

## Terminal Evaluation Review form, GEF Evaluation Office, APR 2013

### 1. Project Data

Summary project data			
GEF project ID		1802	
GEF Agency project ID		2596	
GEF Replenishment Phase		GEF-3	
Lead GEF Agency (include all for joint projects)		UNDP	
Project name		Demonstrating and Promoting Best Techniques and Practices for Reducing Health-care Waste to Avoid Environmental Releases of Dioxins and Mercury	
Country/Countries		Argentina, India, Lebanon, Latvia, Philippines, Senegal, Tanzania, Vietnam	
Region		Global	
Focal area		POPs	
Operational Program or Strategic Priorities/Objectives		OP 10: Contaminant-Based Operational Program OP 14: Persistent Organic Pollutants	
Executing agencies involved		Health or Environment Ministry in each participating country in cooperation with HCWH and WHO	
NGOs/CBOs involvement		Health Care Without Harm (on the Project Steering Committee), AGENDA for Responsible Development (Tanzania), John Snow, Inc., HCWH Philippines, Toxic Links (India), Salud sin Daño (Argentina), and several NGOs in Latvia	
Private sector involvement		Waste management companies (URENCO: Vietnam, Lautus: Latvia, AEC: Lebanon)	
CEO Endorsement (FSP) /Approval date (MSP)		10/17/2007	
Effectiveness date / project start		1/8/2008	
Expected date of project completion (at start)		10/31/2011	
Actual date of project completion		12/31/2012	
Project Financing			
		At Endorsement (US \$M)	At Completion (US \$M)
Project Preparation Grant	GEF funding	\$724,948	\$724,948
	Co-financing		
GEF Project Grant		\$10,326,455	Unable to assess
Co-financing	IA/EA own	1,001,000	Unable to assess
	Government	6,458,152	Unable to assess
	Other*	5,511,342	Unable to assess
Total GEF funding		\$11,051,403	Unable to assess
Total Co-financing		\$12,970,494	Unable to assess
Total project funding (GEF grant(s) + co-financing)		\$24,021,897	Unable to assess
Terminal evaluation/review information			
TE completion date		March 26, 2013	
TE submission date		12/15/2013	
Author of TE		Carlo Lupi	
TER completion date		February 5, 2014	
TER prepared by		Shanna Edberg	
TER peer review by (if GEF EO review)		Joshua Schneck	

\*Includes contributions mobilized for the project from other multilateral agencies, bilateral development, cooperation agencies, NGOs, the private sector, and beneficiaries.

## 2. Summary of Project Ratings

Criteria	Final PIR	IA Terminal Evaluation	IA Evaluation Office Review	GEF EO Review
Project Outcomes	MS	S	MS	MS
Sustainability of Outcomes	n/a	ML	Not rated	MU
M&E Design	S	S	S	S
M&E Implementation	S	S	S	MS
Quality of Implementation	S	S	S	MS
Quality of Execution	S	S	S	MS
Quality of the Terminal Evaluation Report	n/a	n/a	Not rated	MS

## 3. Project Objectives

### 3.1 Global Environmental Objectives of the project:

The project intends to improve waste management in the global healthcare industry in order to reduce the amount of dioxins and mercury unintentionally released into the environment. Starting with direct impacts in Argentina, India, Lebanon, Latvia, Philippines, Senegal, Tanzania, and Vietnam, the project is intended to facilitate regional and global scale-up via the development of new technologies, training programs, and best practices for hospital waste management. Incineration and open burning of medical waste “are often the worst culprits” of dioxin contamination according to the WHO<sup>1</sup>. In addition to dioxins, healthcare facilities are also one of the main sources of mercury from waste incineration, spills, and broken devices such as thermometers.

Specifically, “The contaminants to be addressed by the project are the unintentionally produced POPs listed in Annex C of the Stockholm Convention (polychlorinated dibenzo-p-dioxins, dibenzofurans, PCBs and HCB) and mercury “ (TE, 15). The project will reduce the emission of POPs into the environment by improving waste segregation and implementing “non-combustion pre-treatment technologies” in a multi-pronged project that took place in several sites around the world (TE, 15).

