# ICAT ESWATINI PHASE II PROJECT: LESSONS LEARNT











#### Initiative for Climate Action Transparency - ICAT

Deliverable Title: Lessons Learnt

Deliverable O

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# Table of contents

| 1.             | Lessons Learnt                   | 2 |
|----------------|----------------------------------|---|
| A              | 1 Water Adaptation               | 2 |
| Αź             | 2 Health Adaptation              | 3 |
| В.             | . Bioenergy Policy Draft         | 3 |
| 2.             | Project challenges and solutions | 5 |
| A <sup>2</sup> | 1 Water adaptation               | 6 |
| AZ             | 2 Health Adaptation              | 7 |
| A.             | . Bioenergy Policy Draft         | 7 |





#### 1. Introduction

The Government of the Kingdom of Eswatini, through the Ministry of Tourism and Environmental Affairs (MTEA), received support from the United Nations Office for Project Services (UNOPS) under the Initiative for Climate Action Transparency (ICAT). This collaboration has been instrumental in supporting the implementation and advancement of the Enhanced Transparency Framework (ETF) agreements in Eswatini.

The Eswatini ICAT Phase II Project builds on the priorities established during its first phase, with a strong emphasis on capacity building among technicians in the MTEA, line departments, national experts, and stakeholders.

A major outcome of this phase is the establishment of a robust Monitoring, Reporting, and Verification (MRV) framework for the health and water sectors. This framework includes an implementation plan, reporting templates, and guidance documents that are essential for tracking adaptation actions pivotal components in preparing Eswatini's biennial transparency report.

Furthermore, the project facilitated the formation of a Bioenergy Task Force (BTF) to assist with drafting a National Bioenergy Policy to provide a clear direction for Eswatini's bioenergy sector. The policy aims to create an enabling environment to enhance development of renewable biomass energy and attract investment.

Key outputs of the project include:

- The development of a robust MRV framework with data collection templates, clearly defined roles and responsibilities, and integration with Eswatini's national MRV online system to track adaptation efforts in the health and water sectors.
- Capacity-building initiatives designed to empower Eswatini stakeholders in conducting policy impact assessments, with a particular focus on Sustainable Development impacts.
- A draft National Bioenergy Policy and implementation plan which will foster an enabling environment for renewable biomass energy and contribute to reducing emissions in the energy sector.

These outputs form part of ongoing initiatives contributing to the implementation of the NDC. The MRV framework developed for the Health and Water sectors will enable Eswatini to harmonize data collection that will allow for adaptation reporting through the Biennial Transparency Report (BTR). The draft National Bioenergy Policy, once implemented, will allow Eswatini to realize and possibly exceed its NDC commitment of 40 MW biomass electricity, 10 percent ethanol blending with petrol and 15 percent efficiency improvement for cooking with fuel wood.

#### 2. Lessons Learnt

#### A1 Water Adaptation

| Key achievement                   | Methods that assisted in reaching the achievement   |  |
|-----------------------------------|---|--|
| Good stakeholder engagement       | Engaged stakeholders individually, ensuring inclusivity, addressing specific concerns, and tailoring tools to the needs of different actors within the water sector before we had specific workshops where all stakeholders were present. |  |
| Development of Foundational Tools | Through robust stakeholder consultation, we developed an adaptation MRV, Adaptation action tracker templates and a guidance document on how to use the tracker and implement MRV practices effectively.                                   |  |





| Capacity Building                             | Conducted multiple workshops (inception, MRV framework discussions, and template training) to build capacity among stakeholders, fostering understanding of adaptation MRV processes and tools.  |  |
|---|--|--|
| Institutional Strengthening                   | The developed MRV system proposed a data flow system of reporting in the water sector. This was achieved through consulting individual stakeholders and an endorsement in a bigger stakeholder meeting.  |  |
| Improved Stakeholder Collaboration            | Facilitated discussions among various institutions within the water sector, encouraging cooperation and shared responsibility in data reporting and adaptation planning.   |  |
| Operationalization of data capture templates. | Successfully demonstrated the application of the Adaptation Action Tracker Template in real-world scenarios, enhancing stakeholder confidence in its utility. Stakeholders were first requested to fill the template before coming to the training to so that they can identify challenges beforehand. After each improvement, these were sent to stakeholders for their appreciation. |  |

