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**GLOBAL ENVIRONMENT FACILITY  
UNITED NATIONS DEVELOPMENT PROGRAMME**

**TERMS OF REFERENCE**

**FOR TERMINAL EVALUATION:**

- Project Title:** “Protect human health and the environment from unintentional releases of POPs and mercury from the unsound disposal of healthcare waste in Kyrgyzstan”
- Functional Title:** International Consultant for Terminal Evaluation
- Duration:** Estimated 20 working days during May-June 2018, including field mission to Kyrgyzstan: Bishkek and nearby.
- Terms of Payment:** Lump sum payable upon satisfactory completion and approval by UNDP of all deliverables, including the Evaluation Report
- Duty station:** Home based with a week mission to Bishkek (7 calendar days)

## TERMINAL EVALUATION TERMS OF REFERENCE

### INTRODUCTION

In accordance with UNDP and GEF M&E policies and procedures, all full and medium-sized UNDP support GEF financed projects are required to undergo a terminal evaluation upon completion of implementation. These terms of reference (TOR) sets out the expectations for a Terminal Evaluation (TE) of Protect human health and the environment from unintentional releases of POPs and mercury from the unsound disposal of healthcare waste in Kyrgyzstan (PIMS#5155).

The essentials of the project to be evaluated are as follows:

### PROJECT SUMMARY TABLE

Project Title:	"Protect human health and the environment from unintentional releases of POPs and mercury from the unsound disposal of healthcare waste in Kyrgyzstan"			
GEF Project ID: UNDP GEF Project ID (PIMS):	#5068 #5155		at endorsement (Million US\$)	at completion (Million US\$)
Atlas award ID: Atlas project ID:	00078201 00088593	GEF financing:	1,425,000	1,425,000
Country:	Kyrgyzstan	IA/EA own:		
Region:	ECIS	Government:	2,600,000	2,600,000
Focal Area:	POPs	Other:	4,432,148	4,432,148
FA Objectives, (OP/SP):	Objective CHEM-1 Objective CHEM-3 Objective CHEM-4	Total co- financing:	7,032,148	7,032,148
Executing Agency:	UNDP	Total Project Cost:	8,457,148	8,457,148
Other Partners involved:	The Ministry of Health of the Kyrgyz Republic, the State Agency on Environment Protection and Forestry of the Kyrgyz Republic	ProDoc Signature (date project began):		03 July 2014
		(Operational) Closing Date:	Proposed: July 2017	Actual: July 2018

### OBJECTIVE AND SCOPE

The TE will be conducted according to the guidance, rules and procedures established by UNDP and GEF as reflected in the [UNDP Evaluation Guidance for GEF Financed Projects](#).

The objectives of the evaluation are to assess the achievement of project results, and to draw lessons that can both improve the sustainability of benefits from this project, and aid in the overall enhancement of UNDP programming.

The objective of the project is to implement and adopt Best Environmental Practices (BEP) and Best Available Technologies (BAT) in healthcare facilities throughout the City of Bishkek to improve the

management, treatment, and disposal of healthcare waste, as well as support a number of rural health posts (~ 100) in Chui and Issyk-Kul Oblast.

The project will assist Kyrgyzstan in meeting its obligations under the Stockholm Convention on Persistent Organic Pollutants (POPs) by adopting environmentally friendly treatment options for healthcare waste, which will lead to a reducing in UPOPs emissions controlled under the Convention (currently unintentionally POPs (UPOPs) are produced when healthcare waste are incinerated or burned in the open).

Another project objective is to reduce mercury releases from the health sector (generally caused by the breakage of Mercury containing thermometers), by supporting the phase out of Mercury containing medical equipment and the introduction of Mercury-free alternatives. This activity will assist Kyrgyzstan in meeting its obligations to the Minamata Convention on Mercury once it enters into force.

The project consists of four main components:

**Component 1:** Strengthening of the National Regulatory and Policy Framework for Health Care Waste Management

**Component 2:** Implementation of Best Available Technologies (BAT), Best Environmental Practices (BEP) for HCWM Systems.

**Component 3:** Implement Mercury Waste Management and Reduction Activities for the City of Bishkek.

**Component 4:** Monitoring, Adaptive Feedback, Outreach and Evaluation.

It can be safely assumed, that when the GEF project comes to an end, thanks to joint efforts of the Swiss Red Cross, the GEF and the Global Fund and 95% of HCW in Kyrgyzstan, will be treated by non-incineration. In combination with import restriction on certain PVC containing medical supplies and improved recycling of disinfected waste materials (plastics), the GEF project is expected to result in a reduction of UPOPs emissions of about 3 g-TEQ/yr. By putting import restrictions on Mercury containing thermometers and adopting the use of Mercury-free thermometers in healthcare facilities, the project could result in reducing Mercury emissions from the healthcare sector by 160 kg/yr.

The Project has primary results summarized below:

- the project has set up ten (10) modern autoclaving points in Bishkek;
- the project procured and distributed all necessary supplies as well as fourteen (14) high capacity autoclaves installed in eleven (11) Health Care Facilities (HCFs) in Bishkek;
- a structured network of service and recipient HCFs was elaborated on and established with the governmental support (cluster system with decentralized service points) in Bishkek;
- optimum transportation routes within the updated zoning plan have been determined, digitized and placed on ministerial web-site (<http://map.dgsen.kg/>). Whereas additional vehicle for the transportation of HCW has been procured;
- trainings on the use of non-incineration technologies for the treatment of HCW and plastic segregation for further recycling as well as other necessary training modules were held for 33 participants (2 men and 31 women) from 11 HCFs in Bishkek;
- training of 20 lecturers (3 men and 17 women) from medical universities and colleges were conducted during July 2016 in Bishkek. Training materials on HCWM developed with project support were integrated into the curriculum of four (4) universities and one (1) colleges;
- national HCWM strategy, which includes all the categories of waste generated in the health sector (i.e. general waste, infectious waste, anatomical waste, pharmaceutical waste, chemical waste and

radioactive waste) and which includes a National Action Plan and budget on HCWM for 2017-2020 approved by the Ministry of Health on 20 July, 2017 by its #649 Order;

