

Terminal Evaluation Report

2014 January

Version: final

Integrating climate change risks into the agriculture and health sectors in Samoa (ICCRAHS) Project

GEF Project ID: 3358

UNDP PIMS ID: 3940

Implementing Agency:

United Nations Development Programme, UNDP Country Office Samoa

Lead Implementation Partner (Executing Agency):

Ministry of Natural Resources and Environment (MNRE)

Other Responsible Parties:

Ministry of Agriculture and Fisheries (MAF)

National Health Service (NHS)

Funding:

LDCF Grant: 2,000,000 USD

Co-Financing: 2,100,000 USD (500,000 USD In-Kind; 1,600,000 USD Parallel Funding)

Implementation Timeframe:

2009 July through 2013 December



Source: ICCRAHS Project Document, 2008

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Terminal Evaluation Opening Page

Project Name:	Integrating Climate Change Risks into the Agriculture and Health Sectors in Samoa
GEF Project ID:	3358
UNDP PIMS ID:	3940
Country:	Samoa
Region:	Asia and the Pacific
Funding Source:	Least Developed Countries Fund (LDCF)
Focal Area:	Climate Change
PIF Approval:	2007 December 19
PPG Approval:	2007 December 19
Approval Date:	2009 February 09
Implementation Timeframe:	2009 July through 2013 December
Project Cost:	4,150,000 USD (including the 50,000 USD PPG amount)
GEF Grant:	2,050,000 USD (PPG amount: 50,000 USD; Project Grant: 2,000,000 USD)
Co-Financing:	2,100,000 USD (500,000 USD In-Kind; 1,600,000 USD Parallel Funding)
Implementing Agency (GEF Agency):	United Nations Development Programme, UNDP Country Office Samoa
Management Arrangement:	National Execution Modality (NEX)
Lead Implementation Partner (Executing Agency):	Ministry of Natural Resources and Environment (MNRE)
Other Responsible Parties:	Ministry of Agriculture and Fisheries (MAF) National Health Service (NHS)
Terminal Evaluation Timeframe:	2013 December to 2014 January
Terminal Evaluator:	James Lenoci
Language of Evaluation Report:	English

The evaluator would like acknowledge the information and feedback provided by project stakeholders, including central level governmental ministry and agency representatives, UNDP-GEF country office staff, the project management team, and interviewed farmers and district health care providers. The outcome coordinators provided valuable support throughout the evaluation process, and both the PMU and UNDP country office staff provided logistical support during the field visits and evaluation interviews.

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Executive Summary

Exhibit 1: Project Summary Table

Exhibit 1: Project Summary Table				
Project Title:	Integrating Climate Change Risks into the Agriculture and Health Sectors in Samoa		at endorsement (MUSD)	at completion (MUSD)
GEF Project ID:	3358	GEF financing:	2.05	2.05
UNDP Project ID:	3940	IA/EA own:		
Country:	Samoa	Government:	0.50	0.54
Region:	Asia and the Pacific	Other:	1.60	1.35
Focal Area:	Climate Change	Total co-financing:	2.10	1.89
Operational Program:	Least Developed Countries Fund (LDCF)	Total Project Cost:	4.15	3.94
Executing Agency:	Ministry of Natural Resources and Environment (MNRE)	Prodoc Signature (date project began):		2009 Feb 09
Other Partners Involved:	Ministry of Agriculture and Fisheries (MAF) National Health Service (NHS)	(Operational) Closing Date:	Proposed: 2013 March	Actual: 2013 Dec 31

Project Description

Through the 4.1 MUSD project (2 MUSD provided through a LDCF grant and 2.1 MUSD in co-funding), the Government of Samoa proposed an integrated approach to address climate change impacts in the agriculture and health sectors. The project focused on the enhancement of technical capabilities in the Samoa Meteorology Division to monitor climate trends and provide timely and accurate climate risk and early warning information to agricultural extension and public health services. The project strengthened the capabilities of public health workers and agricultural planners to make use of climate risk information and adopt measures that increase the resilience of communities to climate-induced food security and disease risks. Demonstration of adaptive crop management and climate-related disease prevention in high-risk districts aimed to provide a knowledge base to catalyze increasingly resilient policy and investment, and enable replication and up-scaling of project lessons within the country and in the wider Pacific region.

The implementing agency was the UNDP, and the project was executed under a national execution modality, with the MNRE as executing agency (lead implementation partner), and the MAF and NHS as responsible parties. Other stakeholders included the Ministry of Health, Ministry of Finance, local farmers and farmer associations, and district health care providers.

The project was developed in line with the Programming Paper for Funding the Implementation of NAPAs. The rationale for GEF involvement is the recognition by the GEF and the international community of the high vulnerability and low adaptive capacity of LDCs generally, that render them in need of support to begin adapting to the adverse effects of climate change.

The project is also consistent with the GEF Sec multi-focal programme for Pacific island countries with its particular emphasis on promoting adaptation across focal areas. The project also fits into the overall programmatic approach of the Government of Samoa to address climate change adaptation as outlined in its programmatic strategy for adaptation, National Environmental Management Strategy, Samoa Sustainable Development Strategy 2012-16, as well as the Pacific Regional Climate Change Framework for Action on Climate Change 2006-2015.

The project objective is directly aligned to the UNDAF for the Pacific Region 2013-2017, particularly Outcome Area 1: Environmental Management Climate Change and Disaster Risk Management.

Terminal Evaluation Purpose and Methodology

This terminal project evaluation was conducted to provide conclusions and recommendations about the relevance, impact, efficiency, effectiveness and sustainability of the project. The evaluation aimed to enable UNDP, the donor (GEF), and other stakeholders to draw lessons from the project for future similar undertakings and to assess what the next steps are that may need to be taken to ensure the sustainability of the actions undertaken and by whom.

The terminal evaluation was an evidence-based assessment and relied on feedback from persons who have been involved in the design, implementation, and supervision of the project, review of available documents and records, and findings made during field visits.

Evaluation Ratings

Evaluation ratings are tabulated below in **Exhibit 2**.

Exhibit 2: Evaluation Rating Table		
Criteria	Rating	Comments
1. Monitoring and Evaluation		
M&E Design at Entry	Satisfactory	M&E plan was robust and sufficient resources were allocated (4% of LDCF grant).
M&E Plan Implementation	Moderately Satisfactory	No adjustments to logical results framework made at inception phase. The results framework was reviewed and adjusted on the occasion of the first PIR in 2010, but unclear communication between the IA and EA on agreed targets evident at time of TE. No evidence of formalized follow up of management response to mid-term review; although key recommendations were integrated into work plans and management arrangements.
Overall Quality of M&E	Moderately Satisfactory	Better M&E might have assisted more efficient decision making and allocation of resources for activities that needed support, such as the climate-resistant crop field trials.
2. Implementing Agency (IA) and Executing Agency (EA) Execution		
Quality of UNDP Implementation	Moderately Satisfactory	The IA facilitated extensive international expertise to support project components; including the NIWA partnership, South-South cooperation with a global health adaptation initiative, etc. The IA might have assigned more M&E responsibilities to project management staff, and provided more coaching, in order to have broader focus on results. Stronger demands should have been made to staff a full-time coordinator for the last two years of the project.
Quality of Execution – Executing Agency	Moderately Satisfactory	There was no full-time project coordinator for the last two years of project implementation. Support from corporate services departments, e.g., for procurement, was inefficient. And, arrangements among implementing partners were not operationalized, e.g., through memorandums of understanding.
Overall Quality of Implementation / Execution	Moderately Satisfactory	Formalized partnership arrangements and more coaching from IA might have improved overall efficiency of the project.
3. Assessment of Outcomes		
Relevance	Relevant	The project addresses three of the nine NAPA priorities, specifically health, climate services (early warning), and agriculture & food security. Also, the project is in alignment with Alignment of a cross-sectoral approach on health and agriculture was consistent with the Strategy for

Exhibit 2: Evaluation Rating Table

Criteria	Rating	Comments
		the Development of Samoa 2008–2012, i.e., strengthening of cross-sectoral collaboration and coordination between the agricultural/food security sector (i.e. Ministry of Agriculture and Fisheries [MAF]), the health sector (i.e. Ministry of Health (MOH) and National Health Service [NHS]) and environmental data services (i.e., MNRE-MD).
Effectiveness	Satisfactory	Considering the delays in starting implementation and the generally low level of ownership among government sector stakeholders, the achievement of the objective and outcomes was satisfactory. The climate early warning system infrastructure and services was significantly improved, and there is already strong demand among agricultural end users. District level health sector capacity building was particularly effective.
Efficiency	Moderately Satisfactory	Implementation delays adversely affected efficiency, reducing the time available to carry through with broader dissemination of results, and completion of certain activities, including the climate-ready crop trials.
Overall Project Outcome Rating	Satisfactory	The project has been attained satisfactory achievement of the objective and outcome, even with the relatively low level of efficiency.
4. Sustainability		
Financial Resources	Likely	Operation and maintenance of the expanded AWS infrastructure has been funded through the MNRE-MD budget. Also, reported continuation of some of the crop trials through a USAID-SPC project also demonstrates some leveraged sustainability. However, no funding is in place to ensure continued supply of climate risk maps to end users; climate officers have not yet been integrated into MAF or NHS; and project website not sustained due to payment to Internet service provider.
Socio-Economic	Moderately Likely	The project did a good job at increasing awareness and mainstreaming district health care community outreach services. There is also strong demand for climate information services among agricultural users. But the low level of ownership of the MAF during the project, e.g., for the constructed nurseries and advancing the draft adaptation strategy, lowers the sustainability rating for this dimension.
Institutional Framework and Governance	Likely	MNRE-MD capacity for developing and delivering climate information services is institutionalized into their organization. Also, climate change adaptation is included into the NHS corporate plan for the first time, and the NHS board has endorsed the project supported adaptation strategy. Inclusion of a climate change objective into the most recent version of the agricultural sector plan signifies a certain level of institutional commitment.
Environmental	Moderately Likely	There remain risks to both crop and public health resilience to more extreme weather events, more frequent storms, changes to the onset and duration of dry seasons, etc.
Overall Likelihood of Sustainability	Moderately Likely	The project contributed significantly toward mainstreaming climate change adaptation in both the agricultural and health sectors. And, there is evidence of stakeholder commitment, e.g., through funding operation and maintenance of expanded AWS infrastructure. Overall, sustainability is not rated higher than moderately satisfactorily because of the relatively low ownership among the agriculture sector, and uncertain allocation of responsibilities within the health sector.

Major Project Strengths and Achievements

Climate early warning systems and services strengthened

One of the main achievements of the project has been the upgrade of climate early warning systems and services. These improvements have already had an impact within the meteorology sector, e.g., their information management system is more integrated and flow of information to end users is enhanced. Climate forecasting services to the agriculture sector have been greatly improved, and further development is considered likely, if funding is secured. The systems are now more flexible, enabling more cross-sectoral climate services, and collaboration has started with the tourism and forestry sectors. More work is required in the health sector, to reach a point where decision makers are utilizing climate early warning services in their adaptation strategies.

Improved resilience to climate change risks demonstrated at district level health sector

The project demonstrated at the clinical level how climate-related disease information can be used to improve health care response and preparedness, which leads to a reduction of vulnerability of local communities. This knowledge has empowered the district level health care providers, and there is evidence supporting mainstreaming of improved community outreach efforts. For example, the Tuasivi main referral hospital staff indicated that they are making climate-related health impact analysis as a component of the medical residency program sponsored by the hospital, and the outreach topics have been expanded to include climate-related health risk reduction. With more formalized collaboration with the MOH surveillance professionals, the impact could be enhanced, nation-wide.

Initiated and enhanced multi-sectoral dialogue, strengthened capacity, and provided some foundational policy and strategy guidance

The project proved instrumental in strengthening cross-sectoral collaboration and setting the foundation for CLEWS application in subsequent NAPA sectoral implementation projects, including agricultural, coastal, and tourism sectors. The project also did a good job in terms of training staff of government ministries and agencies, and multi-sector capacity building efforts have enabled planners to better formulate adaptation strategies to address climate risks. The multi-sectoral dialogue facilitated by the project, e.g., through the project steering committee meetings, has contributed to improved inter-ministerial collaboration and coordination. The project also supported some foundational policy and strategy guidance, including the adaptation strategy for the health sector, which has been endorsed by the NHS, and a draft adaptation strategy for the agricultural sector.

Capacity of agricultural end users to apply the seasonal forecasts strengthened

Demand from agricultural end users for climate services has been strong; many farmers are going to the ministry (MAF) requesting climate risk maps and other climate information products. With sufficient funding support, the MNRE-MD has strengthened capacity to independently further develop climate services to the agricultural users, e.g., through dynamic map products.

Project supported and had catalytic impact on other projects and programs

As the first project implemented under the NAPA, benefits have been realized by other projects and programs. Some examples include utilization of the strengthened climate early warning systems and services by the forestry sector, e.g., through the UNDP-GEF ICCRIFS project, the EU-funded Water Sector Support Programme (WaSSP) has used climate information produced by the

project, and the USAID-SPC Pacific Adaption to Climate Change project is considering scaling up the climate-ready crop field trials.

Established a potential mechanism distributing climate ready crops to local farmers

The five crop nurseries established on premises of agricultural extension services (3 in Upolu and 2 in Savai'i) offer a very good potential legacy, as distribution centers for climate-ready crops. The nurseries are so far selling traditional varieties, but demand has been high among local farmers, which demonstrates that access to planting materials was restrictive. With further commitment from the MAF, e.g., by allowing revenue collected by the nurseries to be used to cover their costs and fund further development, the nurseries could eventually be efficient distribution points for climate-resistant varieties

Strengthened Capacity of Samoan Professional Community

Capacity building was also realized among the Samoan professional community, both within the governmental and non-governmental sectors, including the project management team, local consultants, and engaged partners and agency level staff. This development of human capital provides a legacy resource for the county of Samoa.

Key Shortcomings and Recommendations

There was a general low level of ownership among government sector partners

Evidence of the general low level of ownership include: the climate adaptation strategy for agriculture is only in draft form at the end of the project; there was limited support from the MAF (including the extension service stations) for the climate-ready crop trials; and health sector stakeholders engaged late in the process. Ownership did improve in the second half of the project, through component coordinators assigned at the MD, MAF, and NHS, and closer coordination with the MOH. The component coordinators also facilitated targeted technical advisory groups which also led to improved stakeholder involvement.

Partnerships were not efficiently operationalized

For multi-sectoral projects such as this one, national implementation modality might not be best choice, unless genuine partnerships and arrangements are operationalized. For example, there were no memorandums of understanding agreed upon between the implementing partner (MNRE) and the responsible parties (MAF and NHS).

