

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 the *Reducing UPOPs and Mercury Releases from the Health Sector in Africa* (PIMS 4865)

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

PROJECT SUMMARY TABLE

Project Title:	Reducing UPOPs and Mercury Releases from the Health Sector in Africa			
GEF Project ID:	4611		<i>at endorsement</i> (Million US\$)	<i>at completion</i> (Million US\$)
UNDP Project ID:	Regional Component: 00090700; Ghana: 00089426; Madagascar: 00092732; Tanzania: 00087082; Zambia: 00087064;	GEF financing:	\$ 6,453,195	TBC at completion
Country:	Ghana, Zambia, Madagascar, Tanzania	IA/EA own:	N/A	TBC at completion
Region:	Africa	Government:	\$ 15,680,822	TBC at completion
Focal Area:	GEF-5 Chemicals and Waste	Other:	\$ 5,357.942	TBC at completion
FA Objectives, (OP/SP):	Objective 1: Phase-out POPs and reduce POPs releases as well as Objective 3: Pilot sound chemicals management and Mercury reduction.	Total co-financing:	\$ 28,936.164	TBC at completion
Executing Agency:	Regional component: UNDP Istanbul Regional Hub for Europe and the CIS	Total Project Cost:	\$ 35,389.359	TBC at completion
Other Partners involved:	UNDP Country Offices in Ghana, Madagascar, Tanzania and Zambia Ghana: Ministry of Health Madagascar: Ministry of Environment, Ecology and Forests	ProDoc Signature (date project began):		12.04.2016
		(Operational) Closing Date:	Proposed: 12.04.2020	Actual: 30.04.2020 (expected)

	Tanzania: Ministry of Health, Community Development, Gender, Elderly and Children Zambia: Ministry of Health Responsible Partners: World Health Organizations (WHO) Health Care Without Harm (HCWH)			
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OBJECTIVE AND SCOPE

The project was designed to implement best environmental practices and introduce non-incineration healthcare waste treatment technologies and mercury-free medical devices in four Sub-Saharan African countries (Ghana, Madagascar, Tanzania and Zambia) to reduce harmful releases from the health sector.

The project, implemented by UNDP Istanbul Regional Hub (IRH) in partnership with WHO and the NGO Health Care Without Harm (HCWH), promotes best practices and techniques for healthcare waste management (HCWM) with the aim of minimizing or eliminating releases of Persistent Organic Pollutants (POPs) to help countries meet their obligations under the Stockholm Convention on POPs. The project also supports these countries in phasing down the use of Mercury-containing medical devices and products, while improving practices for Mercury-containing wastes with the objective to reduce releases of Mercury in support of countries’ future obligations under the Minamata Convention. Finally, because the project improves healthcare waste management systems (e.g. through improved classification, segregation, storage, transport and disposal) the project also contributes to the reduction of the spread of infections both at healthcare facility level as well as in places where healthcare waste is being handled.

The project document has been designed to address the following components (regional and national):

- Activity 1. Disseminate technical guidelines, establish mid-term evaluation criteria and technology allocation formula, and build teams of national experts on BAT/BEP at the regional level (Regional component - implemented by UNDP Istanbul Regional Hub and national component);
- Activity 2. Health Care Waste National plans, implementation strategies, and national policies in each recipient country (National component);
- Activity 3a. Make available in the region affordable non-incineration HCWM systems and mercury-free devices that conform to BAT and international standards (Regional component);
- Activity 3b. Demonstrate HCWM systems, recycling, mercury waste management and mercury reduction at the model facilities, and establish national training infrastructures (National component);
- Activity 4a. Evaluate the capacities of each recipient country to absorb additional non-incineration HCWM systems and mercury-free devices and distribute technologies based on the evaluation results and allocation formula (Regional component);
- Activity 4b. Expand HCWM systems and the phase-out of mercury in the recipient countries and disseminate results in the Africa region (National component and regional component).

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.

EVALUATION APPROACH AND METHOD

An overall approach and method¹ for conducting project terminal evaluations of UNDP supported GEF financed projects has 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.

