

**TERMINAL EVALUATION**

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

**FINAL REPORT**

**(31 March 2015)**

Richard M Chiwara, PhD

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).

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.
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1. **ACRONYMS**

|  |  |
| --- | --- |
| ACC | Anti-Corruption Commission |
| ART | Anti-retroviral Therapy |
| CANGO | Coordination Assembly for Non-Governmental Organisations |
| CEDAW | Convention on the Elimination of all forms of Discrimination Against Women |
| CHRPA | Commission on Human Rights and Public Administration |
| CPAP | Country Programme Action Plan |
| CPD | Country Programme Document |
| CSO(s) | Civil Society Organisation(s) |
| eNSF | Extended National strategic Framework for HIV and AIDS |
| GBV | Gender Based Violence |
| GEF | Global Environment Facility |
| GFATM | Global Fund to fight AIDS, Tuberculosis and Malaria |
| GHDR | Global Human Development Report |
| GOS | Government of Swaziland |
| IAS | Innovation Association of Swaziland |
| JICA | Japan International Cooperation Agency |
| MDGs | Millennium Development Goals |
| MEPD | Ministry of Economic Planning and Development |
| MICS | Multiple Indicator Cluster Survey |
| NDS | National Development Strategy |
| NERCHA | National Emergency Response Council on HIV and AIDS |
| NHDR | National Human Development Report |
| NSF | National Strategic Framework for HIV and AIDS |
| PMTC | Prevention of Mother-to-Child Transmission (of HIV) |
| PRSAP | Poverty Reduction Strategy Action Plan |
| ROAR | Results Oriented Annual Report |
| SAVIP | Swaziland Association of Visually Impaired Persons |
| SDI | Swaziland Development Index |
| SEA | Swaziland Environment Authority |
| SNTC | Swaziland National Trust Commission |
| SRA | Swaziland Revenue Authority |
| SWAp(s) | Sector Wide Approach(es) |
| SWEET | Swaziland Women Economic Empowerment Trust |
| TOR(s) | Terms of Reference |
| UNAIDS | Joint United Nations Programme on HIV and AIDS |
| UNDAF | United Nations Development Assistance Framework |
| UNDP | United Nations Development Programme |
| UNFCCC | United Nations Framework Convention on Climate Change |
| UNV(s) | United Nations Volunteer(s) |
| UPR | Universal Periodic Review |

1. **INTRODUCTION**
	1. **Background**

1. The Country Programme Action Plan (CPAP 2011-2015) is the five year framework defining the mutual cooperation between the Government of the Kingdom of Swaziland and United Nations Development Programme (UNDP) covering the period 2011-2015. The CPAP contributes to the realization of Swaziland’s Vision 2022 as articulated in the National Development Strategy (NDS) and Poverty Reduction Strategy Action Plan (PRSAP), as well as the achievement of the Millennium Development Goals (MDGs) by improving quality of life of the population. UNDP support is provided in the overall context of the United Nations Development Assistance Framework (UNDAF 2011-2015).
2. The UNDP Evaluation Policy and the CPAP Evaluation Plan approved by the Executive Board, provided that a terminal evaluation of the CPAP should be conducted in the penultimate year of implementation. This final evaluation was commissioned by UNDP to fulfill that requirement as well as to contribute to its accountability for results. The evaluation was undertaken by an independent consultant over a period of 30 working days during the period 2 February to 31 March 2015.
3. This report presents the findings, conclusions and recommendations of the Final Evaluation of the UNDP Swaziland CPAP 2011 – 2015. In order to address the questions that were outlined in the Terms of Reference (TOR), the report is presented in six chapters.
* Chapter 1 introduces the report including a description of the evaluation methodology.
* Chapter 2 presents the country context and describes government priorities in the context of the development challenges in Swaziland.
* Chapter 3 describes the CPAP including the results framework.
* Chapter 4 contains the evaluation findings.
* Chapter 5 presents the challenges and emerging lessons.
* Chapters 6 contains the evaluation conclusions and recommendations to improve future performance and delivery of results.
	1. **Purpose and Objectives**
1. 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).
2. The specific objectives of the evaluation were to assess:
3. The processes and achievements made during the first four years of implementing the CPAP with a focus on contributing factors.
4. The relevance of the progress made in terms of the UNDP outputs (including an analysis of both project activities and soft-assistance activities).
5. What contribution UNDP has made or is making to the progress towards the achievement of the outcomes (including an analysis of the partnership strategy)
6. Identify future intervention strategies and issues. Most importantly, the evaluation should be forward-looking by making recommendations for future programming strategies.

**1.3. Evaluation Methodology**

1. The methodology was agreed with UNDP. An evaluation inception report was prepared and submitted for comments. The evaluation was participatory and stakeholders had opportunity to provide inputs and comments during presentation of preliminary findings and draft report. The final version of this report incorporates stakeholder comments from these processes.
2. The following four-step approach was adopted.
3. **Document Review**. Desk review of UNDP programme documents and reports, including quarterly and annual reports, as well as other official government reports and publications. The desk review culminated with the inception report outlining the evaluation plan and methodology, to which UNDP provided comments before endorsing. The list of documents reviewed is at Annex 1 to this report.
4. **Individual Interviews**. A data collection mission to Swaziland was undertaken from 9 to 20 February 2015. A total of 43 individuals were interviewed, including UNDP senior management and programme staff, officials of Government of Swaziland (GoS), civil society organisations (CSOs) and community beneficiaries. The list of individuals interviewed is at Annex 2.
5. **Data analysis**. Qualitative analysis of the data was undertaken to extract information linked to the evaluation questions outlined in the TORs and inception report.
6. **Comments to draft report**. The draft evaluation report was submitted to stakeholders for comment. The final version of this report incorporates their comments.

