

GEF EO Terminal Evaluation Review Form

1. PROJECT DATA				
		Review date:		
GEF Project ID:	977		<u>at endorsement</u> (Million US\$)	<u>at completion</u> (Million US\$)
IA/EA Project ID:	744	GEF financing:	.999	.999
Project Name:	Conservation and Sustainable Use of Traditional Medicinal Plants in Zimbabwe	IA/EA own:		
Country:	Zimbabwe	Government:		
		Other *:		
		Total Co-financing	.632	
Operational Program:	OP 3 : Forest Ecosystems	Total Project Cost:	1.632	1.632
IA	UNDP	Dates		
Partners involved:	Ministry of Environment and Tourism; Natural Resources, National Parks, the Forestry Commission and the Biodiversity Office	Effectiveness/ Prodoc Signature (i.e. date project began)		December 2002
		Closing Date	Proposed: July 2007	Actual: December 2008
TER Prepared by: B. Wadhwa	TER peer reviewed by:	Duration between effectiveness date and original closing (in months): 55	Duration between effectiveness date and actual closing (in months): 72	Difference between original and actual closing (in months): 17
Author of TE: Oliver Chapeyama		TE completion date: March, 2009	TE submission date to GEF EO: August 2010	Difference between TE completion and submission date (in months): 17

* Other is referred to contributions mobilized for the project from other multilateral agencies, bilateral development cooperation agencies, NGOs, the private sector and beneficiaries.

2. SUMMARY OF PROJECT RATINGS AND KEY FINDINGS

Please refer to document GEF Office of Evaluation Guidelines for terminal evaluation reviews for further definitions of the ratings.

Performance Dimension	Last PIR	IA Terminal Evaluation	IA Evaluation Office evaluations or reviews	GEF EO
2.1a Project outcomes	S	S	N/A	S
2.1b Sustainability of Outcomes	N/A	MU	N/A	MU
2.1c Monitoring and evaluation	N/A	S	N/A	S
2.1d Quality of implementation and Execution	S	S	N/A	MS
2.1e Quality of the evaluation report	N/A	N/A	N/A	S

2.2 Should the terminal evaluation report for this project be considered a good practice? Why?

The Terminal Evaluation does a reasonable job of evaluating the project's performance. However, overall ratings for outcome and sustainability are not presented, rather the components within those are rated, leaving reviewer to summarize and arrive at an overall rating. Furthermore, the evaluator uses output/outcome terms and ratings interchangeably throughout the evaluation, leaving reviewer to question whether they understand the difference. The TE does present the project's achievements, lessons learned and recommendations clearly.

2.3 Are there any evaluation findings that require follow-up, such as corruption, reallocation of GEF funds, mismanagement, etc.?

No.

3. Project objectives

3.1 Project Objectives

a. What were the Global Environmental Objectives of the project? Were there any changes during implementation?

Protection and sustainable use of global biodiversity, specifically, traditional and globally significant medicinal plants in Zimbabwe.

There were no changes to GEOs during implementation.

b. What were the Development Objectives of the project? Were there any changes during implementation? (Describe and insert tick in appropriate box below, if yes at what level was the change approved (GEFSEC, IA or EA)?)

To promote the conservation, sustainable use and cultivation of endangered medicinal plants in Zimbabwe, by demonstrating effective models at the local level, and developing a legal framework for the conservation, sustainable use, and equitable sharing of benefits from medicinal plants.

There were no changes to DOs during implementation.

Overall Environmental Objectives	Project Development Objectives	Project Components	Any other (specify)
n/a	n/a	n/a	n/a

c. If yes, tick applicable reasons for the change (in global environmental objectives and/or development objectives)

Original objectives not sufficiently articulated	Exogenous conditions changed, due to which a change in objectives was needed	Project was restructured because original objectives were over ambitious	Project was restructured because of lack of progress	Any other (specify)

4. GEF EVALUATION OFFICE ASSESSMENT OF OUTCOMES AND SUSTAINABILITY

4.1.1 Outcomes (Relevance can receive either a satisfactory rating or a unsatisfactory rating. For effectiveness and cost efficiency a six point scale 6= HS to 1 = HU will be used)

a. Relevance

Rating: S

The Medicinal Plants Project was developed as an entry point to the conservation of biodiversity which was necessitated by increasing levels of environmental degradation in Zimbabwe. Traditional medicines in Zimbabwe are under threat from poor woodland conservation practices and unsustainable utilisation of medicinal plants. The regulatory framework for woodland conservation has also never had a specific focus on medicinal plants. Instead focus was placed on indigenous plants of aesthetic or biological value. The conservation of woodlands and the planting of medicines to replace those that were lost provided for overall conservation. In line with the provisions of the Convention on Biological Diversity which Zimbabwe is a party to, the project promoted the involvement of community groups in this conservation effort as well as the development of an enabling legislative framework for the management of threatened plant species. This aspect of the project also contributes to the GEF objective.

The medicinal plants project was introduced at a time when most Zimbabweans were experiencing limited access to allopathic medicines due to the economic meltdown. With increased recognition of traditional medicine as an alternative parallel system of providing primary health care and increased attention to developing traditional medicine into an evidence based practice, it is possible that more and more people will turn to it and increase its potential for providing sustainable livelihoods. As stated in the mid-term review, examples of similar developments in countries like China need to be investigated and factored into future project designs.