### 3.2 Development Objectives of the project:

The project’s development objective is to promote best practices for medical waste management, which will reduce the emissions of U-POPs and mercury as well as ameliorating the spread of waste-borne diseases in healthcare facilities, thus improving the health of both patients and healthcare workers. Proper waste management can also reduce the overall costs of health care delivery. In order to complete this objective, the project will:

<sup>1</sup> “Dioxins and their effects on human health: Fact Sheet,” World Health Organization, May 2010, <http://www.who.int/mediacentre/factsheets/fs225/en/>.

1. Establish model facilities and programs to demonstrate best practices, along with materials to facilitate their replication;
2. Deploy and evaluate “commercially-available, non-incineration health-care waste treatment technologies appropriate to the needs of each facility or cluster” (TE, 16);
3. Develop, test, manufacture, and deploy affordable technologies along with manuals for the manufacture, installation, operation, maintenance, and repair of the technology for use in small and medium-sized facilities in sub-Saharan Africa;
4. Introduce and evaluate medical devices that are free of mercury and raise awareness of mercury issues;
5. Establish and enhance training programs to build capacity and implement best practices and technologies;
6. Review policies and seek agreement on recommended policy updates as well as implementation plans;
7. Disseminate materials on best practices and techniques and hold conferences to encourage replication; and
8. Make the project results available for scaling up regionally or globally.

The choice of countries for the project (Argentina, India, Lebanon, Latvia, Philippines, Senegal, Tanzania, Vietnam) was made deliberately to incorporate different regions, languages, and a variety of levels of human development in the project in order to facilitate the global distribution of best practices in hospital waste management.

### 3.3 Were there any **changes** in the Global Environmental Objectives, Development Objectives, or other activities during implementation?

The style of project management was redesigned during the implementation phase from direct execution to “a mixed execution modality” with more national involvement (MTR, 5). More specifically, the change was from a global demonstration project executed by UNOPS and managed by a Global Project Team into local execution run by National Project Steering Committees with supervision from the UNDP Country Offices. According to the midterm evaluation report, this change was “introduced at the very last minute of project design, without enough discussion and negotiation,” which created delays and misunderstandings in most of the project’s countries (MTR, 8). Fortunately, by the time of the midterm review most of these problems had been solved.

The terminal evaluation report also noted minor changes in the sizes and specifications for technologies to be procured as well as which medical facilities were to become models.

## **4. GEF EO assessment of Outcomes and Sustainability**

Please refer to the GEF Terminal Evaluation Review Guidelines for detail on the criteria for ratings.

Relevance can receive either a Satisfactory or Unsatisfactory rating. For Effectiveness and Cost efficiency, a six point rating scale is used (Highly Satisfactory to Highly Unsatisfactory), or Unable to Assess. Sustainability ratings are assessed on a four-point scale: Likely=no or negligible risk; Moderately Likely=low risk; Moderately Unlikely=substantial risks; Unlikely=high risk. In assessing a Sustainability rating please note if, and to what degree, sustainability of project outcomes is threatened by financial, sociopolitical, institutional/governance, or environmental factors.

Please justify ratings in the space below each box.

<b>4.1 Relevance</b>	Rating: <b>Satisfactory</b>
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This project partly falls under GEF Operational Program #10, the Contaminants-Based Operational Program of the International Waters Focal Area. The project components dedicated to reducing the release of mercury pertain to #10, as “a barrier-reduction effort aimed at protecting International Waters from contamination by persistent toxic substances” (TE, 15). It also applies to GEF Operational Program #14, the Operational Program for POPs. This project has both direct and indirect effects on the reduction of POPs via the promotion of waste minimization and segregation and the deployment of non-combustion technologies for medical waste disposal. Directly, it reduced POPs by establishing proper non-burning waste disposal practices at model facilities, including waste reduction and segregation practices. It also deployed mercury-free devices and technologies for healthcare waste disposal. Indirectly, the project reduced POPs via training, dissemination, and revision or new issuance of medical waste policies.

The project is also consistent with country interests in reducing pollution and enhancing healthcare services as a whole. All of the countries had previously ratified the Stockholm Convention. According to the terminal evaluation report, the improvement of medical waste management will also increase “the quality and effectiveness of the delivery of health services more broadly” (TE, 15). For example, addressing waste will improve infection control, increase occupational safety, and reduce the risk of hospital-generated infections. It also has the potential to reduce the costs of healthcare delivery.

