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| Mid Term Evaluation Report |
| **The Poverty Reduction Programme of the Government of Swaziland/UNDP Country Programme Action Plan 2011-2015** |

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Table of Contents

[Acknowledgements 2](#_Toc373828450)

[Acronyms and Abbreviations 3](#_Toc373828451)

[EXECUTIVE SUMMARY 4](#_Toc373828452)

[Major Findings 4](#_Toc373828453)

[Resources 5](#_Toc373828454)

[Lessons Learned 5](#_Toc373828455)

[Recommendations 6](#_Toc373828456)

[1. BACKGROUND 7](#_Toc373828457)

[1.1 Evaluation Purpose 7](#_Toc373828458)

[1.2 Evaluation Scope 7](#_Toc373828459)

[1.3 Methodology 9](#_Toc373828460)

[1.4 The Evaluation Criteria 9](#_Toc373828461)

[1.5 Secondary Data 10](#_Toc373828462)

[1.6 Primary Data Collection 10](#_Toc373828463)

[1.7 Key Questions 10](#_Toc373828464)

[1.8 Limitations 12](#_Toc373828465)

[2. ANALYSIS AND MAJOR FINDINGS 13](#_Toc373828466)

[2.1 Programme Design 13](#_Toc373828467)

[2.2. Partnership Strategy 13](#_Toc373828468)

[2.3 Programme Management and Implementation Arrangements 14](#_Toc373828469)

[2.4 Relevance 14](#_Toc373828470)

[2.5 Effectiveness 15](#_Toc373828471)

[2.6 Efficiency 17](#_Toc373828472)

[2.7 Impact 18](#_Toc373828473)

[2.8 Sustainability 19](#_Toc373828474)

[3. CHALLENGES 21](#_Toc373828475)

[4. LESSONS LEARNED 23](#_Toc373828476)

[5. RECOMMENDATIONS 24](#_Toc373828477)

[6 CONCLUSIONS 26](#_Toc373828478)

[7. ANNEXES 27](#_Toc373828479)

[Annex 1: Terms of Reference 27](#_Toc373828480)

[Annex 2: Data Analysis 35](#_Toc373828481)

[Annex 3: List of Key Informants/Consultations 66](#_Toc373828482)

[Annex 4: References 66](#_Toc373828483)

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This report is prepared by Dr Backson Sibanda – BACTHA CONSULTING.

# Acronyms and Abbreviations

***ACMS*** Aid Coordination and Management Section of the MEPD

***CPAP*** Country Programme Action Plan

**CBA** Cost Benefit Analysis

***CSO’s***  Civil Society Organisations

***EU*** European Union

***FAR*** Fiscal Adjustment Road MAP

***MDGs***  Millennium Development Goals

***MEPD*** Ministry of Economic Planning and Development

***M&E*** Monitoring and Evaluation

***NDS*** National Development Strategy

***NGOs***  Non-Governmental Organisations

***ODA***  Overseas Development Assistance

***PRSAP*** Poverty Reduction Strategy Action Programme

***RBM***  Results Based Management

***SACU*** Southern Africa Customs Union

***SAM*** Social Accountability Matrix

***SWAP*** Sector Wide Approach to Planning

***TOR*** Terms of Reference

***UNDAF*** United Nations Development Assistance Framework

***UNDP*** United Nations Development Programme

# EXECUTIVE SUMMARY

The Mid-Term Evaluation of Poverty Reduction Outcome of the Country Programme Action Plan (“CPAP”) assessed the processes and achievements made during the first two years of implementing CPAP 2011 – 2015. The CPAP 2011 – 2015 is a five year cooperation agreement between the Government of the Kingdom of Swaziland and UNDP. The evaluation assessed whether the implementation of the CPAP is on track and if it will achieve its planned results by 2015. The evaluation also tried to establish whether the achievement of the poverty reduction outcome will contribute to poverty reduction in Swaziland.

## Major Findings

1. The evaluation found that the partnership between UNDP and the Government of Swaziland was very good. The Government regards UNDP as a valuable partner that supports national priorities and does not have an agenda of its own. Whilst the partnership strategy includes civil society, non-governmental organizations and the private sector, the evaluation did not find any strong evidence supporting the existence of strong partnership with these entities.
2. The institutional arrangements put in place for the implementation of the CPAP and the poverty outcome programmes are good and enable the implementation of CPAP. Notwithstanding, government partners feel that UNDP bureaucracy, especially in areas of procurement, sometimes slows down implementation and thus progress. However it is clear that UNDP has a need to ensure accountability and hence procurement procedures should be adhered to.
3. The evaluation found that the UNDP supports upstream initiatives that are producing valuable policies, strategies and tools which have enabled government to improve planning, analysis and monitoring. These initiatives are yet to produce visible changes to people’s lives and hence their impact on poverty reduction is not yet visible. Downstream activities supported by UNDP on women’s empowerment and on women’s businesses were already producing tangible results that are reducing poverty. Women are already generating income and are managing their businesses more efficiently using the knowledge and skills that they have gained from the training they have received.
4. The Sector Wide Approach’s (“SWAP”) uptake and implementation has been very slow due to coordination challenges and lack of sufficient knowledge and understanding of the concept. Due to staff attrition, capacity gaps have derailed full implementation of the SWAP initiatives. There is lack of progress on the piloting sectors as evidenced by only one sector doing very well while the other three need to upscale implementation. Since it was embraced, no significant resources and buy in have been seen on the side of the government of Swaziland.
5. The implementation of CPAP and the poverty outcome programme have also been impacted by lack of capacity in government and the inability to retain those who have been trained. This is a consequence of trained officials either being reshuffled by government to other functions or leaving when they find better opportunities elsewhere. This has watered down UNDP’s efforts to build capacity improvement and has created an unsatisfied demand for required skills due to large staff turnover. However, those who have been trained in MEPD are making a difference as they are using new tools, skills and knowledge and are producing better results as reflected in the quality of planning, analysis and preparation of MDG reports.

Resources

UNDP has delivered most (90%) of its financial and technical support for the CPAP implementation. The government has also delivered most of its financial contributions towards this cooperation agreement. Downstream activities for the Women Cross Border project have very limited resources, especially funds. UN Women has not been able to provide its full support for the project and has only contributed $96,000 (19%) out of the promised amount of $498,000 for the period 2011 – 2015. This has resulted in the imminent closure of the project in December 2013. UNDP, in collaboration with other partners, will mobilise resources to undertake the remaining project activities.

## Lessons Learned

This evaluation has revealed that there are some lessons that can be learned from the first two years of the CPAP implementation that could help the programme as it goes forward. These lessons are also helpful in improving delivery of the poverty reduction outcome.

1. The Poverty Reduction Strategy and Action Plan (“PRSAP”), which is viewed as a tool for the operationalization of the National Development Strategy, was not costed. Consequently, the indicative budgets that were expected to come from the sector ministries did not materialise as there were no identified PRSAP activities from the sectors that would have been budgeted for. This has resulted in the slow implementation of the PRSAP. In turn this has impacted the CPAP implementation. A lesson that needs to be learned is that producing a document without costing it and providing resources for its implementation will not produce the desired results. Sector ministries could not have budgeted for PRSAP when no activities that dovetailed into the PRSAP were identified and agreed to in advance.
2. The slow uptake of the SWAP was a result of lack of proper coordination and lack of a common understanding on what SWAP is and what its advantages are. The lesson to understand is that buy-in cannot just happen without a clear understanding of what people are expected to do. A common understanding of the project is a pre-requisite for success. Consultation and participation in the design and follow up training are critical to creating a common understanding.
3. Formal agreements or Memoranda of Understanding are critical in establishing partnerships. While there is a Letter of Agreement between the two parties (UNDP and UN Women) such an agreement does not seem to have been enough and this has impacted the partnership and has led to a threat of the project being closed.

## Recommendations

1. It is recommended that UNDP and the Government of Swaziland develop a comprehensive capacity development strategy that will ensure that staff capacities are developed and retained. That strategy must also lead to sustainable capacity development and retention.
2. It is recommended that SWAP be reviewed and revised after all sectors have been trained and a common understanding of SWAP has been established. The participation in the review and revision will lead to a fresh understanding and buy in for SWAP.
3. It is recommended that UNDP considers balancing its upstream and downstream support and links the upstream support with downstream/grassroots support in order to produce visible changes to people’s lives, particularly on poverty reduction.
4. It is strongly recommended that UNDP considers fundraising for the downstream activities which are making a difference to people’s lives and are directly reducing poverty. These activities include the girls internship programme and the Women Craft and Industrial produce project both supported by the Business Women Forum and the Women Cross Border project. These activities either have limited or no financial resources and yet are producing tangible resources.
5. Donors should honour the Paris Declaration and provide AID through the ACMS to sector ministries and stop negotiating directly with sector ministries.

# BACKGROUND

The Country Programme Action Plan (“CPAP”) 2011 – 2015 is a five year framework defining mutual cooperation between the Government of the Kingdom of Swaziland and the United Nations development Programme (“UNDP”). The CPAP was prepared based on the opportunities and challenges identified by the cooperating parties. It also draws lessons and progress made during the previous Country Cooperation Framework 2006 -2010 and national development priorities as outlined in the National Development Strategy (“NDS”) and the Poverty Reduction Strategy Action Plan (“PRSAP”). The CPAP was prepared in close consultation with key stakeholders and defines broad outlines of the Government and UNDP’s common development interventions, within agreed financial and programme parameters.

The goal of the CPAP is to contribute to the realization of the Swaziland Vision 2022. The Country Programme for Swaziland supports the implementation of the four UNDAF 2011 – 2015 Outcomes. UNDP focuses on: Poverty Reduction and Sustainable Livelihoods, HIV and AIDS, Environmental Sustainability and Climate Change, Governance and Gender equality.

This evaluation is concerned with the first pillar of CPAP dealing with Poverty Reduction and Sustainable Livelihoods. The emphasis of the evaluation is on poverty reduction outcome.

## Evaluation Purpose

The purpose of the evaluation is to assess the processes and achievements made during the first two years of implementing the Poverty Reduction Programme with a focus on achievements and constraints of the programme targets, indicators and outputs in the CPAP. Specifically, the evaluation assesses the progress made in contributing to the achievement of the two UNDP Programme Outcomes that address Poverty Reduction in Swaziland during the first two years of implementation. The mid-term evaluation of the Poverty Reduction Programme Outcome of CPAP is being undertaken as per the Evaluation Plan approved by the UNDP Executive Board.

## Evaluation Scope

The current exercise is a Mid Term Evaluation of the Poverty Reduction Outcome of the CPAP. In the Poverty Reduction Pillar the Government put measures and initiatives in place to reduce poverty and attain MDGs. These initiatives include:

* PRSAP, where government gives priority to policies aimed at increasing the competitiveness of the economy;
* Promoting international trade;
* Broadening the Revenue Base and;
* Expanding financial services.