Recommendation: A tailored implementation modality should be considered for multi-sectoral projects. For example, funding disbursements made directly to the responsible partners, i.e., MAF and NHS, might have improved ownership and, hence, efficiency, e.g., through more collaborative support from the corporate services departments.

Inconsistent focus on results

There was inconsistent focus on results during the course of project implementation. Firstly, at project inception, there was no adjustment made to the logical results framework, for example to rationalize certain design shortfalls, such as the scope of the climate-resistant crop field trials. There were modifications to targets documented in the first PIR, in 2010, and again as a result of the mid-term review, but there was no evidence of Steering Committee approval. And, there was

confusion apparent among the component coordinators regarding which targets they should be aiming for.

Recommendation: One or more project management staff members, or a dedicated M&E coordinator, should be assigned with monitoring & evaluation responsibility, rather than having UNDP-GEF staff reporting on results in annual reports. The terms of reference for these positions should clearly outline their M&E duties and reporting requirements.

Insufficient coordination and operational support

The project did not have a full-time project coordinator in the last two years of implementation, 2012 and 2013. As there was a delay in starting up some of the activities, output-level work was concentrated during this latter time period, and the lack of full-time coordination affected overall outcome results. After unsuccessfully recruiting a new project manager, the CEO of the MNRE, the project director, designated the GEF ACEO of MNRE to manage the project. As the GEF ACEO had several other responsibilities, she could not devote full-time attention to the ICCRAHS project. Also, support from the corporate services department, e.g., for procurement, was inefficient, and lowered the overall effectiveness of the project outcomes.

Recommendation: Full-time coordination is essential in making sure resources are sufficiently allocated and results are compiled, interpreted, and disseminated in a timely manner. A full-time project coordinator is even more important in cases where there is no separate chief technical advisor in place.

Recommendation: Clarifying roles and responsibilities through a memorandum of understanding between implementing partners, could improve efficiency, e.g., through more collaborative support from the corporate services departments.

Low preparedness for science-focused activities

For research/scientific focused activities, e.g., the climate-ready crop field trials, preparedness is very important and should be sorted out during project preparation phase. The design of the trials was finalized in 2013, after a partnership with SROS was established that same year. This demonstrates insufficient preparedness.

Recommendation: The design of the field trials should have been better conceptualized during the project preparation phase, and collaborating partners should have been identified. For science-focused activities, sufficient time needs to be allocated to validate data, e.g., over more than one growing season, and to allow interpretation and dissemination. Without adequate preparedness, there is a risk to the overall quality of the results, and the UNDP and GEF should avoid exposing their organizations to weak climate science.

Limited financial commitment to ensure sustainability of project benefits

There was limited evidence of central or local level financial commitment to ensure sustainability of project benefits. The MAF and the NHS/MOH do not yet have climate officers integrated into their organizations; and the MAF could not verify that climate risks maps could continue to be supplied to interested farmers due to lack of resources for printing them. And, revenue collected from the project-supported nurseries at the agricultural extension stations is not available locally to help fund further development of the nurseries, and rather is channeled to MAF central coffers.

Recommendation: Operationalizing climate change adaptation actions into relevant sector plans should be a government priority, demonstrating that the issues are handled on a programmatic level and not only driven by donor-supported projects.

Sustainability Strategy and Proposals for Future Directions

Sustainability Strategy

The key recommended actions under the sustainability strategy include the following:

MET Sector

- ✓ Implement procedures for tracking number and type of users of web-based CLEWS climate service products
- ✓ Further strengthen capacity of multi-sectoral CLEWS users
- ✓ Improve climate services for the agricultural sector
- ✓ Introduce other modes of disseminating climate services, e.g., via SMS
- ✓ Clarify NHS/MOH user needs and develop/deliver climate services products
- ✓ Develop outreach and training program for users of health-related climate services
- ✓ Implement the above measures along the structured report prepared through ICCRAHS on “Strengthening Climate Services in Samoa: Recommendations for the next development phase of integrating climate change mitigation and adaptation services into the agricultural and health sectors in Samoa [2013-2018]”. Resource through combination of other projects, e.g., LDCF forestry, tourism, FINPAC, WMO support, etc.

Agriculture Sector

- ✓ Finalize adaptation strategy for agriculture
- ✓ Mainstream a climate change officer position within MAF organization
- ✓ Incorporate climate risk forecasting and adaptation planning into sector plan
- ✓ Ensure supply and updates of GIS-based maps/products
- ✓ Integrate information among MAF divisions, including Crops, Livestock, Fisheries, etc.
- ✓ Mainstream nurseries into MAF organization for supply of resilient crop varieties and expand outreach activities

Health Sector

- ✓ Prepare a good practice guideline for gathering and disseminating climate-related disease information at the district hospital level
- ✓ Operationalize implementation climate-related disease information gathering and dissemination
- ✓ Finalize approval Adaptation Strategy for Health (from the MOH)
- ✓ Mainstream a climate change officer position within NHS and/or MOH organizations
- ✓ Incorporate Climate Risk Projections and Adaptation Planning into Sector Plan

- ✓ Tailor project-developed training materials into regular training modules for NHS/MOH professional staff, and update regularly
- ✓ Develop and implement curriculum enhancement program at National University of Samoa (NUS), to include climate-related health issues
- ✓ Incorporate the standard operating procedures developed during the project into the NHS and MOH internal routines and operational budgets
- ✓ Include training on the use of the rapid testing procedures into regular NHS and MOH training programs
- ✓ Operationalize procedures for reducing climate-related diseases (mostly through increased community outreach and organization of medical referral services)

Proposals for Future Directions

The following recommendations are made as future directions underling the main objective:

- ✓ Develop a Payment for Climate Services Strategy
- ✓ Integrate Disaster Risk Reduction Interventions with Climate-Related Health Risk Management
- ✓ Engage the Fisheries Sector
- ✓ Capitalize on Existing Linkages Local Farmers have with Local Hotels
- ✓ Encourage Inclusion of Climate Change Training into Health Care Education Curriculum
- ✓ Integrate hydrological information into CLEWS
- ✓ Build on recommendations through GEF-LDCF Economy Wide and GEF SMSMCL projects

Abbreviations and Acronyms

ACEO	Assistant Chief Executive Officer
ALM	Adaptation Learning Mechanism
APR	Annual Project Report
AusAID	Australian Assistance for International Development
AWP	Annual Work Plan
AWS	Automatic Weather Station
CASA	Climate Adaptation Strategy for Agriculture
CASH	Climate Adaptation Strategy for Health
CEO	Chief Executive Officer
CLEWS	Climate Early Warning System
CPAP	Country Programme Action Plan
CRP	Climate Risk Profile
EU	European Union
FAO	Food & Agriculture Organization
GEF	Global Environment Facility
GEF-PAS	Global Environment Facility Pacific Alliance of Sustainability
GIS	Geographic Information System
IA	Implementing Agency
ICCRAHS	Integrating Climate Change Risks in the Agriculture & Health Sectors in Samoa
IPCC	Intergovernmental Panel on Climate Change
IT	Information Technology
JICA	Japan International Cooperation Agency
LDC	Least Developed Country
LDCF	Least Developed Country Fund
M&E	Monitoring and Evaluation
MAF	Ministry of Agriculture and Fisheries
MD	Meteorology Division (MNRE)
MDG	Millennium Development Goal
MNRE	Ministry of Natural Resources and Environment
MOH	Ministry of Health
MOU	Memorandum of Understanding
MWCSD	Ministry of Women, Community and Social Development
MWTI	Ministry of Works, Transport and Infrastructure
NAPA	National Adaptation Programme of Action
NEX	National Execution
NGO	Non-Government Organization
NIWA	National Institute of Water and Atmospheric Research Ltd
NHS	National Health Services
NPSC	National Project Steering Committee
NZAID	New Zealand Assistance for International Development
PACC	Pacific Adaptation to Climate Change Project
PIC	Pacific Island Country
PIF	Project Identification Form

PIR	Project Implementation Review
PMU	Project Management Unit
PPG	Project Preparation Grant
PRCCFACC	Pacific Regional Climate Change Framework for Action on Climate Change
PSC	Project Steering Committee of the PPG phase
SDS	Strategy for the Development of Samoa
SFA	Samoa Farmers Association
SIDS	Small Island Developing States
SLM	Sustainable Land Management
SPC	Secretariat for the Pacific Community
TOR	Terms of Reference
TRAC	Framework of Targets for Resource Assignment from the Core (UNDP)
UN	United Nations
UNDP	United Nations Development Programme
UNDP-CO	United Nations Development Programme Country Office
UNDAF	United Nations Development Assistance Framework
UNEP	United Nations Environment Programme
UNFCCC	United Nations Framework Convention on Climate Change
USD	United States dollars
USP	University of the South Pacific
V&A	Vulnerability and Adaptation
WB	World Bank
WHO	World Health Organization
WIBDI	Women in Business for Development Inc.
WMO	World Meteorological Organization

1. INTRODUCTION

1.1. Purpose of Evaluation

The objectives of the evaluation were 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.

Specific objectives included:

- Assess the extent of achievements of projects outputs and results including extent of implementation of mid-term review recommendations
- Examine the current level of impact and sustainability of results, including the contribution to institutional strengthening.
- Identify and document lessons learned and make recommendations that will maximize the impact of the project and also to provide evidences to improve design and implementation of similar projects in near future.
- Identify an exit strategy for the project by linking its products to other ongoing initiatives.

1.2. Evaluation Scope and Methodology

The final evaluation was an evidence-based assessment and relied on feedback from persons who have been involved in the design, implementation, and supervision of the project, and also review of available documents and findings made during field visits.

The overall approach and methodology of the evaluation followed the guidelines set out in the Terms of Reference (see **Annex 1**) and those outlined in the UNDP Guidance for Conducting Terminal Evaluations of UNDP-supported, GEF-financed Projects¹.

The evaluation was carried out by an international consultant/evaluator and included the following activities:

- ✓ A debriefing was held on 03 December 2013 via Skype, with UNDP Country Office staff and the UNDP GEF Regional Technical Adviser based in the region. The activities of the project were explained to the evaluator, logistical arrangements for the evaluation mission were agreed upon, and deadlines for the final report agreed upon.
- ✓ An evaluation field mission to Samoa was carried out from 06 through 19 December 2013; the itinerary is compiled in **Annex 2**.
- ✓ The evaluator interviewed key project stakeholders, including the acting project coordinator, project outcome coordinators, representatives from Ministry of Natural Resources and Environment, Ministry of Agriculture, National Health Services, Ministry of Health, Ministry of Finance. The list of persons interviewed is outlined in **Annex 3**.
- ✓ Visits were made to the majority of the project field sites; a few could not be visited due to time restrictions. A summary of the field visits is presented in **Annex 4**.
- ✓ The evaluator completed a desk review of relevant sources of information, such as the project document, project progress reports (including annual PIRs), combined delivery

¹ Guidance for Conducting Terminal Evaluations of UNDP-Supported, GEF-Financed Projects, 2012, UNDP.

reports, mid-term review, progress reports, project files, national strategic and legal documents. A complete list of information reviewed is compiled in **Annex 5**.

- ✓ At the end of the evaluation field mission on 17 December 2013, the evaluator presented the preliminary findings to the UNDP Resident Representative, the UNDP Programme Manager, and the UNDP GEF Regional Technical Advisor. Following this debriefing, the evaluator discussed the preliminary findings with the members of the Steering Committee at meeting held at the MNRE office later that day.
- ✓ The evaluator obtained additional information via e-mail from the project team after the field mission was completed.

As a data collection and analysis tool, an evaluation matrix was adapted from the preliminary set of questions included in the TOR. Evidence gathered during the fact-finding phase of the evaluation is documented in the matrix (see **Annex 6**), and for quality assurance, evidence was cross-checked between as many sources as practicable, in order to validate the findings. The project logical results framework was also used as an evaluation tool, in assessing attainment of project objective and outcomes (see **Annex 7**).

1.3. Structure of the Evaluation Report

The evaluation report starts out with a description of the project, indicating the duration, main stakeholders, and the immediate and development objectives. The findings of the evaluation are broken down into the following sections in the report:

- ✓ Project Formulation
- ✓ Project Implementation
- ✓ Project Results

The discussion under **project formulation** focuses on an evaluation of how clear and practicable were the project’s objectives and components, and whether project outcomes were designed according to SMART criteria (see **Exhibit 3**).

Exhibit 3: SMART Criteria	
S	Specific: Outcomes must use change language, describing a specific future condition
M	Measurable: Results, whether quantitative or qualitative, must have measurable indicators, making it possible to assess whether they were achieved or not
A	Achievable: Results must be within the capacity of the partners to achieve
R	Relevant: Results must make a contribution to selected priorities of the national development framework
T	Time- bound: Results are never open-ended. There should be an expected date of accomplishment
Source: Guidance for Conducting Terminal Evaluations of UNDP-Supported, GEF-Financed Projects, 2012, UNDP	

Also, project formulation covers whether or not capacities of executing agencies were sufficiently considered when designing the project, and if partnership arrangements were identified and negotiated prior to project approval. An assessment of how assumptions and risks were taken into account in the development phase is also included.

The report section on **project implementation** first looks at how the logical results framework was used as an M&E tool during the course of the project. Also, the effectiveness of partnerships and the degree of involvement of stakeholders are evaluated. Project finance is assessed, by looking at the degree of co-financing that was materialized in comparison to what was committed, and also whether or not additional or leveraged financing was secured during the implementation phase. The cost-effectiveness of the project is evaluated by analyzing how the planned activities met or exceeded the expected outcomes over the designed timeframe, and whether an appropriate level of due diligence was maintained in managing project funds.

The quality of execution by both the implementing agency and the executing agency is also evaluated and rated in the project implementation section of the report. This evaluation considers whether there was sufficient focus on results, looks at the level of support provided, quality of risk management, Government ownership (in the case of the executing agency), and the candor and realism represented in the annual reports.

The project implementation section also contains an evaluation and rating of the project M&E system. The appropriateness of the M&E plan is assessed, as well as a review of how the plan was implemented, e.g., compliance with progress and financial reporting requirements, how were adaptive measures taken in line with M&E findings, and management response to the recommendations from the mid-term review.

In GEF terms, **project results** include direct project outputs, short- to medium-term outcomes, and longer term impact, including global environmental benefits, replication efforts, and local effects. The main focus is at the outcome level, as most UNDP supported GEF financed projects are expected to achieve anticipated outcomes by project closing, and recognizing that global environmental benefit impacts are difficult to discern and measuring outputs is insufficient to capture project effectiveness.