<b>4.2 Effectiveness</b>	Rating: <b>Moderately Satisfactory</b>
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Significant strides were made in reducing sources of medically-generated POPs emissions in all of the project countries, but one detriment to the rating of project effectiveness was that not all activities were completed by the extended project closure date. Because the final PIR and terminal evaluation report were written before project closure, it is unclear whether all project activities have been completed by the time of this review. The terminal evaluation report predicted that all pending activities would be completed in 2013, but there are no documents currently available to support that this has occurred.

On the whole, thousands of people were trained in waste management thanks to the project, and methods to facilitate the expansion of training were established, such as creating training videos and university courses. Several model hospitals were established with improved technologies to dispose of

medical waste, and many facilities adopted new standards for waste management. A few of the countries approved new national regulations to improve medical waste management.

Due to the complexity of the project, it is important to note the achievements and shortcomings of the project's outcomes in each country.

Successes: In Latvia, all project activities were successfully completed before the revised project closing date. The parliament approved new regulations on healthcare waste, and the project facilitated cooperation with a private waste disposer who adopted new standards for medical waste management. In Lebanon, project activities were also successfully completed: new modalities for training and dissemination were created, including a video and interactive game usable for training by any hospital. In Tanzania, wherein the main project component was #3 (development and deployment of technologies for small-scale facilities using locally available supplies and skills), prototype testing was completed. At the time of writing of the terminal evaluation report, the technologies were being disseminated and improved, and additional prototypes were being built.

Mixed successes: In Argentina, the main project accomplishment was in the training of hospital personnel and experimentation of new waste disposal technologies. Changes in waste regulation and dissemination of practices did not make much headway, and at the time of writing of the terminal evaluation report, there were unresolved negotiations over the management and hosting of new equipment. In Senegal, training and procurement in the model facilities was successful, but updating regulations on healthcare waste management was not completed. In Vietnam, the model facilities successfully improved their waste management strategies and their staffs were trained. But the installment and testing of some infrastructure was not completed by project closure. In India, there was significant improvement in waste management in hospitals and incineration facilities, but training and procurement of non-mercury devices was incomplete thus far.

Probable failure: In the Philippines, there were difficulties in procurement and disagreements on several technical issues, which were unresolved by the revised project closing date. Hence the Philippines did not fulfill project objectives.

The rating of Moderately Satisfactory reflects the overall successes of the program in training thousands of personnel, creating several model facilities, developing new technologies in waste management, and updating countries' regulations, while acknowledging the incompleteness of project activities in 5 out of 8 of the project countries.

4.3 Efficiency	Rating: <b>Moderately Satisfactory</b>
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Financial efficiency is difficult to rate because the data for the terminal evaluation report was gathered before the project was finished, and thus the financial information is incomplete. Some countries, including the Philippines and Argentina, were unable to allocate all of their GEF funds (at the time of the report writing), and these two countries had notable shortcomings in terms of achieving project

outcomes. The terminal evaluation report also notes that “difficulties in financial management, due to bureaucratic complexities, affected significantly India and Argentina” (TE, 8). It is unclear whether these difficulties had a hand in the lack of completion of some project objectives in the Philippines, India, and Argentina.

Efficiency was also low in terms of time. There were several delays causing the project end date to be extended by more than a year, but even the extension was not enough time to complete project activities. At the time of the writing of the terminal evaluation report, there were work plan activities that would need to be completed past the extended closure date and into 2013. It is unknown whether all project activities have been completed as projected.

On the whole, efficiency is rated as Moderately Satisfactory because these delays and financial problems do not appear to have significantly harmed the project outcomes.

4.4 Sustainability	Rating: <b>Moderately Unlikely</b>
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One source of project sustainability was the regulatory standards that were changed over the course of the project. In Latvia and Vietnam, new regulations on healthcare waste management were passed into law by the legislature. The Philippines Department of Health approved a new edition of the Health Care Waste Manual that was distributed to hospitals and is enforceable by law. In India, the government finalized guidelines to reduce mercury use and prepared biomedical waste management rules. These changes show country ownership and commitment to the project goal of reducing POPs, but the effect of regulatory changes will depend on the level of governance and institutional capacity within each country. To that end, the institutional sustainability of the project was rated by the terminal evaluation report based on the World Bank Governance Index ratings for each country that the project was operating in. Five of the countries (India, Lebanon, the Philippines, Senegal, and Tanzania) received an Unlikely or Moderately Unlikely score, while only three countries (Argentina, Latvia, and Vietnam) received a Moderately Likely score.

