00058547/POPs Medical Waste

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 *Global Project on Demonstrating and Promoting Best Techniques and Practices for Reducing Health-Care Waste to Avoid Environmental Releases of Dioxins and Mercury* (PIMS # 2596).

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

PROJECT SUMMARY TABLE

Project Title:	Demonstrating and Promoting Best Techniques and Practices for Reducing Health-Care Waste to Avoid			
GEF Project ID:	1802		*at endorsement (Million US$)*	*at completion (Million US$)*
UNDP Project ID:	2596	GEF financing:	$ 10,326,455	
Country:	Global	IA/EA own:		
Region:	Global	Government:		
Focal Area:	POPs	Other:		
FA Objectives, (OP/SP):	14; 10	Total co-financing:	$12,970,494	
Executing Agency:	UNOPS	Total Project Cost:	$24,021,897	
Other Partners involved:	Health or Environment Ministry in each participating country in cooperation with HCWH and WHO	ProDoc Signature (date project began):		June 2008
		(Operational) Closing Date:	Proposed: October 2011	Actual: December 2012

OBJECTIVE AND SCOPE

The project was designed to: assist seven countries (Argentina, India, Latvia, Lebanon, Philippines, Senegal and Vietnam) in developing and sustaining best healthcare waste management practices in a way that is both locally appropriate and globally replicable. An additional project component in Tanzania was developed to test and disseminate affordable and effective alternative healthcare waste treatment technologies appropriate to conditions in much of sub-Saharan Africa. The project's ultimate goal is to protect public health and the global environment from the impacts of dioxin and mercury releases.

In each participating country, the project helped to create model healthcare facilities or programs through collaboration with hospitals, smaller clinics, rural health and/or central waste treatment facilities. The project focused primarily on activities such as waste minimization, promoting the use of non-burn waste treatment technologies, improved waste segregation practices and the use of appropriate alternatives to mercury-containing devices.

The health sector is a major source of dioxins and mercury in the global environment primarily as a result of medical waste incineration and the breakage and improper disposal of mercury-containing devices such as thermometers and sphygmomanometers. The Stockholm Convention requires countries that are parties to the convention to give priority consideration to waste treatment processes, techniques and practices that avoid the unintentional formation and release of persistent organic pollutants (POPs), such as dioxins. However, many countries lack the ability or resources to comply with these obligations.

Specifically, this project, which began in mid-2008 and will be completed in the end of 2012, was to achieve the following:

1.   establishment of model healthcare facilities to exemplify best practices in healthcare waste management;
2.   deployment and evaluation of non-incineration healthcare waste treatment technologies appropriate to each facility's needs;
3.   development, testing, manufacture and deployment of affordable, small-scale non-incineration technologies for use in sub-Saharan Africa;
4.   introduction of mercury-free devices in model facilities, evaluation of their acceptability and efficacy, and development and dissemination of awareness-raising materials;
5.   establishment or enhancement of training programs to build capacity for implementation of best practices and appropriate technologies beyond the model facilities;
6.   review of relevant policies and seeking of agreement by relevant authorities on recommended updates or reformulations if needed; and
7.   dissemination of project results regionally and globally.

The Global Environment Facility is funding this project to demonstrate the effectiveness of improved healthcare waste management practices and technologies in order that other Stockholm Convention signatory countries may use these models as they set their own national healthcare waste management priorities.

The Monitoring and Evaluation Policy (M&E Policy) at the project level in the UNDP-GEF unit has four objectives:

• monitor and evaluate results and impacts;
• provide a basis for decision making on necessary amendments and improvements;
• promote accountability for resource use;
• document, provide feedback on, and disseminate lessons learned. A mix of tools is used to ensure effective Project monitoring and evaluation. A final evaluation is to be conducted to collect data on the success of the project and to ensure that best practices are captured, lessons learned disseminated and the sustainability of project outcomes is secured in the final stages of the project.

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 main stakeholders in the evaluation process are UNOPS, UNDP Country offices in the respective participant countries, World Health Organization office in Geneva and the respective countries, Health Care Without Harm, relevant ministries involved in the project (Ministries of Health, Environment) and the project implementing institutions, as well as the project steering group members established in each country (includes ministry representatives, NGOs and academia). The project is implemented through the involvement of health institutions, which develop and showcase best practices. Thus, key project

partners, which will need to be at the focal point of the evaluation, include the specific health care establishments engaged in the project in each country.