Project outcomes are evaluated and rated according to relevance, effectiveness, and efficiency:

Relevance: The extent to which the activity is suited to local and national development priorities and organizational policies, including changes over time, including unforeseen events such as natural disasters. Also, the extent to which the project is in line with GEF Operational Programs or the strategic priorities under which the project was funded.

Effectiveness: The extent to which an objective has been achieved or how likely it is to be achieved.

Efficiency: The extent to which results have been delivered with the least costly resources possible; also called cost effectiveness or efficacy.

In addition to assessing outcomes, the report includes an evaluation of country ownership, mainstreaming, **sustainability** (which is also rated), catalytic role, and impact.

The findings are summarized into comprehensive and balanced **conclusions**, highlighting the strengths, weaknesses, and outcomes of the project. Conclusions are substantiated with evidence and connected to the key evaluation questions.

Finally, the evaluation presents **recommendations** for reinforcing and following up on initial project benefits. The report concludes with a discussion of lessons learned and good practices which should be considered for other GEF and UNDP interventions.

1.4. Evaluation Ratings

The findings of the evaluation are compared against the targets set forth in the logical results framework, and also analyzed in light of particular local circumstances. The effectiveness and

efficiency of project outcomes are rated according to the 6-point GEF scale, ranging from Highly Satisfactory (no shortcomings) to Highly Unsatisfactory (severe shortcomings). Monitoring & evaluation and execution of the implementing and executing agencies were also rated according to this scale. Relevance is evaluated to be either relevant or not relevant.

Sustainability is rated according to a 4-point scale, ranging from Likely (negligible risks to the likelihood of continued benefits after the project ends) to Unlikely (severe risks that project outcomes will not be sustained). Impact was rated according to a 3-point scale, including significant, minimal, and negligible. The rating scales are compiled below in **Exhibit 4**.

Exhibit 4: Rating Scales		
<p>Ratings for Outcomes, Effectiveness, Efficiency, M&E, I&E Execution</p> <p>6. Highly Satisfactory (HS): The project had no shortcomings in the achievement of its objectives in terms of relevance, effectiveness, or efficiency</p> <p>5: Satisfactory (S): There were only minor shortcomings</p> <p>4. Moderately Satisfactory (MS): There were moderate shortcomings</p> <p>3. Moderately Unsatisfactory (MU): The project had significant shortcomings</p> <p>2. Unsatisfactory (U): There were major shortcomings in the achievement of project objectives in terms of relevance, effectiveness, or efficiency</p> <p>1. Highly Unsatisfactory (HU): The project had severe shortcomings</p>	<p>Sustainability Ratings:</p> <p>4: Likely (L) Negligible risks to sustainability</p> <p>3. Moderately Likely (ML): Moderate risks to sustainability</p> <p>2. Moderately Unlikely (MU): Significant risks to sustainability</p> <p>1. Unlikely (U): Severe risks to sustainability</p>	<p>Relevance Ratings:</p> <p>2. Relevant (R)</p> <p>1. Not relevant (NR)</p> <p>Impact Ratings:</p> <p>3. Significant (S)</p> <p>2. Minimal (M)</p> <p>1. Negligible (N)</p>
<p>Additional ratings where relevant:</p> <p>Not Applicable (N/A)</p> <p>Unable to Assess (U/A)</p>		
<p>Source: Guidance for Conducting Terminal Evaluations of UNDP-Supported, GEF-Financed Projects, 2012, UNDP</p>		

1.5. Ethics

The evaluation was conducted in accordance with the UNEG Ethical Guidelines for Evaluators, and the evaluation team has signed the Evaluation Consultant Code of Conduct Agreement form (see **Annex 8**). In particular, the evaluator ensures the anonymity and confidentiality of individuals who were interviewed and surveyed. In respect to the UN Declaration of Human Rights, results were presented in a manner that clearly respects stakeholders' dignity and self-worth.

1.6. Limitations

The evaluation was carried out over a period of 30 consultant days, which included preparation, the field mission, desk review, and completion of the evaluation report. As time was limited, some of the stakeholders earmarked for interviews were unavailable, and others did not respond in time to inquiries sent by email. The evaluator assumes that the information obtained over the course of the evaluation time period is representative.

2. PROJECT DESCRIPTION

2.1. Project Start and Duration

Key project dates are listed below:

PIF approval	2007 December 19
PPG Approval	2007 December 19
Approval	2009 February 09
Inception date	2009 July
Mid-term evaluation	2012 May
Project completion (proposed)	2013 June
Project completion (actual)	2013 December
Terminal evaluation	2014 January

2.2. Problems that the Project Sought to Address

As a result of the systematic changes in climate identified under the 2007 Climate Risk Profile (CRP), the specific threats for Samoa include the following:

- ✓ Flooding resulting in large bodies of stagnant water, leading to increases in mosquito populations that transmit diseases including filariasis, dengue fever, typhoid, diarrhea as well as number of gastrointestinal infections;
- ✓ Extreme rainfall events in Samoa resulting in overflow of sewerage systems and the spread of pathogens;
- ✓ Flash flooding, associated with extreme rainfall events resulting in serious injuries and loss of life;
- ✓ Coastal and surface flooding causing widespread damage to infrastructure such as buildings, roads and utilities and inundation of coastal areas;
- ✓ Heavy rainfall causing major damage to crops in Samoa. Heavy rains in February 2005 reduced the supply of fresh food products, contributing to higher market prices. Certain crops (e.g. pawpaw) were almost completely wiped out;
- ✓ Heavy rainfall causing serious erosion in certain parts of the country. This loss of soil undermines the viability of plantations and other forms of subsistence agriculture, sedimentation in coastal waters threatening fish stocks;
- ✓ Drought affecting access to safe drinking water, dehydration, respiratory problems from increased levels of particulate in the air;
- ✓ Loss of agricultural and livestock productivity compounded by the fact that Samoa does not have extensive irrigation networks or water storage facilities to buffer the effects of drought;
- ✓ Loss of food security and incentive for farmers to continue working their land, which has the potential to undermine food security in Samoa. In marine ecosystems studies have shown that is a correlation between increased sea surface temperatures and incidents of fish poisoning¹. With reef fish a major part of the Samoan diet, there is a very real threat of more cases of fish poisoning. Damaged marine ecosystems (e.g. coral bleaching) add pressure to the already depleted fish stocks. This will lower the availability of fish for consumption. This will cause dietary problems for

¹ Climate Risk Profile for Samoa, 2007.

those who depend on reef fish for nutrients. Offshore fish catch is also highly dependent on sea surface temperatures

- ✓ Increased incidence of agricultural pests and diseases as a result of drought causing stress in crops and livestock, lowering their resilience to disease and pests;
- ✓ Strong winds associated with cyclones resulting in widespread damage to crops, ruining household plantations and increasing market prices and dependence on imports;
- ✓ Heat stress associated with the rise in average daily temperatures;
- ✓ Loss of land due to sea level rise reducing further farming land in the coastal zone;
- ✓ Loss of arable land: through inundation and salt water intrusion. While many plantations are located on elevated ground, there is still a risk of valuable land being lost to sea level rise and storm surge. Crops traditionally grown along the coastline (e.g. bananas and coconuts) will be directly affected. In addition, as coastal land is lost, or become inhabitable, villages will be forced to re-locate inland, thus further reducing the availability of arable land and native forest cover.

In order to address these challenges, the Government of Samoa proposes an integrated approach to address climate change impacts in the agriculture and health sectors. The project was designed to implement three of the urgent and immediate adaptation priorities identified in the Samoa NAPA, which are listed in **Exhibit 5**, and the sectors focused in the project are highlighted: (i) health; (ii) climate services (early warning); and (iii) agriculture.

Exhibit 5: The nine project profiles included in the Samoa NAPA		
Priority	Sector	Project Profile
1	Water	Securing Community Water Resources
2	Forestry	Reforestation, Rehabilitation and Community Forest Fire Prevention Program
3	Health	Climate Health Cooperation Program
4	Climate Services (Early Warning)	Climate Early Warning System
5	Agriculture & Food security	Agriculture & Food Security Sustainability
6	Land use planning	Zoning & Strategic Management Planning
7	Coastal sector	Implementing CIM Plans for Highly Vulnerable Districts
8	Village Communities and Biodiversity	Establishing Conservation Programs in Highly Vulnerable Marine & Terrestrial Areas in Communities
9	Tourism	Sustainable Tourism Adaptation Program

Project Profile 1 (water) is effectively being implemented by the work undertaken in the Samoan water sector, including Water Sector Support Programme, funded by the European Union, as well as the UNDP-GEF International Waters Project. Project Profile 2 (forestry) is being addressed through UNDP-GEF forestry project (ICCRIFS).

2.3. Immediate and Development Objectives of the Project

The **goal** of the project is to safeguard human development in Samoa from new and additional risks associated with climate change.

The **objective** of the project is to increase the resilience and adaptive capacity of coastal communities in Samoa to the adverse impacts of on agricultural production and public health.

Alignment of a cross-sectoral approach on health and agriculture was consistent with the Strategy for the Development of Samoa 2008–2012, i.e., strengthening of cross-sectoral collaboration and coordination between the agricultural/food security sector (i.e. Ministry of Agriculture and Fisheries [MAF]), the health sector (i.e. Ministry of Health (MOH) and National Health Service [NHS]) and environmental data services (i.e., MNRE-MD).

2.4. Budget

The total project implementation budget cost, including co-financing, was 4,100,000 USD, which includes a 2,000,000 LDCF Grant. The budget is broken down below in **Exhibit 6**.

Exhibit 6: Breakdown of Project Budget		
<i>Item</i>	<i>LDCF Grant (USD) % of Total</i>	<i>Total Project Cost (USD) % of total</i>
Outcome 1 (MET)	\$561,000 28%	\$761,000 19%
Outcome 2 (Agriculture)	\$538,000 27%	\$1,038,000 25%
Outcome 3 (Health)	\$535,000 27%	\$1,315,000 32%
Outcome 4 (Enhanced Learning, Adaptive Management)	\$70,000 4%	\$570,000 14%
Project Management	\$207,000 10%	\$327,000 8%
M&E Budget	\$89,000 4%	\$89,000 2%
Total	\$2,000,000	\$4,100,000

2.5. Baseline Indicators Established

Baseline indicators established are listed below.

Meteorological:

- ✓ Assessment of climate risks and impacts on food security and public health in Samoa are hampered by the lack of an operational climate data management system.
- ✓ Lack of capacity of MD Assistant Chief Executive Officer (ACEO) and technical staff to monitor and routinely issue timely and accurate climate risk information to vulnerable sectors and communities.
- ✓ Current climate data use in MD relies on manual procedures.
- ✓ Data from other observational sources (e.g. NOAA) are not suitable for a comprehensive and continuous climate risk analysis.

- ✓ No standardized and regular mechanism for the communication of climate risk information to agricultural sector planners.
- ✓ Climate change risk reports have not been developed and are not systematically available to farmers and local service providers in the agricultural sector.
- ✓ Climate reports within the agricultural sector are not complemented by a timely and accurate early warning functionality including key climatic hazards (such as ENSO, storm surges, heavy rainfall, etc.).
- ✓ Specific needs for the availability of climate risk information to strengthen service provision in the public health sector and to reduce exposure of households to climate-related diseases and illnesses have not been addressed.
- ✓ Climate health risk reports have not been developed and are not systematically available to public health professionals and vulnerable households.
- ✓ No system is in place to communicate increased risks of climate-related diseases to potentially affected, vulnerable households.

Agriculture:

- ✓ Assessment of (and response to) climate risks for agricultural production and food security are poorly developed.
- ✓ Lack of seasonal forecasts, climate reports and detailed GIS maps to inform climate resilient agriculture planning tasks.
- ✓ Lack of capacity by GIS planning staff, MAF Crops Division and Agricultural Extension Services to routinely produce and update climate risk information.
- ✓ Agricultural planners have insufficient risk reduction strategies and policy instruments at their disposal to prevent food shortages and unexpected rises in food prices caused by global climate-related trends and local climatic events.
- ✓ No standardized and regular mechanism for agricultural planners to formulate climate change adaptation policies and strategies with a long-term view of safeguarding national food security.
- ✓ Soil, crop, temperature and rainfall distribution maps for Samoa have not been updated with appropriate digitization and do not include information on climate risk.
- ✓ Limited capacity of crop planners within MAF to routinely prepare climate hazard and risk maps for agricultural production in Samoa.
- ✓ Climate Risk Maps for agricultural production have not been developed and are not systematically available to stakeholders in the agriculture sector.
- ✓ Climate-related impacts on crop development, timing of flowering and fruit sets are poorly understood and not communicated to farmers.
- ✓ MAF's Nuu Agricultural Research Station currently has over 20 new varieties of taro, but these have not been tested for drought-resistance or tolerance to different salinity levels.
- ✓ Limited knowledge of the likely impact of climate change on agricultural production in different districts.
- ✓ Farmers in vulnerable regions do not have full knowledge of, or access to, the whole spectrum of potential cropping choices that enable adaptive and climate-resilient crop management.

Health:

- ✓ The assessment of climate-related health risks in Samoa is not systematic, lacking analysis of the relationship between climatic trends and the occurrence of climate-related vector-borne, water-borne, foodborne, respiratory and heat-related illnesses.
- ✓ Limited capacity of MOH, NHS, private sector, public health and clinical health staff to monitor and routinely diagnose climate-related disease and disease risks.
- ✓ No systematic design and rollout of disease prevention programmes in communities that are at highest risk from climate-related illnesses.
- ✓ Climate-related data use in the MOH and NHS is poorly developed and the existing systems rely on manual recording of health data.
- ✓ No climate-related health risk analysis has been conducted in Samoa to date, and the likely health impacts of climate change on different districts is unclear.
- ✓ Current public health plans in Samoa do not incorporate climate-related health risk and disease projections.
- ✓ Health planners have insufficient vulnerability reduction strategies in place to prevent climate-related disease outbreaks.
- ✓ No prior assessment of a capacity building approach for community-based disease surveillance and prevention has been undertaken in Samoa.
- ✓ Public health staff lack experience in climate-related risks and associated rapid disease testing and screening of high risk communities.

2.6. Main Stakeholders

The key stakeholders engaged in the project include:

- ✓ Residents in high risk communities.
- ✓ Farmers and farmer associations.
- ✓ Local health care providers.
- ✓ Ministry of Natural Resources and Environment (MNRE), including the Meteorological Division (MD). Responsibilities formulating environmental policies and strategies, and overseeing enforcement.
- ✓ Ministry of Agriculture and Fisheries (MAF). Responsibilities include formulating agricultural policies and strategies.
- ✓ MAF Crops Division and Agricultural Extension Service. Responsibilities include carrying out applied agricultural research and development, and providing advisory services.
- ✓ Ministry of Health (MOH). Responsibilities include formulating policies and strategies, and carrying out public health and environmental health surveillance.
- ✓ National Health Service (NHS). Responsibilities include clinical health care.
- ✓ Ministry of Finance. As member of the project Steering Committee, charged with overseeing the implementation of the project.