Other measures include:

* Fiscal Adjustment Road Map (“FAR”);
* Efforts to improve public financial management (more transparency and accountability);
* Stimulating Private Sector Growth and investment, implementation of trade reforms and improved coordination.

Firstly, the evaluation examines the soundness of the design of the Poverty Reduction Programme. It examines whether or not the programme was designed using Results Based Management principles. The results chain and causality linkages are used as the major indicators of sound design.

Specifically the evaluation assesses the progress made during the first two years of implementation in contributing to the achievement of the two UNDP Programme Outcomes to address Poverty Reduction. In order to measure the level of progress that has been made and what has been achieved the evaluation examines the attainment of outputs by assessing which activities have been successfully completed. The delivery of activities gives a measure of progress towards the attainment of outputs and consequently the contribution these outputs make to the achievement of outcomes. In assessing the attainment of outputs the evaluation uses the indicators outlined in the document. This provides information on whether or not the programme will achieve the planned outcomes.

The evaluation has also assessed the following:

* Issues of resource mobilisation and resource utilisation;
* The Partnership strategy;
* Delivery processes of the selected strategies including whether the activities were strategically targeted and contribute to poverty reduction;
* Programme delivery mechanisms including institutional arrangements and management ;
* Cost effectiveness of delivery of the programme;
* Monitoring and Evaluation systems established for this programme.

All these are critical to the success of the programme and need to be fully understood in terms of how they are impacting the implementation of the programme.

## Methodology

The methodology developed and used for this evaluation includes the design matrix for the exercise. This is highlighted through section 1.3 – 1.7. The evaluation criteria referred to in section 1.4 was used to develop the major questions for the evaluation. The evaluation framework was used to create a series of templates to summarize and analyse information from the following sources:

* Documents – including the UNDAF and CPAP documents, monitoring and progress reports, and any other relevant reports etc. (see list of documents as provided by UNDP and the Government partners).
* Developed evaluation instruments – semi-structured interview questionnaires for Key Informants.
* Guidelines for structured focus group discussions. Focus group discussions were suitable and useful for some partners and beneficiaries.
* Person-to person interviews with key informants were undertaken. The list of key informants was provided by UNDP.
* One field visit to a selected project was undertaken as per recommendations of the programme staff and partners.
* The evaluation approach was participatory ensuring that there was full participation and ownership of both the evaluation process and products by all stakeholders. Stakeholders included Government, UNDP, implementing staff, partners, project beneficiaries etc.
* Two de-briefing sessions were provided to UNDP staff and the partners at the end of the field work.

## The Evaluation Criteria

The following criteria wereused for the evaluation:

* **Relevance**: Is the programme the relevant/appropriate solution for the identified problem or need? Does the programme address issues of poverty reduction in its design and execution strategy?
* **Effectiveness** The extent to which the programme is achieving its desired or planned results (outputs, outcomes and impacts). Has the programme and initiatives put in place by Government and UNDP been effective in reducing poverty in Swaziland? Does the programme have effective monitoring mechanisms in place to measure progress towards the achievement of results?
* **Efficiency:** In the first two years of implementation were inputs utilised or transformed into outputs in the most optimal or cost efficient way? Could the same results be produced by utilising fewer resources?
* **Impact:** In the first two years of implementation has the programme produced planned positive changes that have the potential to bring about long term changes? So far has the programme produced unplanned negative changes?
* **Sustainability:** Is the programme creating conditions that will ensure that benefits continue beyond its life? Is there evidence that ownership is being promoted for those who benefit from the programme and will the Government of the Kingdom of Swaziland continue using what has been started beyond the life of this cooperation with UNDP? Was sustainability built into the programme? Is the programme strengthening the capacity of the Government of the Kingdom of Swaziland and other partners in the areas of technology, pro-poor policy formulation, financial management and Human Resources?

## Secondary Data

The evaluation process started with the review of documents provided by UNDP and the Government partners. The major documents included the CPAP document, Poverty Reduction Strategy and Action Plan, Sector Wide Approach, Quarterly and Annual Progress Reports etc. (for full list please see Annex 2). The review of documents provided critical background information for the evaluators in understanding the nature of poverty in Swaziland and how the CPAP initiatives would contribute to poverty reduction. The progress reports provided information on the progress that had been made in implementing the programme as well as some of the challenges that impacted implementation.

## Primary Data Collection

Primary data was collected through a number of methods including face-to-face interviews with key Informants, group discussions with key implementing partners, focus group discussions with beneficiaries as well as a field visit to a selected project site. Further information was obtained during the de-briefing with the UNDP Country Office staff and another de-briefing that was held with stakeholders (Government ministries, Women’s Business Forum and programme staff). Feedback that enabled corrections to be made was received during these debriefings. Additional information and explanations were also provided.

## Key Questions

These following questions are comprehensive and attempt to cover all the major issues that this evaluation is meant to cover. They were developed based on the questions in the TORs, the evaluation criteria and information obtained from the documents, which provided a clear understanding of what the CPAP and other governments efforts set out to do and achieve. These questions also incorporate the questions developed in the Evaluation Matrix of the Inception Report.

1. Is the programme strengthening economic planning and management capacity for inclusive economic growth and poverty reduction? Provide concrete examples of this.
2. How have you as stakeholders benefitted from this programme on inclusive economic growth and poverty reduction?
3. Is the programme putting in place monitoring and reporting systems that measure and report on progress towards the achievement of MDGs? Please provide concrete examples.
4. Has the cooperation between UNDP and the Government of the Kingdom of Swaziland assisted the Government to formulate and implement policies that address structural economic inequalities? Are the programme interventions relevant to the identified problems? Provide examples of such policies and how they are addressing structural economic inequalities?
5. Is the programme strengthening the national capacities for pro-poor economic policy formulation? Is this approach effective? Evidence?
6. Has the programme put in place systems that improve the monitoring of MDGs delivery? Please provide specific evidence on this?
7. Has the UNDP/Government cooperation put in place a system that tracks and coordinates AID better? Is the AID coordination mechanism effective?
8. How has the programme strengthened the capacities of the poor, especially women through training to access productive assets? Is this approach effective?
9. What measures have been undertaken to strengthen capacity for Results Based Management within the Government? Is RBM an effective and efficient way of delivering services to the Swazi nation?
10. Has the programme put in place a system that collects, processes, disaggregates and disseminates poverty data in a timely manner? How is this data used in planning for poverty reduction?
11. Did the programme receive the estimated budgets, pledged budgets from donors and other development partners? Were there any resources shortfalls or excesses? Did the programme raise extra funds? Was the government cost sharing for inclusive growth realised? Was the use of resources cost effective?
12. Did the partnership strategy manage to strengthen existing partnership arrangements to ensure division of labour and created synergies? Did the programme succeed in establishing more structured partnerships that improved economic governance and AID effectiveness?
13. Were UNDP core resources used as catalytic funding to leverage resources from bilateral and multilateral partners? Are there any joint programmes and cost sharing activities on Poverty Reduction as a result of this UNDP catalytic funding?
14. What is the nature of support from the UN system to poverty reduction emanating from the UNDAF framework? Does this partnership work and address poverty in Swaziland?
15. Have any partnerships been realised with CSOs, NGOs, the private sector or professional bodies as a result of this partnership strategy?
16. What management arrangements were put in place to support effective and efficient implementation of the programme? How did these management and institutional arrangements impact the programme implementation and delivery?
17. What monitoring and reporting system did the programme put in place to measure progress in programme implementation? Does the monitoring system generate critical data for management and decision making purposes? Does the monitoring system provide information on how the resources are utilised for the agreed purposes?
18. Was sustainability built into the CPAP? Are there signs of sustainability?

## 1.8 Limitations

The evaluation was impacted by the tight timelines given the need for a thorough review of the many documents that were provided. It was also constrained by the fact that information came in drips and drabs and was not all available at the most strategic preparation period. Some of the scheduled interviews with key informants were delayed or the informants were not available and hence this impacted on the completion of the data collection process. In certain instances the scheduled individuals were not available and alternative officials who were not well briefed were interviewed, and in some instances these officials were not as informed about CPAP activities and poverty reduction issues.

# ANALYSIS AND MAJOR FINDINGS

## 2.1 Programme Design

This evaluation has subjected The Country Programme Action Plan 2011 – 2015 to the principles of Results Based Management in order to determine if the programme design is sound. The criteria used were to demonstrate a clear Results Chain and causality linkages at different results levels.

Findings are based on evidence provided either in documents or provided by key informants and focus group discussion. This analytical evidence is provided in Annex 2 (Tables 1 and 2) which summarises information from secondary sources and what was obtained from key informants. Given differences in perceptions and experiences of different key informants and stakeholders some information is contested by different groups or individuals. Triangulation has been used to minimise contested findings by identifying the major areas of agreement and disagreement using and sticking to available evidence.

* Programme design is sound and demonstrates a clear results chain and causality linkages between the results levels;
* CPAP outcomes and outputs derive from the UNDAF outcomes and the country programme outcomes. The results chain is therefore clearly demonstrated from the UNDAF Outcomes through the Programme Outcomes, CPAP Outcomes and Outputs;
* The causality linkages between UNDAF and Programme Outcomes are clear and are also demonstrated at the CPAP level. The poverty reduction outcomes derive from the CPAP and they address poverty reduction. The relevant outputs also address poverty.
* The programme is guided by the overarching objective of achieving MDGs. This shows that the CPAP is a relevant initiative that contributes directly to the achievement of the MDGs and National priorities.

The following provides the results of that analysis:

## 2.2. Partnership Strategy

* The CPAP strategy as designed by UNDP and the Government is based on creating an enabling environment in which Government, Civil Society, NGOs and the private sector are strengthened by UNDP support;
* Partnership with government has been strengthened by the programme and UNDP’s support as demonstrated by the activities undertaken under this partnership. Under this partnership 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). UNDP’s partnership is valued by Government because UNDP is viewed as contributing to the national priorities that address poverty reduction;
* UNDP’s partnership with UN Women enabled UN Women to provide resources that supported the development of the Women Cross Border Strategy, registration of the Women Cross Border Umbrella organization. UNDP was also able to partner with other UN agencies via the UNDAF outcomes;
* A very strong partnership and cooperation also exists with the Business Women’s Forum. UNDP’s support has enabled the Business Women’s Forum to provide assistance to women’s economic empowerment through capacity development on financial management, addressing legal barriers to doing business, legislation on Government Procurement etc.;
* There is very little visible partnership with civil society, NGOs and the broader private sector. It is not clear at this point why this is not happening given the good intentions of the partnership strategy.