Equitable access to the benefits from traditional medicines is also being promoted through the formulation of an enabling legal framework for the development of traditional medicines as well as the commercialisation of the practice.

The project is therefore relevant to Zimbabwe as it addresses the major issues affecting the development of traditional medicine practices in the country.

b. Effectiveness

Rating: S

The project has effectively demonstrated the potential for conservation of medicinal plant biodiversity through the establishment of both ex-situ and in-situ conservation pilot projects. The assessment of project Outcomes indicates that the project has resulted in limited physical activities on the ground especially given the limited progress made with expanding cultivation of medicinal plants due to limitations of water supply.

From a conservation point of view however, the project has achieved more through the establishment of conservation zones where medicinal plants are protected in situ. Further conservation benefits have also been realized through the development of sustainable harvesting methods and control of poaching. The conservation impact of the project is therefore in the form of creating new attitudes to conservation among participating community groups.

The institutionalization of these resource management systems will result in improved conservation of woodland resources and through these, the biodiversity that holds medicinal plants. This is directly in response to the project objective and addresses the problem of increased resource loss due to unsustainable harvesting.

The greatest progress has been made in the area of developing a legal framework for the conservation, sustainable use and equitable sharing of benefits from traditional medicines. The final document on the legal framework was drawn up with input from the Attorney General's Office and the participation of the project beneficiaries and has been submitted to publishers for gazetting and publication. The Policy on Traditional Medicines which was spearheaded by the Ministry of Health and Child Welfare with inputs from the projects was finalized and published by the GoZ.

c. Efficiency (cost-effectiveness)

Rating: MS

The development of commercial enterprises at project sites has progressed rather slowly due to the limited size of the market. Initiatives that have included the development of linkages with institutions in larger urban centres for the marketing of medicines seem to indicate that urban areas provide greater potential for the sale of medicinal plant products. These fledgling markets need to be nurtured to encourage the development of traditional medicine beyond the local level.

Note should be taken of the fact that all the results highlighted have been produced under the very difficult conditions currently obtaining in Zimbabwe. The majority of technical institutions involved in the project do not have vehicles that they need to maintain contact with participating communities. In a lot of cases staff in the districts have had to hitch hike to project sites or hitch rides from representatives of other participating institutions in order to keep these contacts alive.

The Project Manager has also been continuously engaged with project beneficiaries through his monitoring visits. These creative approaches to project implementation have been responsible for the successes scored to date. The approach that involved community groups directly in project management also helped to reduce project implementation costs as resources were directed at community level with the exception of specialist inputs such as the development of markets for the products and the assessment of the efficacy of traditional medicinal plants.

The hyperinflationary environment in Zimbabwe has also affected project implementation with all organizations involved unable to maintain their commitment to the project due to financial constraints.

4.2 Likelihood of sustainability. Using the following sustainability criteria, include an assessment of **risks** to sustainability of project outcomes and impacts based on the information presented in the TE. Use a four point scale (4= Likely (no or negligible risk); 3= Moderately Likely (low risk); 2= Moderately Unlikely (substantial risks) to 1= Unlikely (High risk)). The ratings should be given taking into account both the probability of a risk materializing and the anticipated magnitude of its effect on the continuance of project benefits.

a. Financial resources

Rating: U

The evaluation has indicated that the project was implemented under very difficult economic conditions. Although the GoZ had pledged to provide co-financing to the project in the form of staff time and other in-kind contributions, it became increasingly difficult for these to be delivered as financial allocations to the various departments and institutions that were meant to work on the project dwindled.

As a result, the evaluation identified an inordinate level of dependence on outside resources for project implementation. Almost all project participants were waiting for UNDP to supply project inputs such as polythene bags, watering cans and fencing material with little effort being made to source these locally. There are too many examples where this has

happened before with community projects only for them to crumble as soon as donor support stopped.

A good example in Zimbabwe is the community-based projects that were supported by the United States Agency for International Development up to the year 2000 through the CAMPFIRE programme in Bulilima and Mangwe districts that have since collapsed with little evidence of any impact.

This eventuality could be mitigated through the mobilisation of local resources to supplement donor funding as a way of promoting project sustainability. Although community groups interviewed as part of this evaluation indicated that they would like to invest more in the project. While this is an important indication of the extent to which these communities are committed to making a success of this project, it is doubtful that these communities will be able to invest as intended as the country's economy has collapsed.

The economic environment in Zimbabwe is currently so precarious that it is unlikely that government or the beneficiary communities will be able to continue funding this initiative into the future. As financing from UNDP GEF comes to an end, it would be prudent for the project to develop collaborative arrangements with other projects such as the Southern Africa Biodiversity Programme, and other UNDP supported programmes such as the Energy and Environment Programme, the GEF Small Grants Programme and Africa 2000 in order for some of the project elements to be sustained into the future.

The conclusion of the evaluation therefore is that given the economic situation in Zimbabwe, this project will not be financially sustainable without outside (donor) support.

b. Socio-political

Rating: ML

Social sustainability is predicated upon the increased importance of traditional medicines in the medical services delivery systems in the country. As more and more people find it increasingly difficult to access conventional allopathic medical services they will resort to traditional medicines making the development of this system of delivery of medicinal services more socially sustainable.