2.7. Expected Results

The adaptation benefits envisaged under the project will be evidenced by the following impact indicators¹:

- ✓ Selected communities (in pilot site areas) better prepared and more resilient to address ongoing and future climate change risks associated with health, loss of agricultural productivity and food security, cyclones and droughts and degraded ecosystems;
- ✓ Trained personnel in government ministries and agencies able to better plan for climate change risks;
- ✓ Integration of relevant data between agriculture, environment, health and meteorology sectors leading to informed decision making as to best adaptation options;
- ✓ Incidence of people falling sick to climate change related illnesses reduced;
- ✓ Access to climate resistant crops improved;
- ✓ Agricultural productivity boosted amongst both commercial and subsistence farmers; and
- ✓ Capacity of end users to apply the seasonal forecasts strengthened.

3. FINDINGS AND CONCLUSIONS

3.1. Project Design / Formulation

3.1.1. Analysis of Logical Results Framework

The project was designed around three main outcomes, which were aligned with the three target sectors of the NAPA, specifically health, climate services (early warning), and agriculture & food security.

With respect to targets in the logical results framework, according to SMART criteria:

MET Outcome

The target to disseminate quarterly climate reports to all agricultural planners, crop researchers, agricultural extension workers, and policy makers in Samoa by Year 2, was firstly difficult to measure, as it is an exhaustive list of stakeholders. Also, achieving this target by Year 2 is considered unrealistic.

Similarly the target under this outcome to disseminate climate reports to all doctors, public health professionals, technicians, and policy makers in the health sector, is again difficult to measure and not realistically achievable by Year 2, or even by project end.

Agriculture Outcome

Under the agriculture outcome, the main shortfalls with respect to the targets were centered on the climate-ready crop field trials. Targets should have included completion of a design for the trials, which did not happen until the last year of implementation, in 2013. Dissemination of results to all 330 village councils of chiefs is unrealistic, and also difficult to justify in terms of achieve-ability, due to the costs involved in such an outreach effort.

¹ Project Identification Form (PIF), 2007

Health Outcome

As mentioned above for the other two outcomes, the target to reach the majority of health sector professionals with training on accessing, understanding, and applying climate risk information was unrealistic.

Also, the target to establish a database of climate-related disease incidence and linking it to a new, computerized patient record system is unrealistic, not reasonably achievable. Such systems are an ongoing challenge for developed countries to achieve.

3.1.2. Assumptions and Risks

Several of the risks assessed in the project document were realized during the course of the project, and mitigation measures were generally not formally implemented.

For example, inclusion of the FAO and WB on the steering committee was planned, in order to help ensure sustainability of project outcomes. There was no evidence of regular participation of these stakeholders.

High turnover of project staff was also identified as high probability risk. Indeed, this risk was realized with the promotion of the project coordinator half way through the project. As a replacement was not successfully recruited, it can be concluded that limited mitigation measures were put into place.

The risk of potentially low commitment by project stakeholders was also outlined, and this risk was to be partially mitigated by having the key agencies sign stakeholder agreements. Partnership arrangements between the three implementing partners, MNRE, MAF, NHS, were not operationalized, and, ownership was generally low during the implementation phase.

3.1.3. Lessons from other Relevant Projects

Prior to this project, there were several other GEF funded interventions, including a sustainable land management project and an integrated water resource management project. These project experiences led to a solid understanding of local and national institutional frameworks, and working relationships were established with several officers within ministerial and agency organizations.

As the project was designed based upon the National Adaptation Programme of Action and the Climate Risk Profile completed in 2007, the climate-related risk issues were well analyzed in those initiatives.

3.1.4. Planned Stakeholder Participation

Relevant government agencies were involved, primarily including the MNRE, MAF, and NHS. During implementation, the steering committee, represented by a number of government agencies, met often, i.e., quarterly.

Regional institutions, including SPC and USP were engaged, and also the SROS was retained to help with design and interpretation of the climate ready crop pilots. Climate products were delivered to farmers, farmers' associations, as well as public health sector stakeholders. Capacity building was also provided to district level health providers, who in turn, helped increase community awareness through their expanded outreach programs.

As the focus of the project included addressing food security and climate related health issues, the vulnerable groups affected by these issues were engaged during the project. Women's groups

might have been more involved, e.g., with the agricultural crop trials. Fisheries stakeholders were not included, and the civil society was a bit under-represented.

With respect to international participation, two of the key agencies in the agriculture and health sector, notably, FAO and WHO, respectively, were not actively engaged.

One stakeholder from the MOH indicated that they were given very short time to provide feedback on the draft project document, and although they internally disagreed with nominating the NHS as the health sector executing agency, they did not formally object to it.

3.1.5. Replication Approach

The project design contained a high degree of replication potential. The increased capacity and capability of the climate early warning infrastructure and services offer expansion to other sectors and also replicated in other Pacific Island countries.

Similarly, training and capacity building offered to health care workers could be rapidly taken up by the pilot health care center, and through existing collaborative arrangements, with other district hospitals in the country.

Climate information disseminated to agriculture end users could be widely replicated, through sharing among farmer associations or simply through informal connections.

Furthermore, under Outcome 4, two national workshops on climate risk reduction and climate change adaptation were planned, one international workshop for SIDS on agriculture and health sector adaptation was included, and production of project-related publications would be disseminated to key national decision makers and regional organizations. These efforts were designed to further promote replication.

In addition, this project will provide systematic input to the Adaptation Learning Mechanism, aiming to integrate adaptation best practices and improved learning amongst different countries and regions.

3.1.6. UNDP Comparative Advantage

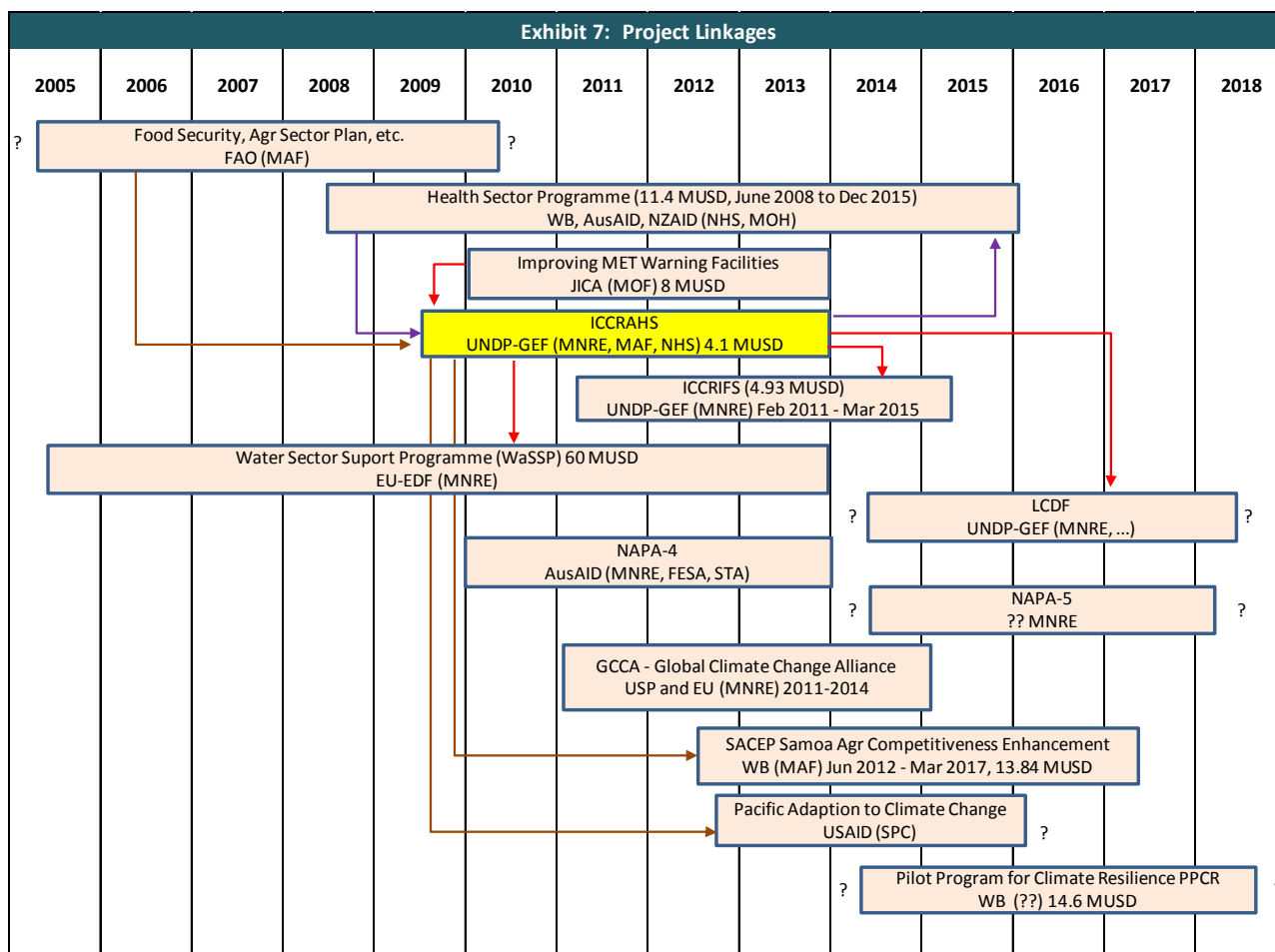
As outlined in the project document, the UNDP comparative advantage in the implementation of the project lies in the effective facilitation of partnerships with fellow UN Agencies and long-standing experience in the fields of policy support and capacity development. As an advocate of the MDGs and their integration into national sustainable development processes, UNDP was able to backstop implementation of the project on the basis of a strong history supporting climate change and disaster management programmes in Samoa. With the UNDP Samoa Country Office and the presence of a UNDP Regional Technical Adviser for Climate Change Adaptation (stationed in Samoa), UNDP was well placed to provide the institutional and technical support required for this project.

3.1.7. Linkages between Project and other Interventions

There are several projects and interventions in the climate change sector in Samoa; a graphical representation of timelines and linkages is presented below in **Exhibit 7**. Co-funding commitments were secured from three projects: The FAO-implemented projects on food security, the JICA-support to the MET in improving climate warning facilities, and the joint WB-AusAID-NZAID Health Sector Programme. There was limited evidence available of linkage with the FAO food security project, which ended near the first half of this project. The infrastructure and service capabilities of the MNRE-MD were enhanced by both the JICA-supported investments and this project,

through complementary and compatible interventions. The JICA linkage is an important one for MNRE-MD to maintain. The Health Sector Programme is a long-term initiative, running until the end of 2015, so some of the project benefits could be linked to his project, e.g., integrating priority adaptation actions into the health sector plan, and operationalization of some of the community outreach programs demonstrated on this project.

Two of the important linkages with respect to the agriculture sector include the WB-financed SACEP project (Samoa Agricultural Competiveness Enhancement Project), which is supporting the MAF in revising the agriculture sector plan. There have been discussions with the USAID-funded Pacific Adaptation to Climate Change project, implemented by SPC, to scale up the climate-ready crop field trials initiated on this project.



3.1.8. Management Arrangements

The project was nationally executed under UNDP National Execution (NEX) procedures. The lead Implementing Partner for the project was the Ministry of Natural Resources and Environment (MNRE), which has the governmental mandate to coordinate the formulation and implementation of climate change policies and related programmes and strategies. Other Responsible Parties included the Ministry of Agriculture and Fisheries (MAF), and the National Health Services.

The Government Cooperating Agency was represented by the Ministry of Finance, the governmental unit directly responsible for the government’s participation in each UNDP-assisted project.

The project board (National Steering Committee) was responsible for making by consensus management decisions for a project when guidance was required by the Project Coordinator,

including recommendation for approval of project work plans and budget revisions. Based on the approved Annual Work Plan (AWP), the project board had the mandate to review and approve project quarterly plans when required and authorize any major deviation from these agreed quarterly plans. In addition, the board approved the appointment and responsibilities of the Project Manager and any delegation of its project assurance responsibilities.

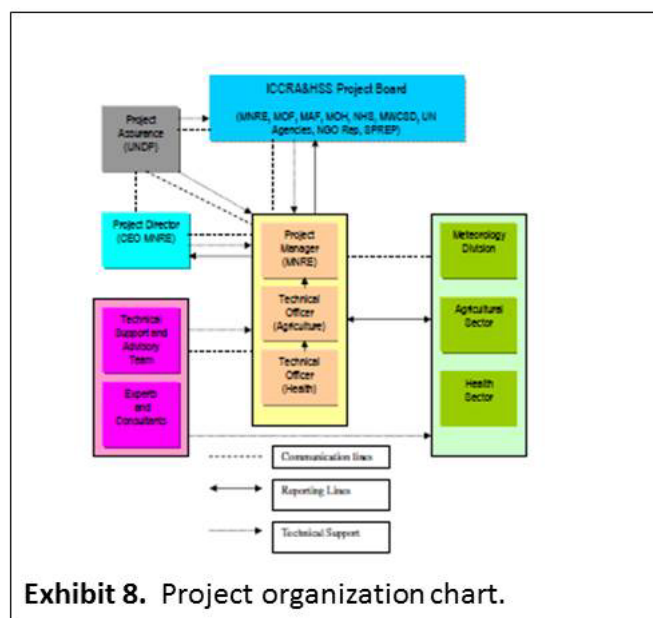
The Project Director was the CEO of the MNRE, and was responsible for overseeing project implementation and ensuring that the project goal, objectives and outputs were achieved.

Also, the project director had the responsibility to see that Government inputs to the project were forthcoming in a timely and effective manner, endorsement of procurement contracts, and supervision/guidance of the Project Coordinator.

The Project Coordinator was a full-time position who reported to the Project Director and was responsible for day-to-day management, administration, coordination, and technical supervision of project implementation. The Project Coordinator was also responsible to monitor work progress and ensure timely delivery of outputs as per the logical results framework.

The project management unit (PMU) consisted of the Project Coordinator, three outcome coordinators (MET, Agriculture, Health), and a Project Assistant.

Project organization is outlined in the chart below, in **Exhibit 8**.