The principal 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.

Taking into account that a mid-term evaluation of the project was conducted in June-August 2011, one of the main focus of the evaluation is to review the project's progress from mid- to final term, and conclude whether the project as a whole, and/or the national components have addressed and duly responded to the concerns of the mid-term evaluation accepted by the management team(s).

The second main focus, as a final evaluation is to take a final, expert, independent look at the project and its results, provide ratings in accordance with the guidelines, and provide recommendations for the final phase of the project on ensuring sustainability and on the replication approach of the project (through a summary of what elements in the project could be replicated and shared in the regions with other countries and/or what products/lessons can be scaled-up due to their applicability and usefulness to other entities).

The results of the final evaluation will primarily be used by:

1. the Global and national project teams in addressing any final steps in securing sustainability of the project and a smooth transition for handover of the project-implemented expertise and knowledge to the national counterparts;
2. the national counterparts, to ensure that the facilities developed continue to contribute to sound health care waste management and to ensure follow-up on pertinent issues which may still be pending upon completion of the project in December 2012;
3. the UNDP Montreal Protocol Unit, national & regional UNDP offices and UNOPS in dissemination of lessons learned from the project to other projects in the organizations related to health care management and the Stockholm Convention.

EVALUATION APPROACH AND METHOD

An overall approach and method[1] for conducting project terminal evaluations of UNDP supported GEF financed projects has developed over time. The evaluator shall consult with the Chief Technical Advisor and the Global Project Coordinator in the development of the methodology and evaluation approach. The methodology that will be used by the evaluation team should be presented in the report in detail. 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 <u>UNDP Guidance for Conducting Terminal Evaluations of UNDP-supported, GEF-financed Projects</u>. A set of questions covering each of these criteria have been drafted and are included with this TOR. 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 methodology that will be used by the evaluation team should be presented in the report in detail. It shall include detailed information on:

- Documentation review;

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

- Interviews held;
- Field visits;
- Questionnaires; and
- Participatory techniques and other approaches for the gathering and analysis of data.

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 points, UNDP Country Office, project team, UNDP GEF Technical Adviser based in the region and key stakeholders. Due to limitations in the scope of the evaluation, the evaluation will have missions to at least three of the following countries: India, Vietnam and Argentina. The assessment of progress and sustainability issues also need to be looked at in other project countries (Lebanon, Senegal, Philippines and Latvia) thus, it is anticipated that the evaluator will apply surveys or questionnaires as the initial means to process key issues from the non-mission countries.

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.

The scope of evaluation includes 2 principal components:

- An analysis of the attainment of global environment objectives, outcomes, impacts, project objectives and delivery and completion of project outputs (based on indicators); This analysis will include a country by country assessment of the amounts of dioxins and mercury that could be reduced, and to what extent the overall global project has achieved the original goal to reduce the release of an estimated 187 g TEQ (toxic equivalency) of dioxins and 2,910 kg of mercury;
- An evaluation of project achievements according to GEF Project Review Criteria:
  o Implementation approach;
  o Country ownership/driveness;
  o Stakeholder participation/Public involvement;
  o Sustainability;
  o Replication approach;
  o Financial planning;
  o Cost-effectiveness;
  o Monitoring and evaluation.

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	*rating*	2. IA& EA Execution	*rating*

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	
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								
• In-kind support								
• 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]

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[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

CONCLUSIONS, RECOMMENDATIONS & LESSONS

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

IMPLEMENTATION ARRANGEMENTS

The Global project team will be responsible for liaising with the evaluation team to set up stakeholder interviews, arrange field visits, coordinate with the Government, hiring national consultants and ensure the timely provision of per diems and travel arrangements.

The report shall be submitted to UNDP Montreal Protocol Unit (MPU) in NY and the Global Project Team (GPT). Prior to submitting the report it shall be circulated for comments to government counterparts and project management. A list of the key persons that should have the opportunity to comment on the report will be provided by the Global team within 2 weeks of signing the contract and will include, but not be limited to: the Global team, key representatives of UN agencies from HQs and at the national level where relevant, National project directors, National Project managers and other key partners.