## 2.3 Programme Management and Implementation Arrangements

* UNDP programme management is guided by a Results Based Management strategy that focuses on the achievement of results;
* Resources managed by UNDP are disbursed via a Cash Transfer system that is based on annual work plans prepared by UNDP and its partners;
* In order to monitor progress of implementation of the CPAP and activities carried out, government was to set up an M&E system supported by UNDP. However, while efforts have been taken on this there is only a draft M&E system which is not yet operational. While UNDP has an M&E system in place the absence of a system in Government, which is implementing most of the CPAP activities, has adversely impacted the monitoring and reporting of CPAP achievements. It is not clear why it has taken so long for this system to be established given that it was decided on from the outset and it is so crucial for monitoring, reporting and accountability. Some of the weaknesses observed in the progress reports are a result of a weak monitoring system.

## 2.4 Relevance

The major questions and the evaluation criteria sought to establish whether CPAP as a programme is a relevant approach to poverty reduction, and whether it addresses poverty. This evaluation and analysis show that CPAP is a relevant action plan that addresses poverty reduction in its design as well as in its implementation strategy. CPAP responds to national priorities on poverty reduction and contributes to the overall goal of achieving the MGDs. The initiatives supported by UNDP that have been undertaken by government and other implementing partners address poverty reduction. Legislation, policies and strategies dealing with land (such as the Land Amendment Act), women empowerment, promoting international trade, Women Cross Border Trade and others are examples of the relevance of the initiatives in addressing poverty. The Land Amendment Act enables women to now own land. This is significant as women are among the poorest in the country. The adoption of the new constitution now makes it possible for both men and women to obtain a 99 year lease on Swazi National land giving them unprecedented access to productive resources and hence the potential to reduce poverty. There are also new policies developed as part of CPAP and through the UNDP support that are giving local investors priority and enabling them to access financial resources using the 99 year lease on land.

Capacity development in the form of training and institutional building is one of the key approaches in responding to poverty reduction. Capacity development has been provided up-stream in training government officials in planning, policy development, data analysis, economic modelling etc. The Government ministries that have benefitted from this capacity development include Ministry of Economic Planning and Development, ACMS, Public Policy Coordinating Unit and Ministry of Health just to mention a few. This capacity is relevant in addressing poverty as the new skills and knowledge have led to better planning, analysis, budgeting and policy coordination leading to initiatives that address poverty. There is evidence that these initiatives are producing results as government is now using the new skills and knowledge to do business differently. As an example the T21 modelling tool enabled government officials to do better data analysis, produce disaggregated data, as well as use the Social Accountability Matrix. These tools are enabling government to deliver quality services and more efficiently. It should be noted here, however, that not all sector ministries have received relevant training and some of the tools are not yet available to them.

Support has been provided to Business Women’s Forum who have capacitated business women through business training, accounting, marketing etc. A strategy for Women Cross Border Trade has been developed, the umbrella organization registered and a website for Women Cross Border Traders has been developed. All these initiatives are relevant and address directly poverty reduction.

## 2.5 Effectiveness

The evaluation measured the extent to which the CPAP is achieving its desired/planned results (outputs, outcomes and impacts). Questions were asked to understand the extent to which the CPAP and the resultant initiatives such as policies, legislation, capacity building, use of knowledge and new skills etc. were reducing or impacting poverty reduction in Swaziland. Is there evidence at Mid-point of the CPAP implementation that it is achieving its planned results?

The findings of this mid-term evaluation of CPAP clearly provide evidence of how policies, legislation, tools, knowledge and skills are producing desired results. New policies, knowledge and skills, tools such as T21, SAM and CBA are being used in planning, budgeting, analysis, monitoring etc. are effective in changing the way the Government of The Kingdom of Swaziland is doing business. The downstream activities such as the skills and empowerment of business women have a direct impact on poverty. There is evidence from the women’s agricultural projects supported by the Business Women’s Forum, Women Cross Border Traders that the participants are making incomes they did not have before and that they are managing more efficiently and effectively their businesses. The young women interns who have completed the internship programme gained new skills and are now all employed and earning incomes that they did not have before. While the numbers are currently small this programme has the potential of reducing poverty among young women who are among the most affected by poverty.

The Ministry of Economic Planning and Development, ACMS, Health and others are delivering more effectively because they are using new tools in planning, analysis and management. Those who were trained are effectively using the knowledge and skills in addressing issues of poverty. While policies will take some time in most cases to produce evidence of effectiveness, there are signs that what is being done is making a difference in reducing poverty. A good example is the training offered to the Ministry of Health and the resources that have been provided for Sector Wide Approach. The Health Sector has succeeded in adopting and implementing SWAP. The training played a major role in this success as it created an understanding of what SWAP is as well as the value of the approach. Evidence shows that coordination in the sector is going well and that the sector is being effective in coordinating initiatives in the sector by avoiding duplications and creating synergies within the sector. The use of resources has been harmonised- coordination with donors has produced a more effective delivery system and use of resources. The technical groups are effective in making things happen in the sector. The sector has also used the SWAP approach in developing Sector Plans. The SWAP approach in this sector has also increased compliance with the Paris Declaration, minimising donor dominance and increasing government ownership. The SWAP approach is a more effective partner coordination and accountability system than what was there before it was introduced.

The review of the National Development Strategy (“NDS”) under the leadership of the Chief Economist has begun. The M&E consultant has done a situation analysis and a draft M&E system is now available. The CPAP has also supported the training of the Technical Writing Teams for the MDGs Reports are now more effective in writing the MDGs report and have now produced the 2012 MDGs Report. The same teams who were trained have produced the Accelerated Framework and are now finalising the Action Plan. The MDGs reports now have better quality data that provide an analysis on how poverty is being tackled in Swaziland. This information is critical for measuring the impact that these initiatives have in addressing poverty. The availability of more accurate data allows for better planning and management.

Both the Business Women’s Forum and the Women Cross Border Project initiatives have been effective in empowering women, improving business skills as well as enabling women to run and manage their businesses more effectively. The value of training and support has very visible evidence on the productivity at the women’s agricultural project in Lubombo.

It can therefore be concluded that the CPAP approach, support provided by UNDP and the sound partnership between the Government and UNDP to all these initiatives is effective in achieving the desired results. While some initiatives are behind schedule (see challenges) in general the implementation of CPAP is on track.

## 2.6 Efficiency

The evaluation also set out to establish whether resources were efficiently utilised. It questions if results had been achieved at an acceptable cost and achieved in a timely manner. Is expenditure in line with agreed upon budgets and work plans? Were resources both financial and human made available as per the CPAP document? Were financial and other reports prepared well to guaranty transparency and accountability to all stakeholders?

The evaluation did not examine in any depth what the budget allocations were for the activities and how the finances were utilised. In most cases the budget information was only available in an aggregated form, but the evaluation was also only interested in the results achievement as compared to the plans. The cost efficiency therefore could not be assessed. To a large extent the evaluation did assess whether the resources were used for what they were meant for at the activity level but concentrated on the achievement of results as reflected in the results matrix. Further, the evaluation was able to assess other factors that relate to efficiency. The capacity development training that was undertaken by the programme, the utilisation of knowledge and skills obtained from the programme’s training effort speak to efficient use of resources. Also examined were the efforts devoted to institutional capacity development. In general the resources were used for what was planned and did produce the planned (and useful) products such as policies, strategies, plans, tools and knowledge. It can be considered that up to mid-term point the resources were efficiently utilised since there is evidence that most of the intended results were achieved. The training done for both government and for direct beneficiaries resulted in many planning and analytical documents being produced which can also be considered to have been efficient use of resources by the programme action plan.

The programme prepared progress reports that are transparent and provide accountability of how resources were utilised, what was done and what was achieved. In most cases the quarterly and annual progress reports were well prepared and provided critical information on the activities undertaken and the outputs produced. A summary of the funds utilised and the balances thereof is provided in the reports. The reports, however, at times did not account for resources and delayed activities that were pushed from one quarter to another. In some cases it is not clear whether the deferred activities were completed the following quarter as the reports are silent on some of those activities when reporting on the following quarter. In some of the progress reports it is also not clear if all the resources were intended for specific activities were actually delivered and whether the non-delivery is a result of non-delivery of resources. A good example is the commitment by UN Women to provide $498,000 for the Women Cross Border Trade project. The interviews revealed that only $96,000 was delivered for this project and the rest has never come. The project is now destined for closure in December of 2013. The information about change of decision and plans by UN Women is not reflected in neither the quarterly nor annual reports. This evaluation understands that this information is captured under RISKS in ATLAS. It is also understood that Government has written to UN Women to seek further clarity on this issue. However, at the time of this evaluation it was still not clear if this project will continue given the withdrawal of funds by UN Women. Further, clarification from UN Women to the Government had not yet been received.

The evaluation does raise the issue of efficiency when it comes to capacity development and down-stream activities. The evaluation acknowledges that the capacity development efforts are excellent and have been of great value to those who have been exposed to training and institutional building. These individuals described how they used what they have gained from these efforts. Many of the tools are only being used by a very limited number of planners who work at MEPD as they are aware of them and have been trained. Most people who responded to the evaluation expressed that many of these tools are not readily available to the sector ministries, including the SWAP pilot sectors. A number of interviewees wanted to be trained so that these tools could be available to a wider population of planners. Some pilot sector ministries still did not know that such tools were available. It was, however, explained by UNDP that the training plan rests with MEPD and it is supposed to be demand driven. Further, some of those in the sector ministries who responded to this evaluation were the new cohort of planners who will be trained.

Nonetheless given the investment of money, human effort and time that went into producing these tools, the evaluation concludes that this was not the most efficient way of using resources if the product did not lead to desired changes at the sector level. It was an inefficient use of resources because the development of the tools was not accompanied by a comprehensive strategy that would have guaranteed wide utilisation of the tools. Why develop tools which are only accessible to a few when it was meant for a wide audience? The same is true as regards the SWAP approach, which is not understood by the majority of those in the sectors who were meant to lead this process.

The evaluation understands that capacity was initially built across all the piloting sectors. However due to staff attrition and relocation of staff capacity gaps emerged leading to this unsatisfactory situation. The evaluation again acknowledges that the development of down- stream activities was a brilliant idea and the intentions were good. The limited number of users of planning tools also does not justify the investment that went into setting this up. This should have been preceded by a survey of who would use the tools and the buy in for such tools within the sectors. The development of these tools should have been informed by the sectors. A comprehensive strategy for training and its rollout and utilisation should have been part of the development process, which would have ensured wider adoption and utilisation. A centralised approach to providing a service or solution is not necessarily an efficient way of utilising resources. Since the programme is only at mid-point it is not too late for corrective action to be taken so that more planners can have training and access to these tools.

## 2.7 Impact

Impacts are normally realised in the long term. The impacts of this programme cannot be measured in such a short time of 24 – 30 months of implementation. A programme like the CPAP can only contribute to impact and not be in a position to attribute long term development changes just from initiatives at mid-point.

