

**TERMINAL EVALUATION**

**UNDP SWAZILAND COUNTRY PROGRAMME ACTION PLAN (2011 – 2015)**

**FINAL REPORT**

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1. **EXECUTIVE SUMMARY**

The Country Office of the United Nations Development Programme (UNDP) in Swaziland commissioned the terminal evaluation of its Country Programme Action Plan (CPAP 2011-2015) in line with the UNDP evaluation Policy, which requires that a terminal evaluation of the CPAP should be conducted in the penultimate year of implementation. The evaluation was undertaken by an independent consultant over a period of 30 working days during the period 2 February to 31 March 2015. The overall purpose of the evaluation was to capture and document evidence of UNDP’s results and contribution to change in development conditions in Swaziland, as articulated in the Country Programme Document (CPD).

Based on review of official Government and UNDP documents and reports, as well as interviews with 43 key informants, including government officials, UNDP senior management and staff, representatives of constitutional bodies, civil society and private sector, the evaluation summarized its conclusions into the findings below.

***Relevance***

The programme was aligned to, and reflected the priority areas identified in national strategies and frameworks.

**The CPAP is broadly aligned to national needs and priorities.** UNDP support was focused on four main areas – advocacy, upstream policy and advisory support, capacity development, and knowledge sharing. These reflect UNDP’s comparative advantages and provide the most potential for influencing change at appropriate levels to achieve sustainable development. UNDP supported national capacity development to strengthen poverty analysis, planning and development of national M&E systems to address poverty and inequality, as well as downstream support to women and youth groups in the area of livelihoods to contribute towards reducing high unemployment. With a large proportion of the national land, particularly the range lands affected by severe erosion and land degradation, UNDP supported development of national capacities to strengthen environment management, including in climate change policy, strengthening protected area management and climate change adaptation. UNDP also supported the National Emergency Response Council on HIV and AIDS (NERCHA) to strengthen the national response by strengthening its coordination and monitoring capacity.

**While interventions were important and beneficial to target groups, the programme could have been more focused**. UNDP impact could have been enhanced by reducing the scope of its programme and more focus within individual portfolios. In 2012, UNDP decided to shift its focus upstream in recognition of its resourcing constraints, but according to some key informants, “*the programme still looks fragmented*”.

**The programme design and implementation lacked synergy between components**. Poverty reduction, HIV and AIDS, sustainable environment and good governance constitute critical pre-requisites for livelihoods for the poor and vulnerable groups, but that linkage was not apparent in the design and implementation of the CPAP.

***Effectiveness***

Evidence from various sources suggests that there was uneven progress made towards the outcome indicators, with more progress in some, and limited progress in other areas.

**UNDP contribution to poverty reduction and sustainable livelihoods was not sufficiently reflected through the outcome indicators**. At upstream policy level, UNDP supported development and use of evidence-based planning and decision-making within national systems, most notably the installation and capacity building on the use of the T21 planning and decision-making tool to strengthen national policy making at the macro-level. Through support for the development of the Swaziland Development Indicators (SDI), national M&E Framework, UNDP contributed to strengthen national planning, budgeting and decision-making systems towards reduction of poverty. However, there was no reported change in the outcome indicator to reduce the proportion of people living below poverty line, which is partly due to lack of data.

**UNDP contributed effectively to the national response on HIV and AIDS.** The CPAP objective was to mainstream gender and human rights into HIV programming, and a Gender and Human Rights checklist was developed and mainstreamed into the extended National Strategic Framework (eNSF). Through collaboration with public and private sector institutions, HIV has been mainstreamed in the workplace, with five private sector companies already reporting into the national HIV and AIDS M&E system. The National Emergency Response Council on HIV and AIDS (NERCHA) was capacitated to align its corporate strategy with the eNSF on HIV and AIDS, thereby enhancing its capacity to plan, implement and coordinate HIV programmes. UNDP also developed civil society capacity, and currently, the Coordination Assembly for Non-Governmental Organisations (CANGO) is being assessed to become principal recipient for Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM).

**UNDP’s interventions strengthened national resilience to environmental shocks and adaptation to climate change at community level.** National partners involved in the environment and climate change sector acknowledged that UNDP advocacy and capacity building was instrumental in raising awareness and generating political commitment for mitigation and adaptation. A National Climate Change Policy and Strategy was developed with UNDP technical support, and UNDP also supported the country to report on its international obligations, including the 2nd Communication on the United Nations Framework Convention on Climate Change (UNFCCC). Through its downstream interventions, UNDP effectively leveraged on its global presence and South-South Cooperation to introduce innovative technologies by partnering with the Commonwealth of East and Southern Africa (COMESA), to support adoption of climate smart agricultural practices, placing 30 hectares under drip irrigation and enhancing livelihoods for 387 small scale farmers. UNDP also facilitated south-south collaboration with Kenya, to introduce Sand dam technology to improve water storage capacity in drought prone regions, thereby improving access to clean water for the communities, with some of the water servicing local health facilities.