**II. COUNTRY CONTEXT**

**2.1. Development context**

1. Swaziland’s growth performance has generally declined from a high of 3.1% in the 1990s decade to an average 2.1% from 2003-2012.[[1]](#footnote-1) The consequences of the declining economic growth are particularly severe on the most vulnerable groups of the population, particularly women and youth. According to the Labour Force Survey (LFS, 2010), among the population aged over 15 years, unemployment increased to 40.6 % compared to 38% in 2007, with majority of unemployed in urban areas (54%) compared to rural areas (25%). Unemployment is also higher among females (46.3%) compared to men (34.4%), while among the youth unemployment increased from 53% in 2007 to 64% in 2010. While unemployment is higher in urban areas due to trends in rural-urban migration, unemployment is uneven among the regions with the highest in Shiselweni Region (50.5%) followed by Lubombo region (45.1%).
2. Notwithstanding, Swaziland has per capita GDP of US$3,136[[2]](#footnote-2), and is ranked as a lower middle income country. In the 2013 Global Human Development Report (GHDR) Swaziland was ranked 141 out of 186 countries, placing the country at the lowest end of the middle income countries; and in the 2014 GHDR Swaziland was ranked as a low human development country, regressing to 148 out of 186 countries.[[3]](#footnote-3) Swaziland’s social indicators reflect high poverty headcount ratio (63%), high unemployment (41%), food insecurity (39%), and high income disparities with Gini-coefficient of 0.51.
3. The majority of the population (70%) live in rural areas and depend on agriculture for their livelihoods, but contribute only 12% to the economy. Poverty in Swaziland is therefore mainly concentrated in rural areas with the highest poverty headcount in Shiselweni region (0.41) and Lubombo region (0.34)
4. The country also continues to face high HIV and AIDS prevalence. According to UNAIDS reports, in 2013, the prevalence rate among adults aged 15 to 49 years was 27.4%.[[4]](#footnote-4) The Multiple Indicator Cluster Survey (MICS 2010) also revealed high maternal mortality and child mortality rates. For the most recent five-year period preceding the survey, infant mortality was 79 deaths per 1,000 live births, and under-five mortality was 104 deaths per 1,000 live births. This means that more than one in every 10 children born in Swaziland dies before reaching his or her fifth birthday.[[5]](#footnote-5) Maternal mortality ratio was estimated at 320/100,000 live births. Maternal deaths were attributed to preventable or treatable conditions such as hemorrhage (22%), hypertension (11%), unsafe abortion (1.6%), sepsis (12.7%); other direct causes (6.4%); and indirect causes 46% (Ministry of Health, 2011).
5. The country is also vulnerable to environmental hazards and climate change effects such as deforestation, water resource degradation, declining soil fertility and loss of biodiversity. Arable area comprising only about 10% of the total land area; and about 50% of the national land area is communal land, out of which 75% is estimated to be affected by degradation. Among the major causes of land degradation are over-grazing, with the national herd increasing at 2.5% annually. A large proportion of the national land, particularly the range lands are affected by severe erosion and land degradation due to the indiscriminate cutting down of trees. This is further compounded by weak institutional framework and capacity for sustainable land use management in both urban and rural areas, as well as absence of conclusive land policy.
6. The adverse impacts of climate change further undermine efforts towards food security and eradication of poverty; and particularly affect vulnerable groups such as child-headed households as well as women and youth. In addition, lack of requisite national capacity to integrate and mainstream environment in national planning and budgeting processes further compound the national vulnerability and resilience.
7. In the governance sector, Swaziland faces many of the challenges faced by other developing countries, especially in Africa. In 2012, the Economist Intelligence Unit Index of Democracy that assesses overall level of democratic freedom based on a review of the country’s electoral processes, levels of pluralism, civil liberties, functioning of the government, level of public political participation and overall political culture scored Swaziland 3.20 out of highest possible score of 10. The Mo Ibrahim Index on Governance in Africa ranked Swaziland 26 out of 52 countries based on Participation and Human Rights in 2013. However, the Government of Swaziland endorsed the Mo Ibrahim and Transparency International Indices, which is widely seen as a positive signal of the Government’s commitment to improve human rights and accountability.
8. Swaziland has a diverse and large number of civil society organizations (CSOs). Some studies indicate that there are about 400 CSOs, comprising about 217 associations, 106 cooperatives, 57 credit unions, 5 faith based organizations, 8 trade unions, 3 umbrella organizations and 10 unspecified others. There are also about 100 non-governmental organisations (NGOs) operating in the country. About 75% of the cooperatives operate in the agricultural sector while 82% of the associations are in the social welfare sector (mostly youth). There are many economic and business based social organizations including employment and occupation-based associations as well as faith- based social institutions and networks.
	1. **National frameworks**
9. The Government of Swaziland has introduced a number of policies, strategies and frameworks to achieve the requisite economic and social development for its citizens. The National Development Strategy (NDS) (1999)[[6]](#footnote-6) is the national strategic plan for the period 1997 to 2022. The NDS was revised in 2013, and now puts greater emphasis on new emerging development challenges including youth, climate change, reinforced governance and economic management. The NDS operationalizes the country’s long-term Vision 2022 - *“By the year 2022, the Kingdom of Swaziland will be in the top 10% of the medium human development group of countries founded on sustainable economic development, social justice and political stability”*.
10. The NDS is implemented through three-year National Development Plans. The Poverty Reduction Strategy and Action Programme (PSRAP) 2007-2015, approved in 2007, sets out the Government’s medium-to-long term development framework and action programme for sustainable economic growth and poverty reduction. The Government Programme of Action (2013 - 2018)[[7]](#footnote-7) sets out the priorities of Government for its five-year term of office. The Programme of Action identified priorities in many areas, including achieving greater economic growth and job creation; health; education and skills development; food security; access to water; improved service delivery through decentralisation; environment and disaster management; strengthening governance institutions and public sector management; and safety and security.
11. The Extended National Strategic Framework (eNSF) for HIV and AIDS (2014-2018) is the five-year multisectoral decentralised HIV/AIDS plan for Swaziland. In 2011, the Government of Swaziland commissioned a Joint Mid-Term Review of the National Strategic Framework (NSF) for HIV/AIDS (2009-2014). Based on the findings of the review, the government decided to extend the NSF for another five-year period from 2014-2018.
12. Other relevant sectoral policies include the National Social Development Policy (2009); the National Sexual and Reproductive Health Policy (2002); the National Youth Policy (2009); the Food Security Policy (2008); the National Disaster Management Policy (2010); and the Education Policy (2012).

**III. UNDP COUNTRY PROGRAMME**

1. The UNDP Country Office in Swaziland supports the GOS to respond to the country’s development challenges and achieving the NDS. The major areas of support include (i) supporting the development and implementation of pro-poor and gender-balanced national policies with clear linkages to specific programmes designed to contribute to the empowerment of the poor and women, (ii) reversing the trend in the increase in the HIV and AIDS prevalence rate through strengthening coordination, monitoring and evaluation of the national response, (iii) strengthening national resilience to vulnerability and shocks arising from natural disasters and climate change, and (iv) strengthening the capacity of key national and local institutions for improved governance and service delivery.
2. The CPAP (2011 – 2015) contributes to the outcomes of the UNDAF 2011 – 2015, targeting areas where UNDP has demonstrated comparative advantages and capacities. In that regard, the programme is structured around four pillars; (a) Poverty reduction and sustainable livelihoods, (b) HIV and AIDS, (c) Environmental sustainability and climate change, and (d) Governance and gender equality (see Table 1).

 Table 1: Outcomes to which UNDP contribute under the CPAP 2011 – 2015

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| --- |
| **Poverty reduction and sustainable livelihoods** |
| **UNDAF Outcome**: Increased and more equitable access of the poor to assets and other resources for sustainable livelihoods | **CP Outcome:** The poor’s access to productive resources increased |
| **CP Outcome:** Women have the capacity to, and accessing their rights. |
| **HIV and AIDS** |
| **UNDAF Outcome**: To contribute to reduced new HIV infections and improved quality of life of persons infected and affected by HIV and AIDS by 2015 | **CP Outcome.** A human rights-based and gender sensitive HIV and AIDS response strategy effectively supported. |
| **Environmental sustainability and climate change** |
| **UNDAF Outcome**: Increased and more equitable access of the poor to assets and other resources for sustainable livelihoods | **CP Outcome.** National institutions have the capacity and providing guidance on the utilisation of natural resources in a sustainable and equitable manner |
| **Governance and gender** |
| **UNDAF Outcome.** Strengthened national capacities for the promotion and protection of rights | **CP Outcome.** Supportive policy and legal framework for improved governance in place |
| **CP Outcome.** People have full knowledge on all their rights |
| **CP Outcome.** All citizens have access to justice |
| **CP Outcome.** Gender equality fully adopted in all spheres of life |
| **CP Outcome.** Legal and policy framework promoting gender equality in place |

 **Source**: Adapted from the CPAP 2011 – 2015 Results Framework

1. **EVALUATION FINDINGS**
2. This chapter contains the main findings based on analysis of the information collected through document review and stakeholder interviews. The findings are presented in line with the questions posed in the evaluation TOR: Relevance (Section 4.1), Effectiveness (Section 4.2), Efficiency of implementation (Section 4.3), and Sustainability (Section 4.4).
	1. **Relevance**

# This section addresses issues about the programme’s relevance, including a response to the following questions in the TORs:

* Whether or not the programme’s objectives and interventions were suited to national needs and priorities.
* Whether or not the programme’s outcomes were aligned to UNDP’s corporate mandate and priorities for Swaziland.
* Whether or not the programme’s design was capable of addressing the needs of stakeholders and achieve desired outcomes.