There is evidence that the programme has achieved its outputs in training, in the use of knowledge and skills in doing more effective and efficient planning, budgeting monitoring and management. There is also evidence that some sectors and the MEPD in particular now utilise the tools and knowledge obtained from capacity development efforts and that government delivery is increasingly using improved tools and systems and hence delivering better. Further those who have been trained are using the skills and are contributing to the creation of a critical mass of experts and others who will use these tools in their development work. This evidence shows that this CPAP is contributing to the long term changes in the way that government addresses poverty reduction. It can be concluded therefore that the programme action plan is contributing to long term changes. Its full impact or contribution will be measured in the fullness of time at the end of the planning period and beyond. In the meantime efforts must be taken to ensure that more people are trained in using the tools and that training of trainers may be one way of assuring impact and sustainability. Capacity building for all the sector ministries and service providers to plan and use new tools and knowledge on a sustainable basis will guarantee impact in the long term.

## 2.8 Sustainability

The evaluation assessed whether programme partners and beneficiaries will continue to enjoy these benefits beyond the life of the current CPAP. It also examined whether or not there was evidence that the government, institutions, other partners and beneficiaries are willing and will have the capacity to continue with the activities once current funding and support stops. Finally, the evaluation assessed whether government partners are interested and able to continue to support this initiative of reducing poverty in Swaziland.

The issues of sustainability are absolutely critical for this evaluation and the CPAP that is being evaluated. The issue of sustainability has also been raised under the challenges section as many of the respondents saw it as a major challenge to government. Additionally some of the activities, such as the Women Cross Border Project, may be pre-maturely terminated. It is difficult to see how grassroots beneficiaries will continue to enjoy the benefits from this project beyond the present support in the absence of sustainable sources of funding and institutional capacities. However, for the cross border trade a foundation has been laid and the beneficiaries (women association has been registered) will take over some of the interventions such as the running the website for WICBT. It is understood that the Ministry of Trade will take over the running of the project. If the capacity that has been developed in the various implementing partner ministries is retained then there is a chance for sustainability.

At present it is not clear if plans are afoot to make sure that sustainability at the grassroots level is being built. Evidence shows that Government and the beneficiaries are willing to continue with activities that have been started during the life of this programme action plan. However, many of the responding beneficiaries and partners to the evaluation believe that Government does not have the capacity to do this on its own given its limited resource base. Further, the Government of the Kingdom of Swaziland has not yet established internal or donor sources of sustainable funding and lacks sustainable internal finance and a viable resource mobilisation strategy. The lack of sustainable resources and capacity negatively impact on the ability of Government to ensure that the efforts of poverty reduction can continue and that they lead to poverty eradication and the achievement of MDGs. There are still some doubts about whether Swaziland will be ready to take on the challenges of continuing to respond to poverty reduction on its own without UNDP or development partner support given the fact that there are some of the initiatives that are behind or are threatened with non-support even before the CPAP period is over. However, the Government has taken some measures to expand its tax base as to increase its revenue. Government is now collecting more taxes than before. It has increased tax collection from 20% to 80%. These efforts, if complemented by others, may produce the desired results.

Donor funding cannot be relied upon as a long term source of funding for Swaziland since the country is already a middle income country. In the short term (until 2015) maybe some funding can be provided by donor partners, however this cannot be considered a sustainable source. Funding from donor partners should provide a foundation for sustainability. While Swaziland has increased its resource base through a more efficient taxation system and other resource mobilisation efforts those efforts do not seem to be comprehensive enough or viable in terms of mobilising internal resources. This is due to the fact that the economy is dependent on foreign investment and the resources from SACU are no longer an option. A more sustainable strategy of resource mobilisation, internal and donor based, must be put in place before 2015(see challenges). Some benefits produced by this CPAP will continue beyond 2015 such as skills that the Government partners and beneficiaries are already using.

# CHALLENGES

The previous section has shown that progress has been made in the implementation of the CPAP. However, the evaluation also found out that there are a number of challenges that the CPAP implementation has faced which have impacted implementation and delivery of the poverty reduction outcome. This section provides a summary of the major challenges that were observed.

1. **Capacity Development and Capacity Retention:** The evaluation found that there are three issues related to capacity development;
   * There are limited capacities in certain areas in government to implement specific initiatives that are agreed to between UNDP and the Government;
   * Under the CPAP initiatives UNDP has provided for capacity development in the form of training and institutional capacity building. However, once staff have been trained in order to address these skills shortages, the trained staff are re-shuffled by government to different positions where their newly acquired skills and knowledge are no longer useful, leaving a capacity gap where they been reshuffled from;
   * Some of the trained individuals leave on their own when other attractive positions open up somewhere outside government. The capacity created through training disappears and the government ministries go back to a situation of lack of capacity. The training provided by the UNDP support becomes an expensive business that does not solve the problems it was designed to address. This situation poses major challenges for certain components of the CPAP implementation and for the poverty reduction initiatives in particular. UNDP is now reluctant to provide further support for staff training given these large staff turnovers of trained personnel.
2. **Costing and budgets**: No costing was done for the PRSAP and the indicative budgets that were supposed to be developed and provided by the sector ministries have never been done. This means that no budgets have been made available to finance the specific PRSAP related activities, thus slowing down the implementation of the PRSAP by government sector ministries. This slow implementation of the PRSAP has stalled the implementation of the CPAP and ultimately will impact the CPAP contribution to poverty reduction.
3. **Costing and budgets (continued)**:
   * Even where such training was undertaken there has been attrition of staff and a new cohort of planners have come into the scene but have not been trained;
   * The lack of a common understanding of what SWAP is and its advantages has led to a situation where SWAP has not been fully embraced within government planning system;
   * The lack of a secretariat to coordinate and manage SWAP activities has impacted implementation;
   * There is no common Monitoring and Evaluation Framework for SWAP making it difficult to manage and report on SWAP;
4. **Donor concerns around SWAP**: Donors still prefer the project approach as opposed to the SWAP because of concerns over accountability of the SWAP approach.
5. **UNDP approach to SWAP:** The UNDP approach to CPAP has created saturation up-stream with issues of legislation, policies etc. These up-stream policies have not produced visible evidence on poverty reduction at the grassroots level. The contribution of CPAP to poverty reduction is therefore difficult to see at this point in time since up-stream work by its nature will take a long time to produce visible results downstream.
6. **Upstream and downstream balance:** 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.
7. **Information sharing:** While there is evidence of efforts to coordinate aid there seems to be some concern about information sharing concerning donor coordination.
8. **Conditionality**: There is still considerable amount of donor imposed conditionality for aid. Donors still bye pass ACMS and provide assistance directly to sectors.

# LESSONS LEARNED

There are a number of lessons that can be learned from this evaluation which have a broader applicability beyond this CPAP.

1. The PRSAP **planning and implementation processes lacked two fundamentals** which this evaluation draws lessons from. Developing the PRSAP which is an action plan and not costing it is a clear recipe for failure which should be avoided. Expecting sector ministries to provide indicative budgets for the PRSAP without identifying and agreeing which PRSAP related activities should be budgeted for was also a clear case of non-action.
2. Lessons to be learned from the SWAP experience are that **consultation, participation, training and creating a common understanding** of all those that were to lead the sectors in implementing SWAP was critical from the outset in order to create a basis for a common approach and hence get a buy in from all sectors.
3. The Health Sector is the only one that seems to have been able to take the SWAP implementation further than other sectors. There are lessons to be drawn by other sectors from their experience. **Those who led SWAP in this sector were trained and an effort to create a common understanding on what SWAP is** and its advantages was made. The sector also understood that the advantage of SWAP was that it was an efficient mechanism for donor coordination. The most strategic thing that the Health Sector did in adopting the SWAP was that the sector also created a link between SWAP, PRSAP and the budgeting process. SWAP in the health sector was well resourced and the sector was able to hire a coordinator and put in place technical groups who made SWAP happen. The sector also put in place vertical and horizontal structures for the coordination and management of SWAP and this seems to have positively contributed to success. But above all a clear commitment from the sector to adopt and implement SWAP was a critical ingredient for success.
4. On capacity development, it is essential to draw some important lessons from this evaluation. 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 minimise staff reshuffles and create conditions and incentives that retain staff who have been trained. Training people and then taking them to other functions is an expensive business that does not produce desired results and should be avoided.
5. The **lack of a formal partnership agreement** between UNDP and UN Women should be a lesson and should be avoided in future. This lack of a formal partnership agreement resulted in the promised resources not coming and threatening the closure of the project. The project had created expectations among the Cross Border women and the sudden closure without explanation has a potential of damaging credibility and the image of both UNDP and the government of Swaziland as other partners who had been mobilised to support this effort together with the beneficiaries will be left high and dry. But above all the termination of funding for the project had not been formally communicated at the time of this evaluation.

# RECOMMENDATIONS

This mid-term evaluation makes the following recommendations that are aimed at assisting and improving the CPAP implementation process so as to increase the chances of the programme delivering as planned by 2015. The recommendations are also intended to increase the chances of the CPAP contributing to poverty reduction and a better Swaziland.