If any discrepancies have emerged between impressions and findings of the evaluation team and the aforementioned parties, these should be explained in an annex attached to the final report.

EVALUATION TIMEFRAME

The total duration of the evaluation will be 57 days according to the following plan:

Activity	Timing
Desk review	8 days
Briefings for Evaluators	3 days
Interviews/Questionnaires	10 days
Evaluation Mission	15 days (5 days to each country)
Debriefings	1 day
Draft Evaluation Report	10 days
Final Report	10 days

The timeframe for submission of first draft of the report is **15 November 2012** at the latest.

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.	Evaluator submits to UNDP MPU and GPT
Presentation	Initial Findings	End of evaluation mission	To UNDP MPU and GPT
Draft Final Report	Full report, (per annexed template) with annexes	Within 3 weeks of the evaluation mission	Sent to UNDP MPU and GPT reviewed by RTA, PCU, GEF OFPs

Final Report*	Revised report	Within 1 week of receiving UNDP comments on draft	Sent to UNDP MPU 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.

TEAM COMPOSITION

A team of independent experts will conduct the evaluation. Experts should not have participated in the project preparation and/or implementation and should not have conflict or interest with project related activities. The team of experts will comprise of one international expert (team leader) and one national expert in each country (total 8 nationals), which will provide assistance to the team leader on preparing country-specific information, support for mission scheduling and preparing parts of the evaluation report. The specific duties of the national expert in each country will be highlighted during the first 2 weeks of the Team leader's contract.

The expert(s) shall possess strong analytical skills and have previous experience in conducting evaluations. The team leader should have knowledge of GEF policies and strategies and is responsible for summarizing expert inputs and finalizing the report. The team leader will be an international expert. A national expert will be hired in each country to assist in the evaluation in:

- providing assistance in the organization of the mission (plan mission schedule, provide translation in meetings where necessary);
- providing assistance in reviewing project documentation in the national language and process data from this documentation necessary for the purposes of the evaluation;
- providing support to the international evaluator in drafting parts of the country-specific evaluation report.

The team members must present the following qualifications:

- Minimum of 10 years of relevant professional experience.
- Minimum of 12 years of relevant professional experience may be accepted in lieu of an advance degree
- Knowledge of UNDP and GEF policies and procedures.
- Previous experience with results-based monitoring and evaluation methodologies.
- Technical knowledge in POPS focal area.
- Advanced University Degree (Masters or equivalent) in an environmental-related or health-related field such as environmental science or public health.

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 (ALL TRAVEL WILL BE PROVIDED SEPARATELY)

%	Milestone
50%	Following submission and approval of the 1ST draft terminal evaluation report
50%	Following submission and approval (UNDP-CO and UNDP RTA) of the final terminal evaluation report

APPLICATION PROCESS

Applicants may apply online on the UNDP or UNOPS job websites. Individual consultants are invited to submit applications together with their CV for these positions. The application should contain a current and complete C.V. in English with indication of the e-mail and phone contact as well as an up to three-page description highlighting her/his suggested approach for implementing this evaluation. Shortlisted candidates will be requested to submit a price offer indicating the total cost of the assignment (including daily fee, per diem and travel costs).

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

	Project strategy	Objectively verifiable indicators	Sources of verification	Assumptions and risks
Goal	Protection of the global environment and public health by reducing releases of dioxins and mercury			
Global objective	Reduction of barriers to implementation of the Stockholm Convention, International Waters GPA, SAICM and WHO policies			
Project objective	Demonstration and promotion of best practices and techniques for health-care waste management			
Outcome/ Component 1	Best practices for health-care waste management demonstrated, documented and made replicable			
Output 1	• Model facilities and programs are established and implemented. • Activities of model facilities/programs are documented and their performance is evaluated to exemplify best practices in health-care waste management. • Useful replication toolkits on how to implement best practices and techniques are developed.	• Tools for baseline assessment developed/adapted and facility baseline assessment completed • System for measurement and documentation established • Health-care waste management plan completed and implemented • Facility-wide training instituted • Practices at facility measured, evaluated and documented • Replication materials on best	• Tool document and baseline report • Guidelines for measurement and documentation of results • Health-care waste management plan and its implementation records • Training curricula and programs • List of training attendees • Facility-wide training reports • Quarterly and final reports on facility activities	• Political and social stability will be maintained. • Full buy-in and cooperation from the health sector will be maintained in the face of urgent competing priorities and demands.