As stated earlier in this report, the development of an enabling policy environment and specific legislation for the development of traditional medicine in Zimbabwe will facilitate the recognition of this alternative system of delivering medical services. With this formal recognition, it is expected that traditional medicine will be formally incorporated into the delivery system thereby ensuring the sustainability of the practice over the long term.

There have however been some useful products and lessons from the implementation of this project which should not be lost.

c. Institutional framework and governance

Rating: L

In terms of institutional sustainability, the project has created national level institutions to guide project implementation within the context of broader biodiversity conservation efforts. The project's focus on promoting the use of medicinal plants which is an issue of national importance and its emphasis on local and national collaboration, coordination and capacity building will help to develop a strong network of institutions that will be able to work together long after project termination. The project design and implementation also involved a variety of stakeholders with a broad mix of interests. The experiences that these institutions are realising from project implementation will be useful in getting some of them to incorporate project results into sectoral and overall national development plans. This will promote the institutionalisation of project outputs into mainstream planning processes thus ensuring the sustainability of project ideas. By contributing to these broader national objectives, the initiative stands a better chance of securing funding beyond the project life. Further, the institutionalisation of the project within the Ministry of Local Government and the District Councils would provide for the incorporation of the project into local level planning processes that would make it sustainable over the long term. Community groups have also been developed as project implementers with support from implementing agencies. As these institutions become stronger, they will adopt the project eventually making it their own. Institutional sustainability of this project is therefore likely to occur into the future.

d. Environmental

Rating: ML

A final measure of sustainability is environmental sustainability. As stated in this report, little progress has been made with physical work on the ground in relation to the conservation of traditional medicines through the establishment of plantations due to water shortages. A lot has been achieved however, through the increased awareness among project beneficiaries of the value of medicinal plants. The establishment of in-situ conservation sites or „non-use zones" at some project sites is a good indicator of this increased awareness. In addition, the mobilization of various community, governmental and non-governmental institutions to participate in the implementation of the project will ensure effective project implementation into the future. This change in attitudes bodes well for conservation of medicinal plants specifically and biodiversity in general.

The approach adopted for this project introduced an important innovation to conservation of biodiversity through the focus on traditional medicines which are important to the communities that use them. The project has therefore deviated from the customary approaches to conservation which do not show a direct and immediate benefit to affected

communities. The introduction of a business dimension to conservation through the pilot commercialisation projects has also heightened community interest in conservation due to the potential for them realising financial benefits from the practice in addition to the social and ecological benefits which have traditionally benefitted society in general. On account of these facts it is expected that community attention to biodiversity conservation will improve resulting in increased environmental sustainability.

4.3 Assessment of processes and factors affecting attainment of project outcomes and sustainability.

a. Co-financing. To what extent was the reported cofinancing (or proposed cofinancing) essential to achievement of GEF objectives? Were components supported by cofinancing well integrated into the project? If there was a difference in the level of expected co-financing and actual co-financing, then what were the reasons for it? Did the extent of materialization of co-financing affect project's outcomes and/or sustainability? If it did, then in what ways and through what causal linkages?

The Government of Zimbabwe was expected to contribute to the project through the provision of in-kind support in the form of staff, vehicles and office space. While government has been able to provide staff and office space for the project in all five districts, the economic environment within which the project was being implemented has resulted in GoZ being unable to meet some of their obligations. A major constraint faced by government was its inability to provide vehicles and fuel for use by government departments for the promotion of the implementation, monitoring and evaluation of the project. As a result, the evaluation identified an inordinate level of dependence on outside resources for project implementation. Almost all project participants were waiting for UNDP to supply project inputs.

Co-financing was secured to a total of US\$ 632,000 including a contribution of US\$ 250,000 by Southern Alliance for Indigenous Resources (SAFIRE), a regional NGO. Due to shortages of foreign currency, the organization had to instead pledge this share in local currency. The organization has advanced its own financial resources to fund those project components that they are responsible for and then claimed these back from UNDP. In all it is more than likely that SAFIRE will have expended more than the equivalent of US\$ 250,000 in own resources to the total project budget.

b. Delays. If there were delays in project implementation and completion, then what were the reasons for it? Did the delay affect the project's outcomes and/or sustainability? If it did, then in what ways and through what causal linkages?

The economic melt-down in the country caused a number of problems, including delays for the implementation of the medicinal plant project.

The project was to be implemented over a five-year period from August 2002 to July 2007. Due to delays in the recruitment of the Project Coordinator, project implementation only started in May 2003.

After that, the hyperinflationary environment within which the project was being implemented eroded the value of the local currency to levels where it was impossible for critical partners to continue operating. For a long time, UNDP Zimbabwe maintained a system of payments denominated in local currency despite the unsustainable losses in the value of the currency that were being experienced.