3.2. Project Implementation

3.2.1. Adaptive Management

Adaptive management measures were implemented over the course of the project, as circumstances changed and more information became available. With respect to project organization, the project coordinator was envisioned to be a staff member of the MNRE-MD. The coordinator was not a MNRE-MD staff person, but the MET outcome coordinator was a permanent staff of the MNRE-MD. The project did have to adjust to not having a full-time coordinator for the last 2 years, 2012 and 2013. The original project coordinator continued on as acting coordinator, but with her expanded duties at the MNRE, she obviously could not commit the time required during this critical time period.

The cyclone that struck Samoa in 2012 December had a number of effects on project implementation. Firstly, government level ministry and agency officials (and some of the UNDP staff) needed to divert their focus toward recovery efforts, and thus there was less project oversight during the subsequent few months. Some of the AWS infrastructure became damaged from the storm, and required repair.

Although there were some benefits in having quarterly steering committee meetings, there was some evidence indicating that the PMU staff spending a lot of time preparing for the meetings (quarterly reports) and then waiting for decisions to be operationalized.

Some adaptations were made at the activity level, as well. For example, under Output 2, rather than distributing climate-ready crop input materials to 40 producers, 5 nurseries were built to provide long-term distribution centers. This change was insightful, and enhanced the overall sustainability of the agriculture sector outcome. Also, in addition to running the trials at 3 extension service stations, experimental plots were also carried out by private farmers at their own farms. This modification also turned out to be favorable, as the maintenance of the plots by the private farmers turned out to be much better than at the extension stations.

3.2.2. Partnership Arrangements

This was a particular shortcoming of the project. Firstly, the inter-agency partnerships among the MNRE-MAF-NHS were not agreed upon before project approval. The roles and responsibilities of the health sector stakeholders, namely the NHS and MOH, were not clarified until later in the implementation phase. The agricultural extension stations, part of the MAF, were important stakeholders in the project, and there seems to have been very little consultation/agreement with them prior to project approval.

3.2.3. Feedback from M&E Activities used for Adaptive Management

The steering committee met often, quarterly, and these frequent meetings were efficient venues to discuss adaptive management measures. Feedback from M&E activities was also followed up through the PIRs/APRs, and collaboration between the PMU and UNDP-GEF staff in preparing these reports helped identify circumstances that required adjustment.

3.2.4. Project Finance

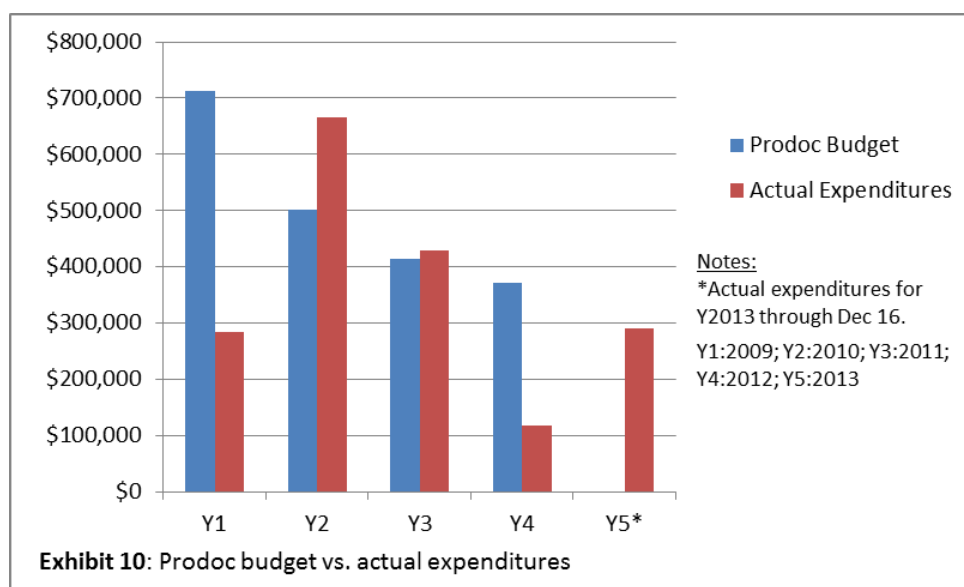
Co-funding on the project consisted of 0.5 MUSD in in-kind government support, and 1.6 MUSD in parallel funding, including 0.2 MUSD from the JICA-supported investments to the MNRE-MD in climate warning facilities, 0.5 MUSD from the FAO projects (including assistance to the national agricultural sector plan and food security initiatives), 0.9 MUSD from the WB-AusAID-NZAID Health Sector Programme. The amount of in-kind government support realized totaled 0.54 MUSD, exceeding the 0.5 MUSD committed. With respect to parallel co-funding, although there was no evidence of tracking by the project, there was evidence of benefits from both the JICA (MET) and WB-AusAID-NZAID health sector project, and full credit is given for these two sources. According to interviewed FAO staff, a regional food security project ran from 2004-2009 and a follow-up initiative was eventually not funded. During the timeframe of the ICCRAHS project, the FAO was assisting the government with the agricultural sector plan. No documented evidence was available regarding FAO co-financing, but there was evidence of FAO-supported projects concurrent with ICCRAHS, so half of the 0.5 MUSD in co-financing is allocated. A summary of co-financing is tabulated in **Exhibit 9**.

Exhibit 9: Co-Financing Table								
Co-Financing (type/source)	UNDP own financing (MUSD)		Government (MUSD)		Partner Agency (MUSD)		Total (MUSD)	
	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual
Grants								
Loans/Concessions								
<input checked="" type="checkbox"/> In-kind Support MNRE			0.2	0.18			0.2	0.18
<input checked="" type="checkbox"/> In-kind Support MAF			0.1	0.18			0.1	0.18
<input checked="" type="checkbox"/> In-kind Support NHS			0.1	0.18			0.1	0.18
<input checked="" type="checkbox"/> In-kind Support MOH			0.1	0			0.1	0.0
<input checked="" type="checkbox"/> Parallel Funding Technical Support to MNRE-MD (JICA)					0.2	0.2	0.2	0.2
<input checked="" type="checkbox"/> Parallel Funding National Food Security Programme (FAO)*					0.5	0.25	0.5	0.25
<input checked="" type="checkbox"/> Parallel Funding Health Sector Programme (WB, AusAID, NZAID)					0.9	0.9	0.9	0.9
Total			0.5	0.54	1.6	1.35	2.1	1.89

Generally, the evaluator had difficulties evaluating financial control, as there was limited information provided. Combined delivery reports were available for each year of implementation, from 2009 through 2013. Total expenditures were available on these reports, and some indication of costs broken down according to UN Atlas code, but outcome level tallies could not be deciphered from these reports.

In the opinion of the evaluator, financial expenditures should at a minimum be available according to output, and preferably by activity. Without this level of detail, transparency and efficiency of resource utilization are difficult to evaluate. During the field mission, there was some indication of mismanagement of funds, e.g., only two of the three project vehicles were accounted for at the time of the field visits. Detailed breakdowns of project expenditures and asset registers were requested, but not provided within the time frame of the evaluation.

Comparing planned expenditures outlined in the project document with actual annual expenditures is presented below in **Exhibit 10**.



The project document budget plan estimated that 712,900 USD would be spent during the first year, i.e., 35% of the total LDCF grant. Considering the time to recruit a project management team and work through the inception phase, this level of spending indicates an overly optimistic outlook. Indeed, the largest amount of money expended was in the second year, 2010, when 666,350 USD was spent. An unusually low amount was spent in 2012 (116,827 USD), while 289,312 USD was spent in 2013, through December 16 of that year. The low spending in 2012 might be indicative of the change in management, when the project coordinator was promoted within the MNRE organization, and the project lacked a full-time coordinator for both 2012 and 2013.

Tallying up the expenditures in the combined delivery reports, as of 2013 December 16, there was a surplus of 213,961 USD.

Only one audit (for fiscal year 2011) was available for review, and some of the shortcomings identified in the audit were also observed during the terminal evaluation mission, e.g., no performance appraisals were made for the outcome coordinators. UNDP country office staff informed the evaluator that years 2012 and 2013 will be combined into one audit, as there were too many audits to manage in 2012.

3.2.5. Monitoring & Evaluation

Monitoring & Evaluation design at entry is rated as: Satisfactory

The M&E plan outlined in the project document was robust and inclusive among the key stakeholders. The allocated budget for implementation of the M&E plan was 89,000 USD, which is 4% of the total LDCF grant, and the evaluator considers this amount sufficient to provide adequate support to the successful implementation of the project.

Monitoring & Evaluation implementation is rated as: Moderately Satisfactory

Starting at the inception phase, a road-show format inception was carried out rather than a workshop. According to UNDP staff, there was a sector engagement workshop held, likely in 2009, but documentation on this workshop was not provided to the evaluator within the timeframe of the evaluation.

There were a few adjustments made to the logical results framework, as documented in the 2010 PIR and also as a result of the mid-term review. But, these modifications did not seem to have been effectively communicated to the project team, as at least two of the component coordinators were referring to the results framework presented in the project document when interviewed by the terminal evaluator.

Reporting generally followed the M&E plan. The annual APR/PIRs were thoroughly completed with analysis of status against indicator targets. The project team provided input for these reports, but they were not the main authors, rather the UNDP staff prepared the reports.

Planning seemed to have been mostly done on 3-month intervals, through Steering Committee meetings. Upon review of the meeting minutes, discussion topics were observed to have been mostly focused on logistical issues, and there was not an underlying emphasis on progress toward the logical results framework.

A mid-term review was completed in 2012 May. Although there was no evidence of a formal management response followed up together with the Steering Committee, the UNDP prepared a table extracting key recommendations from the mid-term review, and assisted the project team in

integrating some of these suggestions through upgrading work plans and improving management arrangements. The undated management responses to mid-term review are presented below:

Mid-Term Review Recommendation	Management Response	TE Comments
The project director to engage the CEOs of MAF and other Ministries with GIS capabilities to first survey what GIS systems are in operation within the GOS and then to take the action needed in the GOS to formally establish a GIS Users Group to coordinate and rationalize the choice of, and training for, GIS systems in why that will make it possible to establish a policy to harmonize systems so that data from different sources can be exchanged, and so that purchase and maintenance costs can be minimized	GIS training by MAF in QR3 to invite ministry divisions and to create users groups To be discussed with the technical meeting at MAF on 28th June 2012	In collaboration with the ICCRIFS project, GIS training was organized.
To ensure that the project formulations, that engage or impact on rural communities, should take in account traditional knowledge and if it is possible to include this aspect in the project design. This is a critical aspect to empower communities and give them stronger sense of ownership and commitments of project outcomes	To be taken into account when developing the nurseries	The nurseries established with project support are being actively used by the local communities, based upon interviews and field observations during the TE mission.
The modified Project Activities at Annex 3 of this report to be considered for adoption to provide a better fit to Samoa's situation, and overcome some of the inappropriate wording used in the PDD and improve prospects for a successful project completion.	The new structure of outputs will be considered for the AWP of the remaining time of the project	Adjustments were made to some of the project activities.
PDD identifies 5 different types of risks, but it doesn't identify a risk management measure. This issue has to be considered as an urgent matter in the next project because it can slow and affect project outcomes.	Risks are also assessed in each PIR and strategies are proposed	There was limited evidence of a more formalized risk management process implemented following the mid-term review.
Produce and distribute to Project stakeholders a document that clearly sets out the Project Objective, Outcomes, Outputs and their new targets, together with activities as they are presented in the Annex 2 (of the MTE evaluation) of this report (modified as may be considered appropriate) and advise all to strictly follow this and to take care not to be misled by reference to the original PDD texts for these categories.	To discuss in the next technical meeting (MAF, NHS)	At project closure there remained some level of confusion over whether or not targets had been changed.
The MAF to contract a consultant to advise on and to assist with the establishment of crop management	TO discuss in the meeting of 28th June 2012. The crops assessed are reduced to 7	The PMU managed to facilitate an agreement with SROS to

Mid-Term Review Recommendation	Management Response	TE Comments
<p>demonstration plots with a system of observation, recording and analysis that will serve for the duration of the project and beyond so as to generate understanding of cropping adjustment needed to ensure productivity is maintained as climate change impacts in Samoa. This is to include both cropping system based on artificial fertilizers and also those using biological/organic production principles based upon traditional farming practices and incorporating appropriate scientific and technical advances. NGO and Farmer experience and their networks should be utilized climate change adaptation information from METI, SPC, SPREP and sources outside the region (approach FAO and WHO for technical assistance).</p>	<p>based on SPC research and USP Alafua. To be supported by Casaff and the policy advisors. To contact the crop specialist of FAO. (UNDP to contact him)</p>	<p>assist with finalizing the design of the climate-ready crop trials. As this arrangement was made in 2013, the impact of the delays could not be overcome, as the trials were still underway in December of that year, the last month of operation.</p>
<p>The Deputy Project Director should discuss with the CEO of MAF measures to address the problem of inadequate clearances around automatic weather stations installed on MAF stations as part of the Project so as to reduce threats to the quality of data derived from that equipment (maintenance of the stations, cut vegetation around the equipment).</p>	<p>To mention in the technical group 28th Jun 2012</p>	<p>During the TE mission, adequate clearance was observed at most of the stations, and there was evidence of regular landscaping maintenance.</p>
<p>The COE-Health with General Manager of NHS to arrange for health sector Project stakeholders to urgently review the status of each and every area of engagement in relation to the Project, and to prepare a schedule in the form of a final year work plan that specifically identifies which individual are entrusted with carriage of each Project task. Strongly recommended that, due to time constraint the services of Dr. Simon Hales (the expert supporting the Fiji project, where similar and institutional data issues are present) be retained to support the Health Sector Project Coordinator in guiding health sector effort.</p>	<p>Set up the final work plan early Qr3. He will start in august for 6 months. He should start as soon as possible before August.</p>	<p>Progress on the Health component activities were significant increased during the second half of the project.</p>
<p>A UNDP Monitoring and Evaluation Framework for Adaptation to Climate Change that has a specific focus on Food Security/Agriculture and Public Health can be used to provide guidance for adaptation stakeholders to monitor adaptation progress. Under this Framework four types of indicators are used to measure the success of projects</p>		<p>The TE used the impact indicators outlined in the PIF. These indicators were considered sufficient to capture the impacts realized by the achievements of the project.</p>

Mid-Term Review Recommendation	Management Response	TE Comments
and portfolios: Coverage, Impact, Replication Potential, and Sustainability. While it is may be too early in this Project to apply these indicators serious consideration should be given to the idea that they be addressed in the Terminal Evaluation.		
To lower the unit cost of maps produces through GIS (currently in full color) and so make it possible to distribute these more widely, wherever possible develop B/W maps formats.		The sustainability of providing climate products to farmers and other end users remains an issue at project closure.