1. **Capacity Development** - It is recommended that UNDP and the Government of Swaziland quickly develop and implement a capacity development and capacity retention strategy for the remaining part of the CPAP implementation period in order to increase the chances of sustainability of the benefits of CPAP. The strategy should include the following components:
   1. Undertake a capacity and skills gap analysis (skills and knowledge) in critical areas that impact on poverty reduction. This should be followed by tailor made training for staff in those identified critical areas to make sure that by 2015 the government will have skilled personnel who can take this work on poverty reduction forward. The training should adopt the principle of the “broader the base the higher the peak”. This will entail training a broad base of staff as opposed to producing a few polished diamonds so as to increase chances of staff retention. This approach should be reinforced by a training of trainers’ programme that rolls out skills development within government and ensure sustainability in the long term. Sustainability will be ensured by creating internal capacity to train all those that need to be capacitated.
   2. The strategy should enable Government to create incentives for staff to stay as well as to bond trainees for a certain period so that Swaziland can reap the benefits of the trained staff.
   3. Undertake an institutional gap analysis in order to identify institutional weaknesses, lack or inadequate systems that are needed in order to sustain the efforts that have been started. This should be followed up by developing institutional arrangements, systems and tools that will ensure success and sustainability.
   4. UNDP and Government of Swaziland reach a formal agreement that trained personnel will be maintained in the position for a minimum agreed period and not reshuffled from positions they have been trained for by the programme before there is another trained staff available to take their place. Creating a broad capacity base will enable government to keep skilled personnel in these positions by drawing from that base.
2. It is recommended that SWAP develop a strategic capacity building programme for all public sector personnel with responsibilities for SWAP activities. The capacity development must target all four pilot Sector Ministries and MEPD. The capacity development approach for SWAP should include the following components:
   1. Training should be provided by SETYM International in Swaziland and not out of the country. The sectors should each identify a core group of lead persons to be trained by SETYM International. The training will provide a common understanding of SWAP and its advantages to all the sector critical players. This core group will be the drivers of SWAP in their sectors.
   2. Once the core group has some practical experience with SWAP select from each sector about three individuals who are then trained as trainers. These trainers will roll out training in their sectors creating a common understanding of SWAP. This will create a broad base of trained staff and hence create sustainability as capacity development will be internal and no longer dependent on outside facilitators.
   3. Following the training of the initial core group let the core group, together with MEPD, review the SWAP and allow sectors to make inputs to the SWAP revised design. This will create a common understanding, ownership, buy in and commitment by all the sectors to the adoption and implementation of SWAP.
   4. Create a decentralised command structure for SWAP coordination and management allowing MEPD to lead the coordination with full participation of the sector management coordination structures. Ensure that each sector has a coordinator.
   5. Using the SWAP approach each sector should then develop Sector Development Plans that are aligned to the PRSAP and which will be adhered to. All sector ministries should budget for the PRSAP identified activities.
   6. Develop and put in place an M&E Framework to be used by the sectors and MEPD to monitor and evaluate progress in the implementation of SWAP and its contribution to poverty reduction.
   7. Establish Sector Working Groups (“SWG”) with distinct functions for each sector and define the roles and responsibilities of partners in the SWGs.
3. UNDP – The downstream/grassroots initiatives supported by UNDP are producing visible changes in people’s lives that are reducing poverty. It is recommended that UNDP seriously considers creating a balance between upstream support and link that with its support for downstream/grassroots projects which are demonstrating poverty reduction.
4. UNDP – Mobilise resources for the Women Cross Border project which is threatened with closure in December 2013 following the withdrawal of support to that project which was administered by UNDP. This is a grassroots project that is showing potential and should not be allowed to collapse when so much commitment has been shown by both the beneficiaries and other partners.
5. UNDP should consider mobilising resources in order to financially support the young girls’ internship programme which is supported by the Business Women’s Forum. The initiative supported 13 girls and placed them on internships in a number of companies. At the end of their internships all the 13 girls were employed either by the same companies or were recommended for employment to other companies.
6. UNDP should work with the Business Women Forum and approach UNIDO to provide funding and technical expertise to BWF’s efforts of supporting women producing industrial products and crafts.
7. Donors in line with the Paris Declaration and other international agreements should desist from bye passing ACMS and provide AID through the ACMS coordination mechanism.

# 6 CONCLUSIONS

This evaluation concludes that a lot of progress has been made towards the achievement of what CPAP set out to achieve. There is evidence the implementation of CPAP is on course and that the attainment of outputs point to the possible achievement of the CPAP outcomes by 2015. It is also clear that many of the initiatives and achievements so far are contributing to poverty reduction. The support given to government has produced many up-stream products, policies, strategies, tools, etc. which have enabled government to do business differently and bring about changes that have the potential to reduce poverty.

There is also encouraging evidence from some of the downstream initiatives supported by UNDP under CPAP that are having direct impact in reducing poverty at the grassroots level. In particular the women’s empowerment efforts are producing dividends and changing lives of women and girls who are a large part of those most affected by poverty.

While the CPAP implementation and government face a number of challenges, these are not insurmountable and cannot completely derail the achievement of the CPAP outcomes by 2015. A number of lessons that emanate from the experiences of this CPAP implementation have been drawn by this evaluation. The evaluation also makes a number of recommendations and if these recommendations are followed through and implemented many of the challenges will either fall away or their impacts will be significantly reduced and will not pose a threat to the achievement of the CPAP outcomes by 2015.

# ANNEXES

## Annex 1: Terms of Reference

**Mid-Term Evaluation of the Poverty Reduction Programme Outcome of the Government of Swaziland/UNDP Country Programme Action Plan (CPAP)**

1. **BACKGROUND AND CONTEXT**

The Country Programme Action Plan (CPAP) 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. It is prepared based on the development opportunities and challenges identified in the United Nations Common Country Assessment (CCA) and outlined in the United Nations Development Assistance Framework (UNDAF) 2011-2015, which takes into account, various United Nations Conferences, Conventions and in particular Millennium Development Goals (MDGs). It also draws 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 equality.

As implementation of the CPAP comes to a mid-point in 2013, an evaluation of its processes and outcomes is imperative.

1. **EVALUATION PURPOSE**

This evaluation is being conducted as per Evaluation Plan approved by the Executive Board. The overall purpose of the evaluation is to assess the processes and achievements made during the first two years of implementing the Poverty Reduction Programme with a focus on achievements and constraints of the Programme targets for indicators and outputs as contained in the CPAP. This will further allow for drawing lessons that will inform the improvement of the Poverty Reduction Programme and its indicators and targets as well as the implementation arrangements

1. **EVALUATION SCOPE AND OBJECTIVES**

This process evaluation will be conducted for the poverty reduction programme outcome - Pillar 1 of the CPAP 2011 - 2015. The aim of the poverty reduction programme is to support accelerated implementation of evidence-based poverty reduction measures to assist the government achieve its Poverty Reduction Strategy and Action Programme (PRSAP) and Millennium Development Goal (MDG) objectives of significantly reducing poverty by 2015.

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 objectives are to assess the following:

1. Appropriateness, relevance and validity of the Poverty Reduction Programme concept and design
2. Delivery process of the selected strategies including whether the activities prioritized were strategically targeted performance of the programme components
3. Programme delivery mechanisms including institutional arrangements
4. Cost –effectiveness of delivery the programme

It is expected that this process will culminate in findings, lessons learned and recommendations in the following areas:

* Whether the programme addressed the identified needs/challenges as in the CPAP 2011-2015;
* H1ow efficiently programme planning and implementation were carried out. This will include assessing the extent of organizational structure, managerial support and coordination mechanism used by UNDP in supporting the programme;
* Ascertain results achieved, constraints and identify areas where progress made as well as areas to be accelerated towards their achievement;
* Ascertain whether UNDP’s outputs and other interventions can be credibly linked to achievement of the outcomes;
* An analysis of the underlying factors beyond UNDP’s control that influence the outcome (including the opportunities and threats affecting the achievement of the outcome);
* Whether UNDP’s partnership strategy has been appropriate and effective and
* The timeframe covered will be from 2011 to end 2012

(this you mention here). Information from this evaluation will assist in assessing the progress made on the implementation of activities, review of the delivery of allocated resources and understudy whether the programme is on-track. The results of the evaluation will also be used by management to make mid-course refinements to the programme.

1. **EVALUATION QUESTIONS**

The evaluation should to the highest extent possible provide responses to the following research questions:

* Are we on track towards achieving the stated outputs?
* What progress toward the outcomes has been made?
* What factors have contributed to achieving or not achieving intended outputs and outcomes? (Coherence of CPAP, its evaluability, realistic RRF, adequate human and financial resources allocated, capacity of the team, implementation challenges, etc.)
* To what extent have UNDP outputs and assistance contributed to outcomes?
* Has the UNDP partnership strategy been appropriate and effective?
* What factors contributed to effectiveness or ineffectiveness?

And these questions will be addressed using the following evaluation criteria:

**Relevance**: Assess *design* and *focus* of the Poverty Reduction Programme. To what extent is the current Poverty Reduction Programme designed as a results-oriented, coherent and focused framework?

* Is the expected Programme outcome realistic given the CPAP timeframe, the UNDP capacities and resources?
* To what extent and in what ways are risk and assumptions addressed in Programme design?
* Are the inputs and strategies identified realistic, appropriate and adequate to achieve the results?
* Are the indicators SMART? Is the responsibility for tracking indicators clearly identified?
* Is execution, implementation, monitoring and evaluation responsibilities clearly identified?
* To what extent are human rights principles and standards reflected or promoted in the Programme? To what extent and in what ways are the concepts of gender equity and equalityand other cross-cutting issuesreflected in programming? Are specific goals and targets set? Are th**e**re any efforts to produce sex **d**isaggregated data and indicators to assess progress in gender equity and equality? To what extent and what special attention was given to women’s rights and empowerment, and if so, how?
* Does the programme include strategies to strengthen national capacity in the aforementioned thematic areas?
* Are there inter-linkages among the outcome interventions– i.e. between programme areas, with other UN agencies/development partners, etc?

Effective

* How are activities implemented?
* Are the planned outputs on track? Are they going to be achieved within the planned time frame?
* Is the process of achieving results effective? Specifically, to what extent is planned outputs attained or will be achieved? What is the quality of the outputs? Is data collected on the indicators of achievement? Do these indicators provide adequate evidence regarding achievement of programme outputs and contribution to outcomes? Is it necessary to collect additional data? What were the results in terms of promoting gender equity and equality (planned/unplanned)? What were the results in terms of capacity development (planned/unplanned)?
* Are the programme implementers discharging their roles in a cost-effective and cost-efficient manner? If not, why not?

Efficiency of implementation

* Looking beyond the delivery process, is the program component achieving or is it likely to achieve its outputs?
* Are sound financial and equipment management procedures practiced? Are the financial, human and material resources managed responsibly and efficiently?
* Are monitoring and evaluation systems and processes utilized to allow for adequate assessment of changes in risks and opportunities in the internal and external environments? Did they contribute to effective decision-making in the course of programme implementation?

Sustainability: To what extent are the benefits of the Programme likely to be sustained after the completion of this cycle?

* Are the achievements made so far sustainable? Specifically, is it likely that programme achievements will be sustained? Are involved counterparts willing and able to continue programme activities on their own? Have programme activities been integrated into current practices of counterpart institutions and/or the target population? Have resources been allocated by the counterparts to programme activities?
* What particular factors or events are affecting the programme results? Are these factors internal or external to the programme?
* Are there anyunexpected positive and/or negative results of the programme? Can they be either enhanced or mitigated to achieve the desired impact?
* Is there a more effective way of addressing the challenges(s) and satisfying the needs in order to achieve the outputs and contribute to higher level aims? Are programme strategies still valid or should they be reformulated?
* To what extent has the programme developed/strengthened the human and institutional capacities so as to ensure sustainability?