SAFIRE had an arrangement through which they advanced their own resources to the project with the expectation that they would be reimbursed by UNDP but the delays in doing so by UNDP resulted in them losing money to the detriment of project implementation. The Department of Pharmacy at the University of Zimbabwe could not conduct their pharmacological essays on time as the amounts of money allocated for the purchase of chemicals that they needed for these tests always fell short of requirements due to inflationary pressures.

c. Country Ownership. Assess the extent to which country ownership has affected project outcomes and sustainability? Describe the ways in which it affected outcomes and sustainability highlighting the causal links.

In evaluating the extent to which the project to promote the conservation and sustainable use of traditional medicines is owned and driven by Zimbabwe, the evaluator considered the context within which the project was conceived, the major issues of concern it was supposed to address as well as the institutional arrangements for its implementation.

Traditional medicines are assuming greater importance in Zimbabwe's primary healthcare delivery system due to the deepening economic crisis. Increasing human population and the clearing of increasing amounts of woodlands for the expansion of agriculture are placing more and more pressure on the sources of traditional medicines resulting in increasing shortages of these important products. It was with this background that the Government of Zimbabwe embarked upon this project to conserve and promote the sustainable use of traditional medicinal plants. The project was initiated as part of the national programme for the implementation of national obligations under the Convention on Biological Diversity (CBD) with the full participation of affected or beneficiary communities.

With regards to the conservation and sustainable utilisation of medicinal plants, GoZ had already committed itself to acting on this problem through the passing of the Traditional Medicines Act of 1981. In addition, government had also committed itself to devolution of natural resource management responsibilities to local communities through programmes such as the District Environment Action Plan (DEAP) and The Communal Areas Management Programme for Indigenous Resources (CAMPFIRE). The former was focused on including environmental considerations into local level participatory planning while the latter focuses on transferring control and benefits from natural resources to the communities who utilise them on a sustainable basis.

At all levels of project implementation there is evidence of participation by government representatives working with civil society organisations in project implementation. The Secretary for Environment and Tourism chairs the National Steering Committee on which a number of government entities are represented.

At district level, the District Councils concerned chair the DTTs which are made up of government and non-governmental entities. Collaboration between government and civil society entities was also fully evident under this project with SAFIRE playing a pivotal role as an implementing agency for the development of enterprises.

Unfortunately the level of government commitment to the project did not match the levels of financial resources committed to the effort. This is due to the current economic climate in the country. Under these circumstances, the commitment by government of staff time and office space goes a long way towards demonstrating the level of ownership they have over the project.

4.4 Assessment of the project's monitoring and evaluation system based on the information in the TE

a. M&E design at Entry	Rating (six point scale): S
The Project Execution Agency had made an attempt at developing a comprehensive Monitoring and Evaluation Plan at the beginning of project but the indicators and targets set at that time were considered limited in scope. To address this concern, a review of project indicators and targets was conducted one year into implementation. This review resulted in the establishment of clear specific, measurable, achievable, realistic and timely indicators which have been used by the PIU to monitoring project implementation. The M&E plan in the ProDoc did include a log-frame matrix, a project workplan and a detailed budget that clearly outlined provisions for project monitoring.	
b. M&E plan Implementation	Rating (six point scale): MS
Throughout implementation, periodic quarterly and annual monitoring and evaluation and financial performance reports have been produced. A mid-term review of the project was also conducted as per the GEF requirements.	
Monitoring and evaluation by district staff was affected by shortage of transport and low resourcing of government operations especially in the last twelve months. However community level monitoring was introduced in most areas. A good example is the Nyahode area of Chimanimani District where communities were tracking harvesting trends and levels of extraction with a view to identify those species that will require specific protection.	
A major constraint faced by government was its inability to provide vehicles and fuel for use by government departments for the promotion of the implementation, monitoring and evaluation of the project.	
The products of monitoring and evaluation processes were used as source material for the Final Evaluation.	

4.6 Assessment of Quality of Implementation and Execution

a. Overall Quality of Implementation and Execution (on a six point scale): MS
b. Overall Quality of Implementation – for IA (on a six point scale): MS
<i>Briefly describe and assess performance on issues such as quality of the project design, focus on results, adequacy of supervision inputs and processes, quality of risk management, candor and realism in supervision reporting, and suitability of the chosen executing agencies for project execution.</i>
The implementation of the Medicinal Plants Project suffered from less than optimal administrative support from UNDP Zimbabwe. This resulted in delays in project implementation and the realisation of results.
Project implementation is always impacted upon by the effectiveness with which resources are made available to the implementation level. Due to the fact that all other project implementation partners, except SAFIRE, had not been assessed for their capacity to handle UNDP funds, the project was implemented using a centralised direct payment system through which payments for services provided under the project were made by UNDP.
This system required that the Project Coordinator physically carry money with him to pay for expenses such as travel

and subsistence allowances for DTT members and costs for workshops required at local level.

This system was inefficient and resulted in inordinate delays in project implementation as it meant that project activities only take place when or after the Project Coordinator visited sites and paid for such services. During the evaluation the Project Coordinator was seen carrying large sums of money to pay DTT members their subsistence allowances. This places the Project Coordinator at great risk while the risk of money getting lost in the process is also extremely high.

The operational environment in Zimbabwe also presented both local and international organisations with serious challenges which have adversely affected project implementation. The UNDP Country Office has not been immune to these challenges as evidenced by their failure to respond to requests for payments from the project in good time which was caused by the collapse of the national financial management system.