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. The evaluator is expected to conduct a field mission to Turkey, Ghana, Tanzania, Madagascar, Zambia, including the following project sites listed in Annex H. Interviews will be held with the following organizations and individuals at a minimum: respective ministries and UNDP Country Offices in Ghana, Madagascar, Tanzania and Zambia as well as UNDP Istanbul Regional Hub and project partners WHO and NGO Health Care Without Harm (HCWH); executing agencies, senior officials and task team/ component leaders, key experts and consultants in the subject area, Project Board, project stakeholders, academia, local government and CSOs, etc.

The evaluator will review all relevant sources of information, such as the project document, project reports – including Annual 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](#).

Evaluation Ratings:			
1. Monitoring and Evaluation	<i>rating</i>	2. IA& EA Execution	<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	

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

3. Assessment of Outcomes	rating	4. Sustainability	rating
Relevance		Financial resources:	
Effectiveness		Socio-political:	
Efficiency		Institutional framework and governance:	
Overall Project Outcome Rating		Environmental :	
		Overall likelihood of sustainability:	

PROJECT FINANCE / COFINANCE

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	Actual	Actual
Grants								
Loans/Concessions								
<ul style="list-style-type: none"> • In-kind support 								
<ul style="list-style-type: none"> • Other 								
Totals								

MAINSTREAMING

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

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.²

CONCLUSIONS, RECOMMENDATIONS & LESSONS

The evaluation report must include a chapter providing a set of **conclusions, recommendations** and **lessons**.

² 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 Istanbul Regional (IRH). The UNDP IRH 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 (both regional and national teams) 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 Terminal Evaluation will be approximately 60 days over a time period of 6 months starting in October 2019 to March 2020. The tentative TE timeframe is as follows:

Activity	Timing	Completion Date
Preparation	5 days	21.10.2019
Evaluation Mission	27 days (3 days mission to Turkey and 5 days mission to each, Ghana, Madagascar, Tanzania and Zambia)	15.12.2019
Draft Evaluation Report	22 days	31.12.2019
Final Report	4 days	31.01.2020
Presentation of the final TE report during the regional project closure meeting, remote participation (TBC)	2 days	TBC, before 31 March 2020

EVALUATION DELIVERABLES

The evaluation team is expected to deliver the following:

Deliverable	Content	Timing	Responsibilities
Inception Report	Evaluator provides clarifications on timing and method	No later than 2 weeks before the evaluation mission. (due date – 21.10.2019)	Evaluator submits to UNDP IRH/COs
Draft Final Report	Full report, (per annexed template) with annexes	Within 6 weeks of the evaluation mission. (due date – 31.12.2019)	Sent to project management, IRH/COs, reviewed by RTA, PCU, GEF OFPs
Final Report*	Revised report	Within 1 week of receiving UNDP comments on draft (due date – 31.01.2020)	Sent to project management, IRH/COs for uploading to UNDP ERC.
Presentation	Presentation of final TE report	Regional project closure meeting (due date – TBC, before 31.03.2020)	TE consultant to present TE findings and recommendations

*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.

TEAM COMPOSITION

The evaluation will be conducted by an independent international evaluator. The consultant shall have prior experience in evaluating similar projects. Experience with GEF financed projects is an advantage. 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 evaluator must present the following qualifications:

- Minimum Master's degree in Environmental Engineering, Public Health or a closely related field is required (max points: 5);
- At least 5 years' relevant experience in health-care waste management, preferably with non-incineration treatment technologies and mercury elimination in health sector (max points: 20);
- Previous experience with results-based management evaluations is required and gender sensitive evaluations is an asset (max points: 20);
- Experience with Stockholm Convention (on POPs), Minamata Convention (on Mercury) and Best Available Techniques/Best Environmental Practices guidelines is an asset (max points: 5);
- Relevant experience in environmental health, infection control and prevention, and health delivery systems is an asset (max points: 5);
- Relevant experience working with the UN and GEF is an asset (max points: 5);
- Relevant work experience in Africa is an asset (max points: 7);
- Proficiency in English is required and proficiency in French is an asset (max points: 3).

The price proposal will weigh as 30% of the total scoring.