Through UNDP advocacy, the National Disaster Management Agency was approved by cabinet and established in 2012. However, UNDP effectiveness was affected by a number of constraints and limitations, including the absence of comprehensive environment mainstreaming strategy. In addition, although the evaluation consultant was unable to access data for Swaziland’s greenhouse gas emissions, the World Bank database indicates that Swaziland emissions have remained constant at 0.9 metric tons per capita from 2007 to 2014.

**The impact of UNDP support to governance and gender equality was constrained by limited scale and fragmented nature of its interventions.** The interventions undertaken under the Governance and Gender portfolio were important individually, but did not reflect a coherent pathway to change, while also the outcome indicator did not fully reflect all the interventions adequately to measure UNDP’s performance.

However, the country made positive progress as measured by the Ibrahim Index of African Governance (IIAG), which improved from 26 out of 52 countries in 2012, to 24 out of 52 in 2014; while on Participation and Human Rights, Swaziland moved from 47/52 in 2012 to 46/52 in 2014. Swaziland also improved from a ranking of 82 out of 177 countries in 2013 to 69/177 in 2014 on the Corruption Perception Survey of Transparency International.

Through UNDP advocacy and support, Swaziland ratified 29 international conventions, including domestication of the Convention on the Rights of Persons with Disability, of which the national policy and action plan has been developed and approved by Cabinet, including the Disability Bill. However, a number of international conventions have not been domesticated and the Sexual Offenses and Domestic Violence Bill have still not been enacted since 2012.

UNDP also supported capacity development of key national institutions of governance, and supported the country to submit its first Universal Periodic Review (UPR) on human rights. To increase access to justice UNDP supported the establishment of an electronic case management for the Judiciary and the development of a National Policy on Legal Aid and Legal AID Bill.

***Efficiency***

The CPAP was implemented through the national implementation modality (NIM) with direct support in specific instances where it was prudent for UNDP to make direct payments, and national partners interviewed said they were satisfied with the system.

**UNDP effectively delivered on available resources.** UNDP achieved consistently high rate of delivery of available resources during the first four years of CPAP implementation. While most of the funds were UNDP resources, evidence indicates that the Government also met its cost sharing commitments timeously.

**Large proportion of CPAP expenditures were targeted towards poverty reduction, livelihoods and sustainable environment.** The largest proportion of the CPAP budget was allocated to support environmental sustainability and climate change (39.9%), and poverty reduction and sustainable livelihoods (39.3%). Since majority of interventions on poverty reduction were at upstream level, while interventions on climate change adaptation were skewed at downstream level, there was a balance between upstream and downstream support.

**UNDP’s partnership strategy did not effectively contribute to its Resource Mobilization Target.** By end of the fourth year UNDP had mobilized about 45.5% ($8,682,769) from expected $19,069,000 of its resource mobilization target. This indicates that UNDP will have to strengthen its partnerships strategy to leverage resources from donors, including non-traditional donors.

**Implementation was characterised by weak planning and performance monitoring.** The country office used all corporate planning and reporting tools, including Integrated Work Plan (IWP), Atlas and Results Oriented Annual Reports (ROAR), as well as regular quarterly review meetings. However, UNDP faced a challenge of implementing delays by national counterparts, which affected effective planning. There was also weak performance monitoring, with a complex and ineffective monitoring tool.

***Sustainability***

Beneficiaries of CPAP interventions demonstrated high level of enthusiasm and ownership, especially at community levels. However, majority of key informants noted that Government did not have capacity to sustain up-scale or replicate programme results.

**There was general lack of sustainability planning across CPAP interventions.** While capacity-building can address some issues of sustainability, most of the CPAP capacity building efforts were limited to individual skills training. Observations at downstream level indicated some outputs that were no longer in use due to lack of maintenance.

The mid-term review of the United Nations Development Assistance Framework (UNDAF 2011 - 2015) also made similar observation, noting: “There was no evidence of deliberate monitoring of exit strategies that appeared in programming and project documents. The UNDAF document did not address sustainability of results explicitly, although it did make reference to issues such as capacity development and national ownership that potentially contribute to sustainability of results”.

Based on the foregoing analysis and conclusions, the evaluation made eight specific recommendations for the next cycle of the CPAP (2016 – 2020).