Another institutional and political concern for sustainability is coordination issues. In most countries, hospital facilities (the main project beneficiaries) are under the supervision of the health ministry, while waste falls under the environment ministry. The project addressed this by adding members of both ministries to the National Project Steering Committees, but that will not ensure smooth communication in the future. In addition, some of the NGO stakeholders had conflicts with the country governments due to disagreements over medical waste policies.

Other positive components of project sustainability included training and capacity building. As part of the project, a curriculum of medical waste management was established at several universities, which will ensure that healthcare practitioners continue to be trained in waste management in the future. The staffs of several hospitals were trained under the project as well, adding up to the training of more than 2,000 people overall. The trained personnel will continue to implement improved medical waste disposal.

There were several sustainability risks that were specific to certain countries. For one, the final PIR worried that the project in Vietnam had not developed a sustainability strategy. In Argentina, by the time the terminal evaluation report was written, certain technologies had not yet been delivered and would not be until the project was officially closed. The provincial government had not yet signed the public-private partnership agreement, and there was a risk that the technology would not be used. In Latvia, there was a resistance to using non-mercury thermometers. Some procurement in the Philippines remained unsolved by project closure. The multiple delays of delivery and procurement indicate a degree of financial risk. The terminal evaluation report states that, because the project's official closure date had already passed, some of these components would not be funded by the project.

It is possible that activities to shore up sustainability were executed in 2013, after the final PIR and terminal evaluation report were written. But according to the evidence currently available, there are some significant risks to project sustainability. The terminal evaluation report rates overall sustainability as Moderately Likely, but it is unclear how this rating was derived. Even calculating the average of each country's sustainability rating as given in the TE (including the global component's rating) would lead to a Moderately Unlikely overall score. Hence, given the risks stated above and the terminal evaluation report's own sustainability ratings, the GEF IEO reviewer rates overall Sustainability as Moderately Unlikely.

## **5. Processes and factors affecting attainment of project outcomes**

**5.1 Co-financing.** To what extent was the reported co-financing essential to the achievement of GEF objectives? If there was a difference in the level of expected co-financing and actual co-financing, then what were the reasons for it? Did the extent of materialization of co-financing affect project's outcomes and/or sustainability? If so, in what ways and through what causal linkages?

Unable to assess. The terminal evaluation report stated that co-financing resources were not properly accounted for throughout the project, so there is very limited information on the materialization of co-financing.

**5.2 Project extensions and/or delays.** If there were delays in project implementation and completion, then what were the reasons for it? Did the delay affect the project's outcomes and/or sustainability? If so, in what ways and through what causal linkages?

The project had several delays that affected most of the countries involved in the project. It also had a delayed start, and many country activities did not begin until the end of the project's first year. The initial delays were due to the change in project management noted above.

Extensions in several countries (Vietnam, Argentina, Philippines, India, and Tanzania) were necessary to complete various project activities past the extended closure date, mainly for the completion of procurement and installation of non-incineration treatment technologies. This was partly caused by the lack of a centralized procurement or standard procedures or criteria. These extensions and delays, though caused by structural issues and changes in the project, were beneficial in that they gave the

project the time needed to resolve many of its problems and gain more time to wrap up the project outcomes.

5.3 Country ownership. Assess the extent to which country ownership has affected project outcomes and sustainability? Describe the ways in which it affected outcomes and sustainability, highlighting the causal links:

Because the project is partially a demonstration that is intended to be scaled up to the national and regional levels, country ownership is vital to spread the project’s benefits. Rather than only causing the direct reductions of POPs in the limited number of model facilities, sufficient country ownership would further reduce the unintentional emissions of POPs from medical waste if governments were to promote improved waste management policies and regulation.

The terminal evaluation report concludes that country ownership was significant in most of the project’s countries. In every country but Senegal there were activities to improve or amend legislation and guidance documents on healthcare waste management, such as adding new legislation, drafting a new edition of a guidance document that hospitals are required to comply with, and analyzing and discussing legislation with stakeholders. These are strong signals that will lead to nationally-led efforts to reduce POPs from medical waste, which is a positive signal for country ownership and project outcome sustainability.

## 6. Assessment of project’s Monitoring and Evaluation system

Ratings are assessed on a six point scale: Highly Satisfactory=no shortcomings in this M&E component; Satisfactory=minor shortcomings in this M&E component; Moderately Satisfactory=moderate shortcomings in this M&E component; Moderately Unsatisfactory=significant shortcomings in this M&E component; Unsatisfactory=major shortcomings in this M&E component; Highly Unsatisfactory=there were no project M&E systems.