1. **METHODOLOGY**

The evaluation will provide quantitative and qualitative data through the following methods:

Desk study and review of all relevant documents, including country programme action plan (CPAP), project documents, annual work plans, progress reports, annual reports and reports of the steering committee. (Full list attached as Annex 1):

A qualitative approach will be adopted. Structured and semi-structured, Key informant interviews (list attached), In-Depth Interviews, and, Focus Group Discussions with project beneficiaries and other stakeholders. The consultant working with the Government Coordinating Authority, M&E Committee and UNDP will form the Evaluation team. The consultant will specifically;

1. **Develop an evaluation framework/plan that will be discussed and agreed upon by the Evaluation team**
2. **Inception Report detailing the evaluation methodology to be agreed to by the Evaluation Team comprising of UNDP, CPAP M&E Committee and Government coordinating Authority**
3. **Review available documentation to obtain a general overview of the programme design and progress**
4. **Hold meetings and interview relevant stakeholders including implementing partners of the programme**
5. **Visit identified projects**
6. **Conduct data collection and analysis**
7. **Draft Evaluation reports**
8. **Incorporate comments of** the Technical Committee **and key stakeholders, complete and submit the final Evaluation report**
9. **Consulting with Evaluation team to ensure the progress and the key evaluation questions are covered**
10. **Assuring the draft and final reports are prepared in accordance with these Terms of Reference, especially the checklist for the assessment of evaluation report**
11. **Facilitate Evaluation meetings to present the main findings and recommendations**
12. **Incorporate management responses in the Management Response Template (attached) and annex the same to the final report.**
13. **EXPECTED OUTPUTS**

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

1. **Inception Report detailing consultancy work-plan and proposed processes (**It should detail the evaluators’ understanding of what is being evaluated and why, showing how each evaluation question will be answered by way of: proposed methods; proposed sources of data; and data collection procedures. The inception report should include a proposed schedule of tasks, activities and deliverables, designating a team member with the lead responsibility for each task or product. The inception report provides the programme unit and the evaluators with an opportunity to verify that they share the same understanding about the evaluation and clarify any misunderstanding at the outset.)
2. **Draft evaluation report (Consistent with the PME Handbook)**
3. **Validation workshop report**
4. **Final endorsed report incorporating comments from stakeholders.** 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).
5. **Any knowledge products (evaluation brief, etc?)**

Will conform to the UNEG standards and adhere to the PME Handbook of UNDP.

1. **EXPERTISE AND QUALIFICATION OF THE CONSULTANT**

The Consultant will possess a minimum of a Master’s Degree in Social Sciences with **strong background in participatory evaluation of development programmes. 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 poverty reduction (?);**
* **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 UNDP**

1. **WORKPLAN**

The consultancy will be conducted and completed within a one month period, commencing on 26th August July and 20th September 2013 (time frame should be consistent with dates provided in table below). The details schedule is presented in the table below:

**CPAP Evaluation Work-plan**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Major Steps | Responsibility | Time-frame  April 2013 – October 2013 |
| A | Debriefing Process |  |  |
|  | UNDP Internal Meeting- Brainstorming exercise -Selecting of Consultant | Country Office | May |
|  | Debriefing MEPD on the Programme Evaluation | Head of Programmes- Deputy Resident Representative | June |
| B | Stakeholder Meeting- Debriefing UNDP Implementing Partners on Evaluation | Country Office – 4th Quarter Review Meeting | May 2012 |
|  | Selection of consultant ( which will comprise of both UNDP MEPD and CPAP Monitoring and Evaluation Committee | Country Office/MEPD/CPAP MEC | June |
| C | Develop TORs for the Evaluation | Programme Manager/Project Staff | April |
|  | Receive comments on the TOR for Evaluation | CPAP MEC, Senior Management, M&E Focal point and Evaluation Advisor RSC, | May - September |
|  | Advertise for recruitment of f Consultant to undertake the Mid-term Evaluation | Country Office | September |
|  | Engage consultant to undertake the Evaluation | Country Office | September |
| D | Commission Evaluation |  | October |
|  | Assemble evaluation documents | CO M&E focal point | May/June |
|  | Debriefing meeting with Consultant | CO and Evaluation Team | September |
|  | Arrangement of Evaluation Meeting with Programme Technical Officers, Stakeholders and Implementing Partners | CO Programme Manager for Poverty Reduction Programme | October |
| E | Produce draft Evaluation Report | Consultancy Team | October |
|  | Internal Review of Draft Evaluation Report | Country Office and M&E Committee | October |
|  | Forward Report to Evaluation Advisor for Comments. | Country Office | October |
| F | Presentation of draft Evaluation to Stakeholders | Consultancy Team | October |
|  | Submission of Final Report to UNDP | Consultancy Team | November |
| G | Dissemination of Evaluation finding | CO M&E focal point | November |
| H | Upload Report ERC | CO M&E focal point | November |

1. **EVALUATION ETHICS**

Evaluations will be conducted in accordance with the principles outlined in the UNEG ‘Ethical Guidelines. The Evaluation team will take every measure to safeguard the rights and confidentiality of key informants in the collection of data. (UNEG Ethical Guidelines attached).

1. **IMPLEMENTATION ARRANGEMENTS**

The UNDP Representative, government coordinating institution (Ministry of Economic Planning Development) in close collaboration with the CPAP Monitoring and Evaluation Committee will ensure smooth implementation of the Evaluation. Specific tasks will include:

* Selection of the consultants - review and approval of the terms of reference;
* Reviewing and endorsement of the study methodology and assessment tools;
* Monitoring and receiving progress reports of the evaluation/assessment;
* Approving the final evaluation/assessment reports.

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. **COST**

Payment will be made to individual consultants according to the prevailing United Nations rates for consultants. The consultant will be provided with the necessary administrative and logistical support to enable them deliver on the expected outputs.

1. **LIST OF KEY DOCUMENTATION**
2. United nations Development Assistance Framework (UNDAF) 2011 – 2015
3. Country Programme Document
4. Country Programme Action Plan (CPAP) 2011 – 2015
5. UNDP CPAP Monitoring and Evaluation Framework
6. Mid-Terms Review of the CPAP
7. Annual Work Plans (2011, 2012)
8. Project progress reports (financial/narrative)
9. Annual Project Progress Reports
10. National Development Strategy Vision 2022
11. Field Monitoring Reports
12. Results Oriented Annual Report
13. Poverty Reduction Strategy and Action Plan (2006)