**Finding 1. The CPAP is broadly aligned to national needs and priorities**

1. The programme was aligned to, and reflected the priority areas identified in national strategies and frameworks. Swaziland’s social indicators reflect high poverty headcount ratio (63%), high unemployment (41%) particularly among the youth, high HIV and AIDS rate (26%), gender disparities, food insecurity (39%), and high income disparities with Gini-coefficient of 0.51.[[8]](#footnote-8) The focus of the CPAP was to address these issues through a combination of upstream policy support and strengthening institutional capacities as well as downstream support targeting disadvantaged regions and excluded groups. UNDP supported national capacity development to strengthen poverty analysis, planning and development of national M&E systems to address poverty and inequality. UNDP also supported women and youth groups in the area of livelihoods to contribute towards reducing high unemployment.
2. The majority of the population (70%) live in rural areas and depend on agriculture for their livelihoods, contributing only 12% to the economy; poverty in Swaziland is therefore mainly concentrated in rural areas. About 50% of the national land area is communal land, out of which 75% is estimated to be affected by degradation. A large proportion of the national land, particularly the range lands are affected by severe erosion and land degradation due to the indiscriminate cutting down of trees, which is further compounded by weak institutional framework and capacity for sustainable land use management. At upstream level, UNDP supported development of national capacities to strengthen environment management, including in climate change policy and strengthening protected area management. UNDP downstream support also targeted drought stricken areas to strengthen climate change adaptation.
3. Swaziland has one of the highest HIV prevalence in the world, and with a small population, the impact can be devastating, both economically and socially. The Government also acknowledges the devastating impact of HIV and AIDS and identified it as a key priority in the NDS. UNDP supported the National Emergency Response Council on HIV and AIDS (NERCHA) to strengthen the national response by strengthening its coordination and monitoring capacity.
4. 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.

**Finding 2. While interventions were important and beneficial to target groups, the programme could have been more focused**

1. The CPAP comprised four portfolios – poverty reduction and livelihoods; HIV and AIDS, environment and climate change; and governance and gender equality. Although these portfolios were all relevant and aligned to national priorities, a more focused programme could have enhanced more effective utilisation of limited resources. A cursory analysis of portfolios indicates that some of them included several components, having the effect of ‘spreading thin’.
2. Under the poverty reduction and livelihoods portfolio, UNDP worked at both upstream and downstream level. Upstream support included work in the area of planning by supporting planning and poverty analysis and development of national M&E framework, which are essential for achievement of poverty reduction and therefore strategically relevant. Downstream interventions included supporting livelihoods for excluded groups in disadvantaged communities. UNDP supported the groups in market access by linking them with a national vegetable wholesaler, but some of the interventions were of limited scale.
3. The environment and climate change portfolio also had combination of upstream and downstream support with components on protected areas, ecosystem restoration, climate change adaptation and disaster risk management. Most of the projects undertaken under this portfolio were at various stages of completion but very successful, and had delivered concrete and tangible benefits to the target groups. However, some of the interventions were not necessarily catalytic but more of ‘scaling-up’. While scaling up of successful interventions is consistent with UNDP strategic plan, it also should incorporate elements of sustainability for it to be meaningful. For example, UNDP supported integrated rainwater harvesting at various primary schools. Some of the schools, such as Gundvwini Primary School already had similar system installed by the United States Agency for International Development (USAID), but which lacked maintenance.
4. UNDP support under the governance and gender equality portfolio also had several components, including human rights, anti-corruption and access to justice *inter alia*. While some successful outputs were delivered from some of the upstream interventions, but some of them were not followed through to completion, partly due to delays in Government processes or lack of policy clarity. The HIV and AIDS portfolio focused its support upstream and on developing national coordination capacity.
5. In 2012, UNDP decided to shift its focus upstream in recognition of its resourcing constraints, further compounded by the country’s elevation to lower middle income status. However, some of the key informants observed “*despite efforts to shift upstream, the programme still looks fragmented*”. UNDP impact could therefore be enhanced further by reducing the scope of its programme and more focus within individual portfolios.

**Finding 3. The programme design and implementation lacked synergy between components**

1. The programme – poverty reduction, HIV and AIDS, sustainable environment and good governance – constitute critical pre-requisites for livelihoods for the poor and vulnerable groups in Swaziland. The four programme pillars are therefore quite amenable to an integrated programme, and indeed may constitute an effective theory of change. However, that synergy was not apparent in the design and implementation of the CPAP.
2. One of the gaps in the programme design was on its capability (or lack thereof) to link capacity building interventions with actual implementation. Most notably, under the Governance Pillar, UNDP provided capacity building support to several key institutions to develop policies and strategic plans, but many of them have remained unimplemented due to a variety of factors. One example is the public service charter, which has not been implemented despite UNDP advocacy efforts for its adoption and implementation. The Government also acknowledged that lack of implementation framework and lack of monitoring and evaluation framework were the two most important factors that hindered effective implementation of the National Development Strategy (NDS).[[9]](#footnote-9) UNDP advocacy and advisory support was successful in ratification of 29 international treaties and conventions. However, many of them have not been domesticated, which provides for future opportunities for UNDP advisory and capacity building support.
3. Lack of implementation at downstream level, affects effectiveness of UNDP’s outputs at upstream policy support. The mid-term evaluation of the poverty reduction portfolio observed that “*there is no balance in UNDP’s resource allocation between resources devoted to up-stream and downstream activities. This makes UNDP support for downstream less visible and yet that is where changes in people’s lives are immediately noticeable*”.[[10]](#footnote-10) For example, UNDP supported the procurement and operationalization of the T21 macro-analysis model, which has been effectively used for forecasting of the 2012 MDG progress report; supporting budget analysis since 2013; quantitative benchmarking for the NDS and the Government Plan of Action 2013-2018. However, this has limited application at regional level and consequently the issues of poverty and inequality between regions may not get required traction in the policy-making arena.
4. Evidence also suggests that there was limited synergy between programme components. In fact, it may be correct to postulate that the respective Units were working in silos. For example, there are many opportunities for linkages between the sustainable environment portfolio and the sustainable livelihoods component (see Box). In Mbelebeleni community where UNDP is supporting eco-system restoration, there was high absenteeism among community members due to HIV-related illnesses, which provides an entry point for synergy with the HIV and AIDS component.

UNDP supported construction of a sand dam at Kabhudla community. Beneficiaries said that they required support to utilize the sand dam for income generation, including eco-tourism projects.

* 1. **Effectiveness**

# This section addresses issues about the CPAP’s effectiveness in contributing to results and addressing the needs and priorities of target beneficiaries, including a response to the following questions in the TORs:

* Extent of UNDP’s effectiveness in producing results and whether these will be achieved within the planned time frame.
* 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 towards achievement of CPAP outcomes.
* Assessment of UNDP’s ability to advocate best practice and desired goals.
1. Based on review of the M&E framework, it appears UNDP was not monitoring its performance and progress at the outcome level. The design of the M&E framework did not provide baselines and targets for the outcome indicators. For example, “*Outcome Indicator 1.1.1: Percentage of people living below poverty line”;* the M&E matrix does not elaborate on the baseline and the expected performance target, although they are elaborated for the outputs.[[11]](#footnote-11)

*Some of the UNDP programme staff observed that “the M&E framework was developed three years into the CPAP implementation, and was never integrated into the broader programme including allocating resources M&E and collecting the required baselines”.*

1. That notwithstanding, 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.

**Finding 4. UNDP contribution to poverty reduction and sustainable livelihoods was not sufficiently reflected through the outcome indicators**

1. Outcome Indicator 1.1.1: Percentage of people living below poverty line. It can be assumed that UNDP’s intention was to contribute towards reducing the proportion of people living below the poverty line. Available evidence indicates that there was not much progress, as the official [Poverty headcount ratio at national poverty lines (% of population](http://data.worldbank.org/indicator/SI.POV.NAHC/countries/SZ?display=graph)) remained at 63%.[[12]](#footnote-12) The UNDAF mid-term review also noted that: *“Progress towards the outcomes in Pillar 2 is uneven and is lagging considerably in some areas. Progress has largely been hampered by the UN system’s resource constraints, and the resource constraints within government”.*[[13]](#footnote-13)The latest MDG progress report also indicates that acceleration was required for MDG targets 1A and 1B, although target 1C was reported to be on track.[[14]](#footnote-14) It is also noteworthy that UNDP made similar observations (Figure 1) in the 2014 Annual Work Plan (AWP):

 **Figure 1**: UNDP observations on performance of the Poverty Reduction portfolio

 **Source**: Extracts from UNDP 2014 AWP

1. One of UNDP’s priority projects was to support the introduction of Sector Wide Approaches (SWAp) in government planning and resource allocations. A study commissioned by the Ministry of Economic Planning and Development (MEPD) concluded that overall progress with SWAps was slow, and identified key challenges as (i) structural issues within government ministries; (ii) lack of adequate knowledge and skills in SWAp processes; and (iii) weak monitoring, reporting and evaluation. Since UNDP support was focused on developing institutional capacities, including M&E systems, some opportunities to effectively influence change may have been missed.
2. Nonetheless, UNDP supported some useful outputs at the upstream policy level. Most notably, UNDP supported development and use of evidence-based planning and decision-making within national systems. In particular, the installation and capacity building on the use of the T21 planning and decision-making tool should strengthen national policy making at the macro-level. UNDP also supported the development of the Swaziland Development Indicators (SDI), national M&E Framework, all of which will strengthen national planning, budgeting and decision-making systems towards reduction of poverty.