At the time of the terminal evaluation mission, in the last month of the project (2013 December), a final project report had not yet been made.

3.2.6. UNDP and Implementing Partner Implementation / Execution

UNDP Execution is rated as: Moderately Satisfactory

The UNDP programme manager, the GEF RTA, and other UNDP staff were actively engaged in the project. UNDP provided professional support and back-stopping to the project management unit. UNDP co-chaired the vast majority of the quarterly steering committee meetings.

The IA facilitated extensive international expertise to support project components; including the NIWA partnership, South-South cooperation with a global health adaptation initiative, supported by UNDP in Fiji (bringing in the senior technical advisor), as well international technical support for formulating agricultural sectoral adaption plans.

There were some signs of insufficient communication between the UNDP staff and the project team, particularly with respect to the logical results framework. For example, UNDP suggested changes in 2011 to some of the indicator targets, and these were documented in the APR/PIR of that year. Additional recommendations for stream-lining some of the targets were made in the mid-term review. However, during the terminal evaluation mission, the outcome coordinators were mostly following the targets outlined in the original project document.

The evaluator found that the quality of the APR/PIR reports was high, and ratings of project progress was generally consistent with the ratings of this evaluation, although ratings in the APR/PIR reports were a bit higher.

Preparation of the APR/PIRs seemed to have been mostly made by UNDP staff, with input from the project coordinator and outcome coordinators. If these reports were prepared by the PMU staff and UNDP provided only a review role, there might have been more ownership among the PMU on results and, also, a lower level of conclusion regarding agreed targets.

Also, the UNDP should have imposed stronger demands to staff a full-time coordinator for the last two years of the project. And, also, should have required a higher level of accountability of allocated resources, e.g., the project vehicles.

Implementation Partner Executive is rated as: Moderately Satisfactory

The professionals in the assembled project management team were qualified and dedicated to their work. The outcome coordinators worked very well together, and also with the project

coordinator. During the last 2 years of implementation, the project coordinator was promoted within the MNRE organization. She continued on as acting coordinator, because recruiting efforts were unsuccessful to hire a replacement. Although the acting coordinator was actively engaged in the project, the lack of a full-time coordinator during the critical latter periods of the project had an effect on efficiency and sustainability. For example, a full-time coordinator might have had more time to garner assistance to help improve the support provided by the corporate services departments. Procurement processes were cumbersome and inefficient, often requiring the outcome coordinators to physically search for officials to urge them to provide approval signatures.

Expenditure ledgers and asset registers were requested by the evaluator, but were not provided within the timeframe of the evaluation. There was some indication of mismanagement of resources, e.g., only two of the three vehicles used by the project (note: vehicles were reportedly paid with TRAC funds) were accounted for at the time of the field visits for the terminal evaluation.

Arrangements among implementing partners were not operationalized, e.g., through memorandums of understanding. This lack of partnership arrangements contributed to a general low level of ownership among the agriculture and health sector stakeholders. These shortcomings in the national execution modality might have been avoided if adjustments were made, e.g., direct payment disbursements to each of the implantation partners (MNRE, MAF, and NHS).

3.3. Project Results

3.3.1. Achievement of Objective and Outcomes: Effectiveness

The overall achievement of the project Objective and Outcomes is rated as: Satisfactory

The level of achievement of the project objective and outcomes was evaluated by evaluating the progress made toward achieving the targets on the indicators set out in the logical results framework. The color coding indicated under the rating of achievement is explained below:

Satisfactorily achieved
Moderately satisfactorily achieved
Unsatisfactorily achieved

The results of the outcome evaluation are summarized below, and details are compiled in **Annex 6**

Project Objective:	Overall Rating:
To increase the resilience and adaptive capacity of local communities in Samoa to the adverse impacts of Climate change on agricultural production and public health	Satisfactory

Target:	Achievement Rating
By the end of the project, the majority of sectoral planners and policy advisers in MNRE, MAF, MOH, NHS and public health and agricultural extension workers in Samoa is able to identify climate-induced risks in their service fields and capable of prioritizing, planning, and implementing effective adaptation measures with community involvement.	Satisfactory

Evaluation Comments:

The project supported several training and capacity building activities, and there is evidence that

the gained knowledge and skills have been used by planners and policy advisors for increasing the resilience in both health and agricultural sectors.

However, the general low level of ownership within the MAF (including extension stations) during project implementation resulted in limited capacity building among core staff. Also, the delay in starting implementation of the activities under the health outcome affected sustainability; e.g., more time would have allowed better institutionalization of some of the good practices developed and demonstrated on the clinic level.

Target:	Achievement Rating
Agriculture and health planners at the national and local level are able to receive timely and accurate climate risk and early warning information that enables them to prioritize, plan and implement efficient risk reduction measures.	Moderately Satisfactory

Evaluation Comments:

Agricultural planners and farmers actively using climate risk and early warning information. Some further developments (e.g., dynamic climate maps) to achieve better outreach among agricultural stakeholders. Climate products also regularly delivered to health sector stakeholders; but, needs of the health sector professionals not fully worked out in the lifespan of the project.

Target:	Achievement Rating
Key agriculture and health policies and strategic as well as corporate plans are revised to incorporate anticipatory climate risk planning.	Moderately Satisfactory

Evaluation Comments:

Climate issues included in NHS corporate plan, and CASH formally endorsed by NHS management board. Also, the position of a climate officer was created in the NHS organization; however, funding has not yet been secured for this function. Additional donor support will likely be required to support inclusion of strategic climate actions into updated health sector plan.

Adaptation strategy for agriculture prepared in draft form with project support, but not taken further before project closure. Project did help facilitate inclusion of a climate change focused strategic policy objective (No. 3) in updated Agricultural Sector Plan (08 December 2011).

Outcome 1	Overall Rating:
Enhanced technical and organizational capabilities of the Samoa Meteorological Division (MD) to monitor climate trends and provide climate risk and early warning communications to the agricultural and health sectors to help augment existing Disaster Risk Management processes.	Satisfactory

Target:	Achievement Rating
By the end of Year 2, a comprehensive and efficient climate data and information management system is in place and the MD staff is capacitated for the data collection, analysis and data quality assurance processes.	Satisfactory

Evaluation Comments:

A well-established system is in place, has capability for early warning systems, also built capacity for severe weather and tropical cyclone early warning systems (i.e., evidence of cross-cutting benefits). Also, evidence of MD staff capacitated by the fact that they made installations of some of the AWS themselves, after receiving training from NIWA.

Target:	Achievement Rating
By Year 3, climate early warning and information products/services tailored for the Agriculture and Health sectors are available, and regularly disseminated to the Ministry of Agriculture and Fisheries (MAF), Ministry of Health (MOH) and National Health Services (NHS).	Satisfactory

Evaluation Comments:

For agricultural sector, range of products: (1) rainfall outlook summary, extended now to 6 months, updated on a monthly basis.; (2) drought watch and drought warning reports; (3) climate summary (rainfall and temperature in past 3 months) has been provided. The produces are works-in-progress, e.g., further development is planned in the future when GIS capabilities are further enhanced, e.g., by producing color-coded maps.

Also, delivering CLEWS products to health sector stakeholders, but more work needs to be done to better understand the needs of the health sector users and develop products around those needs.

Outcome 2	Overall Rating:
Capacity of Samoa's agricultural sector improved to design adaptive policies and perform short-term (seasonal) and long-term (decadal) agricultural planning and crop management.	Moderately Satisfactory

Target:	Achievement Rating
By the end of Year 4 at least 150 MAF (Crops Division) staff and at least 1600 farmers in the Samoa Farmer Association, about 200 clients involved with WIBDI and 20 staff as well as 30 members of the Crops Management Advisory Committee (CMAC), have capacity to access, interpret and apply climate information.	Moderately Satisfactory

Evaluation Comments:

Awareness training was supported by project, including MAF and farmers, however, not at the numbers planned (e.g., 8 farmers where pilot sites were located). The WIBDI participated in trainings, as did the CMAC, which mostly made up on farmers and senior officials of the Crops Division of MAF.

Vulnerability and food security assessments were made in 2 communities, where residents realized how vulnerable they were to a particular pest because of mono-cropping.

There is limited evidence on the retention of capacity building efforts, e.g., some farmers and farmer associations are actively seeking out CLEWS products and services through the MNRE-MD.

Target:	Achievement Rating
By year 3, Climate Adaptation Strategy for Agriculture is formulated and integrated into the MAF Agricultural Sector Plan 2011-2015.	Moderately Satisfactory

Evaluation Comments:

A draft adaptation strategy was prepared with support from the project; however, UNDP and other stakeholders indicated that the strategy needs to be further elaborated before taking it to the next step, i.e., national consultation. Further development of the strategy was not realized by project closure, and there was limited evidence of the MAF assuming ownership of the task. Project results did help facilitate inclusion of a climate change focused objective (Objective 4) in the updated Agricultural Sector Plan.

Target:	Achievement Rating
By Year 4, adaptive crop management practices are demonstrated in at least 2 districts.	Moderately Satisfactory

Evaluation Comments:

The crop pilot plantings started late (mid-2013) and there was insufficient time to interpret and disseminate the information.

Nurseries established in 5 locations, at the premises of agricultural extension stations. The nurseries are not yet distributing climate ready planting materials; but the concept is very good. Sustainability could be further improved if revenue generated by the nurseries could be used to cover operation and further development costs.

Outcome 3	Overall Rating:
Capacity of Samoa's public health planners and public health workers strengthened to reduce the impact of climate change on public health.	Satisfactory

Target:	Achievement Rating
By the end of year 2, the national health service (NHS) corporate plan is updated to integrate climate risk aspects and by the end of year 3 the climate adaptation strategy for health (CASH) developed aligned with the Health Sector Strategy.	Moderately Satisfactory

Evaluation Comments:

Climate risk aspects included in updated NHS corporate plan, and CASH was endorsed by the NHS in Sep 2013. The NHS has included the position of a climate officer into their organization, albeit there is not yet funding available.

Preparation of the CASH was fully supported by the project. The next step will be to have the MOH approve the CASH and then incorporate the recommended actions into the Health Sector Plan. The chairperson of the Health Sector Committee indicated that they have not received much feedback from the ICCRAHS project; signifying insufficient communication among the health stakeholders.

Target:	Achievement Rating
By Year 4, At least 30 staff at MOH health promotion and prevention division (HPPD), and 50 practitioners at NHS (doctors, nurses, allied health) working with the 2 national hospitals and the 10 district hospitals are able to access, interpret and apply climate-health information services.	Satisfactory

Evaluation Comments:

The project has been successful in delivering the planned training, actually more people were trained than planned. The question of whether the trained professionals are able to “access, interpret, and apply climate-health information services” is difficult to answer. There is evidence that district hospitals, for example, are placing orders for medicines according to climate-health information. Also, community outreach programs, organized by the district hospitals, have included climate-health issues in their topics discussed with residents.

Delivery of CLEWS to health sector stakeholders (part of Outcome 1) was not fully achieved, however, partly because the needs of health sector users was not fully defined.

Target:	Achievement Rating
By the end of the project, Prevention and response measures are demonstrated in at least 3 climate related diseases and in at least 2 high risk districts.	Satisfactory

Evaluation Comments:

Prevention and response measures were demonstrated, through analysis made at the main referral district hospital in Tuasivi; three climate related diseases/effects were evaluated: diarrhea, gastro-intestinal, and direct injuries. Based on field visit interviews, this activity reached a number of health-care workers and the impact was significant. The district hospital used medical school residents to help analyze the data (increases sustainability) and management and health care providers realized the benefits and implemented measures to incorporate findings into their community outreach efforts.

Outcome 4	Overall Rating:
Enhanced learning, evaluation and adaptive management in order to systematically capture experiences regarding climate change impacts and adaptation preparedness.	Satisfactory

Target:	Achievement Rating
By the end of the ICCRA&HSS Project, climate early warning, agricultural and health adaptation initiatives in neighbouring Pacific Island Countries draw on learning from ICCRA&HSS experiences.	Satisfactory

Evaluation Comments:

There is evidence of neighbouring countries drawing on lessons learned, for example, the MET coordinator (MNRE-MD) has been asked to provide expert advice to counterparts in the Solomon Islands. Pacific Adaption to Climate Change project (USAID-SPC) will reportedly follow up some of the climate ready crop pilot trials that the project supported, and these results would be shared regionally. Also, the medical students assisting in the climate-health data analyses are from throughout the Pacific Island countries, so capacity built will be inherently shared when they return to their home countries and begin their professional practice.

Furthermore, local and regional learning was enhanced through national workshops on climate adaptation and participation in an international conference on agriculture and health adaptation.

Entry of project information into the Adaptation Learning Mechanism (ALM) was largely unsuccessful during the lifespan of the project. UNDP might have needed to better support the PMU in the functioning of this system.

3.3.2. Relevance

Relevance is rated as: Relevant

The project has made major contributions in to the enhancement of climate early warning systems and services, and in the development of sector specific climate products, specifically for the agricultural and health sectors. As outlined in the NAPA, climate risks to agriculture and health sectors are rated among the top priorities, and this project, as the first implementation project under the NAPA, was designed according to the respective sectoral development concerns. The project helped facilitate inclusion of a climate change outcome in the 08 December 2011 updated agriculture sector plan (Strategic Policy Objective NO. 3), and the project supported development of a draft adaptation strategy for agriculture. In the health sector, the NHS included climate change issues into their corporate plan for the first time, and the NHS board has formally endorsed the project-supported adaptation strategy for health. The climate information services developed by the MNRE-MD have been widely distributed, and demand, particularly among the agriculture users, is high.

The project was developed in line with the Programming Paper for Funding the Implementation of NAPAs. The rationale for GEF involvement is the recognition by the GEF and the international community of the high vulnerability and low adaptive capacity of LDCs generally, that render them in need of support to begin adapting to the adverse effects of climate change.

The project is also consistent with the GEF Sec multi-focal programme for Pacific island countries with its particular emphasis on promoting adaptation across focal areas. The project also fits into the overall programmatic approach of the Government of Samoa to address climate change adaptation as outlined in its programmatic strategy for adaptation, National Environmental Management Strategy, Samoa Sustainable Development Strategy 2012-16, as well as the Pacific Regional Climate Change Framework for Action on Climate Change 2006-2015.

The project objective is directly aligned to the UNDAF for the Pacific Region 2013-2017, particularly Outcome Area 1: Environmental Management Climate Change and Disaster Risk Management. The UNDP CPAP for Samoa also operationalized the implementation of support to the Government of Samoa in the areas of environmental management including to climate change and disaster risk reduction.