Please justify ratings in the space below each box.

6.1 M&E Design at entry	Rating: <b>Satisfactory</b>
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Unfortunately, the project did not “establish a quantitative objective for the reduction of PCDD/F releases,” (TE, 16). The project document estimated that, if the project’s efforts were sustained and replicated nationally, there would be a reduction of 187 g TEQ of dioxins and 2,910 kg of mercury released into the global environment each year. But the release of POPs was neither measured nor monitored throughout the project, which is a clear detriment for a project intended to reduce POPs emissions.

Other than the lack of an emissions indicator, the M&E design was satisfactory. The project document had a detailed plan with measurable and achievable indicators at specified intervals, with intermittent conferences among project managers to discuss the results. Responsibilities were delineated among the project parties with several studies and reports planned.



<b>6.2 M&amp;E Implementation</b>	Rating: <b>Moderately Satisfactory</b>
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According to the midterm evaluation report, there was no common standard adopted by each country in reporting, “and the NPSCs [National Project Steering Committees] and UNDPs sometimes lack a complete grasp of the practical situation in the field” (MTR, 8). However, the midterm report goes on to say that these flaws were compensated by the Global Project Team, which supervised the process closely. The terminal evaluation report notes other flaws, including that the monitoring and accounting of co-financing grants was not effective and that there was “low reporting capability” in Argentina, Senegal, and the Philippines caused by an ineffective relationship between the National Project Team and the UNDP Country Office (TE, 25). In those three countries, the terminal evaluation team found that they were not provided the project’s monitoring forms or the documents were not informative. Due to these gaps in monitoring, a complete financial analysis of the project was not available, and in many cases co-financing was not reported at all.

Aside from these problems, the average score of the monitoring activities in each country averaged out to Moderately Satisfactory or Satisfactory in the terminal evaluation report. In support of this, recommendations provided in the midterm evaluation were considered and followed by some project managers, but not all (especially in Argentina and the Philippines.) The terminal evaluation report rated M&E overall as Satisfactory, but the gaps discussed above decreased the GEF IEO score.

**7. Assessment of project implementation and execution**

Quality of Implementation includes the quality of project design, as well as the quality of supervision and assistance provided by implementing agency(s) to execution agencies throughout project implementation. Quality of Execution covers the effectiveness of the executing agency(s) in performing its roles and responsibilities. In both instances, the focus is upon factors that are largely within the control of the respective implementing and executing agency(s). A six point rating scale is used (Highly Satisfactory to Highly Unsatisfactory), or Unable to Assess.

Please justify ratings in the space below each box.

<b>7.1 Quality of Project Implementation</b>	Rating: <b>Moderately Satisfactory</b>
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The project design was adequate for minimizing POPs releases by “establishing an entire chain of healthcare waste management (from production to disposal) and at the same time supporting non-combustion technologies” (TE, 6). A notable strength of project design was that a failure in one component or country would not affect the rest of the project’s activities. However, there were also a few weaknesses: the lack of a quantitative target for chemical releases, a low resource allocation for technology, and a high level of complexity compared to the project budget, which required a large administrative burden.

The change in management style from a more to less centralized approach after the project design had been finalized caused some turmoil and delays in project start, which negatively impacted the project. However, the terminal evaluation report states that overall project supervision was excellent, despite the burden of the project’s complexity. In most cases, project supervisors managed to keep project activities on track despite recurring challenges in many issues, such as procurement.

<b>7.2 Quality of Project Execution</b>	Rating: <b>Moderately Satisfactory</b>
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There were several problems with project execution in most of the countries, which often correlated with project success or failure in each country. In Argentina, for instance, coordination problems and disagreements over the understanding of the project’s status made it difficult to address the issues hindering the project’s activities. In India, poor coordination on financial issues resulted in a complete stop to project activities for a year, and some financial procedures were unresolved at the time of writing of the terminal evaluation. In the Philippines, conflicts between stakeholders and a lack of involvement from the UNDP country office led to a failure to carry out several of the project activities. Where the quality of coordination and cooperation was high, as in Latvia and Lebanon, project outcomes were very successful. In both Senegal and Vietnam, the project was “rescued” by the motivation and technical support of the project teams, after initial difficulties that stalled progress until the midterm review (TE, 27).