## Annex 2: Data Analysis

**TABLE 1: PRIMARY DATA ANALYSIS.**

| Fully Achieved | Partially Achieved | Activities Not Achieved | Sources of Information | Challenges/Constraints | Comments |
| --- | --- | --- | --- | --- | --- |
| Monitoring Matrix of PRSAP achieved. Pillar 1 achieved- tax is now being collected at 80%. The review of National documents has been conducted.  UNDP has provided technical expertise in 90% of the activities undertaken by the MEPD. UNDP has also provided adequate financial assistance aligned with the needs of the country as well has supported the Governments national priorities.  UNDP has done well in maintaining a sound relationship with the various stakeholders because of factors such as linkages between outcomes and the understanding of desired goals. | Promotion of International trade. Export Promotion, open economy. The opening up of border posts to facilitate trade. The investor road map is in place. An Investigation to find out the ease of doing business. Implementation of CPAP seems to be on schedule. | UNDP has not provided enough trained human capital. UNDP has provided some facilities and equipment but there is a need to upscale these interventions.  Roll out of SWAP as pilot program has not been completed. | Ministry of Economic Planning and Development – Poverty Reduction and Monitoring Unit. Namely: Colin Tshabalala, Lungilile Dlala, Henry Mndawe, Kifle Tekleab | PRSAP has multiple tears which makes it very difficult to cost from a sectorial level. M&E tools exist at a national level but this is not the case at the sectorial level. PRSAP is outdated it needs to be updated and aligned to the new national priorities. The lack of homogenous knowledge about the PRSAP creates a slow trickle of information.  CPAP framework has challenges in the sector areas as stakeholders are many and there is clearly a lack of coordination amongst them. Another area experiencing challenges is Finance. Mobilisation of funds from donors is proving difficult.  Swaziland has a small population and thus professionals in this field are scarce. Policy creation and analysis needs to be strengthened as it is not clear and defined properly for implementation. | From a relationship perspective UNDP needs to be engaged to assist more on the SWAP but this proposal has not yet been presented to the UNDP. Interventions are carried out at Policy level and not grass roots level. Is it possible for UNDP to intervene at grass roots level? |
| UNDP has established a partnership with UNWOMEN.  Development of a strategic plan for cross border trade is in place. Website for the traders has been established. M&E frame work has been validated. The UNDP has supported a strong writing team for the MDG put together by government. UNDP has also supported the Government with the development of T-21(Threshold 21 Performance tool)  Poverty Project was audited and the result was that it was unqualified.  UNDP was rated and an 80% response was attained. | UNDP and stakeholders need to strengthen their collaboration in assisting Programs in place such as Business Women’s Forum. Gender plays a major role in the poverty situation. Cooperatives can help build activities for women as in the case of BWF. | Review of the PRSAP. Review of the Development Strategy.  A sound working relationship with the Public Policy Coordination Unit has been established. | UNDP – Programme Analyst:  Shadrack Tsabedze | Challenges lie in Sector Cross sectorial mandate.  The support structure is very much top down. In the case of the cooperatives, however we see the reverse of this where UNDP is not the initiator but it responds to the needs of Government by providing technical support, funding and policy. | The interventions run parallel to each other, so there is a need for them to be revised and polished. At Present the new Cabinet has new targets and these need to be aligned with those of the UNDP to allow for a more flaccid relationship. The PM needs to become aware of what donors want. Government needs to be more transparent in its dealings with donors. The Public Policy Coordinating Unit needs to monitor the success of the program more closely and be more accountable. |
| SAM (Social Accountability Matrix) was achieved, Cost Benefit Analysis (CBA) and consultants went on to develop macro model, a comprehensive data base is operational. Capacity training on T21 modelling undertaken (2009, 2010, 2011 & 2013) | Workshops have been intended to analyse the tools and assess the impact of SAM. Establishment of the Economic Recovery Task Team. |  | Ministry of Economic Planning and Development- Macro Unit:  Karhal Long, Albert Chibi, Mathwe | Two thirds of production in the country is owned by foreign businesses and as a result there is a lot of capital flight. There is a need for ministries to align their targets with national objectives. The Government wage bill is too high and this exhaust abates a lot of resources for growth. | MEPD –Macro Unit would like to see further support from the UNDP to develop tools for monitoring and training.  There is a large existence of uncoordinated pockets of funding. In the future could there not be a more concerted effort from Donors to coordinate funding. |
| Borehole drilling, large water harvesting for communities seems to have been achieved at the best level according to funding. | Water sector has programs for portable water to the public and they have achieved 71% distribution. The Land utilisation act has been amended and now women are able to own, develop and engage in agricultural activities.  The opening of the Iron Ore Mine as well as the growth of the Diamond Industry in Thokolakwo. Kimberly Process is now underway with the procurement of Mining equipment from Dubai. |  | Ministry of Natural Resources and Energy-Water and Sanitation SWAP | The land policy is being worked on as a project funded by the Government. The Drawback is the use of land from financial institutions. There is no security for financing when one own tenure. This is a major drawback for foreign investment as there just isn’t that security. | UNDP partnership is sound on the SWAP side.  Problem lies in the issue of a coordinator for SWAP and its activities. There is a request for UNDP to provide a coordinator for SWAP. They suggest having the coordinator located in house in order to facilitate SWAP activities as well as be a function of Government. They feel that this arrangement will work in favour of all parties. |
| Statistics on education are available and currently stand at 97% enrolment. Expenditure Survey completed and analysed. On the poverty side the Expenditure Survey shows that things are working.  Review meetings have also helped keep track of project objectives for this department. | Statistics on Mortality have not been collected but an initiative has begun. 18 fully qualified statisticians are employed at the moment. Staff complement needs to be increased as well as capacity development required in this area. At present only | Proper training of Statisticians in the department. Review of the PRSAP is needed. | Ministry of Economic Planning and Development- Central Statistics Office  Amos Zwane | Unemployment is high and is a contributor to poverty. Global Recession has had an impact. Fiscal challenges were high as Government cut a lot of budgets for activities. Swaziland had an over-reliance on receipts from SACU but this program has now become obsolete. | There is a strong desire for statisticians to be sent for training in Tanzania on the ESTAK program. The country program is crafted around the agencies, this makes working with UNDP easier. Participation in activities by the UNDP is a strong contributing factor to the success of the partnership. |
| Training of Officers on Sector Wide Approach in Montreal Canada which  has resulted in  - Introduction of Sector Wide Approach in four sectors: - Agriculture, Education, Health and the Water and Sanitation Sector  - Full Implementation of SWAP in all Sectors beginning this financial year. | Officials from other sectors not trained |  | Ministry of Economic Planning and Development –Sectoral Unit  Hezekiel Magagula  Head  Education and Health | Inadequate understanding of the SWAP and its advantages.  Inadequate training before SWAP was launched.  Lack of a Secretariat to coordinate and manage SWAP activities.  Lack of a common M & E Framework.  The process is not fully embraced within government planning system. | The Sectorial Division would continue to be grateful to UNDP for providing support  For capacity building. We would like request for an increased support in order to  speed up implementation of ARUP report and improve performance of the capital  programme  Lack of training for Staff from the sectors has impacted SWAP adoption |
| UNDP has provided financial assistance in total of USD140k from 2011 to 2013. UNDP has provided training of budgeting, report writing in the areas of Gender empowerment.  BWF has provided capacity building for women in the community. BWF has also provided basic business management, the registering of women and their businesses. Other areas included discussing issues of business structuring and some assistance in the understanding of the tax system and available rebates for women in business. BWF also procured in house marketers to help the women with the marketing of their products or services. Communication was facilitated in vernacular. Registration of women involved in cross border trade as well as hawking, this entity has been formed in order to take care of their needs legally and intervene where border or municipality officials feel the need to discount them. |  | Issues of children protection and procurement act. Advocacy for women to be part of government spending as part of the quota was denied as government believed that women are not the only disadvantaged group.  There is an initiative from BWF to create a standards and accreditation for various products being produced and sold by women across the borders to formalise production and sale of these products. | Business Women’s Forum  Project Administrator  Fikile Mkhonta | CPAP is currently a challenge in terms of funding. There just isn’t enough funding available to run activities.  There is also a legislative emphasis on marriage for women in order for them to be able to have access to state resources. | UNDP could provide additional funding for more downstream activities as BWF feel they have demonstrated success in the activities undertaken. BWF feels that a grant could be allocated to them in the form of a grant in order for them to implement more effectively. |
| Government has made a concerted effort to grow this division- it now sits with a staff compliment of 18 opposed to 2 people when the division was formed.  ODA elementary database exists, tracking and reporting is done via this database. | Quarterly meetings are being conducted and they seem to be addressing some of the issues on commitments and funding. This seems to be working to track activities. | UN Agencies do not provide sufficient data to the Aid Coordination department about dispensing of funds.  Donors still providing AID directly to Ministries and not going through ACMS | Ministry of Economic Planning and Development – Aid Coordination Management Unit  SIbongile Dube, Deepak Sardiwal | Fragmentation is an issue as Loans and Grants are still separated making it difficult to fully track the activities surrounding the funds. Management of funding is an issue as Government has far too many line ministries. Authorisation internally as a government is a problem. On the same token the UN agencies are not providing sufficient data to Government about activities and funding intentions. Government needs a strong national plan. There exists a lack of results orientation. | Many improvements could be made to the creation of a more responsive database should the funding become available.  UNDP is focusing on immediate commitments but Government needs lead times for a more effective sector wide approach. A M& E frame work is imperative for the Sector wide approach to work. |
| National Education Training Improvement Program (NETIP) has been completed. | Negotiations with the EU are underway to put an M&E in place. | SWAP was supposed to eliminate duplication between planning and budgeting. However, duplication is still in existence especially in activities from donors.  UNDP has called on Ministry to submit a proposal for SWAP budgeting but Ministry has not done so. | Ministry of Education  SWAP  Nonhlanhla Shongwe | Specific terms of reference have not been developed by the MEPD. No coordinator for the sub sector. The Planning unit seems to be overwhelmed. Large staffing issues.  Concept of SWAP is not clearly understood and needs to be re-enforced. The addition of the M&E would add great value.  NETIP faces challenges of operationalizing the initiative. Constraints in the sector are as follows:  Transparency, good governance. Lack of understanding of SWAP from national level and donor level.  NETIP activities could not be budgeted according to Min of Finance as NETIP has its own activities budgeted for already. | It turns out that the Ministry requested for a post to be allocated for coordination but the government turned them down. PS was supposed to Second the Coordinator from planning but this also never happened as remuneration was low and the plan was abandoned. SWAP needs to be re-launched. Resource mobilisation is still very much project based.  Issues of consulting need to go as far as upstream.  Possibility of bringing in SWAP experts to train on SWAP. Funding should be provided as this is a major issue. Monitoring of NETIP at Regional, National and School level |
| Country team was established by the sector working group with WFP, also established were Natural Resources Reps from the PM office, MECD and Agriculture. This team seems to be working together downstream with the goal of producing food for the nation. |  |  | Ministry of Agriculture  SWAP  Howard Mbuyisa | SWAP is not working because of the duplication of resources.  Lack of communication between the sectors. Lack of understanding of SWAP by the sector. Lack of training for critical SWAP staff | There seems to be no planning between the stakeholders.  Economic melt- down seems to be have impacted heavily on the progress and proper implementation of SWAP. |
| Swaziland Women Economic Empowerment Trust (SWEET) this was an initiative to create a microfinance entity for women to bank and loan money from. | Creation of a Strategy for the registration of women in informal cross border trade. Creation of a website to allow the women to advertise their products and services. Data collection to see what contribution to the GDP the women are making. | Trying to create some capacity building activities for the women.  A steering committee was supposed to be created to help with guidance and reporting issues. Funds for this were never allocated.  Budgeting was done very poorly and as a result very few activities were completed. | UNWOMEN  Women in informal Cross Border Trade  Mduduzi Kunene | UNWOMEN has no MOU with UNDP and the ministry of Commerce. Structurally. Reporting structures are not clear.  Reporting at present goes to UNWOMEN the SME and then UNDP.  UNWOMEN does not have a country office and has relied on the UNDP to execute their mandate. | As a result of these anomalies UNWOMEN project is closing down December 2013.  Priorities at UN Women have changed following leadership change and hence no more funds will be allocated to this initiative. There seems to be a breakdown in relations between UNDP and UNWOMEN. Apparently UNDP was supposed to provide support but this did not happen.  Should the project continue there is a need for a coordinator? As a recommendation maybe the UNDP should pick up the projects and fund them as part of their initiative and an effort to further cement stakeholder relationships. |
| Policy Development, Policy Implementation, Resource allocation and management.  Medium Term Evaluation Framework (MTEF). Swaziland Health Partners Coordination Consortium (SHPCC)  Good funding from World Health Organisation (WHO)  Coordinator for SWAP is in place as well as structures of stakeholders is clear. NDS-PRSAP-MTEF-SECTOR  Project and Program support, budgeting and buy in of the donors. | Strategic Plan For SWAP 2014. |  | Ministry of Health SWAP  Feziwe Hlatshwako  Coordinator Health Sector | MEPD has told MIN of Health not to go ahead as they feel they are approaching SWAP in the wrong manner. | Advantage is that they had 3 people trained in Canada on SWAP. Min of Health believe in order for all sectors to be successful on the SWAP program they must receive training from SETYM international.  A lot of their success is also attributed to clearly defined budgeting to donors. |