- project procured 100 mini-autoclaves (tested positively as compared to table-mounted pressure cookers proposed originally) and necessary supplies have been distributed among 100 FMSs and Standard Operation Procedures (SOPs) for these technologies approved on 10 May of 2017 by #377 Order of Ministry of Health of the Kyrgyz Republic (MoH). Trainings on the use of non-incineration technologies for the treatment of HCW and plastic segregation for further recycling as well as other necessary training modules were held for 100 participants (1 male and 99 female attendees) from 100 FMSs in Chui and Issyk-Oblasts;
- the project procured 3,000 mercury-free thermometers in line with the project plans for the eleven (11) HCFs and their needs. It also procured materials for the collection, transportation and temporary storage of 1,300 Hg-containing thermometers as well as de-mercurization kits in case of accidental leakages. Interim storage for collected Hg thermometers has been selected, refurbished, and the floor covered with ethoxyline resin to avoid mercury's penetration into the floor area. A special company has been hired to manage the collection and transportation of phased-out Hg-thermometers to the temporary storage;
- a Memorandum of Understanding (MoU) with the Khaidarkan Mercury Mining Plant and the Ministry of Health for the treatment and disposal of phased out thermometers (1,300 items) was signed on 7 October 2016 for one year with a possibility of extension;
- with the aims to institutionalize the safety related trainings for further use, the Centre for Training and Retraining (CRT) of Civil Defense specialists under the Ministry of Emergency Situation conducted day-long three (3) trainings (6, 17, 24 March 2017) on the "Safe Handling of Mercury-containing waste (Emergency case)" for 100 employees (89 men and 11 women) from all regions of the country. The module has been integrated into the CTR's curriculum for further use;
- Kyrgyz State Medical Institute of Retraining and Proficiency Enhancement trained 400 medical personnel on techniques in the clean-up, storage and safe transport of mercury wastes in Bishkek followed by integration of the training module within the curriculum of the KSMIR&PE (distant learning options are being considered);
- the project procured a special gas-chromatograph for the Ministry of Health to analyze mercury presence in air, water, soil, blood and hair to enable better monitoring. Initial results will be available in the later stages;
- in 2016, during the elaboration of legislative documents for de-mercurization activities, it was revealed that authorized bodies (Ministry of Emergency Situation KR) lack equipment for determination of mercury emissions into the environment, chemical reagents and tools for de-mercurization of mercury releases, personal protective equipment (PPE) for working with mercury accidents (which constitute 1st class of hazard according to the national classification). Therefore, the project procured de-mercurization toolkits for the Bishkek Department of Ministry of Emergency Situation.

## EVALUATION APPROACH AND METHOD

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An overall approach and method<sup>1</sup> for conducting project terminal evaluations of UNDP supported GEF financed projects have been developed over time. The evaluator is expected to frame the evaluation effort using the criteria of **relevance, effectiveness, efficiency, sustainability, and impact**, as defined and explained in the [UNDP Guidance for Conducting Terminal Evaluations of UNDP-supported, GEF-financed Projects](#). A set of questions covering each of these criteria have been drafted and are included with this TOR ([see Annex C](#)). The evaluator is expected to amend, complete and submit this matrix as part of an evaluation inception report, and shall include it as an annex to the final report.

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<sup>1</sup> For additional information on methods, see the [Handbook on Planning, Monitoring and Evaluating for Development Results](#), Chapter 7, pg. 163

The evaluation must provide evidence-based information that is credible, reliable and useful. The evaluator is expected to follow a participatory and consultative approach ensuring close engagement with government counterparts, in particular the GEF operational focal point, UNDP Country Office, project team, UNDP GEF Technical Adviser based in the region and key stakeholders. Interviews will be held with the following organizations and individuals at a minimum:

Key stakeholders:

- UNDP Senior Management;
- The Ministry of Health of the Kyrgyz Republic and its departments (Department on Diseases Prevention and State Sanitary Epidemiological Control, Scientific Production Association “Preventive Medicine” and etc.);
- The State Agency on Environment Protection and Forestry under the Government of the Kyrgyz Republic – GEF Operational Focal Point and Project Focal Point;
- The Ministry of Emergencies of the KR;
- Target HCFs;
- UNDP “Sustainable Development” Dimension and its projects;
- NGOs;
- MPU-Chemicals/RCU-Istanbul.

The evaluator will review all relevant sources of information, such as the project document, project reports – including Annual APR/PIR, project budget revisions, midterm review, progress reports, GEF focal area tracking tools, project files, national strategic and legal documents, and any other materials that the evaluator considers useful for this evidence-based assessment. A list of documents that the project team will provide to the evaluator for review is included in [Annex B](#) of this Terms of Reference.

### EVALUATION CRITERIA & RATINGS

An assessment of project performance will be carried out, based against expectations set out in the Project Logical Framework/Results Framework (see [Annex A](#)), which provides performance and impact indicators for project implementation along with their corresponding means of verification. The evaluation will at a minimum cover the criteria of: **relevance, effectiveness, efficiency, sustainability and impact**. Ratings must be provided on the following performance criteria. The completed table must be included in the evaluation executive summary. The obligatory rating scales are included in [Annex D](#).

<b>Evaluation Ratings:</b>					
<b>1. Monitoring and Evaluation</b>		<i>rating</i>	<b>2. IA&amp; EA Execution</b>		<i>rating</i>
M&E design at entry			Quality of UNDP Implementation		
M&E Plan Implementation			Quality of Execution - Executing Agency		
Overall quality of M&E			Overall quality of Implementation / Execution		
<b>3. Assessment of Outcomes</b>		<i>rating</i>	<b>4. Sustainability</b>		<i>rating</i>
Relevance			Financial resources:		
Effectiveness			Socio-political:		
Efficiency			Institutional framework and governance:		
Overall Project Outcome Rating			Environmental :		
			Overall likelihood of sustainability:		

## PROJECT FINANCE / COFINANCE

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The Evaluation will assess the key financial aspects of the project, including the extent of co-financing planned and realized. Project cost and funding data will be required, including annual expenditures. Variances between planned and actual expenditures will need to be assessed and explained. Results from recent financial audits, as available, should be taken into consideration. The evaluator(s) will receive assistance from the Country Office (CO) and Project Team to obtain financial data in order to complete the co-financing table below, which will be included in the terminal evaluation report.

Co-financing (type/source)	UNDP own financing (mill. US\$)		Government (mill. US\$)		Partner Agency (mill. US\$)		Total (mill. US\$)	
	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual
Grants								
Loans/Concessions								
• In-kind support								
• Other								
Totals								

## Mainstreaming

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UNDP supported GEF financed projects are key components in UNDP country programming, as well as regional and global programmes. The evaluation will assess the extent to which the project was successfully mainstreamed with other UNDP priorities, including poverty alleviation, improved governance, the prevention and recovery from natural disasters, and gender.

## IMPACT

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The evaluators will assess the extent to which the project is achieving impacts or progressing towards the achievement of impacts. Key findings that should be brought out in the evaluations include whether the project has demonstrated: a) verifiable improvements in ecological status, b) verifiable reductions in stress on ecological systems, and/or c) demonstrated progress towards these impact achievements.<sup>2</sup>

## CONCLUSIONS, RECOMMENDATIONS & LESSONS

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The evaluation report ([Annex F](#)) must include a chapter providing a set of **conclusions, recommendations and lessons**. Conclusions should build on findings and be based in evidence. Recommendations should be prioritized, specific, relevant, and targeted, with suggested implementers of the recommendations. Lessons should have wider applicability to other initiatives across the region, the area of intervention, and for the future.