3.3.3. Efficiency

Efficiency is rated as: Moderately Satisfactory

With respect to incremental cost criteria, the investment in upgraded climate early warning systems and services is considered efficient, i.e., delivering more relevant information to beneficiaries, exposure of vulnerable livelihoods to adverse climate-related trends and events is reduced. The strong demand for the climate information services among the agricultural sectors (farmers) is evidence of the efficacy of the intervention.

Efficiency was not rated higher than moderately satisfactorily mainly because of the delays in initiating the implementation of the project. With respect to the agriculture outcome, climate-ready crop field trials effectively started in summer 2013 and, hence, there was insufficient time to complete the pilots before project closure. The late start in implementing the activities under this output decreased effectiveness, as more time would have allowed more outreach and impact on the policy level.

For the health component, the delay in starting implementation of the activities under this outcome also affected sustainability; e.g., more time would have allowed better institutionalization of some of the good practices developed and demonstrated to the district level health care providers.

From an implementation perspective, the procurement procedures of the corporate services departments also decreased project efficiency. Outcome coordinators were spending inordinate amounts of time on physically searching for officials for signatures and visiting suppliers to support them in filling out quotations.

Efficiency was also lowered due to the lack of a full-time project coordinator during the last 2 years of the project implementation, 2012 and 2013. A certain amount of time was lost as a result of the tsunami of 2009 and cyclone that struck Samoa in December of 2012, as the project manager and other key stakeholders were engaged in disaster recovery efforts, but the project did a good job adapting to the consequences of these unforeseen events.

3.3.4. Country Ownership

In-kind project government support was realized, for each of the 3 implementing partners, which is positive evidence of country ownership during implementation. There were, however, different levels of ownership apparent among the engaged sectors. With respect to the health sector, the project supported development of a Climate Adaptation Strategy for Health (CASH), which has been endorsed by the NHS board, and the NHS had included climate change adaptation into their corporate plan for the first time. At the time of project closure, MOH had not yet approved the CASH and the recommended priority actions have not yet been debated by the health sector planning committee. Collaboration between the MOH and NHS seemed to be constructive, based on terminal evaluation interviews, but engagement of MOH staff during the first half of the project was limited.

The revised agriculture sector plan (updated on 08 December 2011) includes a climate change objective (Strategic Policy Objective No. 3), but ownership by government stakeholders of the activities under the agriculture outcome of this project seemed rather low. For example, the project supported preparation of a draft Climate Adaptation Strategy for Agriculture (CASA). The draft CASA has not been finalized and, hence, there was no time to proceed with national consultation during the lifespan of the project. Also, support by the MAF extension services department in facilitating the climate ready field trials was a bit disappointing. Limited assistance was provided in design of the trials, the plots at the extension stations were generally not well maintained, and the revenue generated by the project-supported nurseries cannot be used by the nurseries to support their costs and fund further development.

Ownership did improve in the second half of the project, through component coordinators assigned at the MD, MAF, and NHS, and closer coordination with the MOH. The component coordinators also facilitated targeted technical advisory groups which also led to improved stakeholder involvement

Consultation of government stakeholders during the project development phase seemed reasonably inclusive; although, there was some evidence during evaluation interviews that the MOH did not fully buy in to the idea of having the NHS as the implementing partner for the health outcome.

3.3.5. Mainstreaming

With respect to effects on local populations influenced by the project, the activities engaging the district level health care providers on climate health risks should be particularly highlighted. The knowledge retained by the health care providers has been directly used to adjust their outreach programs. With respect to the agriculture sector, the nurseries funded by the project are a positive legacy, potentially contributing to improved food security, by being distribution points for climate ready crops for local farmers. Both of these benefits, to the health and agriculture sectors, have also led to improved preparedness to cope with natural disasters.

The project objective is directly aligned to the UNDAF for the Pacific Region 2013-2017, particularly Outcome Area 1: Environmental Management Climate Change and Disaster Risk Management.

The project has also contributed to an improved consideration of gender aspects. For example, the clinical level health care providers are significantly represented by women, and the capacity building supported by the project has empowered these professionals in addressing climate related health risks. And, the vulnerable members of the communities to climate risks are predominantly women and children, so the results facilitated by the project have also benefited these groups.

The project team composition was also well represented by women, including the project coordinator and one of the three outcome coordinators.

3.3.6. Sustainability

Sustainability is generally considered to be the likelihood of continued benefits after the project funding ends.

Overall, the Sustainability of the project benefits is rated as: Moderately Likely

Development of institutional capacity, particularly within the MNRE-MD and the district level health care providers, has been impressive and this achievement helps ensure the sustainability of project benefits. One line of evidence of MNRE-MD strengthened capacity is the fact that MNRE-MD staff carried out the full installation of the last 2 AWS units. After receiving training from NIWA during installation of the first batch of units, the staff demonstrated the skill and knowledge retained when they installed the last 2 units. Based on an interview with the manager of the main referral hospital in Tuasivi in Savai'i, review of the linkage between incidence of disease and climate will be institutionalized by including this as a component of the residency program of USP medical residents, and the district outreach programs have also been expanded accordingly. The district level health care providers and outreach personnel should be considered as "champions" for safeguarding the sustainability of project outcomes, and continued sectoral support should be provided to them.

Institutionalization has also been achieved through endorsement of the adaptation strategy by the NHS board, inclusion of climate change adaptation into the NHS corporate plan for the first time, and establishment of a climate officer in the NHS organization, albeit funding for the position is not yet available.

The project team was late in developing a sustainability strategy; in preparation at the time of the terminal evaluation mission. Due to this delay, there was insufficient time to consult project stakeholders and achieve a more inclusive strategy.

Progress toward achieving climate change development priorities has followed a project-focused approach, and consolidation of the benefits realized by these interventions has not been fully transformed into programmatic level commitments..

One of the consequences of the project-driven interventions is the reported reluctance of beneficiaries to pay for services rendered, as they have been sensitized in receiving products and services at no charge. Interviewed stakeholders indicated that it is unrealistic to implement payment for services; however, there was no evidence of development of financing strategy.

Financial Resources

The Financial Resources dimension of sustainability is rated as: Likely

There is some evidence of financial commitment in ensuring sustainability of the project results, e.g., the MET staff capacitated during the project in development and implementation of climate information services. The upgraded AWSs require regular operation, calibration, and maintenance, and the MET outcome coordinator indicated that the annual cost to be approx. 100,000 WTS (approx. 33,500 USD), broken down as follows:

- ✓ GPRS/Telemetry costs (6 sites) with Digicel-Samoa Mobile Company = (USD3,500)
- ✓ Replacement parts x 6 sites (sensors, hardware and software) = (USD15,000)
- ✓ Communication costs of Flosys and Database Management System servers (internet/email) = (USD4,000)
- ✓ Electricity costs of Flosys, Database Management System and Aircon Server Room = (USD2,000)
- ✓ Travel costs (Fuel/Boat Fares etc.) = (USD3,000)
- ✓ Accommodation (Technical staff in remote locations/outer islands) = (USD6,000)

In the short-term, some of the required operation and maintenance will be covered as part of the UNDP-GEF ICCRIFS project, but this is not sustainable in the long-term. According to testimonial evidence from the ACEO of the MNRE-MD, these recurrent costs are operationalized in the department's annual budget, and the seven regular MD staff members are tasked with carrying out the regular calibration and maintenance.

Furthermore, climate services continue to be improved through a set of related projects, e.g. LDCF forestry, tourism, FINPACK (funded by the Finnish government, WMO-SPREP WS, with MNRE-MD participating). Also, a detailed follow up action plan was prepared as part of a deliverable of the ICCRAHS project, through NIWA support, grouping actions along the recently established outcome areas of the WMO Global Framework on Climate Services.

There is some evidence of insufficient financial resources, including the inability to keep the project website online, due to payment to the Internet service provider, and uncertain financing of printing hardcopies of climate products for agriculture end users.

Interviewed stakeholders generally stressed a reluctance to consider user fees for the climate information services provided, including to commercial agricultural users. Reportedly, users have been sensitized to receiving such information and services free of charge and it would be difficult to change their mindset. Development of the climate information products has been costly and as more the services are further advanced, e.g., with production of dynamic maps, the costs will increase. In order to ensure sustainability, a strategy for payment of services should be formulated and implemented.

The NHS has included a climate officer in their organization, but funding is not yet available to support this position. In terms of public expenditure in the health care sector, there are concerns that insufficient funds will be available to continue some of the climate-related health risk training and outreach. For example, there are only 4 medical doctors servicing the approx. 44,000 inhabitants of Savai'i; this level of public spending casts doubts on the sufficiency of financing climate change adaptation services.

Socio-Economic Risks

The Socio-Economic Risks dimension of sustainability is rated as: Moderately Likely

At a community level, the project did a good job at increasing awareness, and mainstreaming continuation of community outreach services, e.g., district health care providers. There is also strong demand for climate information services among agricultural users; a good indication that project benefits will continue to flow, particularly if the services are further developed, e.g., through production of dynamic maps and translating key information into Samoan language. Capacity building provided to local farmers in climate-ready crops also

The inconsistent level of ownership among national level sectoral stakeholders affects overall sustainability. For example, climate change priorities between NHS and MOH have not yet been harmonized. The adaptation strategy has been endorsed by the NHS but not yet by the MOH, and input to the health sector planning process has been limited. The generally low level of ownership among MAF stakeholders, including the extension service stations, during project implementation, resulted in limited capacity building among core staff. At a central level, MAF did not advance the draft adaptation strategy during the lifespan of the project.

Institutional Framework and Governance Risks

The Institutional Framework / Governance Risks dimension of sustainability is rated as: Likely

There is considerable evidence supporting the rating of Likely for the institutional framework and governance risk dimension. Firstly, the MNRE-MD capacity for developing and delivering climate information services is institutionalized into their organization.

Inclusion of climate change objective in the revised agriculture sector plan also signifies institutional commitment. The constructed nurseries offer a potential institutional legacy for dissemination of project benefits. There is no staff level climate officer within the MAF organization; but, there are continued project level functions in the ministry that further contribute toward institutionalization of climate change issues. For example, further development of the adaptation strategy will reportedly be taken up through the WB-financed SACEP project, which also is supporting further development of the agricultural sector plan.

The position of climate officer has been added to the NHS organization; although, the function is not operationalized yet due to lack of funding approval. With respect to the health sector, the NHS board has endorsed the project-supported adaptation strategy for the health sector. The capacity building at the district clinical level also made contributions toward institutionalizing climate-related health risks into preventative care and outreach programs. The delay in starting implementation of the activities under the health outcome did have an effect on sustainability; i.e., more time would have allowed better institutionalization of some of the good practices developed and demonstrated at the clinic level

Environmental Risks

The Environmental Risks dimension of sustainability is rated as: Moderately Likely

The project was formulated around the potential impacts of climate change on the agriculture and health sectors in the country, so, indeed, there remain risks to both crop and public health resilience to more extreme weather events, more frequent storms, changes to the onset and duration of dry seasons, etc.

3.3.7. Catalytic Role

One of the key strengths of the project has been catalytic role. As the first project implemented under the NAPA, the results and lessons learned have had a direct catalytic effect on the complementary UNDP-GEF ICCRIFS project, through MET stations, data base, GIS training, and information management systems.

The capacity building efforts supported by the project have already yielded interest for transfer of knowledge. For example, after an exchange visit to Samoa, the MET outcome coordinator has been asked by counterparts in the Cook Islands to support development of their efforts in upgrading climate information services.

Engagement of USP medical school residents, who are from throughout the Pacific, in climate risk data analysis at the main district hospital in Savai'i has a great potential for replication, as new students are regularly entering the program. The experience that these future doctors and health care providers obtain will have a regional influence.

Knowledge transfer of climate information through the MET CLEWS continues, and there is strong demand among private farmers and farmers associations for the data.

There is some evidence of scaling up some of the project interventions. For example, the climate-ready crop field trials initiated on the project might be scaled up by the USAID-SPC project (Pacific Adaptation to Climate Change), and the WB-financed SACEP project will facilitate further development of the agricultural sector plan, building upon the project-supported draft adaptation strategy.

3.3.8. Impact

Overall, Impact is rated as: Minimal

The overall rating for impact is minimal, but there has been significant progress made for some of the impact indicators, as outlined below.

Impact Indicator	Evaluation Comments	Impact Rating
Selected communities (in pilot site areas) better prepared and more resilient to address ongoing and future climate change risks associated with health, loss of agricultural productivity and food security, cyclones and droughts and degraded ecosystems.	<p>Farmers in the pilot site areas have received knowledge on climate-ready crop varieties; however, there is limited evidence that results of the field trials will have a significant impact on their production and overall resilience.</p> <p>The capacity building and climate-related health risk studies made at district hospitals have clearly made an impact, firstly with respect to the increased knowledge among health care providers, but also in how</p>	<p>Minimal (agriculture sector)</p> <p>Significant (health sector)</p>

Impact Indicator	Evaluation Comments	Impact Rating
	outreach programs could be adjusted to reduce vulnerability, particularly in higher risk areas.	
Trained personnel in government ministries and agencies able to better plan for climate change risks.	The project did a good job in terms of training staff of government ministries and agencies, and multi-sector capacity building efforts have enabled planners to better formulate adaptation strategies to address climate risks.	Significant
Integration of relevant data between agriculture, environment, health and meteorology sectors leading to informed decision making as to best adaptation options.	One of the main achievements of the project has been the upgrade of climate early warning systems and services. These improvements have already had an impact within the meteorology sector, e.g., their information management system is more integrated and flow of information to end users is enhanced. Climate forecasting services to the agriculture sector have been greatly improved, and further development is considered likely, if funding is secured. Also, later in the project, the MOH became more active in finalizing and taking increasing responsibility for the climate change adaptation strategy for the health sector.	Significant
Incidence of people falling sick to climate change related illnesses reduced.	The project made important contributions in demonstrating to district level health care providers the link between incidence of disease and sickness with weather, and district hospitals where the capacity building was made have used this information to adjust their community outreach programs. The Health Sector planning committee is keen on integrating climate change adaptation into the revised sector plan, but there is limited evidence available showing government commitment to adjust public expenditures in the short-term to enable district health care centers cope with increased demand for disease prevention.	Minimal
Access to climate resistant crops improved.	The climate-ready crop field trials were implemented late, and results are expected to be insufficiently robust to have impacts on viability in the relevant micro-climate areas of Samoa. The project did establish nurseries that have the potential to serve as distribution points for climate-resistant crops, but limited evidence of commitment	Minimal

Impact Indicator	Evaluation Comments	Impact Rating
	from MAF (including extension stations).	
Agricultural productivity boosted amongst both commercial and subsistence farmers.	Due to the delay in implementing the field trials, there was insufficiently time to disseminate information that could have helped commercial and subsistence farmers make informed decisions on boosting their productivity.	Negligible
Capacity of end users to apply the seasonal forecasts strengthened.	Demand from agricultural end users for climate services has been strong. The needs of health sector end users have not been fully worked out during lifespan of project, and, hence, climate information products and services are not yet being widely utilized.	Significant (agriculture sector) Minimal (health sector)

4. RECOMMENDATIONS, GOOD PRACTICES, LESSONS LEARNED

4.1. Sustainability Strategy

The set of recommendations listed below was developed as a sustainability strategy, to follow up and reinforce the initial benefits achieved by the project.

