and climate change and Governance and Gender portfolio and gender equality.

UNDP Swaziland has completed four years into implementation the CPAP 2011 – 2015 and as per the Evaluation Plan approved by the Executive Board a terminal evaluation for the CPAP has to be conducted. To date three evaluations and two reviews have been conducted respectively; the Poverty Reduction and Governance Outcome Evaluation and the Mid-Term Evaluation of the Adaptation to trans-boundary water resource management in Swaziland to manage the expected impacts of Climate Change, CPAP review covering 2011 – 2014 and Joint Programme on Gender. These evaluations and reviews will form the basis for conducting the CPAP Terminal Evaluation. The CPAP Terminal Evaluation will seek to measure the impact of this programme.

UNDP Swaziland has the CPAP covering 8 outcomes across the 4 Pillars as follows;

**Poverty Reduction**

* The poor’s access to productive resources increased
* Women have the capacity and accessing their rights

**HIV and AIDS**

* A human rights-based and gender sensitive HIV and AIDS response strategy effectively supported

 **Environmental Sustainability and Climate Change**

* National institutions have the capacity and providing guidance on the utilisation of natural resource in a sustainable and equitable manner

**Governance and Gender**

* Development of supportive policy and legal framework for increased access to rights and improved Governance fully supported.
* Citizens have increased access to justice
* People have increased knowledge on their rights
* Development of legal and policy frameworks promoting gender equality effectively supported.

**EVALUATION PURPOSE**

The overall purpose of the evaluation is to capture and demonstrate evaluative evidence of UNDP’s CPAP programme results contributed, together with assistance of partners, to a change in development conditions at the country level as articulated in the country programme document.

Specifically the purpose of the evaluation is to;

* Measure impact of the CPAP
* Provide substantive input and direction to the formulation of future programmes and project strategies
* Support greater UNDP accountability to national stakeholders and partners in Swaziland
* Serve as a means of quality assurance for UNDP interventions at the county level
* Contribute to learning at corporate, regional and country levels.

**EVALUATION OBJECTIVES AND SCOPE**

**Objective of the Terminal Evaluation**. The objective of the terminal evaluation is to measure UNDP’s contribution to the following outcomes; policy and legal framework, access to justice, people knowledge on their rights, public sector management and legal and policy frameworks promoting gender equality, with a view to fine tuning the current UNDP Governance and Gender programme, proving the most optimal portfolio balance and structure as well as informing the next programming cycle. The evaluation will assess how UNDP Swaziland Governance and Gender programme results contributed to a change in development conditions in collaborations with other key actors in the Governance and Gender area in Swaziland.

A consultant working under the guidance of the UNDP, CPAP Monitoring and Evaluation Committee and the Government Coordinating Authority is required to undertake the evaluation. More specifically, the evaluation shall assess the following:

1. The processes and achievements made during the first four years of implementing the CPAP with a focus on contributing factors.
2. The relevance of the progress made in terms of the UNDP outputs (including an analysis of both project activities and soft-assistance activities.
3. What contribution UNDP has made or is making to the progress towards the achievement of the outcome (including an analysis of the partnership strategy)
4. Identify future intervention strategies and issues. Most importantly, the evaluation should be forward-looking by making recommendations for future programming strategies.

**Evaluation Scope**

The evaluation will cover the entire CPAP. It will examine the extent to which outcomes have been achieved. This evaluation will assess progress towards the outcome, the factors affecting the outcome, key UNDP contribution to outcomes and assess the partnership strategy and its contribution towards achievement of the UNDAF 2011 – 2015 results.

Specifically, the evaluation will focus on the following;

**Outcome status**: Determine whether or not the outcome has been achieved and if not, whether there has been progress made towards its achievement, and also identify the challenges to attainment of the outcome. Identify innovative approaches and capacities developed through UNDP assistance. Assess the relevance and adequacy of UNDP outputs to the outcome.

**Underlying factors**: Analyse the underlying factors beyond UNDP’s control that influenced the outcome including opportunities and threats affecting the achievement of the outcome. Distinguish the substantive design issues from the key implementation and/or management capacities and issues including the timelines of outputs, the degree of stakeholders and partners’ involvement in the completion of outputs, and how processes were managed /carried out.

**Strategic Positioning of UNDP**: Examine the distinctive characteristics and features of the CPAP and how it has shaped UNDP’s relevance as a current and potential partner in Swaziland. The Country Office (CO) position will be analysed in terms of communication that goes into articulating UNDP’s relevance, or how the CO is positioned to meet partner needs by offering specific, tailored services to these partners, creating value by responding to partners’ needs, mobilizing resources for the benefit of the country, not for UNDP, demonstrating a clear breakdown of tailored UNDP services and having comparative advantages relative to other development organizations.

**Partnership Strategy**: whether UNDP’s partnership strategy has been appropriate and effective. What partnerships were formed? What was UNDP’s role? How did the partnership contribute to the achievement of the outcomes? What was the level of stakeholder’s participation? Examine the partnership among UN Agencies and other donor organizations in the relevant field.

**Lessons Learnt**: Identify lessons learnt and best practices and related innovative ideas and approaches, how efficiently programme planning implementation and management were carried out. This will include assessing the extent of organizational structure, managerial support and coordination mechanism used by UNDP in supporting the programme. This will support learning lessons about UNDP’s contribution to the Governance and Gender outcome so as to design a better assistance strategy for the programming cycle.