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<sup>2</sup> A useful tool for gauging progress to impact is the Review of Outcomes to Impacts (ROTI) method developed by the GEF Evaluation Office: [ROTI Handbook 2009](#)

## IMPLEMENTATION ARRANGEMENTS

The principal responsibility for managing this evaluation resides with the UNDP CO in **Kyrgyzstan**. The UNDP CO will contract the evaluators and ensure the timely provision of per diems and travel arrangements within the country for the evaluation team. The Project Team will be responsible for liaising with the Evaluators team to set up stakeholder interviews, arrange field visits, coordinate with the Government etc.

## EVALUATION TIMEFRAME

The total duration of the evaluation will be 20 days according to the following indicative plan:

Activity	Timing (indicative)	Completion Date (indicative)
<b>Preparation (desk review)</b>	3 days (April-May, 2018)	1 May, 2018
<b>Evaluation Mission (in-country field visits, interviews and presentation of preliminary findings)</b>	7 days (May, 2018)	20 May, 2018
<b>Draft Evaluation Report</b>	6 days (May, 2018)	30 May, 2018
<b>Final Report</b>	4 days (May-June, 2018)	8 June, 2018

## EVALUATION DELIVERABLES

The evaluation team is expected to deliver the following:

Deliverable	Content	Timing	Responsibilities
<b>Inception Report</b>	Evaluator provides clarifications on timing and method	No later than 1 week before the evaluation mission. (by 1 May 2018)	Evaluator submits to UNDP CO and Project
<b>Presentation</b>	Initial Findings	Last day of the field mission (Friday, by 18 May 2018)	Project Team, UNDP CO and key stakeholders, members of Project Board
<b>Draft Final Report</b>	Draft evaluation report, (per annexed template) with annexes	Within two weeks time after the field mission (by 30 May 2018)	Project team, CO, reviewed by RTA, GEF OFP
<b>Final Report*</b>	Final report addressing and integrating feedback and comments	Within a week time after receiving comments on the draft (by 8 June 2018)	Sent to CO for uploading to UNDP ERC.

\*When submitting the final evaluation report, the evaluator is required also to provide an 'audit trail', detailing how all received comments have (and have not) been addressed in the final evaluation report. See Annex [Annex G and H](#) for an evaluation clearance form and an audit trail template.

## TEAM COMPOSITION

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The evaluation team will be composed of *1 international consultant*. *The consultant shall have prior experience in evaluating similar projects*. The international Consultant has responsibility over submission of a final report. The evaluator selected should not have participated in the project preparation and/or implementation and should not have conflict of interest with project related activities. The project will provide an interpreter to accompany the international consultant during the mission to Kyrgyzstan.

The International Consultant must present the following qualifications:

- A Master's degree or higher in natural or chemical sciences or another closely related field;
- Minimum 4 years of work experience in the fields of environment protection or sound chemical management or healthcare waste management;
- Proven track record of evaluation of projects focusing on environment or chemical management or persistent organic pollutants management, confirmed with at least two project evaluations;
- At least one project evaluation with GEF M&E policies and procedures;
- Experience in working in Central Asian or CIS countries will be an asset;
- Fluency in English. Knowledge of Russian is an asset.

## EVALUATOR ETHICS

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Evaluation consultants will be held to the highest ethical standards and are required to sign a Code of Conduct (Annex E) upon acceptance of the assignment. UNDP evaluations are conducted in accordance with the principles outlined in the [UNEG 'Ethical Guidelines for Evaluations'](#)

## PAYMENT MODALITIES AND SPECIFICATIONS

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The service provider will be responsible for all personal administrative and travel expenses associated with undertaking this assignment including office accommodation, printing, stationary, telephone and electronic communications, and report copies incurred in this assignment. For this reason, the contract is prepared as a lump sum contract.

The remuneration of work performed will be conducted as follows: lump sum payable in 1 installment, upon satisfactory completion and approval by UNDP of all deliverables, including the Final Evaluation Report.

%	Milestone
100%	Following submission and approval (UNDP-CO and UNDP RTA) of the final terminal evaluation report

## APPLICATION PROCESS

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### Recommended Presentation of Proposal:

- a) Completed Letter of confirmation of interest and availability including financial proposal as per UNDP template;
- b) Personal CV and a P11 Personal History form, indicating all past experience from similar projects, as well as the contact details (email and telephone number) of the Candidate;
- c) Copy of ID card;



- d) Copy of diploma/certificate on higher education;
- e) Brief description of approach to work/technical proposal of why the individual considers him/herself as the most suitable for the assignment, and a proposed methodology on how they will approach and complete the assignment; (max 1 page)
- f) Financial Proposal that indicates the all-inclusive fixed total contract price, supported by a breakdown of costs, as per template provided. If an applicant is employed by an organization/company/institution, and he/she expects his/her employer to charge a management fee in the process of releasing him/her to UNDP under Reimbursable Loan Agreement (RLA), the applicant must indicate at this point, and ensure that all such costs are duly incorporated in the financial proposal submitted to UNDP. Letter of confirmation of interest and availability including financial proposal as per UNDP template.

**SCOPE OF PRICE PROPOSAL**

- Financial proposals must be “all inclusive” and expressed in a lump-sum for the total duration of the contract. The term “all inclusive” implies all cost (professional fees, travel costs, living allowances etc.);
- For duty travels, the UN’s Daily Subsistence Allowance (DSA) rates are Bishkek, which should provide indication of the cost of living in a duty station/destination (*Note: Individuals on this contract are not UN staff and are therefore not entitled to DSAs. All living allowances required to perform the demands of the ToR must be incorporated in the financial proposal, whether the fees are expressed as daily fees or lump sum amount.*)

**ADDITIONAL REQUIREMENTS FOR THE RECOMMENDED CONTRACTOR**

**Statement of Medical Fitness for Work**

Individual Consultants/Contractors whose assignments require travel and who are over 62 years of age are required, at their own costs, to undergo a full medical examination including x-rays and obtaining medical clearance from UN –approved doctor, prior to taking up their assignment.

Where there is no UN office nor a UN Medical Doctor present in the location of the Individual Contractor prior to commencing the travel, either for repatriation or duty travel, the Individual Contractor may choose his/her own preferred physician to obtain the required medical clearance.

**Inoculations/Vaccinations**

Individual Contractors are required to have vaccinations/inoculations when travelling to certain countries, as designated by the UN Medical Director. The cost of required vaccinations/inoculations, when foreseeable, must be included in the financial proposal. Any unforeseeable vaccination/inoculation cost will be reimbursed by UNDP.

**TRAVELS**

Date	Place	No. of days	
May, 2018	Bishkek	7 days trip	6 overnights

Field missions to (location), including the following project sites (list):

1. Bishkek (Country office, Project Management Unit UNDP, Project National Partners);
2. Feldsher midwife stations nearby of Bishkek

**SECURITY CLEARANCE**

The Consultant will be requested to undertake the Basic Security in the Field (BSIF) training and Advanced Security in the Field (ASIF). These requirements apply for all Consultants, attracted individually or through the Employer.

#### UNDP CONTRIBUTION

The security charges are applicable.

UNDP will provide the Consultant with following:

- Project documents (see list of documents on page 15);
- Organize meetings with Project partners;
- Working place;
- Interpreter if needed.