UNDP advocacy contributed to funding of small and medium enterprises (SMEs) by commercial banks, including establishment by the Government of Poverty Funds to be accessed by the poor. In the area of advisory services, UNDP also successfully supported development of the National Human Development Report (NHDR), as well as review of the NDS and road map of the PRSAP. With UNDP support, the Central Statistics Office successfully undertook the Swaziland Household Livelihood and Activity Survey 2013, which had national coverage and targeted particularly income generation of women and youth. Government’s accountability and reporting towards Vision 2022, was also enhanced by supporting capacity development for Statistics and Planning personnel in data collection, monitoring and analysis; resulting in the development for the first time in Swaziland, of localized human development index at national and regional level.

1. UNDP also supported capacity development, and knowledge sharing at downstream level. The Swaziland Women Economic Empowerment Trust (SWEET), which intends to establish a women’s bank, received UNDP technical support, enabling it to increase its membership and share capital from USD$28,000 in 2012 to USD$395,000 in 2014. Two groups with combined total of 100 women in drought stricken areas were provided with capacity building support and skills training in commercial agriculture to enhance their livelihoods and household food security. However, as noted earlier the interventions were of limited scale to have significant impact at outcome level.

**Finding 5. UNDP contributed effectively to the national response on HIV and AIDS**

1. Outcome Indicator 2.1.1: HIV incidence rate. It is assumed that the intention was to reduce the HIV incidence rate, although the baseline and targets were not elaborated. However, based on literature review, the evidence suggests that progress was being achieved towards reduction of HIV incidence rate, while HIV prevalence had stabilized.
2. Overall adult HIV incidence in Swaziland was 2.4% in 2012, with lower rate among men (1.7%) compared to women (3.1%).[[15]](#footnote-15) A 2012 survey by the Ministry of Health also reported national HIV prevalence of 31% among adults 18-49 years.[[16]](#footnote-16) A reanalysis of the 2006-2007 SDHS data, when restricted to 18-49 years of age, similarly identified a prevalence of 31% [SDHS 2007], indicating that the overall HIV prevalence in Swaziland had remained the same or stabilized during the five year period 2007-2012. This was largely attributed to the expansion of HIV prevention, care and treatment services, all of which were the areas targeted for UNDP support.
3. The UNDP 2014 annual report indicates that HIV incidence among adults aged 15-49 years declined from 2.45% in 2011 to 1.79% in 2013.[[17]](#footnote-17) At the same time, prevention of mother-to-child (PMTC) coverage increased from 82.6% in 2010 to 92.7% in 2014, while the number of people receiving anti-retroviral therapy (ART) increased from 65% in 2010 to 95% in 2013.[[18]](#footnote-18)
4. One of the UNDP objectives was to mainstream gender and human rights into HIV programming. A Gender and Human Rights checklist was developed and mainstreamed into the extended National Strategic Framework (eNSF). The UNDAF mid-term review noted:

*“The UN system in Swaziland implemented several initiatives in the period under review. Government partners acknowledged the positive contribution of the UN system to Swaziland’s response to the HIV and AIDS challenges. There is evidence of progress towards the expected results under Pillar 1, though not always at the level envisaged in the UNDAF*”.

1. UNDP support was more effective at the upstream policy level and institutional capacity development. 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. HIV was also integrated Sector Development Plans 6 ministries, in line with the SADC Public Sector initiative.
2. 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 adopted an innovative approach by developing and supporting the national volunteer programme to tap into national expertise and capacity in the field of HIV and AIDS. At time of writing, plans were underway to link this initiative with the global United Nations Volunteer (UNV) office. As a result, NERCHA was approved as principal recipient by the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM). UNDP also developed civil society capacity, and currently, the Coordination Assembly for Non-Governmental Organisations (CANGO) is being assessed to become principal recipient for GFATM. UNDP also collaborated with Swaziland Association of Visually Impaired Persons (SAVIP) as part of mainstreaming human rights in national HIV and AIDS response.

**Finding 6. UNDP’s interventions strengthened national resilience to environmental shocks and adaptation to climate change at community level**

1. Outcome Indicator 3.1.1: Percentage of greenhouse gas emissions found in the atmosphere. As with the other outcomes, the outcome indicators were also not sufficiently elaborated with baselines and targets. In addition, it would appear that UNDP also had interventions beyond only reduction of greenhouse gas emissions; including for example, in natural resources management, conservation of bio-diversity, and disaster risk management. The outcome indicator was therefore insufficient as a measure of UNDP’s performance and contribution.
2. The consultant was unable to access data for Swaziland’s greenhouse gas emissions. However, taking Carbon dioxide (CO2) emissions per capita as a proxy indicator, the World Bank database indicates that Swaziland emissions have remained constant at 0.9 metric tons per capita from 2007 to 2014.[[19]](#footnote-19) For a country the size of Swaziland, this may be considered quite high compared to other countries in the region (see box). The World Bank also notes that globally, approximately 20% of greenhouse gas emissions result from deforestation and forest degradation. This puts Swaziland’s emissions into perspective, given the extent of land degradation and deforestation obtaining in the country.

|  |  |
| --- | --- |
| Lesotho | 0 |
| Malawi | 0.1 |
| Mozambique | 0.1 |
| Namibia  | 1.5 |
| South Africa | 9.0 |
| Swaziland | 0.9 |
| Zambia  | 0.2 |
| Zimbabwe | 0.7 |

1. Despite this apparent lack of progress on the outcome indicator, UNDP made quite substantial and significant contributions both at upstream policy level and at the downstream 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. One interviewee observed that:

*“…in the original NDS, climate change was addresses as a section with only 2-3 paragraphs, but in the revised NDS, a whole chapter is devoted to environment and climate change”*

1. Swaziland was approved for the Global Environment Facility (GEF) grant of $5 million to strengthen national protected area (PA) systems, with plans to increase protected area coverage from 3.9% to 6.4% by 2017. UNDP advocacy also culminated with amendment of the Swaziland National Trust Commission (SNTC) Act of 2000, which will strengthen national systems for conservation and bio-diversity. A National Climate Change Policy and Strategy was also developed with UNDP technical support, and at the time of drafting, awareness programmes were already under implementation as part of the strategy. UNDP has also supported the country to report on its international obligations, including the 2nd Communication on the United Nations Framework Convention on Climate Change (UNFCCC).
2. However, it is at the downstream level that a much significant and impressive progress was made. UNDP effectively leveraged on its global presence and South-South Cooperation to introduce innovative technologies that had never been used in Swaziland before. Through partnerships with the Commonwealth of East and Southern Africa (COMESA), UNDP supported 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. These sand dams have improved access to clean water for the communities, with some of the water servicing the local clinic. As an indication of the extent of the challenges, the communities were so involved and engaged that in Kabhudla community, where it was planned to complete the sand dams in 3-4 weeks, it was completed in 8 days. The community also hosted a delegation from Eritrea who were on a study tour to learn about the sand dam technology.
3. UNDP also supported integrated rain water harvesting in 10 community schools in the drought stricken regions, benefitting more than 3,350 primary school children. The head teacher at Bulandzeni Primary School observed that:

*“Children used to fetch water from an open well about 1.5 kilometers away, which was also used by animals. About 20-30 children would miss classes to go to the clinic with stomach ailments, but since the introduction of the rainwater harvesting, no children have been missing classes*”.