**EVALUATION QUESTIONS**

The evaluation should to the highest extent possible provide responses to the following research questions using the following evaluation criteria (Guidance questions):

**Relevance**:

* Extent to which UNDP support is relevant to Swaziland Vision 2020 and CPAP priorities
* Extent of the progress towards the achievement of the CPAP outcomes.
* Extent and in what ways are the concepts of human rights, gender equity and equality and other cross-cutting issues reflected in programme.
* Extent of inter-linkages among the outcome interventions i.e. between programme areas, with other UN agencies/development partners, etc.

**Effectiveness**

* Extent of UNDP’s effectiveness in producing results and whether these will be achieved within the planned time frame.
* Extent of UNDPs support towards promoting gender equality, capacity development, advocacy on Governance and Gender issues and policy advisory services.
* Extent of UNDPs contribution to human and institutional capacity building of partners as a guarantee for sustainability beyond UNDP interventions.
* Extent of UNDP partnership with civil society and private sector in promoting democratic and corporate Governance and Gender portfolio in Swaziland.
* Assessment of UNDP’s ability to advocate best practice and desired goals; UNDP’s role and participation in national debate and ability to influence national policies on legal reforms and human rights protection.
* Assessment of the capacity and institutional arrangements for the implementation of the UNDP Governance and Gender portfolio in view of UNDP support to the government.

**Efficiency of implementation**

* How much time, resources, capacities and efforts it takes to manage the portfolio and where there are the gaps if any. More specifically, how do UNDP policies, practices, decisions, constraints; capabilities affect the performance of the Portfolio? Has UNDP’s strategy in producing the outputs been efficient and cost-effective?
* Are sound financial and equipment management procedures practiced? Are the financial, human and material resources managed responsibly and efficiently?
* Extent of monitoring and evaluation systems and processes utilized to contribute to increased programme efficiency.

**Sustainability**:

* Extent to which achievements made so far are sustainable. Specifically, is it likely that programme achievements will be sustained?
* Extent to which involved counterparts are willing and able to continue programme activities on their own, integrate the programme to current practices and/or the target population and extent to which resources been allocated by the counterparts into programme activities
* Provide preliminary recommendations on how the Governance and Gender portfolio can most effectively continue to support partners in improving service delivery in a long term perspective
* Provide recommendations for improvement of the CPAP for the remaining period extent to which the programme has developed/strengthened the human and institutional capacities so as to ensure sustainability

**METHODOLOGY**

The evaluation will be carried out through wide participation of all relevant stakeholders including the UN, government institution and beneficiaries, field visit to selected project sites; briefing and debriefing sessions are envisaged. Based on the objectives mentioned above, the consultant will propose a methodology and plan for the assignment, which will be approved by the UNDP and Evaluation team. However, it is recommended that the methodology should take into account both quantitative and qualitative data namely;

**Desk Review**

1. Review all relevant documents, including UNDAF, country programme document, country programme action plan (CPAP), project documents, annual work plans, progress reports, annual reports. This will assist in giving a description of the intended outcome including baselines for the outcome and indicators and benchmarks used. This will inform the evaluation of whether change has taken place.
2. Validation of information about status of the outcome. This could be done through holding meetings and interview with relevant stakeholders including implementing partners of the programme to seek their perception on the programme and determine if they perceive any change has happened.
3. Undertake a critique of the outcome formulation itself and corresponding indicators and recommendations be made on how the outcome statement can be improved in terms of conceptual clarity. iv. Conduct field visit identified projects v. Conduct data collection and analysis

 **Primary Data Collection**: Data will also be collected through conducting interviews with key informants, focus group discussions with project beneficiaries and other stakeholders.

**EXPECTED OUTPUTS**

The following outputs are expected by the end of the consultancy;

i. Initial Work-Plan (to be submitted with EOI)

ii. Inception Report Draft Governance and Gender Outcome Evaluation

iii Draft Report incorporating comments from stakeholders.

iii. The final report must include, but not necessarily be limited to the elements outlined in the quality criteria for evaluation reports (see Annex 7 of PME).

**EXPERTISE AND QUALIFICATION OF THE CONSULTANT**

The Consultant should be knowledgeable and experienced in conducting terminals evaluations. A least possess a minimum of a Master’s Degree in Social Sciences, with strong background in participatory evaluation of development programmes. Have expertise in cross-cutting issues of gender equality, human rights and environmental sustainability. Specifically the consultant should have proven experience and skills in the following areas;

* 10 years’ experience in conducting programme evaluations;
* Sound knowledge and practical experience in programme development, planning and implementation in the area of governance
* Extensive research and analytical skills;
* Excellent writing and oral communication;
* Facilitation and management skills and
* Possess leadership skills and be a team player.
* Knowledge of UN system and of UNDP’s Results Based Management

The consultant will specifically:

* Take the overall responsibility for technical quality of the evaluation/assessment.
* Prepare quality study instruments including: interview schedules and guides, field visit checklists.
* Ensure that field work and other survey activities are undertaken in accordance with the work plan.
* Coordinate quantitative and qualitative data analysis and report writing.
* Prepare inception and final report which will include incorporating comments received from the stakeholders ,
* Disseminate report findings to stakeholders as organized by the UNDP Country Office