EVALUATOR ETHICS

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

%	Milestone
10%	Following submission of inception report and mission travel plan
50%	Following completion of evaluation missions
40%	Following submission and approval (UNDP-IRH/COs and UNDP RTA) of the final terminal evaluation report and its presentation in the regional project closure meeting

APPLICATION PROCESS

Qualified candidates are requested to apply online via this website. The application should contain:

- **Cover letter** explaining why you are the most suitable candidate for the advertised position. Please paste the letter into the "Resume and Motivation" section of the electronic application.
- **Three (3) samples of previous work** similar to the assignment (links can be shared as well)
- **Filled P11 form or CV** including past experience in similar projects and contact details of referees (blank P11 form can be downloaded from http://www.eurasia.undp.org/content/dam/rbec/docs/P11_modified_for_SCs_and_ICs.doc)
- **Financial Proposal*** - Total lump sum amount in USD for tasks specified in this announcement. Mission related costs must be included in the price offer.
- **Incomplete applications will not be considered. Please make sure you have provided all requested materials. Please combine all your documents into one (1) single PDF document as the system only allows to upload maximum one document.**

** Please note that the financial proposal is all-inclusive and shall take into account various expenses incurred by the consultant/contractor during the contract period (e.g. fee, health insurance, vaccination, personal security needs and any other relevant expenses related to the performance of services...). Payments will be made only upon confirmation of UNDP on delivering on the contract obligations in a satisfactory manner.*

UNDP applies a fair and transparent selection process that will take into account the competencies/skills of the applicants as well as their financial proposals. Qualified women and members of social minorities are encouraged to apply.

ANNEX A: PROJECT LOGICAL FRAMEWORK

<p>This project will contribute to achieving the following Country Programme Outcome as defined in CPAP or CPD:</p> <ul style="list-style-type: none"> • Ghana: (same as 2012 – 2016 UNDAF outcomes) Outcome 5: An additional 2.5% of the population have sustainable use of improved drinking water and sanitation services and practice the three key hygiene behaviours by 2016. Outcome 11: Ministries, Department Agencies, (MDAs), Local Governments and CSOs have effectively developed, funded, coordinated and implemented national and sectoral policies, plans and programmes aimed at reducing poverty and inequalities, and promote inclusive socio-economic growth by 2016. • Madagascar Country Programme (2008 – 2011): The environment will be protected within and around priority conservation zones • Tanzania - Common Country Programme Document (2011 – 2015): National and local levels have enhanced capacity to coordinate, enforce and monitor environment and natural resources • Zambia UNDP Country Programme Outcome (2011 – 2015): 1.1.1 Government and partner institutions have technical skills upgraded to revise and implement policies according to the latest guidelines. 					
<p>Primary applicable Key Environment and Sustainable Development Key Result Area (same as that on the cover page, circle one):</p>					
<p>Applicable GEF Strategic Objective and Program: GEF-5 Chemicals Focal Area: <u>Objective 1:</u> Phase-out POPs and Reduce POPs Releases <u>Objective 3:</u> Pilot Sound Chemicals Management and Mercury Reduction</p>					
<p>Applicable GEF Expected Outcomes: <u>Outcome 1.3:</u> POPs Releases to the Environment Reduced <u>Outcome 1.5:</u> Country Capacity Built to Effectively Phase-out and Reduce Releases of POPs <u>Outcome 3.1:</u> Country Capacity Built to Effectively Manage Mercury in Priority Sectors</p>					
<p>Applicable GEF Outcome Indicators: <u>Indicator 1.3:</u> Amount of un-intentionally produced POPs releases avoided or reduced from industrial and non-industrial sectors; measured in grams TEQ against baseline as recorded through the POPs tracking tool <u>Indicator 1.5.2:</u> Progress in developing and implementing a legislative and regulatory framework for environmentally sound management of POPs, and for the sound management of chemicals in general, as recorded through the POPs tracking tool <u>Indicator 3.1:</u> Countries implement pilot Mercury management and reduction activities</p>					
	Indicator	Baseline	Targets End of Project	Source of verification	Risks and Assumptions
Project Objective³	<p>Non-incineration and Mercury-free technologies introduced in African countries.</p> <p>Affordable non-incineration technologies available in the African region.</p>	<p>In 2012, there were approximately 115 non-incineration HCW technologies installed throughout Africa.</p> <p>In the project countries, 1 non-working technology was present in Tanzania, 1 working hydroclave in Ghana and none in Madagascar - the status could not be assessed in Zambia (April 2014).</p> <p>Affordable non-incineration technologies are not available to African HCFs.</p>	<p>Non-incineration technologies and Mercury-free medical devices introduced at 4 central treatment facilities, 22 hospitals and 24 health posts.</p>	<p>Photos of HCWM supplies and installed treatment technologies available from all project HCFs.</p>	<p>Lack of effective maintenance mechanism could decrease the achievement of the project objective and the demonstration purpose.</p> <p>Existing manufacturers with limited distribution networks and experience in the Africa market may not be willing to reduce prices sufficiently.</p> <p>New manufacturers may not be able to</p>