1. Through UNDP advocacy, the National Disaster Management Agency was finally approved by cabinet and established in 2012. As follow up, UNDP partnered with the Japan International Cooperation Agency (JICA) to support the creation of 5 Regional Emergency Coordination Centres, 3 Regional Disaster Risk Management Committees, thereby contributing to developing resilience for over 5,000 vulnerable people in 4 of the most disaster-prone chiefdoms.
2. However, UNDP effectiveness was affected by a number of constraints and limitations. Perhaps the most significant is the absence of comprehensive environment mainstreaming strategy. The Swaziland Environment Authority (SEA) is the national institution responsible for mainstreaming environment across all sectors, but until now, UNDP collaboration with the SEA has been limited to the Montreal Protocol on reducing ozone depleting substances. In this regard, UNDP supported a private sector company – Palfridge – a refrigerator manufacturing company, which was the major importer and consumer of ozone depleting gases and chemicals. The company has since been certified ozone-friendly, and has reduced its use of the substances by 92%, including through downstream training of independent technicians involved in refrigeration industry.
3. UNDP also supported the Sustainable Energy for All (SE4ALL) Initiative Gap Analysis Report and Action Plan. However, UNDP faced resource constraints to support the Renewable Energy Action Plan 2014-2030, which included increasing Renewable Energy into the national energy mix. In Disaster Risk Management, UNDP had planned to support construction of the National Situational Room to enhance Early Warning capability, the Government delayed with allocation of appropriate site. The site was eventually identified and construction of the Situational Room is scheduled for completion in June 2015.

**Finding 7. The impact of UNDP support to governance and gender equality was constrained by limited scale and fragmented nature of its interventions**

1. This Pillar also has one Outcome Indicator 4.1.1: Governance Index (human rights); which, like the other indicators lacks baselines and targets, and in addition, does not fully reflect all the interventions adequately to measure UNDP’s performance.
2. The interventions undertaken under the Governance and Gender portfolio were important individually, but did not reflect a coherent pathway to change. The UNDAF mid-term evaluation also noted the fragmented approach as one which could not lead to expected outcomes:

*“The UN system implemented several projects to strengthen capacities of government partners in the promotion and protection of human rights. These were primarily small, catalytic projects distributed across a number of government institutions. Their potential to contribute to the achievement of the country programme outcomes was constrained by the pace at which the Government was willing and able to scale up the interventions and follow through”.*

1. UNDP also commissioned an outcome evaluation of its Governance portfolio in November 2014[[20]](#footnote-20), which also came to the same conclusion:

*“…the programme lacked specific strategic design and therefore interventions lacked internal coherence. Consequently, there was limited complementarity or synergy between individual interventions”*

1. Despite that, the country has made positive progress as measured by the Ibrahim Index of African Governance (IIAG). Data on the IIAG website[[21]](#footnote-21) indicates that overall, Swaziland moved 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.
2. Among the major UNDP interventions in upstream policy and advisory support, was review of the legislation and policy framework for gender mainstreaming, leading to strengthening of the national gender machinery which was elevated from a Unit to a Department in the Deputy Prime Minister’s Office. The mid-term review of the Joint Programme on Gender concluded UN advocacy campaigns contributed to influencing legislative reforms and the ratification of international instruments pertaining to women’s rights. Among some of the conventions that were ratified, Swaziland has made progress in the domestication of the Convention on the Rights of Persons with Disability, whereby the national policy and action plan has been developed and approved by Cabinet, including the Disability Bill. Although a number of laws were reviewed and 29 international conventions ratified, there has not been sufficient follow up, such that some of the legislation, including the Sexual Offenses and Domestic Violence Bill have still not been enacted since 2012; while also a number of international conventions have not been domesticated.
3. UNDP also supported capacity development of key national institutions of governance, including Parliament of Swaziland, Ministry of Justice and Constitutional Affairs (MOJCA), Ministry of Public Service (MPS), Swaziland Institute and Management and Public Administration (SIMPA), Swaziland Revenue Authority (SRA) and Commission of Human Rights and Public Administration (CHRPA) all of which developed their first ever strategic plans. The National Policy on Corruption was also developed, which is expected to result in institutional transformation if effectively implemented. UNDP also 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.
4. With regards to capacity development, UNDP supported training of judiciary officers on implementation of the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), including handling juvenile witnesses and offenders; as well as training prosecutors on gender-based violence (GBV), sexual offenses and human trafficking. UNDP also supported the training of the Law Society and Judges on the application and implementation of the Small Claims Court system, with a view of operationalizing the Small Claims Court Act (2010); as well as training Public Service and Trade Unions on the Public Service Charter to enable operationalization.
	1. **Efficiency of implementation**

# This section addresses issues about UNDP’s efficiency in implementing the CPAP, including a response to the following questions in the TORs:

* How do UNDP policies, practices, decisions, constraints; capabilities affect the CPAP performance?
* 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.
1. 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, mostly for international consultants providing technical support. National counterparts maintained ownership through involvement in the recruitment process and payments were disbursed upon their approval of deliverables. Many of the national partners interviewed said they were satisfied with the system.
2. UNDP also collaborated with other UN agencies in operations management through the Harmonized Approach to Cash Transfers (HACT) committee. CPAP implementation was therefore supported by other common services, including long-term agreement (LTA) for travel, harmonized rates and common vendor data base.

**Finding 8. UNDP effectively delivered on available resources**

1. UNDP achieved consistently high rate of delivery of available resources during the first four years of CPAP implementation.[[22]](#footnote-22) Delivery in the first year was 86.6% of available resources, but increased to average between 102% and 117% in the subsequent years (Figure 2). While most of the funds were UNDP resources, evidence indicates that the Government also met its cost sharing commitments timeously.

**Figure 2**. UNDP budget delivery by year

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Delivery** | **2011****($)** | **2012****($)** | **2013****($)** | **2014****($)** |  |
| **Planned** | 1,725,528 | 1,651,033 | 2,778,560 | 2,263,219 |
| **Actual**  | 1,493,812 | 1,937,140 | 2,839,187 | 2,439,630 |
| **Actual as % of Planned** | 86.6% | 117.3% | 102.2% | 107.8% |

 **Source:** Resource allocation and performance by output

**Finding 9. Large proportion of CPAP expenditures were targeted towards poverty reduction, livelihoods and sustainable environment**

1. 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%). There was no data to disaggregate CPAP expenditures between upstream policy support, advocacy, capacity building and knowledge management. However, as indicated in Section 4.2 above, majority of interventions on poverty reduction were at upstream level, while interventions on climate change adaptation were skewed at downstream level. It can therefore be reasonably concluded that there was a balance between upstream and downstream support (at least in terms of budget allocations).
2. Despite the positive progress and results achieved under the HIV and AIDS pillar, it received the smallest allocation of 5.2% of total CPAP expenditures. This can be attributed mainly to the fact that most of the interventions under this pillar were in upstream policy support and capacity building. It may also be an indication of where UNDP has more comparative advantages and capacities – in policy and advisory services, rather than downstream project implementation. However, as noted in the CPAP mid-term review, *“…the resources were used for what was planned and did produce the planned and useful products such as policies, strategies, plans, tools and knowledge”.[[23]](#footnote-23)*

 **Figure 3**. UNDP expenditure by programme portfolio

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CPAP** **Outcome** | **Planned****($)** | **Actual****($)** | **Actual as % of planned** | **Actual as % of total** |  |
| **Poverty reduction and sustained livelihoods** | 2,886,455 | 3,415,719 | 118.3% | 39.3% |
| **HIV and AIDS** | 498,553 | 455,695 | 91.4% | 5.2% |
| **Environmental sustainability and climate change** | 3,544,431 | 3,465,742 | 97.8% | 39.9% |
| **Governance and gender equality** | 1,470,900 | 1,345,613 | 91.4% | 15.5% |
| **TOTAL** | **8,400,340** | **8,682,769** | **103.4%** | **100%** |

 **Source:** Resource allocation and performance by output

**Finding 10. UNDP’s partnership strategy did not effectively contribute to its Resource Mobilization Target**

1. UNDP had set itself a resource mobilization target of US $19,096,000 over five years.[[24]](#footnote-24) However, over the first four years (2011 – 2014), a total of $8,682,769 was mobilized (Figure 3), which represents about 45.5% of the target. On an annual basis, UNDP fell short of its target in 2011 and 2014. The resource gap in 2014 was largely due to the delay in the disbursement of the GEF grant, which will be available in 2015.
2. Based on the even delivery rates achieved annually, it can also be estimated that after four years of implementation, UNDP should have mobilized about 70% - 80% of its resource mobilization target. It is also doubtful based on past delivery rates to envisage a situation where UNDP would be able to deliver the balance of the targeted resources if they were made available in the last year of implementation. UNDP also noted that some activities had not been implemented due to a reduction in allocation of TRAC resources.
3. This scenario indicates that UNDP will need to strengthen its partnerships strategy to leverage resources from donors, including non-traditional donors. The CPAP mid-term review observed that “…UNDP has provided financial and technical support to over 90% of the activities that are in the CPAP document as per plan at mid-point (2013)”.