**ANNEX A: PROJECT LOGICAL FRAMEWORK<sup>3</sup>**

**Project Title:**  
**“Protect human health and the environment from unintentional releases of POPs and mercury from the unsound disposal of healthcare waste in Kyrgyzstan”**

	Indicator	Baseline	Targets	Sources of verification	Risks and assumptions
			End of project		
<b>Objective:</b>  Project Objective:  Implement best environmental Practices (BEP) and Best Available Technologies (BAT) in the health-care sector to assist Kyrgyzstan in meeting its obligations under the Stockholm	UPOPs emissions reduced as a result of improved HCWM treatment systems used by HCFs benefitting from the project.	Kyrgyzstan’s NIP, calculated that the total releases of dioxins in 2003 were 30.5 g-TEQ. The majority of releases were indicated to be the result of combustion practices, with the greatest contribution made by incineration of medical wastes (7 g-TEQ).	In total the project expects to reduce UPOPs emissions by 3- TEQ/yr.	The I-RATs that will be conducted for each of the project’s HCFs before project interventions will take place will provide insight in the amount of UPOPs produced and Mercury released on a yearly basis.	
	Mercury emissions reduced as a	No national Mercury Assessment has been undertaken	The phase-out of Mercury containing thermometers will result in sustained	Guidance on “Measurements and Documentation” as	Mercury emissions reduced as a result of

<sup>3</sup> Project logical framework has taken from Inception Report

	Indicator	Baseline	Targets	Sources of verification	Risks and assumptions
			End of project		
Convention to reduce UPOPs as well as Mercury releases..	result of the phase-out of Mercury containing medical thermometers and improved management of Mercury containing wastes.	yet, but based on 2011 and 2012 import figures, between 58 and 305 kg of Mercury, contained in medical thermometers, is imported yearly (see table 3).	Mercury reductions of approximately 160 kg Hg/year.	developed under the Global Medical Waste Project will be used to provide for a before and after snap-shot.	the phase-out of Mercury containing medical thermometers and improved management of Mercury containing wastes.
<b>Component 1: Strengthening of the national regulatory and policy framework for health care waste management</b>					
<b>Outcome 1.1:</b> The policy framework for Health Care Waste Management enhanced	National Health Care Waste Management Strategy revised and updated.  National Strategy for Anatomical	Although a National Strategy (2008-2012) on HCWM was elaborated, it has never been approved/adopted due to lack of funding for its implementation.  The collection, safeguarding and	National Strategy on Healthcare waste management in the Kyrgyz Republic finalized.  National Strategy for Anatomical Waste drafted.	National Strategy on HCWM available.  National Strategy for Anatomical Waste available.	<b>Assumption:</b> The project will be able to support the development of a strategy and accompanying Plan of Action that is based on actual HCWM funding available to ensure that the strategy can be adopted.

	Indicator	Baseline	Targets	Sources of verification	Risks and assumptions
			End of project		
	Waste developed.	transport of anatomical wastes is highly inadequate.			
<p><b>Outcome 1.2:</b></p> <p>The regulatory and policy framework for Health Care Waste Management enhanced.</p>	Number of approved and adopted standards and degrees developed as part of the project.	<p>HCWM related legislation is merely functioning as a framework and reflects the general requirements to prevent adverse effects on health and the environment. However most of these are guidelines do not have any legal status and as such are not enforceable.</p> <p>The current regulatory framework does not cover all medical waste management</p>	<p>Standards on technologies for the processing and final disposal of HCW developed.</p> <p>Standards on HCW in immunization offices developed.</p> <p>Standards on DoD developed.</p> <p>Standards on treatment of chemical and pharmaceutical waste developed.</p> <p>Standards on monitoring HCWM practices developed.</p> <p>Job descriptions for those responsible for HCWM at HCFs developed.</p> <p>Import ban drafted on PVC containing syringes and</p>	<p>Standards on technologies for the processing and final disposal of HCW available.</p> <p>Standards on HCW in immunization offices available.</p> <p>Standards on DoD available.</p> <p>Standards on treatment of chemical and pharmaceutical waste available.</p> <p>Standards on monitoring HCWM practices available.</p> <p>Job descriptions for those responsible for HCWM at HCFs available.</p>	

	Indicator	Baseline	Targets	Sources of verification	Risks and assumptions
			End of project		
		<p>challenges, which the country is facing.</p> <p>A major challenge remains the implementation and enforcement of regulations and guidelines, which are often issued without providing HCFs or stakeholders with any support or capacity building to enable them meet the requirements set-out in these regulations/guidelines.</p>	<p>other medical products for which cost-effective alternatives are available.</p>	<p>Import ban on PVC containing syringes and other medical products for which cost-effective alternatives are available.</p>	
<b>Component 2. Implementation of Best Available Technologies (BAT), Best Environmental Practices (BEP) for HCWM systems</b>					
<p><b>Outcome 2.1:</b></p> <p>Accurate insight in the HCWM situation at</p>	<p>I-RATs completed for each of the HCFs</p>	<p>Some baseline information is available mainly from prior HCWM</p>	<p>All HCFs have participated in a HCWM assessment.</p>	<p>I-RAT reports (incl. Hg assessments) available for all assessed HCFs.</p>	<p>Assumption: All HCFs are willing to participate in baseline assessments and are open to sharing</p>

	Indicator	Baseline	Targets	Sources of verification	Risks and assumptions
			End of project		
each of the HCFs supported by the project devices, supplies and Technical Assistance (TA) needs determined for each HCF	supported by the project	assessments as well as from the project's PPG phase.	An accurate UPOPs and Hg baseline has been established for each HCF.		information related to their current HCWM practices.
<b>Outcome 2.2:</b> Allocation of HCWM technologies,	Detailed procurement and TA plan for the implementation of Phase I  Updated Zoning Plan	Some information is available on the type of TA and equipment/supplies that would be required for HCFs see also Annex V), however detailed information for each HCFs will be required to draw up a sound procurement and TA plan.	For each HCF, HCWM equipment, Technical Assistance (TA) and funding needs have been determined/calculated for the first phase of the project.  The HCF "Treatment Zoning" plan (using GIS/Remote Sensing) has been revised/updated.	Detailed budget for each of the project's HCFs has been prepared. An updated "Zoning Plan" is available.  Procurement/TA plan is available	<b>Assumption:</b> Ministry of Health would be willing to update/revise its zoning plan based on information, lessons-learned and experiences as they become available

	Indicator	Baseline	Targets	Sources of verification	Risks and assumptions
			End of project		
		A Zoning Plan was developed in 2012 (see Annex VI) but is currently out-dated. The Zoning Plan will also require revision to reflect the outcomes of the I-RATs	A detailed procurement and TA plan has been drawn up for the first phase of the project's implementation.		
<b>Outcome 2.3:</b> UPOPs releases reduced as a result of improved HCWM systems in supported HCFs (850,000 US\$)	<i>% as compared to I-RAT baseline established at the start of the project (outcome 2.1)</i>  Waste segregation improved by xx %  Number of HCFs that	At the primary healthcare level, immunization waste is either burned in the open (in rural areas) or in the case of Bishkek mixed with regular household waste ending up on the Bishkek dumpsite or transported to a boiler house for low temperature incineration.	MoUs signed between project and each HCF.  HCF staff trained in best practices for HCWM, including:  Responsibilities for HCWM assigned and waste management committees operationalized in each project HCF.  HCWM plans drawn up for each project HCF.	Signed MoUs.  Certificates of training completion and attendance sheets of training sessions.  List of committee members and copy of regular meeting minutes available.	<b>Assumption:</b> Project HCFs are willing to sign MoUs.  <b>Assumption:</b> Treatment hubs and satellites located in the zone supported by the project are willing to sign cost-sharing agreements for the treatment of their infectious waste.