³ Objective (Atlas output) monitored quarterly ERBM and annually in APR/PIR

					scale up quickly to meet the demand.
	UPOPs releases from the health sector reduced or avoided.	UPOPs baseline: <u>Ghana</u> : 19.8 g-TEQ/yr (pre-selected hospitals) <u>Madagascar</u> : 4.0 g-TEQ/yr (pre-selected hospitals) <u>Tanzania</u> : 1.7 g-TEQ/yr (pre-selected hospitals) <u>Zambia</u> : 6.3 g-TEQ/yr (pre-selected hospitals)	Amount of UPOPs releases from HCW incinerators reduced by 31.8 (g-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.	Assumption: Ministries of Health and model healthcare facilities would be willing to start phasing out low technology incinerators and replacing them with non-incineration alternatives. Risk: Low
	Mercury releases from the health sector reduced.	Mercury baseline: <u>Ghana</u> : 8.2 kg/yr (pre-selected hospitals) <u>Madagascar</u> : 2.8 kg/yr (pre-selected hospitals) <u>Tanzania</u> : 6.3 kg/yr (pre-selected hospitals) <u>Zambia</u> : 8.0 kg/yr (pre-selected hospitals)	Amount of Mercury releases from the health sector reduced by 25.3 (Kg/yr).	Guidance on "Estimating Baseline Dioxin Releases for the UNDP Global Healthcare Waste Project" ⁴ will be used. Guidance on "Measurements and Documentation" ⁵ as developed under the Global Medical Waste Project will be used to provide for a before and after snap-shot.	Assumption: Ministries of Trade would be willing to introduce import restriction on Mercury containing medical devices. Risk: Low Assumption: Ministries of Health and model healthcare facilities would be willing to start phasing out Hg-containing thermometers and replacing them with Mercury-free alternatives. Risk: Low
	Country capacity built to effectively phase out and reduce releases of POPs	The regulatory and policy framework in the four project countries do not cover all medical waste management challenges, which the project countries are facing.	Completed draft, revision or adoption of a national policy, plan, strategy, standard and/or guidelines in each country.	Draft, revision or adoption of a national policy, plan, strategy, standard and/or guidelines available.	
COMPONENT 1: DISSEMINATE TECHNICAL GUIDELINES, ESTABLISH MID-TERM EVALUATION CRITERIA AND TECHNOLOGY ALLOCATION FORMULA, AND BUILD TEAMS OF NATIONAL EXPERTS ON BAT/BEP AT THE REGIONAL LEVEL (GEF: 401,172 US\$; CO-FINANCING: 1,800,000 US\$)					

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<http://www.gefmedwaste.org/downloads/Dioxin%20Baseline%20Guidance%20July%202009%20UNDP%20GEF%20Project.pdf>

⁵ Not yet available on-line.