	Project strategy	Objectively verifiable indicators	Sources of verification	Assumptions and risks
		practices and techniques created and distributed • Replication materials evaluated	• Replication materials • Replication toolkits and their evaluation • Project website	
Outcome/ Component 2	Appropriate non-incineration health-care waste treatment technologies successfully deployed and demonstrated			
Output 2	• Commercially-available, non-incineration health-care waste treatment technologies that are appropriate to the needs of the facility or cluster, and that satisfy their needs, are purchased, deployed and evaluated.	• Commercially-available non-incineration technologies successfully purchased and deployed • Institutional needs satisfied • Environmental and performance standards satisfied • Use/efficiency and cost implications reported	• Technologies operating at facilities and photographs • Interviews with facility management • Reports covering microbial inactivation tests, use and costs, throughput, environmental performance and records of treatment cycles • Project website	• Satisfactory technologies that meet Project demonstration requirements can be purchased within budget (except for some facilities in Africa where research on lower cost alternatives will be undertaken). • In the event that technologies will need to be imported, customs formalities will not significantly delay Project progress. • Facility management will honestly and accurately report on facility needs and technology performance.
Outcome/ Component 3	Affordable, non-incineration, health-care waste treatment technologies successfully designed to meet African needs and manufactured,			

10

	Project strategy	Objectively verifiable indicators	Sources of verification	Assumptions and risks
	and their replication plans in place			
Output 3	• Appropriate, affordable, small-scale non-incineration health-care waste treatment technologies are developed, tested, manufactured and deployed for use in small- and medium-sized facilities under conditions that prevail in much of sub-Saharan Africa. • Blueprints and manuals for manufacture, installation, operation, maintenance and repair are prepared and disseminated.	• Needs assessment and performance requirements completed for technologies to be developed • Engineering designs developed • Prototypes built and tested • Technology fabrication demonstrated and technology validated • Technology demonstrated and tested in a health-care setting • Manuals for construction, installation, operation, maintenance and repair completed and disseminated • At least one manufacturer in Africa commercially constructing new technologies, and a program in place to provide assistance to other potential manufacturers	• Needs assessment report • Written performance specifications • Engineering design drawings and files • Digital photographs of prototypes • Laboratory and field-test results • Digital photographs of fabricated technologies • Validation report • Reports on performance in health-care setting by developers and users, including photographs • Manuals • Manufacturer business plan • Report on ongoing programs to assist potential manufacturers • Project website	• Political and social stability will be maintained. • Locally available skills and materials necessary to build and repair these technologies exist and will be available. • Technologies can be developed within reasonable bounds of cost and affordability.
Outcome/ Component 4	Best practices for management of mercury waste demonstrated, documented and made replicable, and use of mercury-free devices promoted ** the latter will only be executed if suitable additional bilateral co-financing*			

	Project strategy	Objectively verifiable indicators	Sources of verification	Assumptions and risks
	can be secured.			
Output 4	• Practices on safe handling and disposal of phased-out mercury devices are developed, staff training is completed and practices are implemented in model facilities in a replicable way. • Affordable mercury-free devices are purchased and introduced for acceptable and efficient use in model facilities.	• Guidelines on safe handling and disposal of phased-out mercury devices developed • Training on mercury practices organized • Comparisons of the efficacy, acceptability, full costs, device lifespan and other relevant characteristics of mercury-free versus mercury-containing devices carried out • Awareness-raising and educational materials on mercury developed • Mercury conferences held, where applicable • Devices received and used by the facilities • 80% of mercury devices in facilities replaced with mercury-free alternatives	• Guidelines on safe handling and disposal of phased-out mercury devices • Training report • Reports on comparisons of mercury-free versus mercury-containing devices • Mercury practices implementation report • Awareness-raising and educational materials on mercury • Conference minutes, agenda and participant list • Interviews and evaluation reports from model facility staff and other participants • Project website • Device receipts and usage records.	• Facility staff can be convinced of the efficacy of non-mercury devices and will honestly and accurately report on their efficacy and acceptability. • Political and economic conditions will not negatively impact the acquisition or adoption of mercury-free devices. • Satisfactory mercury-free devices will be available at costs that are consistent with Project replication objectives.
Outcome/ **Component 5**	New and/or enhanced training programs established to build capacity for the implementation of best practices and appropriate technologies beyond model facilities and programs			
Output 5	• Effective national training programs are established or enhanced and are building capacity in the health-care and related sectors for the	• Core curriculum developed • Partnership with host institutions formalized • Training TORs/plan developed • At least two training sessions	• Core curriculum documents • MOU with host training institutions • Training reports with lists of attendees	• The training program will target the most appropriate personnel. • Non-Project facilities will be willing to