	Indicator	Baseline	Targets	Sources of verification	Risks and assumptions
			End of project		
	<p>send their disinfected syringes to recyclers increased by xx %</p> <p>Average HCF infectious waste volumes reduced by xx %</p> <p>No of project HCFs practices composting increased by xx %</p> <p>Percentage of project HCFs that have introduced non-</p>	<p>At Bishkek hospital level in Bishkek, the primary method of treating infectious medical waste is by chemical disinfection after which the waste ends up on the Bishkek dumpsite, which is continuously on fire, leading to the formation of dioxins and furans.</p> <p>Common HCWM challenges faced by HCFs are:</p> <p>Lack of awareness on the dangers of HCW and the risks to human health and the environment in combination with</p>	<p>Xx HCFs and xxx staff trained in best HCWM practices related to waste identification, classification, segregation, labelling, packaging, storage, treatment, transportation, etc. at HCF level.</p> <p>Xx managers and professionals trained on HCWM related procurement, accounting and budgeting; monitoring and reporting; and HCWM related record keeping (incidents, accidents, waste recording, etc.)</p> <p>8 Bishkek hospitals and 3 polyclinics supported in refurbishing/preparing waste storage locations and locations for technology installation (110,000 US\$)</p>	<p>HCWM plans available.</p> <p>Certificates of training completion and attendance sheets of training sessions.</p> <p>Monitoring and reporting systems in place in each HCF and daily updated.</p> <p>Logbook available on number of incidents and waste generation rates for each of the HCFs.</p> <p>Photo materials (before and after)</p>	

	Indicator	Baseline	Targets	Sources of verification	Risks and assumptions
			End of project		
	<p>incineration technologies xx %</p> <p>Waste monitoring installed.</p> <p>No. of incidences/accidents involving infectious waste reduced by xx %</p> <p>Transportation of infectious and anatomical waste exclusively</p>	<p>absence of training opportunities.</p> <p>Absence of sufficient and adequate technologies, devices and supplies to manage HCW soundly.</p> <p>Sub-optimal operation of the HCWM model in HCFs where treatment technologies have been installed.</p> <p>Inadequacies in waste flows and transportation of waste on the premises of HCFs</p> <p>Cluster-hub system and HCW transportation system not yet operational.</p>	<p>Non-incineration technologies and HCWM supplies procured and installed for all project HCFs (11 HCFs in Bishkek, 1 zone and 100 FAPs):</p> <p>Project HCFs equipped with HCWM supplies and nonincineration technologies.</p> <p>xx Global Fund recipient HCFs equipped with additional nonincineration technologies/HCWM supplies zone equipped with sufficient treatment capacity/HCWM supplies (including the zone's hub treatment facility, its satellites as well as decentralized facilities).</p> <p>(Pilot) 100 FAPs in rural areas equipped with pressure cookers and</p>	<p>Photos of HCWM supplies and installed treatment technologies. SOP for procured technologies available in each project HCF.</p> <p>Certificates of training completion and attendance sheets of training sessions.</p> <p>Signed cost-sharing agreements.</p> <p>Optimized route schedule available. GIS/Remote Sensing maps available of the Bishkek transportation routes, clusters and treatment technologies.</p> <p>Waste logs kept at recipient hub</p>	

	Indicator	Baseline	Targets	Sources of verification	Risks and assumptions
			End of project		
	<p>assumed by authorized vehicles.</p> <p>Average costs for HCWM reduced by xx%</p>	<p>Certain HCFs have a contract with a local recycler, which collects chemically disinfected syringes.</p> <p>Although the SRC/MoH has successfully demonstrated composting at the rural level, none of the HCFs in Bishkek undertake composting.</p> <p>Transportation of infectious HCW in the city of Bishkek is extremely inadequate, more often than not, using passenger cars or ambulances, which are also used to transport patients, healthcare staff, etc.</p>	<p>necessary capacity building and HCWM supplies.</p> <p>Standard Operating Procedures (SOPs) for the procured technologies prepared/revised.</p> <p>Autoclave operators and other staff trained on SOPs, safety precautions, and quality control of the new technology.</p> <p>Draft cost-sharing agreements for infectious waste treatment between service HCF and recipient HCF developed.</p> <p>Optimum transportation routes determined</p> <p>Staff involved in infectious waste transportation trained on the safe handling of HCW and Mercury</p>	<p>indicating the amount, origin and state of waste</p> <p>received from the cluster</p> <p>HCFs.</p>	

	Indicator	Baseline	Targets	Sources of verification	Risks and assumptions
			End of project		
		The City Health Department has received 1 transport vehicle through the phase I Global Fund project, which will soon be used to transport infectious HCW, between HCFs and treatment hubs. However the delivery/pick-up schedule has not yet been worked out in detail.			
	National Implementation Plan (NIP) on Stockholm Convention obligations with inclusion of new POPs reviewed and updated, with elaboration of specific action	The Government is carrying out several non-coordinated actions on POPs (update of inventories on pesticidal POPs in 5 regions, PCB management, inventory and partial disposal, planning better control	Updated NIP structure and content agreed in consultations with relevant stakeholders.  A first draft of updated NIP prepared which contains preliminary draft of the inventory, guidelines, legislation and action plan and circulated.	Project reports  Draft and final NIP update documents  Comments from the relevant stakeholders;  Certificates of training completion and attendance	

	Indicator	Baseline	Targets	Sources of verification	Risks and assumptions
			End of project		
	plans on new POPs.	of uPOPs, improving of existing regulations).	<p>Final draft of the NIP completed and circulated for review within the main stakeholders.</p> <p>Updated NIP submitted for approval to the Government, approved and submitted to the Secretariat.</p> <p>Waste Project HCF staff trained in composting and plastics recycling.</p> <p>Environmentally sound agreement reached with the Bishkek Mayor's office and the EBRD on the handling of disinfected HCW and Hg containing wastes at the new engineered Bishkek landfill.</p>	<p>sheets of training sessions.</p> <p>Hospital records indicating the amount of disinfected waste sold to recyclers.</p> <p>Photos of composting stations.</p>	
<b>Outcome 2.4:</b> National training modules on HCWM	Training possibilities/opportunities on HCWM offered by	Lack of a systematic approach to training medical and nursing staff on HCWM resulting in low	National training modules developed by Preventive Medicine as well as those used by the National Training Centre have been	National training modules finalized and approved for use at national level.	<b>Assumption:</b> The Ministry of Health Department on nosocomial infections and