**Finding 11. Implementation was characterised by weak planning and performance monitoring**

1. 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 challenges of implementing delays by national counterparts, which affected effective planning. Some examples include delays in construction of national center for early warning, establishment of early warning centers at regional level, and capacity building for Parliamentary Women’s Caucus. This would leave UNDP with unused resources/funds towards the end of year, thereby leading to ad hoc activities. Some national partners observed that sometime towards the end of the third quarter or beginning of last quarter, UNDP would request national partners to suggest activities that could be implemented quickly.
2. While this challenge may be beyond UNDP’s control, evidence also suggests that there was weak performance monitoring on the part of UNDP. The performance monitoring matrix that was in use was quite complex and not user-friendly, to the extent that its real value in planning and decision-making is questionable. A review of the matrix shows that some of the columns remained blank; and often, no annual targets were elaborated in the matrix, thereby rendering it ineffective for monitoring purposes. Extracts from UNDP’s presentation to the 4th Quarter Implementing Partners Meeting held in December 2014 reveal that UNDP observed that some of the annual targets had remained the same since 2011, yet at the same time noting that the indicators were not likely to be achieved – which begs the question, why nothing was done about.
3. A quick review of the performance monitoring matrix also reveals its impotence as a management tool. Under the columns for annual targets, the phrase “no target set” appears 13 times in 2011; 9 times in 2012; 11 times in 2013; and 21 times in 2014; while the 2015 columns were completely blank. It was also interesting to note that under the 2012 columns for annual achievements, 3 activities were said to have been deferred to next year, but those activities never reappeared in 2013 up to 2015. At the Implementing Partners meeting, UNDP also noted the following implementing challenges:
* *Completion of activity action was dependent of finalization of other actions particularly those related to policy formulation.*
* *There were no resources to undertake the activities because of the decreased allocation of the TRAC resources post planning.*
* *Delay in retirement of advance funding.*
* *Delay in communicating activity actions that will not be implemented during the year resulting in delay in redeploying of funds.*
* *In some instances annual target has remained the same since 2011 and activity actions do not relate to the annual target.*
1. Among the key lessons that UNDP observed to have learned from its implementing were:
2. Tracking of output indicators have been weak. Interventions undertaken in some instances were not in line with contributing to achievement of output.
3. Annual targets should be set at the design stage and not annually set to ensure that a logic is set for achievement of outputs.
4. Use of the CPAP M&E Framework to track progress.
	1. **Sustainability**

# This section addresses issues about the programme’s sustainability of CPAP results and processes, including a response to the following questions in the TORs:

* 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
1. Beneficiaries of CPAP interventions demonstrated high level of enthusiasm, especially at the community level where UNDP interventions provided hope for communities who were faced with diminishing alternative sources of livelihood. All the key informants interviewed stated that they were willing to continue with project activities even after funding has stopped. However, most of them also noted that they did not believe the Government had requisite capacity to sustain these processes, let alone up-scaling or replicating them. This is further compounded by the classification of Swaziland as a lower middle income country, which may entail reduction in donor funding in the long term.

**Finding 12. There was general lack of sustainability planning across CPAP interventions**

1. There was generally a simplistic view of sustainability among UNDP programme staff and Government partners. The most often given answer to the question ‘what measures have been put in place to ensure sustainability’ was: “*the project has undertaken capacity building; or a policy has been developed, and it will always be there”.* While it is true that capacity-building can address some issues of sustainability, most of the CPAP capacity building efforts were limited to individual skills training. This has shown itself not to be sustainable as was observed in the CPAP mid-term review:

*“The Government of Swaziland and UNDP should learn from their CPAP experience that a capacity development strategy is critical to the success of capacity development initiatives. That strategy should have included human and institutional development and an agreement that would minimize staff reshuffles and create conditions and incentives that retain staff who have been trained. Failure to have such a strategy will continue to undermine UNDP’s effort of developing capacity which disappears and hence undermining the organization’s ability to deliver as planned".*

1. Quite notably, some of the CPAP outputs in the area of upstream policy and advisory services were not implemented after changes in the senior management of respective government departments. Evidence suggests that this was a challenge across the whole UN system in Swaziland as noted in the UNDAF mid-term review:

*“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.”*

1. But perhaps the challenge is even more acute at the downstream level. It was observed, for example that some of the schools that benefitted from CPAP interventions on integrated rainwater harvesting already had similar facilities, including boreholes installed by USAID but lacking maintenance. This indicates a failure of sustainability. The head teachers that were interviewed said they did not have budgets for maintenance of the facilities, but were looking forward to continued UNDP support for maintenance and expansion of the facilities.
2. UNDP had also not developed strong partnership with civil society to build sustainability for its advocacy efforts. Key civil society informants noted that earlier initiatives by UNDP to establish a Civil Society Consortium had not been pursued. There were however some good examples of sustainability planning demonstrated by the youth group - Innovation Association of Swaziland – which was embarking on developing partnerships with local universities to encourage local Research and Development as well as partnering with private sector companies, including the mobile telephony company MTN.
3. **CHALLENGES AND EMERGING LESSONS**

**5.1. Challenges and constraints**

1. CPAP implementation was affected by a number of challenges and constraints. Although a large number of them were beyond UNDP’s control, quite a few of them related to the CPAP’s design and implementation arrangements.
2. There was a general weakness in application of results-based management (RBM) principles. At the level of the CPAP design, the programme lacked a robust theory of change model. Consequently, interventions appeared to be disjointed and opportunities for building synergy between programme units were missed. In the Governance component for example, the Outcome evaluation noted that the programme was spread across too many sectors, including political governance, economic governance, human rights, rule of law and anti-corruption. The programme therefore spread itself too thinly to make significant impact.
3. UNDP internal performance monitoring tools were not effectively designed or implemented. As noted earlier, the performance monitoring matrix was not completed on time, and when it was completed, there was no evidence that it was used for decision-making purposes to adjust activities. In addition, the indicators across programme components were not always appropriate or adequate to measure UNDP performance. The UNDAF mid-term report also made a similar observation, in particular for Pillar 1 (HIV and AIDS) and Pillar 2 (poverty reduction and sustainable livelihoods).