## A2 Health Adaptation

| Key achievement  | Methods that assisted in reaching the achievement   |
|--|---|
| Good stakeholder engagement and enhanced awareness                                   | Stakeholder engagement was facilitated by leveraging relationships with key members of the Ministry of Health, who provided guidance on how to connect with the essential stakeholders relevant to the MRV systems.  The engagement process was also conducted interactively, empowering stakeholders to take ownership of the process in accordance with their understanding of their sector and the reporting requirements. |
| Capacity building  | All interactions with health stakeholders began with presentations that provided an overview of climate change and the importance of reporting. This approach was designed to support new participants who might not have a thorough understanding of climate change and its effects on health.   |
| Building on existing structures/arrangements in the development of the MRV framework | The engagement of health stakeholders ensured that the MRV is built upon existing structures, requiring minimal additional resources to kick off the process.   |
| Enhanced interest in mainstreaming climate change in the health sector               | The build up from Phase I through to Phase II and the capacity building exercises were instrumental, especially because the draft health strategy also emphasises the need to mainstream climate change in the health sector.   |
| Having members of the consultancy that are familiar with the sector of interest      | The consultancy team was familiar with the health sector.   |

## B. Bioenergy Policy Draft

| Key achievement             | Methods that assisted in reaching the achievement   |  |
|-----------------------------|---|--|
| Good stakeholder engagement | Created good relationships with key individuals representing various stakeholders, companies and sugar cane farmer association (Eswatini Cane Growers' Association/ECGA). An inclusive approach to stakeholder engagement was used which ensured inclusion of |  |





|  | relevant government ministries and departments, parastatals, industry (sugar and timber companies), the Eswatini Sugar Association (ESA) and the ESCA.  |  |
|--|---|--|
| Capacity Building  | A capacity building workshop was held to enhance the skills and knowledge of relevant stakeholders, including government officials, industry professionals in policy assessment.  |  |
| Enhanced awareness of stakeholders on positive impact of bioenergy on climate change.                                  | Bilateral meetings and a stakeholder consultation workshop with key stakeholders, especially within Government, were engaged. The importance of bioenergy as part of Eswatini's mitigation commitments was always highlighted during the BTF meetings and discussions with stakeholders.  |  |
| Enhanced awareness of stakeholders on positive impact of biomass electricity in the country achieving energy security. | Bilateral meetings and stakeholder consultation workshop with key stakeholders involved highlighting the importance of biomass electricity power plants as base-load as the country works towards achieving energy security.  |  |
| Enhanced conviction to create a conducive Investment Climate for bioenergy and in particular, biomass power plants.    | Stakeholder consultations were held to find ways for the policy to be able to create a conducive investment climate for bioenergy projects in the country. These consultations involved the Ministry of Finance (MoF), Ministry of Commerce and Industry and Trade (MCIT), Ministry of Economic Planning and Development (MEPD) and the Eswatini Investment Promotion Authority (EIPA). |  |
| Support for Rural Development through policy actions.  | The policy is designed to stimulate rural development through bioenergy projects, creating jobs and improving livelihoods.  |  |
| Promotion of Sustainable<br>Practices  | The policy incorporates strong sustainability principles, including environmental, social, and economic considerations.   |  |





# 3. Project challenges and solutions

#### Overarching challenges and solutions

| Objective   | Achieved?<br>(Y/N) | Reasons for target not being achieved   |
|---|--------------------|---|
| PLANNING PHASE  |                    |   |
| Project plans and scheduling were well documented, and a detailed workplan compiled         | Υ                  |   |
| Project schedule contained all elements of the project                                      | Υ                  |   |
| Stakeholders had adequate input in the inception meeting                                    | Υ                  |   |
| EXECUTION   |                    |   |
| Unexpected changes were managed   | Υ                  |   |
| Project progress was tracked and reported in an accurate, organized manner to PMU then MTEA | Y                  |   |
| Workshops were well organized and stakeholders were involved                                | Υ                  |   |
| HUMAN FACTORS   |                    |   |
| Project management unit was effective   | Υ                  |   |
| Project teams were organized and well-staffed   | Υ                  |   |
| Project teams received appropriate and adequate training                                    | Υ                  |   |
| Efficient communication among project team members  | Υ                  |   |
| Sufficient communication among the team leads and PMU                                       | Υ                  |   |
| Functional areas (team leads, co-<br>ordination, PMU and MTEA)<br>collaborated effectively  | Υ                  |   |
| OVERALL   |                    |   |
| Deliverables were presented on time with amended schedule.                                  | N                  | There were delays in getting the bioenergy task force constituted leading to delays in the associated deliverables. The Health and Water Adaptation teams also had a few scheduling issues with stakeholders during the work, leading to delays. However, an amendment to the overall schedule was not considered because project teams had indicated they would meet the overall project deadline. |





| Project was concluded within the original budget | N | Overall, the budget was handled well but when the financials were reconciled there were budget overruns for Meetings/Workshops and Project Facilitator, as the CSER found it necessary to extend the Facilitators contract by 1 month (December 2024). |
|--|---|--|
| Objectives of the project were met               | Υ | Overall, the objectives of the ICAT Eswatini Phase II Project were met.  |