	Indicator	Baseline	Targets	Sources of verification	Risks and assumptions
			End of project		
available and being used by the MoH (preventive Medicine), national training centers and Medical Faculties.	national teaching institutions and schools.	<p>awareness on the dangers of HCW and the risks to human health and the environment.</p> <p>As part of the Global Fund Phase II project, the MoH institute “Preventive Medicine” has developed training modules, with support of UNICEF and will be providing this training to various target groups.</p> <p>The “National Training Center” provides post-graduate training (continuous professional</p>	<p>revised/improved based on the WHO Healthcare Waste Project Global Training Materials</p> <p>MoUs signed between the project and medical university faculties and nursing schools.</p> <p>Training modules on HCWM designed and subsequently embedded in the curricula of the Medical Academy as well as the Medical Facility of the Kyrgyz- Russian-Slavic University and potentially a number of nursing schools.</p>	<p>National training modules being used by Preventive Medicine and the National Training Centre.</p> <p>Signed MoUs</p> <p>HCWM modules/training embedded in curricula at the <u>Medical Academy</u> as well as the Medical Facility of the Kyrgyz-Russian-Slavic University</p> <p>Medical and nursing students are being tested on HCWM knowledge as part of their education.</p>	<p>medical wastes, Preventive Medicine and UNICEF are open and willing to revise the national training modules based on the 2013 WHO “guidelines “Safe management of wastes from health-care activities” using the UNDP GEF Healthcare Waste Project Global Training Materials.</p> <p><b>Risk:</b> Low</p> <p><b>Assumption:</b> The Medical Academy, the <u>Medical Facility of the Kyrgyz-Russian-Slavic University</u> and the <u>National Training</u></p>

	Indicator	Baseline	Targets	Sources of verification	Risks and assumptions
			End of project		
		development) as well as educational training for healthcare staff, which contains modules on HCWM.			<p>Center are open to embedding/revising HCWM related modules in their programmes.</p> <p><b>Risk: Low</b></p>
<b>COMPONENT 3: IMPLEMENT MERCURY WASTE MANAGEMENT AND REDUCTION ACTIVITIES FOR THE CITY OF BISHKEK</b>					
<b>Outcome 3.1:</b> Strengthened policy and regulatory framework to enable the phase-out/down of mercury containing products and encourage Hg-free or lower level Hg products	A regulatory framework pertaining to the management of Mercury containing products is developing and available.	<p>In Kyrgyzstan, the management of Mercury containing products is not being addressed, whether in the healthcare sector or any other sector.</p> <p>When products that contain Mercury break or need to be disposed of, such wastes are being discarded along with</p>	<p>National action plan on the LCM of Hg containing products developed.</p> <p>National standards/guidelines on the management, storage and disposal of mercury containing products developed for large public and private entities, as well as HCFs.</p> <p>MSP degree drafted prescribing a phased approach/total phase-out</p>	<p>Draft National Action Plan on LCM of Hg containing products available.</p> <p>Draft national standards/guidelines on the management, storage and disposal of mercury containing products available.</p> <p>Draft MSP degree prescribing a phased approach/total phase-out for the use of Hg-containing</p>	<p><b>Assumption:</b> The Ministry of Health would be willing to start the phase-out of Mercury-containing thermometers.</p> <p><b>Assumption:</b> The Ministry of Trade would be willing to introduce import restriction on high-level Mercury</p>

	Indicator	Baseline	Targets	Sources of verification	Risks and assumptions
			End of project		
		<p>regular municipal waste.</p> <p>No special measures are taken to protect healthcare facility staff, the environment or people/communities coming in close contact with such wastes.</p> <p>There are no restrictions on the importation of high Hg-content lamps (CFLs, tubes) or Hg-containing medical devices.</p> <p>Guidelines on the management, storage and disposal of Hg containing lamps are not available.</p>	<p>for the use of Hg-containing thermometers.</p> <p>EU RoHS directives for lighting products transposed into national regulations through a degree.</p> <p>Assessment of potential Cost- Recovery Mechanisms for the future disposal/treatment of Mercury containing products conducted.</p>	<p>thermometers available.</p> <p>Draft degree to transpose EU RoHS directives for lighting products into national regulations available.</p> <p>Assessment report of potential Cost- Recovery Mechanisms for the disposal/treatment of Mercury containing products available.</p>	<p>containing energy saving lamps.</p>



	Indicator	Baseline	Targets	Sources of verification	Risks and assumptions
			End of project		
		Maximum permissible concentration (MAC) for metallic mercury (Hg) are set for air, water and soil.			
<b>Outcome 3.2:</b> Improved Mercury management practices at HCFs and phase-out of Mercury containing thermometer	80% of project HCFs have introduced Mercury-free devices.	<p>Mercury containing sphygmomanometers have been phased-out approximately 10 years ago, however Mercury containing thermometers are still in wide use. In 2011 and 2012, respectively 203,121 and 116,034 were imported.</p> <p>When products that contain Mercury break or need to be disposed of, such wastes are being discarded along with</p>	<p>Hg baseline assessments completed for each project HCF (as part of the I-RATs, see Activity 2.1.1).</p> <p>Mercury management and phase-out plans developed and implemented for each project HCF (included in the development of HCWM plans as part of Activity 2.3.2).</p> <p>500 medical personnel trained in the clean-up, storage and safe transport of Hg wastes.</p> <p>Training video produced on "Cleanup and Temporary Storage of Mercury Waste for Health Care Facilities" in</p>	<p>I-RAT reports (incl. Hg assessments) available for all assessed HCFs.</p> <p>HCWM plans available for each project HCF (including Hg management and phase-out plans)</p> <p>Certificates of training completion and attendance sheets of training sessions.</p> <p>Videos posted on YouTube in both Russian and Kyrgyz.</p> <p>Report on Staff preference study available.</p>	<p><b>Assumption:</b> Healthcare facilities participating in the project are open to participating in the staff preference studies and subsequently phasing out Hg-containing thermometers and replacing them with Mercury-free alternatives.</p> <p><b>Risk:</b> Low</p> <p>Cost-effective Hg-free alternatives for medical devices and</p>

	Indicator	Baseline	Targets	Sources of verification	Risks and assumptions
			End of project		
		<p>regular municipal waste.</p> <p>Currently there are no safeguarding procedures in place at HCF level to ensure the safe clean-up, management and storage of broken thermometers or other mercury containing wastes, as such exposing healthcare facility staff, patients or visitors to Hg exposure.</p>	<p>Kyrgyz and Russian and used in training activities.</p> <p>Study on staff preferences for cost- effective Hg-free alternatives conducted at a number of project HCFs.</p> <p>Mercury-free thermometers introduced at the project’s HCFs and personnel trained in their use.</p> <p>Emergency response teams (Ministry of Emergencies) trained on how to respond to large Mercury spills.</p>	<p>Collected amount (no. and weight) of Hg-containing thermometers replaced with Mercury-free devices.</p> <p>Certificates of training completion and attendance sheets of training sessions.</p>	<p>low Hg content CFLs and tubes are available in the country.</p> <p><b>Risk: Low</b></p> <p>As co-financing, facilities allocate adequate storage space for interim Hg-waste storage, appoint waste management committee members, and allocate staff time to participate in training on Hg LCM, staff preferences study as well as the use of Hg-free alternatives.</p> <p><b>Risk: Low</b></p>