Additionally, the terminal evaluation report states that some national stakeholders, mostly NGOs, “were not properly involved in project implementation,” (TE, 22).

**8. Lessons and recommendations**

8.1 Briefly describe the key lessons, good practices, or approaches mentioned in the terminal evaluation report that could have application for other GEF projects.

The terminal evaluation report states that some of the project’s problems stemmed from its complexity in operating in 8 countries with 8 project components. Reducing the number of countries, components, or avoiding overlapping components would reduce the administrative and monitoring difficulties for future projects. In addition, this project and future global projects would benefit from having all technical consultants and coordinators brought together and trained at the same time. This would lead to greater interaction and a “more uniform approach and understandings of what need to be done” (TE, 57). To ensure that co-financing accounting does not fail in future projects, the terminal evaluation report suggests that proper procedure and guidance for documenting co-financing be established at the time of drafting of co-finance commitment letters. Another lesson for future global projects that involve procurement is to standardize procedures and criteria. Lastly, standard project monitoring procedures should be established.

## 8.2 Briefly describe the recommendations given in the terminal evaluation.

The terminal evaluation report recommends that future POPs projects involving medical waste should consider adding components for adopting best available techniques and best environmental practices in industrial incinerators rather than avoiding incineration entirely. Future projects should also include capacity building for dioxin monitoring.

## 9. Quality of the Terminal Evaluation Report

A six point rating scale is used for each sub-criteria and overall rating of the terminal evaluation report (Highly Satisfactory to Highly Unsatisfactory)

Criteria	GEF EO comments	Rating
To what extent does the report contain an assessment of relevant outcomes and impacts of the project and the achievement of the objectives?	Considering that the report was written before project activities were completed, the assessment of outcomes and impacts was as complete as possible. The analysis of project achievements was highly detailed and comprehensive, including a discussion of the project outcomes that were still pending.	<b>S</b>
To what extent is the report internally consistent, the evidence presented complete and convincing, and ratings well substantiated?	The main problem with the terminal evaluation report is that it was written before project activities were completed. The evidence on outcomes and finance especially was incomplete for that reason. Beyond that, the report is consistent, though the GEF IEO reviewer disagreed with many of the project ratings and thought that the evidence pointed to a lower rating in many cases.	<b>MS</b>
To what extent does the report properly assess project sustainability and/or project exit strategy?	The terminal evaluation report has a fairly thorough assessment of the strengths and weaknesses of project sustainability within each country. However, financial and environmental sustainability issues (if any) were generally left out of the assessment, which focused more on specific threats and less on overall trends.	<b>MS</b>
To what extent are the lessons learned supported by the evidence presented and are they comprehensive?	The lessons learned are comprehensive, actionable, and follow directly from the problems experienced during the project.	<b>S</b>
Does the report include the actual project costs (total and per activity) and actual co-financing used?	The report contains an analysis of project costs per country and activity, but because the data for the report was gathered before project closure, the final balance of costs is incomplete. For example, the report states that it is unknown whether two of the project countries would be able to utilize all of their GEF funding. The accounting of co-financing is also absent, but the report's evaluators state that this is due to deficiencies in the project's monitoring systems; co-financing funds were not kept track of and many countries did not report anything regarding co-financing. As a result of the lack of reporting on project finance, the report's discussion is thin. This is not the fault of the terminal evaluators but rather a result of the project running well beyond the expected timeframe and poor on-going accounting.	<b>MU</b>
Assess the quality of the report's evaluation of project M&E systems:	The terminal evaluation report includes an adequate discussion of the successes and failures of the project's M&E systems, but then concludes that "the monitoring of project accomplishment carried out by the GPT should be considered as a success story of the project, and an example to be followed in other global projects characterized by similar level of complexity," (TE, 15). However, the GEF IEO reviewer found this statement to be	<b>MS</b>

unsupported by the evidence presented of significant shortcomings in project M&E.	
<b>Overall TE Rating</b>	<b>MS</b>

**10. Note any additional sources of information used in the preparation of the terminal evaluation report (excluding PIRs, TEs, and PADs).**

The Midterm Evaluation Report was also used in this review.

The terminal evaluation report stated that a PIR would be written in August 2013 and submitted in September because project activities were not fully completed by the project's end date, but if the PIR exists it is unavailable on PMIS.