<p>Outcome 1.1: Technical guidelines, evaluation criteria and allocation formula adopted.</p>	<p>Mid-term evaluation criteria and formula for the allocation of technologies among countries available.</p>	<p>Evaluation criteria and allocation of technologies among project countries not agreed upon.</p>	<p>First Regional Conference organized.</p> <p>Evaluation criteria and allocation of technologies among project countries agreed upon.</p>	<p>Signed meeting notes from the first regional conference.</p>	<p>Assumption: Government representatives of the project countries reach an agreement on the evaluation criteria and allocation of technologies.</p> <p>Risk: Low</p>
<p>Outcome 1.2: Country capacity to assess, plan, and implement HCWM and the phase-out of Mercury in healthcare built.</p>	<p>4 teams of national experts (16 in total) trained at regional level</p>	<p>Some knowledge on Mercury and UPOPs releases from the health sector built during the PPG phase.</p>	<p>16 national experts trained in non-incineration HCWM systems, policies, waste assessments, UNDP GEF and WHO tools, national planning, BAT/BEP guidelines, Mercury phase-out, international standards, and other technical guidelines.</p> <p>Master trainers trained in content, effective teaching methods, evaluation tools, and Training of Trainers programs.</p>	<p>Certificates of training completion and attendance sheets of training sessions.</p>	<p>Assumption: national experts trained by the project will remain supporting the project throughout its entire duration.</p> <p>Risk: Low</p> <p>Assumption: Sufficient national experts interested and available at national level to be trained in HCWM.</p> <p>Risk: Low</p>
<p>COMPONENT 2: HEALTHCARE WASTE NATIONAL PLANS, IMPLEMENTATION STRATEGIES, AND NATIONAL POLICIES IN EACH RECIPIENT COUNTRY (GEF: 423,235; CO-FINANCING: 3,000,000 US\$)</p>					
<p>Outcome 2.1: Institutional capacities to strengthen policies and regulatory framework, and to develop a national action plan for HCWM and Mercury phase-out enhanced.</p>	<p><u>Ghana:</u> ANNEX I <u>Madagascar:</u> ANNEX II <u>Tanzania:</u> ANNEX III <u>Zambia:</u> ANNEX IV</p>	<p>In each of the project countries the baseline pertaining to the HCWM policy and regulatory framework is different and is summarized in detail in Annex I, II, III, and IV respectively.</p>	<p><u>Ghana:</u> ANNEX I <u>Madagascar:</u> ANNEX II <u>Tanzania:</u> ANNEX III <u>Zambia:</u> ANNEX IV</p>	<p>Draft of National HCWM Strategies, policies, plans as well as drafts for HCWM related standards and guidelines available.</p>	<p>Assumption: The project has adequately trained experts that are able to develop national HCWM Strategies, policies, plans as well as drafts for HCWM related standards and guidelines.</p> <p>Risk: Low</p>
<p>Outcome 2.2: National plan with implementation arrangements adopted.</p>	<p>Number of National Action Plans for project implementation available.</p>	<p>No National Action Plans for project implementation available.</p> <p>Pre-selection of HCFs has already taken place (see</p>	<p>1 National Action Plans for each project country developed (including the selection of up to 1 central or cluster treatment facility, 2</p>	<p>Action Plans available. MOUs with selected HCFs and central/cluster facilities</p>	<p>Assumption: National Government counterparts and health care facilities reach an agreement on which ones will be</p>

		Annex I, II, III, and IV respectively).	hospitals and 3 small rural health posts as models)	Results of I-RAT assessments, staff preferences on non-Hg devices; facility-level HCWM policies and plans	supported in the project's 1 st half and which ones in the 2 nd half. Risk: Low Assumption: HCFs are willing to sign MOUs and the MOU signature process doesn't slow down the launch of HCF HCWM activities. Risk: Low Assumption: All project HCFs are willing to participate in baseline assessments and are open to sharing information related to their current HCWM practices. Risk: Low
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COMPONENT 3A: MAKE AVAILABLE IN THE REGION AFFORDABLE NON-INCINERATION HCWM SYSTEMS AND MERCURY-FREE DEVICES THAT CONFORM TO BAT AND INTERNATIONAL STANDARDS (GEF: 2,792,326; CO-FINANCING: 12,000,000 US\$)