	Project strategy	Objectively verifiable indicators	Sources of verification	Assumptions and risks
	implementation of best practices and the use of appropriate technologies beyond model facilities and programs.	conducted • Student certification program established, if applicable • Training evaluation completed	• Test scores and copy of test if applicable • Copies of student certificates, if applicable • Training evaluation forms • Interview with employers • Project website	implement systems of the kind demonstrated by the Project, and are in a position to effectively utilize the skills that the training program is designed to impart. • Training programs will provide knowledge that spreads to other personnel and will outlast the Project itself.
Outcome/ Component 6	National policies aimed at replicating and sustaining best techniques and practices demonstrated by the Project explored and, where feasible, initiated			
Output 6	• Review of relevant national policies, regulations and guidelines is conducted in light of Project experiences. • Appropriate policy updates or revisions are recommended and further agreement and commitments by relevant authorities are pursued. • If appropriate, a national policy review conference by relevant authorities is held for these purposes.	• Relevant national policies listed and analyzed in light of Project experiences • Consideration of updates or revisions to relevant guidelines or other national policy instruments recommended • Dialogue/interview with relevant authorities (MOE, MOH, others) on possible updates or reformulations of policies or guidelines aimed at replicating and sustaining the demonstrated best practices	• Review and recommendation reports • Government working papers and documents • Dialogue/interview notes • Conference minutes with participant list • Project website	• Project countries will be willing, given the political and economic climate, to undertake a policy review aimed at possible reformulations and/or updates to their policy instruments. • If policy updates are recommended, the relevant stakeholders will be able to institute the recommended changes.

	Project strategy	Objectively verifiable indicators	Sources of verification	Assumptions and risks
		• National policy review conference held, if appropriate		
Outcome/ Component 7	Project results disseminated to all stakeholders for awareness-raising aimed at their replication			
Output 7	• Project results on best techniques and practices are distributed to relevant federal and state ministries or agencies, health service delivery institutions and other stakeholders. • Targeted promotional materials, workbooks and other tools are disseminated to promote widespread replication. • Conferences or workshops are held to encourage replication. • Agreement of relevant authorities is sought on an implementation plan for replication of best practices.	• Awareness-raising and educational materials developed and localized • National conferences and/or workshops held • Toolkits distributed and utilized • Public awareness campaign conducted to provide information to the general public, patients and families • Interviews/dialogues with relevant authorities held for further agreement or commitment on implementation plan for replication of best practices • Local language materials distributed	• Awareness-raising and educational materials • Conference agenda and participant lists • Number of toolkits distributed • List of stakeholders and stakeholder networks who have been reached and reports on the manner by which they were reached • Report on dissemination strategies used • Reports on public awareness campaign • Report on evaluation of effectiveness • Interview/dialogue notes • List of receivers of materials printed in local languages • Project website and online resource access statistics	Information and encouragement will not by themselves be sufficient for securing broad replication. Other conditions prerequisite for replication include: • Appropriate supporting policy instruments (as described in Component 4) will be put in place. • Human and economic resources will be sufficiently available, relative to other important health-care priorities, to engage in these activities. • Leadership at all levels, from the national to the state to the facility,