*“The large number of indicators in the initial UNDAF document suggests a lack of clarity in articulating the results to be achieved and how these were to be measured. Indicators were not annualized making it difficult to discern the period covered when reporting on a particular indicator. There was an overlap between Pillar 1 and Pillar 2 with regard to food security for vulnerable groups and double reporting as a result of this overlap”.*

1. However, a large number of the implementation challenges ad constraints were external to UNDP. One of the key challenges experienced was constant delays on the part of Government. These were caused by a variety of reasons, but mainly lack of clarity on mandates and functions between departments, constant reorganization of departments, changes and transfers of senior management and turnover of personnel within government departments.
2. There are several examples of activities that were either stalled or never implemented as a result of one or more of the above challenges. For example, following government reorganization of the MEPD in 2013, the SWAp coordination mandate was shifted to a different Unit with limited coordination capacity. UNDP had also planned to support review of the Aid Effectiveness Policy, but the Aid Coordination and Management Section reprioritized its agenda during the course of the year, and the activities were not implemented.[[25]](#footnote-25) Gender and Family Issues was changed from a Unit to a Department, which resulted in delayed implementation of key activities in 2014, including development of National Gender Index, Gender Responsive Budgeting and drafting of the Gender Equality Bill.
3. Another major challenge that affected CPAP implementation was the lack of full implementation of the constitution. For example, the UPR Action Plan could not be supported because of some inconsistence that militated against drafting of the key State Reports.
4. The operating environment in Swaziland is also characterised by a limited number of development partners. This has critical implications on UNDP’s capability for resources mobilization, which is further compounded by the country’s elevation to a lower middle income country. Apparently, this seemed to also affect other UN agencies as the UNDAF mid-term evaluation noted:

*“The availability of financial resources to implement the UNDAF was a major assumption that did not hold true for all the pillars of the UNDAF. Activities were scaled back, as was the case in Pillar 2: Poverty and Sustainable Livelihoods. However, another serious consequence of limited resources is that the UN system spread small amounts of funding across a wide spectrum of activities. This was especially the case in Pillar 4: Governance. In being responsive to the many requests from Government, the UN system’s support was fragmented and spread across many initiatives in many ministries. The limited number of development partners also impacted negatively on the UN system’s ability to mobilize resources to fill significant funding gaps”.[[26]](#footnote-26)*

* 1. **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.

**VI. CONCLUSIONS AND RECOMMENDATIONS**

* 1. **Conclusions**
1. Given the magnitude of development challenges in Swaziland, there can be no doubt that and all development oriented interventions will be relevant in one way or another. The real issue is whether the CPAP was strategically relevant in the context of UNDP’s resources, capacity and comparative advantage.
2. To the extent that all the issues that UNDP addressed through the CPAP were directly aligned to the NDS, the PRSAP 92007 – 2015) as well as the Government Programme of Action (2008-2013), and the NSF for HIV and AIDS (2009-2014), its relevance cannot be questioned. However, the form and content of support did not reflect on UNDP’s comparative advantage, and was not strategically informed by robust analysis on effective approaches to bring about change. In the poverty reduction component, there was a mixture of both upstream and downstream support. Evidence suggests however, that upstream policy and advisory support did not deliver expected outcomes. The example of the SWAps was already discussed above, indicating a weak uptake by government. In addition, both UNDP and Government continue to acknowledge that the greatest challenge facing the country is its failure to translate policies into action for improved service delivery. UNDP strategy did not directly address how this could be addressed.
3. The other components focused more heavily on capacity building. However, evidence also suggests that there are as yet no direct changes at the level of service delivery that could be attributable to this capacity building. In fact, most of the capacity developed at individual skills level was shown to be rather transient in nature, given staff turnovers in government. At institutional level, the outputs of such capacity development was also reported not to have been very effective as a lot of the strategic plans and service standards were never put into action. All this points to a need for UNDP to revisit the drawing board and outline a more effective strategy on how it can make a difference, not just business as usual.
4. With regards to the CPAP’s effectiveness in delivering results, evidence suggests that some interventions were more effective than others. Particularly noteworthy were the interventions on climate change mitigation and adaptation. However, lack of synergy between programme components deprived UNDP an opportunity to achieve a bigger bang from its limited resources. Some of the interventions were rather mundane in their approach, and tended to position UNDP as a donor organization. In addition, the explicit linkages between upstream support and downstream support were not very evident in some of the interventions. For example, some interventions targeted strengthening legislative and policy frameworks (upstream), while others targeted small-scale and subsistence farmers to improve their livelihoods (downstream); but UNDP did not clearly articulate how these two strategies would feed into each other. In the usual theory of change parlance, downstream interventions are meant to pilot approaches and provide demonstrable evidence of the impact of policies at community and household levels. This link was not apparent.
5. UNDP’s engagement with civil society also missed opportunities for strengthening advocacy and developing a foundation for sustainability of its processes and results. Key informants in the civil society sector observed that there was low level capacity building of CSOs and NGOs, but no real partnership was ever developed. UNDP had previously started to support establishment of the Civil Society Consortium, which would have elaborated on the principles for UNDP-CSO collaboration, but these efforts were discontinued in the course of time.
6. With regards to implementation efficiency, evidence indicates that there was effective administration and management of the CPAP. This also reflects in the delivery rates, which were consistently high year to year, and also across the programme portfolios. There were however some delays in starting some of the projects, although most of them were for reasons beyond UNDP’s control. However, this also indicates that there could also be weakness in the area of risk monitoring and management. Also linked to this, is the risk of sustainability. Other than the formal hand over of competed projects to the Government, there was no other evidence of structured exit and sustainability planning.
	1. **Recommendations**
7. The foregoing analysis and lessons learnt indicate that Swaziland continues to face significant development challenges to which UNDP can apply its comparative advantages in the context of its mandate and strategic plan 2014-2017. Three key challenges particularly stand out:
* Swaziland faces continuing and growing inequalities, despite its status as a middle income country. The country is also facing a slowdown in growth, compounded by declining Southern Africa Customs Union (SACU) revenues.
* Despite efforts to shift upstream, UNDP’s programme still appeared fragmented, with limited results reflecting in terms of service delivery and poverty reduction. This is also compounded by the Government’s inability to effectively translate policies into action and development results.
* There is an apparent trend for a decline in funding, both core and non-core resources, which could have profound implications on UNDP’s capacity and effectiveness going forward.
1. This evaluation therefore makes the following eightrecommendations to strengthen UNDP system delivery and effectiveness in the light of these challenges. Since this is a summative evaluation, all the recommendations are therefore focused on the next programme cycle, and address issues about its design, strategic focus and implementation.

**Recommendation 1. UNDP should improve its strategic focus and not to spread itself too thinly**

1. 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. The programme scope was too broad for UNDP to make significant impact on any of the areas. It is recommended that UNDP should leverage its comparative advantages more effectively, focusing particularly on inclusive economic growth, sustainable livelihoods and governance.

**Recommendation 2. UNDP should adopt a targeting approach to improve its impact**

1. 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.

**Recommendation 3. UNDP should strengthen efforts to enhance national implementation capacity**

1. A cursory analysis of UNDP interventions indicates that many of them were either on developing legislative and policy frameworks or capacity building. The challenge, which the Government also acknowledges in the revised NDS was on the absence of an implementation framework. It is therefore recommended that UNDP should enhance national implementation capacities, especially through support to the decentralisation agenda by strengthening local governance and developing implementation guidelines for regional administrations to translate policies into action.

**Recommendation 4. UNDP should strengthen efforts to improve availability of timely and reliable data for evidence-based decision-making**

1. There is general scarcity of data in Swaziland. UNDP supported efforts to improve data availability, including development of the Swaziland Development Index, National Human Development Report and MDG progress reports. Other development partners have also contributed through such outputs as the Labour Force Survey and Swaziland HIV Measurement Surveys. However, many of these surveys and reports do not disaggregate the data in a manner that is particularly amenable for targeting the most disadvantaged regions and excluded groups. For example, available data on social protection was not disaggregated by gender or region; which are critical dimensions for targeting. It is recommended that UNDP should strengthen national data and information management systems to improve evidence-based decision making.

**Recommendation 5. UNDP should strengthen its resource mobilization, including engaging with non-traditional donors**

1. The classification of Swaziland as a middle income country poses challenges for UNDP and development partners, particularly in the areas of resource mobilization. Lessons from other emerging MIC countries indicates declining levels of donor support, alongside increasing inequalities and poverty levels – commonly referred to as the ‘middle income paradox’. It is therefore recommended that UNDP should explore different approaches of engaging with partners, including strengthening public-private partnerships as funding vehicle for development programmes.