| Key challenge                                  | Problem   | Solution   |
|--|---|--|
| Budgeting                                      | No major challenges   |  |
| Scheduling/Timelines                           | Difficulty in getting teams to complete activities on time, due to delays in scheduling consultations with stakeholders. Major delay in constituting the Bioenergy Task Force and engaging Health Ministry. | Teams worked with stakeholders to speed up consultations once stakeholders were recruited. Once the Bioenergy Task Force was constituted, members agreed to have monthly meetings, thereby speeding up the work. |
| Communication between Activity teams with PMU  | No challenges   |  |
| Communication between PMU and MTEA             | No challenges   |  |
| Communication between PF and GHGMI             | Key challenge was getting the entire Eswatini Team to have regular meetings (PMU) with the ICAT Consultants.  | Improved communications and more realisation by Eswatini team members of importance of regular (bi-weekly) meetings to keep the project on track.  |
| Communication between activity teams and GHGMI | Good.   | Would have been better if all Eswatini team members had come to regular bi-weekly meetings to keep project on track.   |
| Technology/resources                           | No challenges   |  |
|  |   |  |

## A1 Water adaptation

| Key challenge                                       | Problem statement  | Solution  |
|---|--|---|
| Stakeholder engagement and buy-in                   | It was difficult to bring all<br>stakeholders into one room for<br>discussions due to other<br>commitments | Key stakeholders were then consulted individually. Their views were then discussed in a broader stakeholder meeting or workshop |
| Capacity/resources to ensure project sustainability | N/A  |   |





| Data  | N/A  |  |
|---|--|--|
| Budget  | N/A  |  |
| Timelines   | The timeline deadline was not met for some deliverables, e.g. MRV. | Consultations on MRV and Template were done at the same time during individual and workshop consultations. |
| Communication between team and project management | N/A  |  |
| Communication between team members                | N/A  |  |
| Capacity/Resources                                | N/A  |  |
| Training  | N/A  |  |

# A2 Health Adaptation

| Key challenge                                       | Problem statement   | Solution  |
|---|---|---|
| Stakeholder engagement and<br>buy-in                | The Ministry of Health (MOH) staff, who are the primary stakeholders in this sector, have demanding schedules, which made it difficult to reach a consensus on meeting dates. | Some reasonable flexibility was essential, as well as granting them the opportunity to reach out to the stakeholders.   |
| Capacity/resources to ensure project sustainability | The resources allocated for workshops was limited and covered few consultation sessions   | The draft of the proposed MRV was done before the stakeholder consultation workshop (in consultation with a few representatives, telephonically and via virtual meetings) such that during the consultation, this was presented, and it allowed for fruitful input from the stakeholders. |
| Data  | N/A   |   |
| Budget  | N/A   |   |
| Timelines   | Engaging the MOH was tricky due to the ministry's commitments which made it difficult to have workshops on time  Approval of deliverables also took                           | Flexibility was key as the inputs from the MOH is key as well as buyin or ownership of the proposed MRV is important.  Some of the reports were presented   |
|   | time due to limited capacity at MTEA  | physically to MTEA to facilitate approval   |
| Communication between team and project management   | N/A   |   |
| Communication between team members                  | N/A   |   |
| Capacity/Resources                                  | N/A   |   |
| Training  | N/A   |   |

## A. Bioenergy Policy Draft





| Key challenge                                       | Problem statement   | Solution  |
|---|---|---|
| Stakeholder engagement and buy-in                   | n/a   | n/a   |
| Capacity/resources to ensure project sustainability | Lack of (or very old) legal and regulatory frameworks in some sectors made it difficult to feed Eswatini experience into the policy legal and regulatory framework. | Used the existing (old) legal and regulatory framework then recommending review and update of policy for the proposed Bioenergy Policy. |
| Data  | n/a   |   |
| Budget  | n/a   |   |
| Timelines   | Limited time to engage all important stakeholders in consultative meetings.   | Continuous engagement and pushed timelines until they were available.   |
| Communication between team and project management   | n/a   |   |
| Communication between team members                  | n/a   |   |
| Capacity/Resources                                  | n/a   |   |
| Training  | n/a   |   |

#### 4. Conclusion

In conclusion, all three teams (Health Adaptation, Water Adaptation and Bioenergy) worked hard to deliver the key outputs of the project: MRV frameworks for Health and Water sectors, and a National Bioenergy Policy Draft. The teams were well supported by the ICAT consultants from GHGMI. While the outputs are a key achievement in themselves, it is important to highlight the awareness around climate change issues that the project brought to stakeholders, in particular the Health and Water sectors. One main challenge faced by project teams was scheduling meetings with stakeholders. To solve the scheduling problem, teams had to adapt to scheduling bilateral meetings with specific organizations or arranging for online meetings after working hours.