This situation was compounded by the failure of the UNDP system to adapt to the peculiar circumstances that obtained in the country over this period. The insistence by the Country Office that they would continue paying for services in local currency when most service providers were demanding payment in foreign currency was a case in point. Given the hyper-inflationary environment in the country, payments to service providers became problematic. This situation directly affected SAFIRE, an implementing agent on the project that incurred financial losses after advancing their own financial resources in oreign currency for the implementation of activities and only to be reimbursed by UNDP in local currency.

Project implementation at a number of sites was affected by delays in issuing of purchase orders and processing of payments by UNDP Country Office. In worst cases, six months delays were experienced. An example was with the purchasing of project materials for the construction of a dam at Hot Springs, which took UNDP three (3) months to process against a quotation that was valid for 7 days.

c. Quality of Execution – for Executing Agencies¹ (rating on a 6 point scale) S

Briefly describe and assess performance on issues such as focus on results, adequacy of management inputs and processes, quality of risk management, and candor and realism in reporting by the executive agency.

The National Herbarium and Botanic Gardens, the University of Zimbabwe School Pharmacy, SAFIRE, five local authorities and the Attorney General’s Office had responsibility for the various components of the project. While all these institutions were positioned to implement the components of the project that they were mandated to implement, implementation progress was adversely affected by the political and economic environment obtaining in the country, especially in 2008.

The overall assessment of institutional arrangements under the project shows that the agencies charged with executing the various project components are making valuable contributions to progress towards realising project goals. Attention needs to be paid to the issue of institutions claiming proprietary rights over knowledge they generate with project funds and the delays caused by approaches to project implementation. Project management will also need to ensure increased and more effective coordination among agencies, especially at local level, if project impacts are to be maximised.

5. PROGRESS TOWARDS IMPACT

a. What is the outlined outcomes-to-impact pathway?

Briefly describe the logical sequence of means-to-end linkages underlying a project (Outcome to impact pathways are the means-ends relationships between project outcomes and the intended impacts – i.e. the logical results chain of activity, output, outcome and impact)

Activities	Outputs	Outcomes	Impacts
Conservation of threatened medicinal plants enhanced through adaptation of a community-based approach: <ul style="list-style-type: none"> Conduct participatory floristic surveys (endemism, degree of 	Conservation of threatened medicinal plants increased/enhanced;	Wild medicinal plants conserved and used sustainably by local stakeholders, through the application of CAMPFIRE and other best practices	Conservation status of medicinal plants in Zimbabwe improved Communities have better access to traditional medicines

¹ Executing Agencies for this section would mean those agencies that are executing the project in the field. For any given project this will exclude Executing Agencies that are implementing the project under expanded opportunities – for projects approved under the expanded opportunities procedure the respective executing agency will be treated as an implementing agency.

<p>threat)</p> <ul style="list-style-type: none"> • Create no-use, corridors, and buffer zones for endangered species • Establish community regulations on sustainable use, including fiscal measures • Set up management and benefit sharing mechanisms • Participatory Monitoring and evaluation <p>Stakeholder appreciation of and benefits from sustainable use of medicinal plants increased</p> <ul style="list-style-type: none"> • Mount awareness campaigns for sustainable use of medicinal plants • Acquire plant samples of threatened species • Develop capacity to undertake lab. Studies • Phytochemical characterisation of plant materials for best use guidelines • Promote indigenous knowledge on the conservation and use of medicinal plants. • Develop and disseminate best practices for harvesting medicinal plants • Participatory Monitoring and Evaluation <p>Cultivation of threatened medicinal plants enhanced</p> <ul style="list-style-type: none"> • Develop and promote appropriate <i>in-situ</i> cultivation among pilot site farmers • Develop and promote <i>ex-situ</i> cultivation among ZINATHA members elsewhere • Agronomic trials to develop best practices for domestication • Phytochemical Monitoring and Evaluation <p>Promote small businesses for processing and marketing</p> <ul style="list-style-type: none"> • Develop and promote harvesting and processing technologies. • Conduct study tours on merchandization and commercialisation of medicinal plants • Support the establishment of cottage industries • Adapt standards for product marketing. • Participatory Monitoring and evaluation <p>A conducive legal framework for the conservation, sustainable use and equitable sharing</p>	<p>Stakeholder appreciation of benefits from sustainable use of medicinal plants increased;</p> <p>Increased cultivation of threatened medicinal plants;</p> <p>Small businesses promoted for processing and marketing of cultivated medicinal plants;</p> <p>A conducive legal framework for the conservation, sustainable use and equitable sharing of benefits from medicinal plants in place and communicated to stakeholders.</p>	<p>Endangered medicinal plants cultivated both <i>in-situ</i> and <i>ex-situ</i>, and appropriate substitutes found for them.</p> <p>Economic incentives developed to market cultivated species.</p> <p>A legal framework developed to protect rights of communities and traditional healers</p>	
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<p>of benefits from medicinal plants in place and communicated to stakeholders</p> <ul style="list-style-type: none"> • Review existing laws and develop alternatives • Carry out consultations on alternatives. • Develop a national <i>sui generis</i> system • Produce and disseminate simplified pamphlets on the revised legal framework, technical information and new economic opportunities • Develop local level capacity in by-law formulation and enforcement 			
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b. What are the actual (*intended or unintended*) impacts of the project?