	Project strategy	Objectively verifiable indicators	Sources of verification	Assumptions and risks
				will be able and willing to engage on these important issues.
Outcome/ Component 8	Global, regional and national counterparts from agencies, governments and NGOs beyond participating countries informed of best techniques and practices for the purpose of replication			
Output 8	• Project results on demonstrated best techniques and practices are made available for dissemination globally and regionally. • Project materials are disseminated through international and regional networks.	• Project-related materials developed • Project results disseminated at international and regional meetings • Project website developed and updated • Materials distributed • GEOLibrary augmented with Project results	• Materials related to Project results • List of international and regional stakeholders who received results from Project partners • List of international and regional conferences where presentations were made and information was disseminated • Project website and online resource access statistics • List of people who received printed materials • Project-specific content in the GEOLibrary	• Global and regional dissemination of Project results will not be sufficient to globally reform health-care waste management practice. It is assumed, however, that demonstration results in the Project countries will help inform interventions that may be instituted in other countries.

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

Document	Description
Project document	UNDP project document and revisions
	Project identification form (PIF)
	CEO endorsement document
Project reports	Inception report
	Report on completion of the project second task
	Global and country annual PIRs
	Mid-term evaluation report
Work plans	Quarterly work plans
Minutes	Steering group meetings
	Meetings with experts, team staff etc.
Other relevant materials	As identified during the document review, including relevant legislation and policy documents on health care waste generated since start of project implementation
Information materials produced by the project activities	Information strategy
	Training manuals
	Best practices methods and publications
	Documents on the project website

ANNEX C: EVALUATION QUESTIONS

This is a generic list, to be further detailed once the contract is signed.

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

Ratings for Outcomes, Effectiveness, Efficiency, M&E, I&E Execution	Sustainability ratings:	Relevance ratings
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	4. Likely (L): negligible risks to sustainability 3. Moderately Likely (ML):moderate risks 2. Moderately Unlikely (MU): significant risks 1. Unlikely (U): severe risks	2. Relevant (R) 1.. Not relevant (NR) *Impact Ratings:* 3. Significant (S) 2. Minimal (M) 1. Negligible (N)
Additional ratings where relevant: Not Applicable (N/A) Unable to Assess (U/A		

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[3]

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: _____

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[3]www.unevaluation.org/unegcodeofconduct

ANNEX F: EVALUATION REPORT OUTLINE[4]

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[5])

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[6])

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)
- Feedback from M&E activities used for adaptive management

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[4]The Report length should not exceed *40* pages in total (not including annexes).

[5] UNDP Style Manual, Office of Communications, Partnerships Bureau, updated November 2008

[6] 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.

- 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

Evaluation Report Reviewed and Cleared by

UNDP MPU

Name: _____

Signature: _____   Date: _____

UNDP GEF RTA

Name: _____

Signature: _____   Date: _____

ANNEX H: ORGANOGRAM OF MANAGEMENT ARRANGEMENTS

Executing Agency:

UNOPS (global component)

Implementing Agency: UNDP

(UNDP-Country Offices will execute national activities through national execution (NEX)

National Project Steering Committee (NPSC)

Members: Representatives of Ministries of Environment and Health (and other ministries as appropriate), NIP Committee, UNDP, WHO, health-care sector, training institutions and appropriate NGOs

Role: Oversight of national project activities, monitoring and evaluation

Global Expert Team (GET)

Members: Chief Technical Advisor, Project Coordinator/Technical Advisor, Senior Public Health and Policy Advisors, Senior Expert on Health-care Waste Management Systems, Technology Development Expert and Training Program Advisor

Role: Provide technical and policy expertise and assistance, assure successful implementation of Project activities and oversee global coordination and management

Global Project Steering Committee (GPSC)

Members: Participating governments, UNDP, UNOPS, WHO and HCWH

Role: Oversight of Project activities and their implementation

National Consultants (NCs) Role: Coordination, model program implementation, technology development and deployment, national training institutionalization, policy review, dissemination, monitoring and evaluation

National Working Group (NWG)
Members: Individuals who have practical involvement or interest in day-to-day Project activities from Ministries of Environment and Health (and other ministries as appropriate), UNDP, WHO, health-care sector, training institutions, waste service providers, health-care related associations and appropriate NGOs

Role: Advise NPSC and assist NC by providing expertise and advice on project-related policy and economic, scientific and technical issues, and by assisting in networking