Outcome 3.a.1: Favourable market conditions created for the growth in the African region of affordable technologies that meet BAT guidelines and international standards.	Number of HCWM systems and Hg free devices procured. Number of HCWM systems installed and Hg-free devices distributed.	In the project countries, 1 non-working technology was present in Tanzania, 1 hydroclave was operational in Ghana and none in Madagascar - the status could not be assessed in Zambia (April 2014).	HCWM systems and Mercury-free devices for at least 12 health posts, 8 hospitals and 4 central or cluster facilities procured. Initial set of HCWM systems and Mercury-free devices given to 3 health posts, up to 2 hospitals and 1 central or cluster treatment facility per country.	Photos of procured Mercury-free devices and non-incineration technologies. Photos of Mercury-free devices in use and non-incineration technologies installed.	Assumption: Procurement of non-incineration technologies through UNDP-PSO-Health doesn't run into major challenges. Risk: medium Assumption: A sufficiently large offer of Mercury-free devices is available at national level to allow procurement processes to run smoothly. Risk: Low
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COMPONENT 3B: DEMONSTRATE HCWM SYSTEMS, RECYCLING, MERCURY WASTE MANAGEMENT AND MERCURY REDUCTION AT THE MODEL FACILITIES, AND ESTABLISH NATIONAL TRAINING INFRASTRUCTURES (GEF: 976,470 US\$; CO-FINANCING: 4,196,164)

<p>Outcome 3.b.1: HCWM systems, recycling, Mercury waste management and Mercury reduction at the model facilities demonstrated and national training infrastructures established <i>[National component]</i></p>	<p>Number of project HCFs that have introduced BEP.</p> <p>Number of HCF staff trained in BEP & BAT.</p> <p>Number of project HCFs that have operational BAT.</p> <p>Number of project HCFs that have recycling programmes in place.</p> <p>No. of project countries that have storage sites for phase-out Hg-containing devices.</p> <p>Number of Mercury-free project HCFs.</p> <p>Number of institutions that offer HCWM training/certificate courses.</p>	<p>No BAT/BEP in place at most of the model HCFs.</p> <p>No recycling programmes in place at any of the HCFs.</p> <p>No storage sites for Mercury or Medical devices containing Mercury available in any of the project countries.</p> <p>Some project HCFs already use some Mercury-free medical devices, but none of the HCFs is Mercury-free.</p> <p>In most project countries, training programme for waste management exist, but training programmes for HCWM need to be established/improved (see Annex I, II, III, and IV respectively).</p>	<ul style="list-style-type: none"> • HCF staff trained in BEP & BAT. • BAT/BEP implemented at all (24) the model facilities. • Recycling programs started in each of the model facilities. • Safe storage sites for Mercury containing medical devices established for each of the project countries. • Mercury-free devices used in each of the model facilities. • At least one national HCWM training programme established in each of the project countries. 	<ul style="list-style-type: none"> • Certificates of training completion and attendance sheets of training sessions. • Monitoring and Progress reports • HCF visit reports • Photos of recycling practices. • Photos of installed and operational technologies. • Photos of Mercury-free devices in use. 	<p>Assumption: 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.</p> <p>Risk: Medium</p> <p>Assumption: 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 BEP/BAT, recycling and the use of Hg-free alternatives and non-incineration technologies.</p> <p>Risk: Low</p> <p>Assumption: The Ministry of Health and national medical training institutions are open and willing to revise the national training modules.</p> <p>Risk: Medium</p>
<p>COMPONENT 4A: EVALUATE THE CAPACITIES OF EACH RECIPIENT COUNTRY TO ABSORB ADDITIONAL NON-INCINERATION HCWM SYSTEMS AND MERCURY-FREE DEVICES AND DISTRIBUTE TECHNOLOGIES BASED ON THE EVALUATION RESULTS AND ALLOCATION FORMULA (GEF: 435,082 US\$; CO-FINANCING: 2,500,000 US\$)</p>					
<p>Outcome 4.a.1: Capacities of project countries to absorb additional technologies evaluated.</p> <p>Outcome 4.a.2: Additional technologies</p>	<p>Evaluation report (including recommendations for each project country and HCF) available.</p> <p>Number of HCWM systems and Hg free devices procured.</p>	<p>Not applicable</p>	<p>Evaluation conducted of all the 4 project countries and all the HCFs, which have received project support.</p> <p>Additional HCWM systems and Mercury-free devices procured and distributed,</p>	<ul style="list-style-type: none"> • Evaluation Report 	<p>Assumption: One or more of the project countries are sufficiently advanced by project mid-term, that they are ready to receive additional support, technologies and devices.</p> <p>Risk: Low</p>