Based on the assessment of outcomes [4.1.1] explain to what extent the project contributed to or detracted from the path to project impacts and to impact drivers (Impact drivers are the *significant factors* that, if present, are expected to contribute to the ultimate realization of project impacts and that are within the ability of the project to influence

The project has effectively demonstrated the potential for conservation of medicinal plant biodiversity through the establishment of both ex-situ and in-situ conservation pilot projects. The assessment of project Outcomes indicates that the project has resulted in limited physical activities on the ground especially given the limited progress made with expanding cultivation of medicinal plants due to limitations of water supply. From a conservation point of view however, the project has achieved more through the establishment of conservation zones where medicinal plants are protected in situ. Further conservation benefits have also been realised through the development of sustainable harvesting methods and control of poaching. The conservation impact of the project is therefore in the form of creating new attitudes to conservation among participating community groups. The institutionalisation of these resource management systems will result in improved conservation of woodland resources and through these, the biodiversity that holds medicinal plants.

Specifically, threatened species were identified for each project site and the University of Zimbabwe has produced a comprehensive “Results of Laboratory Studies on Traditional Medicinal Plants from the Manicaland and Matebeleland Regions of Zimbabwe” which shows evidence of medicinal properties in the medicines used by participating communities. Awareness of the need for conservation of medicinal plants has been increased as evidenced by the passing of enabling legislation as well as Harvesting guidelines have been produced and disseminated to all project sites with training of traditional medicinal practitioners also conducted.

Area under sustainable utilization varies from area to area with communities in Chimanimani having established “no-use” zones that effectively double the area under conservation. The droughts experienced across the country and poor access to water at most project sites have hampered the expansion of plantations.

Enterprise development has been initiated around three sites (Matobo, Mangwe and Chimanimani) and a commercialisation strategy developed. The development of these enterprises depend largely on population in the catchment areas so although there is evidence of increased demand/use of traditional medicines in project areas, it is doubtful that enterprises will develop to the extent where they will provide livelihood options to participating communities.

A draft National Traditional Medicine Policy has been produced. The policy aims to promote recognition of traditional medicine in national healthcare delivery, protect intellectual property rights and safe use of traditional medicines. Traditional medicine conservation is to be incorporated in district planning and natural resources management practices at local level. Threatened species in each project district were identified and information on sustainable harvesting methods has been disseminated to stakeholders. SAFIRE has produced publications on these. Information on threatened species has been collected and includes samples of at least six threatened species per site (voucher specimens).

Some groups have continued with project implementation despite lack of support from technical agencies. The Nemaramba community in Chimanimani district completed building a dam for water supplies without supervision from

council and government officials while the Katjinge communities in Bulilima have completed the fencing of their woodlot despite the failure of council and government officials to monitor progress. Community groups have also put in place local regulations for harvesting of medicines to control unauthorised off-takes. However these off-takes continue requiring that the legislative framework that is currently under development be implemented as it provides for local level control of products.

Poaching of medicines by outsiders still continues as project has only been focused on a few participating communities. Plantations have been largely unsuccessful due to shortages of water at almost all sites. The target of 5 hectares of planted medicines will therefore not be met at all sites. Local traditional leaders have allocated land for the project including those set aside as “non-use zones”, where community members are not to harvest any medicines for agreed to periods to allow for regeneration of threatened plants. Communities that have set up these (Gwenzi and Sauombe in Chimaniani) have achieved more than the five (5) hectare target.

c. Drawing on the assessment of the likelihood of outcome sustainability [4.2], what are the apparent risks to achieved impacts being sustained and likely impacts being achieved?

The economic and political situation in the country has caused a number of problems for the implementation of the medicinal plant project. The hyperinflationary environment that the project has been implemented under has eroded the value of the local currency to levels where it was impossible for critical partners to continue operating. For a long time, UNDP Zimbabwe maintained a system of payments denominated in local currency despite the unsustainable losses in the value of the currency that were being experienced.

At local authority level, the problems of lack of financial resources and transport that were highlighted at mid-term continued to the end of the project. As a result, even progressive local authorities such as Bulilima and Chimanimani and government entities such as the Environmental Management Agency, the Forestry Commission and the Department of Local Government Administration experienced increased difficulties with providing support to community groups involved in project implementation.

d. Evidence of Impact

Question	Yes	No	UA
i. Did the evaluation report on <i>stress reduction</i> ² at the <u>local level</u> (i.e. at the demonstration-pilot level, etc)?		X	
ii. If yes, describe the evidence that was provided whenever possible quoting quantitative evidence. Also discuss the scope ³ of such reductions given the range of concerns targeted by the project			
iii. Did the evaluation report stress reduction at the broader <u>systemic</u> level?		X	
v. Did the evaluation report change in the <i>environmental status</i> at the local level (i.e. at the demonstration - pilot level, etc)		X	
vi. If yes, describe the evidence that was provided whenever possible quoting quantitative evidence. Also discuss the scope of change given the range of concerns targeted by the project.			
vii. Did the evaluation report change in the environmental status at the broader systemic level?		X	
viii. If yes, describe the evidence that was provided whenever possible quoting quantitative evidence. Also discuss the scope of such change given the range of concerns targeted by the project.			
ix. Did the evaluation report change in the socioeconomic status at the local level?		X	
x. If yes, describe the evidence that was provided whenever possible quoting quantitative evidence. Also discuss the scope of change given the range of concerns targeted by the project.			
xi. Did the evaluation report change in the socio-economic status at the systemic level?		X	
xii. If yes, describe the evidence that was provided whenever possible quoting quantitative evidence. Also discuss the scope of change given the range of concerns targeted by the project.			
xiii. Did the evaluation provide evidence of any negative impacts (on drivers toward the projects intended impact, environmental status, socioeconomic status)? Describe		X	