**Recommendation 6. UNDP should clearly identify and articulate a strategy for South-South and Triangular cooperation**

1. The development and installation of sand-dam technology in drought-prone regions provided a good practice example of how South-South and Triangular cooperation can be used effectively to develop innovative solutions. However, there was no clearly articulated strategy for how UNDP planned to undertake this cooperation. Opportunities for partnership with Centers of Excellence in developing national research capacity were not comprehensively pursued. It is recommended that UNDP should develop and articulate a comprehensive South-South Triangular Cooperation strategy that targets specific countries (such as the BRICS countries)

**Recommendation 7. UNDP should strengthen its M&E systems, including performance monitoring**

1. Although attempts were undertaken to establish a performance monitoring system, it was apparent that the system was not effective and the monitoring matrix was not effectively being used to inform planning. There also apparently appeared to be lack of appreciation that performance monitoring is a management function, for which the programme team is primarily responsible. It is recommended that UNDP should strengthen its internal performance management system.

**Recommendation 8. UNDP should incorporate exit and sustainability planning in programme and project design**

1. Many of the outputs left behind by previous interventions, including particularly boreholes and rainwater harvesting facilities at several primary schools were in state of disrepair, and most of them were not working. This exhibits lack of ownership by project beneficiaries, and indicates that official handover to Government may not be enough to ensure sustainability of project outputs. UNDP should develop comprehensive exit strategy and sustainability plan involving communities and project beneficiaries to ensure that its results can be sustained beyond the project support.

**ANNEX 1. DOCUMENTS REVIEWED**

1. Annual Project Progress Reports, various.
2. CPAP 2011-2015 Performance Matrix.
3. CPAP 2011-2015 M&E Framework (2012).
4. Implementing Partners’ Quarterly Reports, various.
5. Mid-Term Review of “Adapting national and trans-boundary water resource management in Swaziland to manage the expected impacts of climate change”, November 2014.
6. Mid-Term Review of the Swaziland UNDAF 2011-2015, November 2013.
7. Mid-Term Review of the UNDP CPAP 2011-2015, November 2014.
8. Mid-Term Review: Governance Portfolio, November 2014.
9. Mid-Term Review: Poverty Reduction Portfolio.
10. Revised NDS: The Swaziland We Want, October 2014.
11. Swaziland Multiple Indicator Cluster Survey, 2010.
12. Swaziland MDGs Progress Report, September 2012.
13. UNDP Annual Work Plans: 2011-2015.
14. UNDP Country Programme Action Plan 2011-2015.
15. UNDP Resources Mobilization Targets 2011-2015.
16. UNDP Results Oriented Annual Report, 2014 (Draft).

**ANNEX 2. INDIVIDUALS INTERVIEWED**

**UNDP SENIOR MANAGEMENT AND STAFF**

1. Dessalegne, I. Resident Representative UNDP
2. Fruhwirth, D. Operations Manager UNDP
3. Leigh, F. Economic Advisor UNDP
4. Morris, S. M&E Associate UNDP
5. Nasidi, K. Deputy Resident Representative UNDP
6. Phile, N. Project Manager, CCA Project UNDP
7. Ntshangase, S. Programme Analyst, Governance, HIV UNDP
8. Tsabedze, S. Programme Analyst, Poverty /Gender UNDP

**NATIONAL PARTNERS (GOVERNMENT, COMMUNITIES, CIVIL SOCIETY AND PRIVATE SECTOR)**

1. Dlamini, B. Disaster Risk Manager NDMA
2. Dlamini, P. Programme Manager Ministry of Trade
3. Dlamini, S. Senior Economist (Cross Sectional) MEPD
4. Dlamini, S. Senior Teacher Gundvwini Primary
5. Dlamini, T. Director SWABCHA
6. Dlamini, T. Chief Executive Officer SNTC
7. Dlamini, W. Director, National Parks SNTC
8. Dube, K. Senior Economist (Macro) MEPD
9. Dube, S. Aid Coordination Management Section MEPD
10. Kunene, Z. Programme Officer PSHACC
11. Mahlalela, P. Coordinator, Business Women Forum SEF&CC
12. Malaza, J. Assistant Clerk (Administration) Parliament
13. Mamba, D. Programme Officer SEA
14. Mapalala, E. Secretary, Project Committee (Sand dam) Kabhudla Community
15. Mavimbela, B. Economist (Cross Sectional) MEPD
16. Mazazi, J. Member, Project Committee (Sand dam) Kabhudla Community
17. Mkhonta, J. Director, Gender and Family Issues DPM Office
18. Mohammed, M. Chairperson IAS
19. Mtimkhulu, S. Department of Water Affairs MNRE
20. Ndlangamandla, E. Executive Director CANGO
21. Ndwandwe, I. Director, Environment Assessment SEA
22. Ndzinisa, D. Programme Officer PSHACC
23. Ntando, B. Chief Executive Officer SEF&CC
24. Nxumalo, S. Head Teacher Bulandzeni Primary
25. Nyapokoto, H. Project Manager Palfridge
26. Parsons, W. Maintenance Manager Palfridge
27. Sangweni, J. Chair, Project Committee (Eco systems) Mbelebeleni Community
28. Seyama, M. A/Director Meteorological Dept.
29. Sibandze, M. Chair, Project Committee (Sand dam) Kabhudla Community
30. Tekledib, K. Poverty Advisor MEPD
31. Tshabalala, t. Deputy Director, CSO MEPD
32. Twala, Q. Head, Statistics Division, CSO MEPD
33. Waligo, A. Policy and Planning Unit NERCHA
34. Zagate, G. Economist (Macro) MEPD
35. Zwane, P. Director Ministry of Trade

**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
1. Revised NDS, 2013. [↑](#footnote-ref-1)
2. <https://data.un.org>; 2012 [↑](#footnote-ref-2)
3. UNDP Swazi Macro Analysis, October 2014. [↑](#footnote-ref-3)
4. <http://www.unaids.org/en/regionscountries/countries/swaziland> [↑](#footnote-ref-4)
5. Multiple Indicator Cluster Survey, 2010 [↑](#footnote-ref-5)
6. The NDS was revised in 2013. [↑](#footnote-ref-6)
7. This is the successor to the Programme of Action 2008-2013. [↑](#footnote-ref-7)
8. UNDP Swazi Macro Analysis, October, 2014. [↑](#footnote-ref-8)
9. The Swaziland We Want, October 2014 [↑](#footnote-ref-9)
10. Mid-term Evaluation Report of the Poverty Reduction Programme, 2013. [↑](#footnote-ref-10)
11. CPAP Monitoring and Evaluation Framework [↑](#footnote-ref-11)
12. <http://data.worldbank.org/country/swaziland> (This data is based on 2010 SHIES and may not reflect contributions made since 2011). [↑](#footnote-ref-12)
13. Mid-Term Review of the UNDAF 2011-2015, November 2013. [↑](#footnote-ref-13)
14. Ibid, UNDAF mid-term review. [↑](#footnote-ref-14)
15. Ibid. SHIMS, 2012 [↑](#footnote-ref-15)
16. Swaziland HIV Incidence Measure Survey (SHIMS, 2012) [↑](#footnote-ref-16)
17. UNDP Results Oriented Annual Report, ROAR 2014 (Draft) [↑](#footnote-ref-17)
18. Ibid. ROAR [↑](#footnote-ref-18)
19. http://data.worldbank.org/indicator/EN.ATM.CO2E.PC [↑](#footnote-ref-19)
20. Outcome Evaluation Report: Swaziland Governance Outcome 2011 – 2015; November 2014. [↑](#footnote-ref-20)
21. <http://www.moibrahimfoundation.org/iiag/> [↑](#footnote-ref-21)
22. As this evaluation was done at the beginning of year, data for 2015 were not yet available. [↑](#footnote-ref-22)
23. CPAP Mid-term final evaluation report, November 2014. [↑](#footnote-ref-23)
24. UNDP Swaziland Country Office Resource Mobilization Target 2011 – 2015. [↑](#footnote-ref-24)
25. At the time of writing, the Draft Policy was expected to be validated and [↑](#footnote-ref-25)
26. Ibid. UNDAF mid-term evaluation, page 30. [↑](#footnote-ref-26)