distributed depending on evaluated capacities for absorption.			based on the evaluation results and allocation formula.		
COMPONENT 4B: EXPAND HCWM SYSTEMS AND THE PHASE-OUT OF MERCURY IN THE RECIPIENT COUNTRIES AND DISSIMINATE RESULTS IN THE AFRICAN REGION (GEF: 961,552 US\$, CO-FINANCING: 4,000,000 US\$)					
Outcome 4.b.1: HCWM systems expanded to other facilities in the country	Number of HCFs supported in addition to the initial set of HCFs.	Not applicable	14 additional HCFs with an average of 150 beds or a total of about 2,100 beds supported as well as an additional 12 rural health posts.	<ul style="list-style-type: none"> Monitoring and Progress reports HCF visit reports 	Assumption: Sufficient HCFs are eager to participate in the project's second phase. Risk: Low
Outcome 4.b.2: Country Capacity to Manage Mercury and to phase-in Mercury-free devices improved.	Number of Mercury-free project HCFs in addition to the initial set.				
Outcome 4.b.3: National Training Expanded.	Number of people trained in addition to the initial set of trained HCF personnel.		HCF staff of the additional HCFs trained in BEP/BAT.	<ul style="list-style-type: none"> Certificates of training completion and attendance sheets of training sessions. 	
Outcome 4.b.4: Information disseminated at environment and health conferences in the region.	List of environment and health conferences in the region			<ul style="list-style-type: none"> List and copy of presentations 	
COMPONENT 5: MONITORING, ADAPTIVE FEEDBACK, OUTREACH AND EVALUATION (GEF: 141,000 US\$; CO-FINANCING: 800,000 US\$)					
Outcome 5.1 Project's results sustained and replicated	Number of high quality monitoring and evaluation documents prepared during project implementation.	Not applicable	1 annual APR/PIR submitted to UNDP each year. 1 Mid-term project review. M&E results and insights are applied to provide feedback to the project coordination process, and have	4 QORs available for each project year. APR/PIR available for each project year.	Assumptions: It is assumed that the regional and national project technical coordinators will prepare all the reports that are required by the GEF and UNDP. Risk: Low

			<p>informed/redirected the design and implementation of the second phase of the project.</p> <p><u>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.</u></p> <p>1 Final evaluation. 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>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>	
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ANNEX B: LIST OF DOCUMENTS TO BE REVIEWED BY THE EVALUATORS

1. PIF
2. UNDP Initiation Plan
3. UNDP Project Document
4. UNDP Environmental and Social Screening results
5. Project Inception Report
6. All Project Implementation Reports (PIR's)
7. Progress reports and work plans of the various implementation task teams
8. Audit reports
9. Finalized GEF focal area Tracking Tools at midterm and terminal evaluations
10. Oversight mission reports
11. All monitoring reports prepared by the project
12. Financial and Administration guidelines used by Project Team

The following documents will also be available:

13. Project operational guidelines, manuals and systems
14. UNDP country/countries programme document(s)
15. Minutes of the Board Meetings and other meetings (i.e. Project Appraisal Committee meetings)

ANNEX C: EVALUATION QUESTIONS

Evaluative Criteria Questions	Indicators	Sources	Methodology
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?			
•	•	•	•
•	•	•	•
•	•	•	•
Effectiveness: To what extent have the expected outcomes and objectives of the project been achieved?			
•	•	•	•
•	•	•	•
•		•	•
Efficiency: Was the project implemented efficiently, in-line with international and national norms and standards?			
•	•	•	•
•	•	•	•
•	•	•	•
Sustainability: To what extent are there financial, institutional, social-economic, and/or environmental risks to sustaining long-term project results?			
•	•	•	•
•	•	•	•
•	•	•	•
Impact: Are there indications that the project has contributed to, or enabled progress toward, reduced environmental stress and/or improved ecological status?			
•	•	•	•
•	•	•	•

ANNEX D: RATING SCALES

<p>Ratings for Outcomes, Effectiveness, Efficiency, M&E, I&E Execution</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>Sustainability ratings:</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>Relevance ratings</p> <p>2. Relevant (R) 1.. Not relevant (NR)</p> <p>Impact Ratings:</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 Form⁶

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: _____

⁶www.unevaluation.org/unegcodeofconduct

ANNEX F: EVALUATION REPORT OUTLINE⁷

- 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 Manual⁸)
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 rated⁹)
- 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
 - 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)

⁷The Report length should not exceed 60 pages in total (not including annexes).