² Stress = Pressure on the environment caused by human activities; Reduction=decrease of this pressure

³ Scope refers to the broadness of results against original objectives.

the impacts that were documented and how severe were these impacts?			
e. Monitoring of impacts			
i. Are arrangements/institutions in place to monitor stress reduction/improvement in the environment and/or socio-economic conditions at the local level after project completion?		X	
ii. Are arrangements/institutions in place to monitor stress reduction/improvement in the environment and/or socio-economic conditions at the systemic level after project completion?		X	

6. LESSONS AND RECOMMENDATIONS

Assess the project lessons and recommendations as described in the TE

<p>a. Briefly describe the key lessons, good practice or approaches mentioned in the terminal evaluation report that could have application for other GEF projects</p> <p>The Terminal Evaluation identified the following lessons that have been learnt from the implementation of this project.</p> <p>Although this project is a biodiversity management project, it is pointing to the need to consider aspects of human development that are arising from the implementation of various activities. A major issue that has arisen is that of the need to integrate biodiversity management with programmes for the supply of water to participating communities. Without water, these initiatives cannot be sustained.</p> <p>Stake holder participation in the planning and implementation of projects is an important tool in ensuring that projects address beneficiaries’ concerns and needs. This ensures project ownership by beneficiaries.</p> <p>Projects involving cultivation of indigenous trees require a long period for full results to be realized. The five year period for the project was just too short for this component of the project.</p> <p>The Ministry of Environment and Tourism and all the other institutions working with community groups on this initiative need to continue nurturing the close links that have been developed with the donor community and national institutions (government and non-governmental) so they can continue to mobilize additional resources for other national initiatives and to explore innovative financing mechanisms for channelling such support. More importantly, all opportunities for local level (community) investment into the project should be exploited as this is the surest way of ensuring that the project becomes sustainable.</p> <p>Some traditional medicinal practitioners hold the view that cultivated species are less effective compared to those growing in the wild while others are happy to use cultivated species and have even gone to the extent of growing some medicinal plants around their homesteads for their own use.</p> <p>While knowledge of plants with medicinal value is the domain of elders and traditional practitioners, lessons from project implementation show that communities with youth involvement perform better in areas of project implementation, record keeping, providing secretarial support at workshops and meetings and documentation of experiences and information. Youth involvement also ensures project sustainability and passing of knowledge on medicinal plants and their use from the elders and traditional practitioners to the youths.</p> <p>The slow growth rate of most indigenous plants with medicinal value means that there are no immediate benefits from cultivated medicinal plants resulting in beneficiaries losing interest in such projects. Cultivation of medicinal plants seems to do better where the activity is integrated with other activities that provide immediate benefits to participating communities. These lessons seem to suggest that projects aimed at the conservation of biodiversity need to have a production component that provides immediate benefits to participating communities if they are to be successful.</p> <p>It is difficult to mobilize traditional practitioners to work as a group to establish enterprises for processing and marketing of medicinal plants products because to most practitioners it is a taboo to mix traditional medicine from different practitioners. This is particularly so among the lowly educated traditional practitioners. Such enterprises tend to perform better where beneficiaries are not traditional practitioners but are community members with knowledge and</p>
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interest in traditional medicines.

Marketing of medicinal plants products is difficult in rural locations. Communities seem to prefer sourcing of traditional medicines from their family practitioners. In addition people in rural areas prefer to collect medicinal plants products from the wild for their own use. Of the three enterprises established under the project, two are located in rural areas and one is located in an urban location. The one located in the urban area is able to market its products while those in the rural areas have difficulties in marketing their products

Some plants studied have potential global benefits since they were found to have potential of treating AIDS related opportunistic infections. But more time and resources are required to support further studies to establish their full potential and effectiveness.

Local communities demonstrated that given the opportunity they are able to mobilize locally available skills to facilitate project implementation. The Nemaramba community, in consultation with an engineer from the District Development Fund, constructed a weir using local skills (builders). The weir is intended to provide water for their medicinal plants nursery. Locally available skills were also used in fencing nursery sites woodlots and none use areas.

Experiences from implementation of the project demonstrated that constant project monitoring, provision of technical back stopping and community mobilization by extension officers are required to ensure successful implementation of projects. This is particularly so in biodiversity conservation projects whose benefits in most cases are in the distant future.