	Indicator	Baseline	Targets	Sources of verification	Risks and assumptions
			End of project		
<p><b>Outcome 3.3:</b> Intermediate and long-term storage options for Mercury containing wastes identified</p>	<p>Phased-out Mercury containing thermometers have been safely disposed of as possible within the limitations of the infrastructure present in Kyrgyzstan.</p>	<p>Currently such wastes end up at the Bishkek landfill site, which is not engineered and doesn't have any leachate control, allowing Mercury to seep into the leachate and end up polluting nearby soil and water resources.</p> <p>The dumpsite is also not fenced and waste pickers living on adjacent plots, have free access to pick through the waste, and as such expose themselves and their families to Mercury containing wastes.</p>	<p>Assessment for short-term, interim and long-term storage and disposal options for Mercury containing spent products and Hg containing wastes completed (<i>e.g. Khaidarkan Mercury Mine and Plant, EBRD hazardous cell, EBRD demercurization plant, interim storage, disposal abroad, etc.</i>).</p> <p>Treatment/Disposal solution identified for the Mercury-containing equipment phased-out as part of the project.</p>	<p>Assessment published.</p> <p>Written agreement signed for the storage or disposal of the Mercury-containing equipment phased-out as part of the project.</p>	<p><b>Assumption:</b> Khaidarkan Mercury Mine and Plant would be willing to and has the capacity to recycle the Hg from the thermometers.</p> <p><b>Assumption:</b> The Bishkek Mayor's office and the EBRD are willing to accommodate the thought for a specially allocated cell for hazardous waste or a demercurization facility.</p> <p><b>Assumption:</b> by the time the project comes to an end, the construction of a</p>

	Indicator	Baseline	Targets	Sources of verification	Risks and assumptions
			End of project		
					<p>hazardous waste disposal site has been completed in Kazakhstan.</p> <p><b>Assumption:</b> by the time the project comes to an end, a interim storage facility for hazardous wastes (PCBs) has been established in Kyrgyzstan</p>
<b>COMPONENT 4: MONITORING, ADAPTIVE FEEDBACK, OUTREACH AND EVALUATION</b>					
<b>Outcome 4.1:</b> Project's results sustained and replicated	Number of high quality monitoring and evaluation documents prepared during project implementation.	No documents in baseline situation.	<p>4 Quarterly Operational Reports submitted to UNDP each year</p> <p>1 annual APR/PIR submitted to UNDP each year.</p> <p>1 Mid-term project review. M&amp;E results and insights are applied to provide</p>	<p>4 QORs available for each project year.</p> <p>APR/PIR available for each project year.</p> <p>Mid-Term Evaluation Report available.</p>	<p><b>Assumptions:</b> It is assumed that the project manager will prepare all the reports that are required by the GEF and UNDP.</p> <p><b>Risk:</b> Low</p>

	Indicator	Baseline	Targets	Sources of verification	Risks and assumptions
			End of project		
			<p>feedback to the project coordination process, and have informed/redirected the design and implementation of the second phase of the project.</p> <p><b>The MTE will inform on how many additional technologies would have to be purchased and how much additional capacity building would have to be carried out in the second half of the project.</b></p> <p>1 Final evaluation.</p> <p>MTE and FE must include a lessons learned section and a strategy for dissemination of project results.</p> <p>Lessons learned and best practices are accumulated, summarized and replicated at the country level.</p>	<p>Mid-Term Evaluation Report available.</p> <p>Lessons-learned from the project easily accessible and searchable on-line.</p> <p>Project related documentation, photos and videos posted on the project's website and Facebook page.</p> <p>Reports submitted to UNDP</p>	

## **ANNEX B: LIST OF DOCUMENTS TO BE REVIEWED BY THE EVALUATORS**

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### **General documentation**

- UNDP Programme and Operations Policies and Procedures (POPP);
- UNDP Handbook for Monitoring and Evaluating for Results;
- UNDP Guidance for Conducting Terminal Evaluations of UNDP-supported, GEF-financed Projects;
- GEF Monitoring and Evaluation Policy;
- GEF Guidelines for conducting Terminal Evaluations.

### **Project documentation**

- GEF Project Information Form (PIF) and Log Frame Analysis
- List and contact details for project staff, key project stakeholders, including Project Boards, and other partners to be consulted;
- Project sites, highlighting suggested visits;
- Project document;
- Annual Work Plans;
- Annual Project Reports;
- Project Implementation Review;
- GEF Operational Quarterly Reports;
- Midterm Review Report (MTR);
- Management response to MTE;
- Annual Project Implementation Reports (PIRs);
- Project budget and financial data;
- Inception report;
- Project Board Meeting minutes;
- Knowledge and legislation related products.

## ANNEX C: EVALUATION QUESTIONS

*This is a generic list, to be further detailed with more specific questions by CO and UNDP GEF Technical Adviser based on the particulars of the project.*

Evaluative Criteria Questions	Indicators	Sources	Methodology
<b>Relevance: How does the project relate to the main objectives of the GEF focal area, and to the environment and development priorities at the local, regional and national levels?</b>			
•	•	•	•
•	•	•	•
•	•	•	•
<b>Effectiveness: To what extent have the expected outcomes and objectives of the project been achieved?</b>			
•	•	•	•
•	•	•	•
•		•	•
<b>Efficiency: Was the project implemented efficiently, in-line with international and national norms and standards?</b>			
•	•	•	•
•	•	•	•
•	•	•	•
<b>Sustainability: To what extent are there financial, institutional, social-economic, and/or environmental risks to sustaining long-term project results?</b>			
•	•	•	•
•	•	•	•
<b>Impact: Are there indications that the project has contributed to, or enabled progress toward, reduced environmental stress and/or improved ecological status?</b>			
•	•	•	•
•	•	•	•

## ANNEX D: RATING SCALES

<p><b>Ratings for Outcomes, Effectiveness, Efficiency, M&amp;E, I&amp;E Execution</b></p> <p>6: Highly Satisfactory (HS): no shortcomings          5: Satisfactory (S): minor shortcomings          4: Moderately Satisfactory (MS)          3. Moderately Unsatisfactory (MU): significant shortcomings          2. Unsatisfactory (U): major problems          1. Highly Unsatisfactory (HU): severe problems</p>	<p><b>Sustainability ratings:</b></p> <p>4. Likely (L): negligible risks to sustainability          3. Moderately Likely (ML): moderate risks          2. Moderately Unlikely (MU): significant risks          1. Unlikely (U): severe risks</p>	<p><b>Relevance ratings</b></p> <p>2. Relevant (R)          1.. Not relevant (NR)</p> <p><b>Impact Ratings:</b></p> <p>3. Significant (S)          2. Minimal (M)          1. Negligible (N)</p>
<p><i>Additional ratings where relevant:</i>          Not Applicable (N/A)          Unable to Assess (U/A)</p>		