⁸ UNDP Style Manual, Office of Communications, Partnerships Bureau, updated November 2008

⁹ Using a six-point rating scale: 6: Highly Satisfactory, 5: Satisfactory, 4: Marginally Satisfactory, 3: Marginally Unsatisfactory, 2: Unsatisfactory and 1: Highly Unsatisfactory, see section 3.5, page 37 for ratings explanations.

- 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

ANNEX G: EVALUATION REPORT CLEARANCE FORM

(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: LIST OF PROJECT SITES

Country Name	Facility Name	Address
Ghana	Cape Coast Teaching Hospital	Interberton Road, P.O.Box 1363, Cape Coast-Central Region, Ghana
	Eastern Region Hospital	P.O.Box KF 201, Koforidua-Eastern Region, Ghana
	Tegbi Health Center	Aklamatsi Street, P.O.Box KW 198, Keta-Volta Region, Ghana
	St. John of God Hospital	P.O.Box 24, Duayaw Nkwanta, Ghana
	37 Military Hospital	Miils Rd, Accra, Ghana
	Komfo Anokye Teaching Hospital (KATH)	Prempeh II Street, P.O.Box 1934, Kumasi-Ashanti Region, Ghana
	Greater Accra Regional Hospital	P.O.Box 473, Ridge, Accra, Ghana
	ZoomPak	ZoomPak Medical Treatment Facility, Accra, Ghana
Madagascar	CHU HJRB Hôpital Joseph Raseta Befelatanana	Rue Fort Voyron, Antananarivo 101, Madagascar

	CHU HJRA Hôpital Joseph Ravoahangy Andrianaivalon a Ampefiloha	Antananarivo 101, Madagascar
	CHU HMET Hôpital Mères et Enfants Tsaralalana	Antananarivo 101, Madagascar
	CHRD Hôpital de District Manjakandrian a	Madagascar
	CSB2 Centre de santé de base Manjakandrian a, près de l'hôpital CHRD Manjakandrian a	Madagascar
	CSB2 Centre de santé de base Sambaina Manjakandrian a	Madagascar
	CHU Morafeno Manara-Penitra	Route d'Ivoloina, Toamasina 501, Madagascar
	CHU Analankininina Hopitaly Be	Toamasina 501, Madagascar
Tanzania	Muhimbili National Hospital	Plot No: 10480/3, Upanga West, P.O Box 65000, Dar Es Salaam, Tanzania
	Mbagala Hospital	P.O.Box 45232, Mpakani Street - Mbagala Kuu, Dar es Salaam, Tanzania
	Sinza Hospital	P.O.Box 55068, Sinza C, Plot Number 79, Dar es Salaam, Tanzania
	Buguruni Anglican Health Centre	P.O.Box 25016, Plot no 18, Buguruni Malapa/Kichwele Street, Dar es Salaam, Tanzania
	Mwananyamal a Hospital	P.O.Box 61665, Mwananyamala Msisiri B Street, Dar es Salaam, Tanzania
	Mnazi Mmoja Hospital	Kaumnda Road, Zanzibar, Tanzania
Zambia	University Teaching Hospital	Woodlands Area - Nationalist Road, Woodlands, Lusaka, Zambia
	Ndola Teaching Hospital	Corner of Nkana & Broadway Roads, Ndola, Zambia
	Kabwe General Hospital	Mukobeko Road, Kabwe, Zambia

Kapiri Mposhi District Hospital	Mushimbi Area – Off Ndola – Kapiri Road, Kapiri Mposhi, Zambia
Matero Level 1 Hospital	Chitimukulu Rd, Plot #20176, Lusaka, Zambia
Chilenje Level 1 Hospital	Chilimbulu Road Plot # 10111, Lusaka, Zambia
Kamuchanga District Hospital	Chirupula Avenue off Chitumko Road, Kamuchanga Area, Mufulira, Copperbelt province, Zambia