**TABLE 2: ANALYSIS OF PROGRESS REPORTS: WHAT HAS BEEN DONE AND ACHIEVED TO DATE?**

| Fully achieved | Partially achieved | Sources of information | Not achieved as per planned | Challenges/Constraints | Comments |
| --- | --- | --- | --- | --- | --- |
| T21 upgraded from Version 3.3 to 3.4 |  | Annual project report (APR) Jan to Dec 2011.  Quarterly project progress report; Jan-March 2011 |  |  | Used for analysis and development of 2010 MDG report and Economic Recovery Strategy 2011.  Project resources used, 19,979 USD and 62,351 USD ( cost sharing with Swazi Government)- reasonable and in budget |
|  | Supporting capacity building for Swaziland T21 model;  5 user licenses bought in order to capacity build for the Swaziland T21 model (5000 USD budget fully used)  Request sent to UNDP for support in purchasing and laying out of a server network for the model and database. | Annual work Plan progress report; April-June 2012  Annual work Plan progress report; July- September 2012 |  | Lack of financing has forced the activities to be pushed back to 2013. | Pending /issues- financing of other items on the 3 year t21 plan not done, this includes data update, 1 week local training workshop, support for the technical analysis paper and stakeholder consultation workshop in the 4 sectors of health.  Also waiting on response from UNDP on the acquisition and delivery of the model maintenance system  Activity has now been pushed back to 2013 because of lack of finance. |
| Gender mainstreaming project , |  | Annual project report (APR) Jan to Dec 2011. |  |  | Gender equality –training for male and female government officials |
| Aid Coordination and Management Mechanism Strengthened launched |  | Quarterly project progress report; Jan-March 2011 |  |  | Paris Declaration Monitoring Survey Report launched on 16th of Feb 2011 |
| Supporting sectorial aid effectiveness monitoring and reporting mechanism:  Donor Partner retreat happened in July 2012. |  | Annual work Plan progress report; July- September 2012  Annual work Plan progress report; April-June 2012 |  |  | No UNDP resources used |
| 8 MDG writing team established, they have been endorsed by cabinet, a workshop held to begin completing 2011 MDG report.  Country specific MDG targets and indicator developed  MDG 2012 completed |  | Quarterly project progress report, July-Sep 2011  Quarterly project progress report, July-Sep 2011  Quarterly project progress report; Jan-March 2011 |  |  | Communications and Advocacy Strategy on PRSAP is still pending Cabinet approval.  TOR for an M&E consultant have been forwarded to UNDP, waiting for response from UNDP on recruitment process.  Pending- validation workshop for 2011 MDG update should be done in the 4th quarter. Was it done? |
| CSO capacity strengthened, Swaziland Household Income and Expenditure Survey ( SHIES) analysed and disseminated in Feb 2011. |  | Quarterly project progress report; Jan-March 2011 |  |  | However two officers of CSO who benefited from the programme have left.  Full programme assessment by CSO and other deliverable are pending- may need to move to partially? |
|  | CSO has begun process of recruiting SHIEs consultant, consultant in due to start in November 2011. | Quarterly project progress report; Jan-March 2011 |  |  |  |
|  |  | Quarterly project progress report, July-Sep 2011 | MEPD staff trained in poverty reduction by June 2011 |  |  |
|  | More copies of SHIES were published including CDs, 4 workshops organised to give these out and sensitise the policy makers and public on its contents. | Quarterly project progress report, July-Sep 2011 | Evidence info tool disseminated by Dec 2011 |  |  |
| Health and Agriculture Sector Working Groups ( SWG) established a secretariat and was set up respectively |  | Quarterly project progress report, July-Sep 2011 |  |  | Sector Working Groups (SWGs) with coordination and management mechanisms in place by November 2011  Pending- there is a need to strengthen capacity of junior planner or government secretaries, as senior government officials are being overly burdened with secretarial work |
| All four SWGs develop activity plans by 2011 and all submitted progress reports to MEPD. |  | Quarterly project progress report, July-Sep 2011 |  | Even though the SWGs were established. They have faced challenges, in education sector, proposed activities clashed with international engagement and also there were issues relating to accessing funds. |  |
|  | Recruitment process started by UNDP for Technical Assistance for strengthening poverty monitoring to be provided to MEPD by Nov 2011. | Quarterly project progress report, July-Sep 2011 |  |  | Pending-MEPD still waiting on response from UNDP |
| Improved application of the SWAP as a national coordination mechanism for government:  Consultancy completed for assessment of Sector Wide Approach (SWAP) as a coordination mechanism for government , in order for improvement in its application  Undertook study tour in Malawi and Uganda to learn from their experiences on how the SWAP process is being coordinated. Report is being compiled. | A new chart of accounts was introduced as a financial reporting tool. Regular meetings with officers involved with SWAP have happened to address the issues in the pilot sectors. | Annual work Plan progress report; October – December 2012  Annual work Plan progress report; July- September 2012  Annual work Project Progress; April to June 2013  Annual work Project Progress; April to June 2013 |  |  | Pending- final report is pending comments from stakeholder during validation workshop.  Where are we now? How far away are we from getting the stakeholder comments and getting a print ready report?  Re- launch of SWAP could not take place because of technical reasons.  For some reason this is not under the pending issues in the report section.  findings of report |
|  |  | Annual work Plan progress report; October – December 2012 |  | Workshops to facilitate capacity of integration on SWAP after consultant assessment | workshops- cannot be done without assessment from consultant- pending final report |
| Work shop to address some of the key recommendation of the capital audit report (ARUP). |  | Annual work Plan progress report; April-June 2012 |  |  | In order to improve the implementation of sector development plans, in particular the capital investment programme |
|  |  | Annual work Plan progress report; October – December 2012 | Printing of development plans for sectors based on assessment |  | Pending final report  Where are we now? How far away are we from getting the stakeholder comments and getting a print ready report? |
|  | Consultation meetings are being conducted in the different sectors for the development of development action plans |  |  | Annual work Project Progress ; April to June 2013 | Printing of the development plans are depend on the consultative meetings all being completed. |
|  | Finalising logistics for the contract to engage the Millennium Institute Consultant for capacity building. | Annual work Project Progress ; April to June 2013 |  |  | All other activities will be depending on recruitment of the consultant |
| Two officers underwent training on financial aspect of project management for sector budgeting and planning ( nationally) |  | Annual work Plan progress report; October – December 2012 |  |  |  |
|  |  |  |  |  |  |
|  | National M&E System Assessment report;  Inception report  UN-Monitoring & Evaluation Committee is in early stages; Membership to UN-MEC ensures having information on M&E issues.  Draft report on the M&E situation has been compiled by the consultant.  Preparation for stakeholder workshops is in progress.  One on one consultation with stakeholder have been conducted | Annual work Plan progress report; July- September 2012  Annual work Plan progress report; October – December 2012  Annual work Project Progress ; April to June 2013  Annual work Project Progress ; April to June 2013  Annual work Project Progress ; April to June 2013 |  |  | Consultant hired and has produced an inception report  Once UN-MEC is well established, then national M&E framework will benefit |
|  | Providing technical assistance through a consultant for National development of M&E framework. Consultant in place and stakeholder consultations on going for the development of a framework | Annual work Plan progress report; October – December 2012 |  |  | Awaiting stakeholder workshop to present findings of consultation and map a way forward on implementation of M&E framework  Has any progress been made to set up this workshop? What is the timeframe work plan? |
|  | Assessment report for the national development frameworks (NDS/PRSAP) has started.  Consultant reviewed NDS/PRSAP for approval.  Feedback is currently being received and analysed from stakeholder for the PRSAP/NDS review framework was approved by Cabinet.  Preparations to launch the review are in advanced stages. | Annual work Project Progress ; April to June 2013 |  | Actual review was meant to happen in Feb 2013, but consultant could not deliver desire output, so the framework had to be re-done. |  |
|  | MDG 2012 report done by the Cross Sectorial Staff in consultation with stakeholders. Currently with printers.  Consultation  Workshop and validation meetings done by MDG technical writing teams. | Annual work Plan progress report; July- September 2012 |  |  | We assume endorsement happened, as that was a recruitment mentioned in earlier reports, but no mention now.  Report re-printing is pending. Report printed but output sub-standard, so needs to be redone.  What is substandard? The content or quality of printing? |
| Supporting national participation in regional, and international MDGs and sustainable development initiatives;  Government representative participated in the UN General Assembly with presentation of MDG 2012 report supported by UNDP |  | Annual work Plan progress report; July- September 2012 |  |  |  |
| MDG Acceleration Framework (MAF) Action Plan  Currently being developed |  | Annual work Plan progress report; July- September 2012  Annual work Plan progress report; October – December 2012  Annual work Plan progress report; July- September 2012  Annual work Plan progress report; April-June 2012 |  |  |  |
|  |  | Annual work Plan progress report; April-June 2012  Annual work Plan progress report; July- September 2012  Annual work Plan progress report; October – December 2012 | Mobilisation of resources for action plan and activities |  | Dependent on MAF action plan being approved.  Support from regional office will be requested once MAF plan approved. No progress on this. |
|  | Supporting the MAF process;  UNDP has acquired technical assistance and currently working on the development of the Action plan for acceleration of Maternal health under the MAF process | Annual work Plan progress report; October – December 2012 |  | however activity is dependent on the consultant being hired by UNDP |  |
|  |  | Annual work Plan progress report; April-June 2012  Annual work Plan progress report; July- September 2012  Annual work Plan progress report; October – December 2012 | Advocacy and awareness creation for the attainment of MDGs and poverty alleviation initiatives | Subject to approval from cabinet. Seems no direct control over situation. | Awaits minister to submit the strategy to the cabinet.  Still pending from last quarter. What steps can be taken to help this along?  Still no progress and looks like no steps taken to make progress. |
|  | Preparations on going for Commemoration of this year’s Poverty Day  Commemoration of eradication of poverty day with FAO is well underway 2013 | Annual work Plan progress report; July- September 2012  Annual work Project Progress; April to June 2013 |  |  |  |
| Key nation survey (2010 SHIES, 2008 DHS) products disseminated at various workshops, see below:  Planners and MSD Dissemination workshop,  NGO dissemination workshop, Shiselweni Regional development Team workshop,  UN country team workshop,  Budgeting Team- MoF  Hhohho regional Development team work shop  Manzini Tegional Development (RDT) dissemination workshop  Lubombo regional Development Team (RDT) dissemination workshop |  | Annual work Plan progress report; April-June 2012  Annual work Plan progress report; July- September 2012  Annual work Plan progress report; July- September 2012 |  |  |  |
|  | Training of planners on GIS poverty mapping -  Achievement- three group of planners and staff members from central statistical Office ( CSO) have been trained on statistical packages and one more group to be trained July | Annual work Plan progress report; October – December 2012  Annual work Project Progress ; April to June 2013 |  | Previously no software and hardware, but now has been procured but training still postponed. | Pending consultation from the Office of the survey General on availability  Further consultation with UNDP and Survey General in order to ensure support for the National Development data Centre (NDDC) database is increased. Pending because of software. |
| ACMs convened an aid effectiveness meeting on 21st September where it was agreed that a committee would be set up to oversee the review of the Aid Effectiveness Policy | Consultant hired for ACMS in developing Aid Management database and review the Aid Effectiveness Coordination policy  Donor database study undertaken.  Workshop held to validate the findings of the study | Annual work Plan progress report; July- September 2012  Annual work Project Progress ; April to June 2013  Annual work Plan progress report; October – December 2012  Annual work Plan progress report; October – December 2012 |  | There is a need for development partners to combine their resources to support the procurement of an Aid Management System. Appears to be a lack of resources.  A letter was written to the UN Resident Coordinator to spell out why this activity will no longer take part in 2013. Can we see this letter? | Purchasing and implementation of an Aid effectiveness system is pending.  Providing technical assistance for training of the ACMS and MED staff on aid effectiveness database management also pending  Postponed to next year  Results of meetings?  Postponed to next year |
| Increased transparency and accountability in public sector management :  Consultant engaged to facilitate in the sensitization of government and CSO official on transparency, accountability, integrity and leadership. Three works were held with Principal secretaries, under secretaries and directors and staff association. |  | Annual work Project Progress; Jan to March 2013 |  |  | Under secretaries, and staff association felt there was a need for further consultations on the current charter document, roll out of sensitization programme to identified people will be deferred.  Translation of charter into siSwati.  Principal secretaries will make their comments at their forums.  How long are these activities being deferred for? Is anyone ensuring that they stay on track? |
|  |  | Annual work Project Progress; Jan to March 2013 | Installation of electronic PMS software has been put on hold as no longer a priority. Ministry has considered conducting survey on the state of public service delivery, which will inform the need to sensitize ministries on the PSC. |  | Why? |

## Annex 3: List of Key Informants/Consultations

1. Ministry of Economic Planning and Development- Poverty Reduction and Monitoring Unit: *Colin Tshabalala, Lungilile Dlala, Henry Mndawe, Kifle Tekleab.*
2. United Nations Development Programme: *Shadrack Tsabedze*
3. Ministry of Economic Planning and Development- Macro Unit: Albert Chibi, Karhal Long, Galberne Zagatti, Mathawe Vlamini
4. Ministry of Economic Planning and Development- Aid Coordination Management Unit: *Sbongile Luenda Dube, Deepak Sardiwal*
5. Ministry of Economic Planning and Development- Central Statistics Office: *Amos Zwane*
6. Ministry of Economic Planning and Development- Sectorial Unit: *Hezekiel Magagula*
7. Business Women’s Forum: *Fikile Mkhonta*
8. Ministry of Health- Health SWAP: *Zandile Madlopha*
9. Ministry of Education- Education SWAP: *Nkhululeko Gwebu* , *Nonhlahla Shongwe*
10. Ministry of Agriculture- Agriculture SWAP: *Thembumenzi Dube, Howard Mbuyisa*
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