**Lessons learned**

1. There are a number of lessons that can be drawn out of the CPAP implementation period 2011 – 2015.
2. **Strategic approach**. It is apparent that UNDP has neither the resources nor capacity to be able to undertake downstream interventions at a large enough scale to impact significantly on national challenges at household level. In this regard, the CO refocused its interventions to upstream level in 2012. It is therefore imperative that CPAP portfolios and interventions are catalytic and of strategic importance to introduce innovative ideas or influence national systems, policies and capacities to deliver results at household level. A particularly notable example is the sand-dam technology, which, with government up scaling, can significantly change the poor’s livelihood opportunities and access to resources
3. **Building synergies across programme portfolios**. One of the factors that seemingly limited the CPAP’s impact was lack of synergy between programme portfolios. A key issue identified during the country analysis was about the inequalities between regions, and therefore one approach for building synergies would be to target interventions of various portfolios in common regions. This will facilitate more cross-portfolio collaboration whereby programme units can build on the successes of other portfolios. A notable example was the obvious linkages between UNDP efforts under the environment and climate change portfolio with those under the poverty reduction and livelihoods portfolio. There was much potential to develop livelihoods interventions around the adaptation projects, thereby significantly enhancing UNDP’s impact on the poor and vulnerable groups.
4. **Building partnerships**. While there is general observation of limited number of development partners and donors in Swaziland, there are opportunities for leveraging resources by partnering with other actors. For example, the Governance portfolio outcome evaluation noted that the European Union also supported Government in the areas of Human Rights and Anti-corruption, which offered avenues for partnership that were not effectively exploited. Such partnerships not only enhance UNDP’s leveraging on resources, but can also provide a basis for sustainability.
5. **Performance monitoring**. It is imperative to have a sound performance monitoring system from the outset of the CPAP, which should be used to inform decision-making. Evidence suggests that the performance monitoring tool was too complex and was not effectively used as a decision-making tool. For example, there were instances where baseline data and targets were not established at the beginning of the CPAP cycle, but this was not addressed through the performance monitoring tool. In addition, there were many instances where UNDP reports indicated that there was no causal linkage between activities and outputs, and yet no corrective actions were taken. A good practice which did not appear to be implemented in the country office is to develop a Management Response to track implementation of recommendations of various outcome and mid-term evaluations.
6. **Sustainability planning**. Some of the direct observations made (particularly with rainwater harvesting) indicated that beneficiaries had no capacity to sustain the results on their own. It was also noted that UNDP exit plan was based on hand over of the project outputs to relevant Government departments. However, to ensure sustainability of results, there is need for a more structured sustainability plan, which among other approaches could include establishing partnerships with other development actors such as NGOs and civil society, or helping beneficiary communities to establish a maintenance fund for their project.

**Recommendations**

1. **UNDP should improve its strategic focus and not to spread itself too thinly**. The CPAP 2011 – 2015 addressed a broad range of issues, ranging from job creation, entrepreneurship development, social protection, HIV and AIDS, gender equality, natural resources management, climate change adaptation, protection of bio-diversity, disaster risk reduction, promotion of human rights, anti-corruption, access to justice, public financial management, voter education, etc. Such a broad scope limits the programme’s impact.
2. **UNDP should adopt a targeting approach to improve its impact**. Swaziland has high inequality with Gini coefficient of 0.51. High HIV prevalence further compounds the inequalities with women-headed and child-headed households as the most disadvantaged. There are also high disparities between regions, with Shiselweni and Lubombo having highest poverty headcount compared to other regions. It is therefore recommended that UNDP should adopt a targeting approach by focusing on the most excluded groups in the most disadvantaged regions.
3. **UNDP should strengthen efforts to enhance national implementation capacity**. The Government acknowledged in the revised National Development Strategy (NDS) that one of the major challenges it faced was absence of an implementation framework. UNDP is well positioned to support national implementation capacities, especially through developing implementation guidelines for regional administrations in support of the decentralisation agenda.
4. **UNDP should strengthen efforts to improve availability of timely and reliable data for evidence-based decision-making**. UNDP and development partners have supported national data and information systems, including Swaziland Development Index (SDI), National Human Development Report (NHDR), Labour Force Survey (LFS) and Swaziland HIV Measurement Surveys (SHIMS). However, many of these surveys and reports do not disaggregate the data by most disadvantaged regions and excluded groups, and therefore fall short in supporting evidence-based decision-making.
5. **UNDP should strengthen its resource mobilization, including engaging with non-traditional donors.** As a middle income country, with few development partners, Swaziland faces challenges of resource mobilization. UNDP should explore different approaches of engaging with partners, including strengthening public-private partnerships as funding vehicle for development programmes.
6. **UNDP should clearly identify and articulate a strategy for South-South and Triangular cooperation**. The sand-dam technologies in drought-prone regions were based on lessons from Kenya. UNDP should build on this to identify and articulate a strategy for South-South and Triangular Cooperation, including developing partnerships with Centres of Excellence on a national research agenda for innovative development solutions.
7. **UNDP should strengthen its M&E systems, including performance monitoring.** The performance monitoring system that was established was not effectively being used to inform planning, and the programme team did not appear to be fully involved in performance monitoring, hence the monitoring matrix was not updated.
8. **UNDP should incorporate exit and sustainability planning in programme and project design.**  There was apparent lack of ownership by project beneficiaries, and some programme outputs such as rain water harvesting had high risk of sustainability beyond the project support as evident from similar outputs by other development partners.