## ANNEX E: EVALUATION CONSULTANT CODE OF CONDUCT AND AGREEMENT FORM

### Evaluators:

1. Must present information that is complete and fair in its assessment of strengths and weaknesses so that decisions or actions taken are well founded.
2. Must disclose the full set of evaluation findings along with information on their limitations and have this accessible to all affected by the evaluation with expressed legal rights to receive results.
3. Should protect the anonymity and confidentiality of individual informants. They should provide maximum notice, minimize demands on time, and respect people's right not to engage. Evaluators must respect people's right to provide information in confidence, and must ensure that sensitive information cannot be traced to its source. Evaluators are not expected to evaluate individuals, and must balance an evaluation of management functions with this general principle.
4. Sometimes uncover evidence of wrongdoing while conducting evaluations. Such cases must be reported discreetly to the appropriate investigative body. Evaluators should consult with other relevant oversight entities when there is any doubt about if and how issues should be reported.
5. Should be sensitive to beliefs, manners and customs and act with integrity and honesty in their relations with all stakeholders. In line with the UN Universal Declaration of Human Rights, evaluators must be sensitive to and address issues of discrimination and gender equality. They should avoid offending the dignity and self-respect of those persons with whom they come in contact in the course of the evaluation. Knowing that evaluation might negatively affect the interests of some stakeholders, evaluators should conduct the evaluation and communicate its purpose and results in a way that clearly respects the stakeholders' dignity and self-worth.
6. Are responsible for their performance and their product(s). They are responsible for the clear, accurate and fair written and/or oral presentation of study imitations, findings and recommendations.
7. Should reflect sound accounting procedures and be prudent in using the resources of the evaluation.

### Evaluation Consultant Agreement Form<sup>4</sup>

#### Agreement to abide by the Code of Conduct for Evaluation in the UN System

Name of Consultant: \_\_\_\_\_

Name of Consultancy Organization (where relevant): \_\_\_\_\_

**I confirm that I have received and understood and will abide by the United Nations Code of Conduct for Evaluation.**

Signed at *place* on *date*

Signature: \_\_\_\_\_

<sup>44</sup>[www.unevaluation.org/unegcodeofconduct](http://www.unevaluation.org/unegcodeofconduct)

## ANNEX F: EVALUATION REPORT OUTLINE<sup>5</sup>

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- i. Opening page:
  - Title of UNDP supported GEF financed project
  - UNDP and GEF project ID#s.
  - Evaluation time frame and date of evaluation report
  - Region and countries included in the project
  - GEF Operational Program/Strategic Program
  - Implementing Partner and other project partners
  - Evaluation team members
  - Acknowledgements
- ii. Executive Summary
  - Project Summary Table
  - Project Description (brief)
  - Evaluation Rating Table
  - Summary of conclusions, recommendations and lessons
- iii. Acronyms and Abbreviations  
(See: UNDP Editorial Manual<sup>6</sup>)
1. Introduction
  - Purpose of the evaluation
  - Scope & Methodology
  - Structure of the evaluation report
2. Project description and development context
  - Project start and duration
  - Problems that the project sought to address
  - Immediate and development objectives of the project
  - Baseline Indicators established
  - Main stakeholders
  - Expected Results
3. Findings  
(In addition to a descriptive assessment, all criteria marked with (\*) must be rated<sup>7</sup>)
- 3.1 Project Design / Formulation
  - Analysis of LFA/Results Framework (Project logic /strategy; Indicators)
  - Assumptions and Risks
  - Lessons from other relevant projects (e.g., same focal area) incorporated into project design
  - Planned stakeholder participation
  - Replication approach
  - UNDP comparative advantage
  - Linkages between project and other interventions within the sector

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<sup>5</sup>The Report length should not exceed 40 pages in total (not including annexes).

<sup>6</sup> UNDP Style Manual, Office of Communications, Partnerships Bureau, updated November 2008

<sup>7</sup> Using a six-point rating scale: 6: Highly Satisfactory, 5: Satisfactory, 4: Moderately Satisfactory, 3: Moderately Unsatisfactory, 2: Unsatisfactory and 1: Highly Unsatisfactory, see Guidelines for conducting Terminal evaluations: <http://www.thegef.org/gef/node/1905>.

- Management arrangements
- 3.2** Project Implementation
- Adaptive management (changes to the project design and project outputs during implementation)
  - Partnership arrangements (with relevant stakeholders involved in the country/region)
  - Feedback from M&E activities used for adaptive management
  - Project Finance:
  - Monitoring and evaluation: design at entry and implementation (\*)
  - UNDP and Implementing Partner implementation / execution (\*) coordination, and operational issues
- 3.3** Project Results
- Overall results (attainment of objectives) (\*)
  - Relevance(\*)
  - Effectiveness & Efficiency (\*)
  - Country ownership
  - Mainstreaming
  - Sustainability (\*)
  - Impact
- 4.** Conclusions, Recommendations & Lessons
- Corrective actions for the design, implementation, monitoring and evaluation of the project
  - Actions to follow up or reinforce initial benefits from the project
  - Proposals for future directions underlining main objectives
  - Best and worst practices in addressing issues relating to relevance, performance and success
- 5.** Annexes
- ToR
  - Itinerary
  - List of persons interviewed
  - Summary of field visits
  - List of documents reviewed
  - Evaluation Question Matrix
  - Questionnaire used and summary of results
  - Evaluation Consultant Agreement Form
  - Co-financing table
  - Report Clearance Form
  - *Annexed in a separate file:* TE Audit Trail
  - *Annexed in a separate file:* Terminal GEF Tracking Tool, if applicable

**ANNEX G: EVALUATION REPORT CLEARANCE FORM**

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*(to be completed by CO and UNDP GEF Technical Adviser based in the region and included in the final document)*

Evaluation Report Reviewed and Cleared by	
UNDP Country Office	
Name: _____	
Signature: _____	Date: _____
_____	
UNDP GEF RTA	
Name: _____	
Signature: _____	Date: _____
_____	

## ANNEX H: TE REPORT AUDIT TRAIL

The following is a template for the evaluator to show how the received comments on the draft TE report have (or have not) been incorporated into the final TE report. This audit trail should be included as an annex in the final TE report.

To the comments received on **(date)** from the Terminal Evaluation of **(project name)** (UNDP **PIMS #**)

*The following comments were provided in track changes to the draft Terminal Evaluation report; they are referenced by institution ("Author" column) and by comment number ("#" column):*

Author	#	Para No./ comment location	Comment/Feedback on the draft TE report	Evaluator response and actions taken