

Terminal Evaluation of UNDP-GEF Project
Reducing UPOPs and Mercury Releases from the Health Sector in Africa.

1. Background

In accordance with UNDP and GEF Monitoring & Evaluation policies and procedures, all full and medium-sized UNDP-supported 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.”*

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.

2. Description of Responsibilities

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 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.

The evaluator will first 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 be provided to the evaluator for review. The TE mission will then consist of field mission to Turkey, Ghana, Tanzania, Madagascar, Zambia, including project sites and 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 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.

The TE consultant will include a section in the TE report setting out the TE's evidence-based conclusions, in light of the findings. The TE consultant will also rate the countries' and pilot facilities' progress based on the criteria (approved by the project board) to decide on which countries would be able to accept additional non-incineration HCWM systems and mercury-free devices during the second procurement round of the project. Additionally, the TE consultant is expected to make recommendations to the Project Team. Recommendations should be succinct suggestions for critical intervention that are specific, measurable,

achievable, and relevant. A recommendation table should be put in the report's executive summary. The TE consultant should make no more than 15 recommendations total.

Duration

The Contract will enter into effect upon signature by both parties, expected for six (6) months of duration. The international consultant is expected to start in early October 2019.

Travel requirements

The evaluator is expected to conduct field missions as follows:

- One mission of 3 days to Istanbul/Turkey;
- One mission of 5 days each to the capitals of each project country – Accra/Ghana, Antananarivo/Madagascar, Dar es Salaam/Tanzania, Lusaka/Zambia with additional visits to projects sites as deemed necessary in each country (5 working days for each country in total);
- Additional travels may be requested by the IRH over the duration of the assignment within the estimated workload.

Schedule of payments and expected outputs

The total number of days of work is estimated approximately 60 working days. The breakdown corresponds to the expected outputs and schedule of payments as follows:

- 10% of payment upon submission of the inception report and mission travel plan;
 - Inception report: Evaluator provides clarifications on timing, method and mission plan of the evaluation (approx. 5 working days; due date – 21 October 2019)
- 50% of payment upon submission of evaluation mission reports;
 - Completion of evaluation missions and submission of mission reports: 3 days mission to Istanbul-Turkey; 5 days missions to each of Ghana, Madagascar, Tanzania and Zambia; and 5 days for mission reports (approx. 27 working days; due date – 20 December 2019)
- 40% of payment upon approval of the final TE report and presentation of the TE report;
 - Draft final report: Full report with annexes (approx. 22 working days; due date – 31 December 2019);
 - Final report: Revised report after comments/feedbacks (approx. 4 working days; due date – 31 January 2020);
 - Presentation of the final TE report during the regional project closure meeting, remote participation (date TBC) (approx. 2 working days; due date – 31 March 2020)

3. Competencies

Corporate competencies:

- Demonstrates integrity by modeling the UN's values and ethical standards;
- Promotes the vision, mission, and strategic goals of UNDP;

- Displays cultural, gender, religion, race, nationality and age sensitivity and adaptability;
- Treats all people fairly without favoritism;
- Fulfills all obligations to gender sensitivity and zero tolerance for sexual harassment.

Functional competencies:

- Ability to analyze policy documents and make constructive policy suggestions;
- Strong interpersonal skills, communication and diplomatic skills, ability to work in a team;
- Capacity building skills and flexibility depending on the public;
- Demonstration of commitment to the Project's mission, vision and values;
- Good writing and reporting skills;
- Good presentation skills;
- Ability to work under pressure and stressful situations, and to meet tight deadlines.

4. Qualifications

Education:

- Minimum Master's degree in Environmental Engineering, Public Health or a closely related field is required;

Experience:

- At least 5 years' relevant experience in health-care waste management, preferably with non-incineration treatment technologies and mercury elimination in health sector
- Previous experience with results-based management evaluations is required and gender sensitive evaluation and analysis is an asset
- Experience with Stockholm Convention (on POPs), Minamata Convention (on Mercury and Best Available Techniques/Best Environmental Practices guidelines is an asset;
- Previous experience in environmental health, infection control and prevention, and health delivery systems is an asset;
- Experience working with the UN and GEF is an asset.
- Relevant work experience in Africa is an asset;

Languages:

- Excellent writing and oral communication skills in English;
- Proficiency in written and spoken French is an asset.

Consultant Independence:

- The consultant cannot have participated in the project preparation, formulation, and/or implementation (including the writing of the Project Document) and should not have a conflict of interest with project's related activities.

5. Evaluation of Applicants

Individual consultants will be evaluated based on a cumulative analysis taking into consideration the combination of the applicants' qualifications and financial proposal. The award of the contract should be made to the individual consultant whose offer has been evaluated and determined as:

- 1) Responsive/ compliant/acceptable;
- 2) Having received the highest score out of a pre-determined set of weighted technical (P11/CV desk reviews) and financial criteria specific to the solicitation.

Only the highest ranked candidates who would be found qualified for the job will be considered for the Financial Evaluation.

Technical Criteria - 70% of total evaluation – max. 70 points:

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| Criteria A | Educational background – max points: 5; |
| Criteria B | Relevant experience in health-care waste management (preferably with non-incineration treatment technologies and mercury elimination in health sector) – max points: 20; |
| Criteria C | Relevant experience with results-based management evaluations and gender sensitive evaluations and evaluation of samples – max points: 20; |
| Criteria D | Experience with Stockholm Convention (on POPs), Minamata Convention (on Mercury) and Best Available Techniques/Best Environmental Practices guidelines – max points: 5; |
| Criteria E | Relevant experience in environmental health, infection control and prevention, and health delivery systems – max points: 5; |
| Criteria F | Relevant experience working with the UN and GEF – max points: 5; |
| Criteria G | Relevant work experience in Africa – max points: 7; |
| Criteria H | Proficiency in English and French – max points: 3. |

Financial Criteria - 30% of total evaluation – max. 30 points

6. Application procedures

The application submission is a two-step process. Failing to comply with the submission process may result in disqualifying the applications.

Step 1: Interested candidates must include the following documents when submitting the applications (Please group all your documents into one (1) single PDF attachment as the system only allows upload of one document):

- **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 evaluation 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 form can be downloaded from

http://www.eurasia.undp.org/content/dam/rbec/docs/P11_modified_for_SCs_and_ICs.doc);

- Offeror's Letter (blank template can be downloaded from <https://bit.ly/2KO1okS>).

Step 2: Submission of Financial Proposal – Only shortlisted candidates will be contacted and requested to provide a financial offer.

Payments will be made only upon confirmation of UNDP on delivering on the contract obligations in a satisfactory manner.

*Individual Consultants are responsible for ensuring they have **vaccinations**/inoculations when travelling to certain countries, as designated by the UN Medical Director. Consultants are also required to comply with the **UN security directives** set forth under dss.un.org*

General Terms and conditions as well as other related documents can be found under: <http://on.undp.org/t7fJs>.

Qualified women and members of minorities are encouraged to apply.

Due to large number of applications we receive, we are able to inform only the successful candidates about the outcome or status of the selection process.