Finally, an appropriate political and economic environment is necessary for the successful implementation of projects. The implementing partners in the NGO sector failed to implement their planned activities as they were not allowed to visit rural communities for political reasons. On the economic front purchases of materials required for project implementation could not be effected due to the high inflation which resulted in the daily changes of prizes making quotations sourced meaningless. During the final year of the project all payments had to be suspended during the forth quarter as the UNDP system failed to accommodate the zeros resulting from the depreciation of the Zimbabwean dollar.

b. Briefly describe the recommendations given in the terminal evaluation

Recommendation 1: The results of the tests for the efficacy of the medicinal plants conducted by the University of Zimbabwe should be appropriately packaged and communicated to community groups so that these community groups can focus their conservation efforts on those plants that will yield benefits to them.

The University of Zimbabwe claims that the tests they have conducted on traditional medicinal plants are a first of its kind in Zimbabwe and possible in the southern African region. Some useful pointers towards the efficacy of traditional medicines used by practitioners have been identified creating grounds for the conduct of further laboratory tests to establish which plants deserve further attention towards the development of medicines that meet internationally accepted standards.

Recommendation 2: The government of Zimbabwe needs to either invest in these further tests or identify funding sources to continue with this work. In furthering this process of enquiry, care should be taken to protect the intellectual property rights of producer communities.

The economic meltdown in Zimbabwe has resulted in large sections of the population being unable to afford conventional allopathic medicines. Evidence from interviews conducted with community groups participating in the project indicate that more and more people, including those that previously did not use traditional medicine, are now making use of this alternative system.

Recommendation 3: The Ministry of Environment and Tourism, in collaboration with the Ministries of Health and Child Welfare and Justice, should conclude the legislative processes aimed at institutionalising and formalising traditional medicine as an alternative/parallel system in the medical delivery systems of Zimbabwe.

As more people resort to using traditional medicines in Zimbabwe, the potential market for traditional medicines increases making it possible for producer communities to establish 8 viable enterprises aimed at commercialising these medicines. Producer communities however lack appropriate skills and resources to facilitate the growth of such enterprises and will therefore need assistance.

Recommendation 4: Government should assist producer communities with the identification of partners for the development of this growing potential industry. Appropriate incentives should be provided for in policy to encourage the private sector to invest in these activities.

As traditional medicine continues to grow in importance as well as in its role as an entry point into biodiversity conservation there is a need to ensure that conservation practices developed by the Medicinal Plants project are adopted and assimilated into district planning processes. This way, the project will improve its potential for attracting additional sources of funding and the results generated to date will not be lost.

Recommendation 5: District planning processes should incorporate the conservation of traditional medicines as a way of managing biodiversity and other resources that community groups depend upon for their livelihoods. UNDP GEF

should also take stock of the lessons emanating from this project and use them to inform similar processes in other parts of the world.

The implementation of the Medicinal Plants Project has suffered from less than optimal administrative support from UNDP Zimbabwe. This has resulted in delays in project implementation and the realisation of results.

Recommendation 6: It is accepted that all institutions have procedures that need to be adhered to but UNDP need to develop adaptive management systems to use in reacting to the political and economic situations similar to what was obtaining on the ground in Zimbabwe during the implementation of the project.

7. QUALITY OF THE TERMINAL EVALUATION REPORT

7.1 Comments on the summary of project ratings and terminal evaluation findings based on other information sources such as GEF EO field visits, other evaluations, etc.

Provide a number rating 1-6 to each criteria based on: Highly Satisfactory = 6, Satisfactory = 5, Moderately Satisfactory = 4, Moderately Unsatisfactory = 3, Unsatisfactory = 2, and Highly Unsatisfactory = 1. Please refer to document GEF Office of Evaluation Guidelines for terminal evaluations review for further definitions of the ratings. Please briefly explain each rating.

7.2 Quality of the terminal evaluation report	Ratings
<p>a. To what extent does the report contain an assessment of relevant outcomes and impacts of the project and the achievement of the objectives?</p> <p>Overall, the TE was quite factual and informative, however, the TE did not provide overall rating for the majority of the evaluation criteria; however for the rating provided there the TE does present complete evidence.</p>	S
<p>b. To what extent the report is internally consistent, the evidence is complete/convincing and the IA ratings have been substantiated? Are there any major evidence gaps?</p> <p>The report is internally consistent and complete; no evidence gaps were noted. Ratings are consistent with the PIR ratings.</p>	S
<p>c. To what extent does the report properly assess project sustainability and /or a project exit strategy?</p> <p>The TE does not explicitly address the issue of overall sustainability, however, it does present ratings on the components.</p>	S
<p>d. To what extent are the lessons learned supported by the evidence presented and are they comprehensive?</p> <p>The lessons learned are well supported by the evidence presented on project implementation, with lessons drawn highlighting how this project could be more successful.</p>	S
<p>e. Does the report include the actual project costs (total and per activity) and actual co-financing used?</p> <p>Actual total costs and actual co-financing amounts presented.</p>	S
<p>f. Assess the quality of the reports evaluation of project M&E systems?</p> <p>The evaluation covered M&E system at design as well as implementation of monitoring throughout implementation.</p>	S

8. SOURCES OF INFORMATION FOR THE PRERATATION OF THE TERMINAL EVALUATION REVIEW REPORT EXCLUDING PIRs, TERMINAL EVALUATIONS, PAD.

Mid-Term Review