Recommended Activity		Possible short-term solution	Possible longer term solution
Outcome 1: MET			
1.1	Further improve access and products under Climate Early Warning System (CLEWS)		
1.1-1	Implement procedures for tracking number and type of users of web-based CLEWS climate service products	Recurrent MD (MNRE) operational budget	Recurrent MD (MNRE) operational budget
1.1-2	Ensure routine calibration and maintenance of CLEWS infrastructure	Programs/projects (e.g., UNDP-GEF ICCRFIS) funded from external sources, implemented through the relevant national agencies	Recurrent MD (MNRE) operational budget
1.1-3	Strengthen capacity of multi-sectoral CLEWS users	Programs/projects funded from external sources, implemented through the relevant national agencies	Possible inter-agency recurrent program and associated joint operational budget
1.2	Improve climate services for the agricultural sector		
1.2-1	Improve climate services for the agricultural sector	Programs/projects funded from external sources, implemented through the relevant national agencies	Market-based sources, e.g., user fees introduced incrementally (and partially subsidized by MAF)
1.2-2	Introduce other modes of disseminating climate services, e.g., via SMS	Programs/projects funded from external sources, implemented through the relevant national agencies	Market-based sources, e.g., user fees introduced incrementally (and partially subsidized by MAF)

Recommended Activity		Possible short-term solution	Possible longer term solution
1.3	Improve climate services for the health sector		
1.3-1	Clarify NHS/MOH user needs and develop/deliver climate services products	Programs/projects (e.g., WB-AusAID-NZAID Health Sector Programme) funded from external sources, implemented through the relevant national agencies	Recurrent inter-agency program (MOH/NHS-MNRE) and associated operational budget
1.3-2	Develop outreach and training program for users of health-related climate services	Programs/projects (e.g., WB-AusAID-NZAID Health Sector Programme) funded from external sources, implemented through the relevant national agencies	Recurrent inter-agency program (MOH/NHS-MNRE) and associated operational budget
Outcome 2: Agriculture			
2.1	Further develop agricultural management plans and strategies		
2.1-1	Finalize Adaptation Strategy for Agriculture	Programs/projects (e.g., WB-AusAID SACEP Agriculture Programme) funded from external sources, implemented through the relevant national agencies	Recurrent MAF function and associated operation budget
2.1-2	Mainstream a climate change officer position within MAF organization	Programs/projects (e.g., WB-AusAID SACEP Agriculture Programme) funded from external sources, implemented through the relevant national agencies	Recurrent MAF function and associated operation budget
2.1-3	Incorporate Climate Risk Forecasting and Adaptation Planning into Sector Plan	Programs/projects (e.g., WB-AusAID SACEP Agriculture Programme) funded from external sources, implemented through the relevant national agencies	Recurrent MAF function and associated operation budget
2.2	Strengthen informational products on agricultural and climate		
2.2-1	Ensure supply and updates of GIS-based maps/products	Programs/projects funded from external sources, implemented through the relevant national agencies	Market-based sources, e.g., user fees introduced incrementally (and partially subsidized by MAF)
2.2-2	Integrate information among MAF divisions, including Crops, Livestock, Fisheries, etc.	Programs/projects funded from external sources, implemented through the relevant national agencies	For updates: market-based sources, e.g., user fees introduced incrementally (and partially subsidized by MAF)
2.3	Promote Adaptation agricultural crop management		
2.3-1	Interpret and disseminate pilot results	Surplus project funds and in collaboration with SROS	Recurrent MAF program and associated operational budget

Recommended Activity		Possible short-term solution	Possible longer term solution
2.3-2	Mainstream nurseries into MAF organization for supply of resilient crop varieties and expand outreach activities	Programs/projects (e.g., USAID-SPC Agriculture Project) funded from external sources, implemented through the relevant national agencies	Market based sources, e.g., revenues from nursery sales are fully utilized to cover operation costs and further development
Outcome 3: Health			
3.1	Normalize climate-related disease information gathering and dissemination		
3.1-1	Prepare a good practice guideline for gathering and disseminating climate-related disease information at the district hospital level	Surplus project funds and in collaboration with NHS and MOH professional staff	Recurrent NHS-MOH program and associated operational budget
3.1-2	Identify partnership arrangements between NHS and MOH for agreeing upon roles and responsibilities for managing such activities	Recurrent NHS-MOH program and associated operational budget	Recurrent NHS-MOH program and associated operational budget
3.1-3	Implement climate-related disease information gathering and dissemination	Recurrent NHS-MOH program, with support from medical student residents possibly through an agreement with the USP	Recurrent NHS-MOH program, with support from medical student residents possibly through an agreement with the USP
3.2	Incorporate Climate Risk Projections and Adaptation Planning into Health Policies and Strategies		
3.2-1	Finalize approval Adaptation Strategy for Health	Programs/projects (e.g., WB-AusAID-NZAID Health Sector Programme) funded from external sources, implemented through the relevant national agencies	For updates: recurrent MOH and/or NHS program with associated operational budget
3.2.2	Mainstream a climate change officer position within NHS and/or MOH organizations	Programs/projects (e.g., WB-AusAID-NZAID Health Sector Programme) funded from external sources, implemented through the relevant national agencies	Recurrent NHS-MOH function (possibly a joint function) and associated operational budget
3.2.3	Incorporate Climate Risk Projections and Adaptation Planning into Sector Plan	Programs/projects (e.g., WB-AusAID-NZAID Health Sector Programme) funded from external sources, implemented through the relevant national agencies	Recurrent MOH program and associated operational budget, including for NHS (e.g., district hospitals and outreach programs)
3.3	Incorporate training of climate-risks health issues into NHS/MOH professional development programs and into university curriculum		

Recommended Activity		Possible short-term solution	Possible longer term solution
3.3-1	Tailor project-developed training materials into regular training modules for NHS/MOH professional staff, and update regularly	Recurrent NHS-MOH program and associated operational budget	Recurrent NHS-MOH program and associated operational budget
3.3-2	Develop and implement curriculum enhancement program at National University of Samoa (NUS), to include climate-related health issues	Collaborative development by NUS and MOH	Recurrent NUS program and associated operational budget, possibly with support from MOH for research/analysis by NUS
3.4	Promote standardization of rapid testing of climate-related diseases		
3.4-1	Incorporate the standard operating procedures developed during the project into the NHS and MOH internal routines and operational budgets	Recurrent NHS-MOH program and associated operational budget	Recurrent NHS-MOH program and associated operational budget
3.4-2	Include training on the use of the rapid testing procedures into regular NHS and MOH training programs	Programs/projects (e.g., WB-AusAID-NZAID Health Sector Programme) funded from external sources, implemented through the relevant national agencies	Recurrent NHS-MOH program and associated operational budget
3.5	Promote lessons learned and good practice gained from demonstration of reduction of climate-related diseases		
3.5-1	Using lessons learned and good practice from project, prepare a guidance document to be implemented by NHS and monitored by MOH	Surplus project funds, with collaboration from NHS and MOH professional staff	Recurrent NHS-MOH program and associated operational budget
3.5-2	Implement procedures for reducing climate-related diseases (mostly through increased community outreach and organization of medical referral services)	Programs/projects (e.g., WB-AusAID-NZAID Health Sector Programme) funded from external sources, implemented through the relevant national agencies	Recurrent NHS-MOH program and associated operational budget
3.5-3	Include training on the implementation of the guidance into regular NHS and MOH training programs	Programs/projects (e.g., WB-AusAID-NZAID Health Sector Programme) funded from external sources, implemented through the relevant national agencies	Recurrent NHS-MOH program and associated operational budget

The above measures should be implemented along the structured report prepared through ICCRAHS on “Strengthening Climate Services in Samoa: Recommendations for the next development phase of integrating climate change mitigation and adaptation services into the agricultural and health sectors in Samoa [2013-2018]”. Funding for the recommendations should

be resourced through a combination of other projects, e.g., LDCF forestry, tourism, FINPAC, WMO support, etc.

Ensure Transfer of Assets

Prior to project closure, project management should ensure that acquired ownership of assets is transferred to the relevant counterparts. Assets include the weather stations, hardware and software, telecommunication equipment, constructed assets such as the nurseries, and vehicles.

Archiving/Filing and Administrative Closure

Technical deliverables and records should be safely archived and filed, both electronically and in hardcopy. Also, for proper administrative closure, staff and supplier contracts should be closed, insurance contracts should be canceled or transferred, and a strategy should be agreed upon for management of surplus funds (if available).

4.2. Proposals for Future Directions Underlining Main Objectives

Based upon the findings of the evaluation, the following recommendations are made as future directions underling the main objective to “increase the resilience and adaptive capacity of coastal communities in Samoa to the adverse impacts of on agricultural production and public health”.

Develop a Payment for Climate Services Strategy

In order to ensure the sustainability of the climate early warning services, end users will need to start paying for the benefits they receive. A strategy should be formulated to determine how to the feasibility of implementing financial and economic mechanisms.

Integrate Disaster Risk Reduction Interventions with Climate-Related Health Risk Management

Climate-related risk management should be better integrated with disaster risk reduction interventions. This would be aligned with the sector based strategy that the Government of Samoa is promoting.

Engage the Fisheries Sector

The fisheries sector significantly contributes to the economic output of the country, and climate change impacts, such as increased surface water temperatures, are affecting productivity. It might be more viable to start with a payment for climate services within the fisheries sector, where there might be a higher willingness to pay as compared to agricultural users. .

Capitalize on Existing Linkages Local Farmers have with Local Hotels

During the evaluation mission interviews, it became apparent to the evaluator that local farmers have existing linkages with local hotels. Capitalizing on these linkages could help facilitate introduction of climate-ready crop cultivars to the country, as tourists tend not to be bound to traditional varieties. Also, strengthening these linkages could facilitate promotion of organic farming and also eco-tourism, e.g., through the SMSMCL and Tourism projects.

Encourage Inclusion of Climate Change Training into Health Care Education Curriculum

The project had originally planned to help facilitate inclusion of climate change studies in local university curriculum, but no concerted efforts were made during the implementation phase. Based upon observations during the evaluation mission, the local health care (Nursing Faculty) could benefit by having some training in climate-related health risks and preventative measures.

4.3. Good Practices

Some of the activities and approaches deployed by the project are noteworthy as good practices, including those presented below.

Effective Demonstrations to Clinical Level Health Care Providers

Engaging district level health care providers in analyzing linkages between incidence of disease and climate data yield clear and immediate benefits. By increasing the knowledge base of the health care providers, they are now important community advocates for promoting vulnerability reduction measures in the local communities. The health care providers have been significantly empowered through these efforts, by allowing them better capacity to adjust community outreach efforts and allocation of resources. This demonstrates how the health care workers have realized the benefits of applying their knowledge beyond the lifespan of the project.

Effective partnership arrangement with NIWA

The partnership between the MNRE-MD and NIWA proved to be productive. Not only did NIWA provide support in supplying and installing some of the AWS units, but there is evidence that the training given to the MD staff was effective. The MD staff installed independently the last two AWS units, which is a very good assessment of strengthened capacity.

Crop Nurseries Offer a Potential Long-term Legacy

The five crop nurseries established on premises of agricultural extension services (3 in Upolu and 2 in Savai'i) offer a very good potential legacy, as distribution centers for climate-ready crops. The nurseries are so far selling traditional varieties, but demand has been high among local farmers, which demonstrates that access to planting materials was restrictive. With further commitment from the MAF, e.g., by allowing revenue collected by the nurseries to be used to cover their costs and fund further development, the nurseries could eventually be efficient distribution points for climate-resistant varieties.

Effective Methods of Disseminating Knowledge-based Products

The project was successful in disseminating knowledge-based products, e.g., through product launches organized during Environment Week). This has led to a strong demand for climate information services.

4.4. Lessons Learned

Some lessons learned over the course of the project are summarized below.

National Implementation Modality should be tailored for Multi-Sectoral Projects

For multi-sectoral projects such as this one, national implementation modality might not be best choice, unless genuine partnerships and arrangements are operationalized. For example, funding disbursements made directly to the responsible partners, i.e., MAF and NHS, might have improved ownership and, hence, efficiency, e.g., through more collaborative support from the corporate services departments.

Preparedness is Essential for Science-focused Activities

For research/scientific focused activities, e.g., the climate-ready crop field trials, preparedness is very important and should be sorted out during project preparation phase. The design of the field trials should have been better conceptualized during the project preparation phase, and collaborating partners should have been identified. The design of the trials was finalized in 2013,

after a partnership with SROS was established that same year. This demonstrates a lack of preparedness.

For science-focused activities, sufficient time needs to be allocated to validate data, e.g., over more than one growing season, and to allow interpretation and dissemination. Without adequate preparedness, there is a risk to the overall quality of the results, and the UNDP and GEF should avoid exposing their organizations to weak climate science.

Full-time Project Coordination is Imperative in Ensuring Efficacy of Project Outcomes

The project did not have a full-time project coordinator in the last two years of implementation, 2012 and 2013. As there was a delay in starting up some of the activities, output-level work was concentrated during this latter time period. Full-time coordination is essential in making sure resources are sufficiently allocated and results are compiled, interpreted, and disseminated in a timely manner. A full-time project coordinator is even more important in cases where there is no separate chief technical advisor in place.

Farmers involved in Field Trials need to be Better Informed

Two of the farmers involved in the field trials were interviewed during the TE, and both of them stressed a bit of confusion regarding the schedule of work and overall objective. A printed calendar might have assisted in better informing these farmers, and more efforts should be dedicated in explaining the objective of the trials through personal meetings and documentation.

5. ANNEXES

Annex 1: Itinerary

Date	Day	Time	Meeting/Interview/Field Visit
4 Dec	Tuesday	10.00-12.00	UNDP debriefing, with Marta Moneo and Gábor Vereczi (RTA)
9 Dec	Monday	10.00-12.00	UNDP debriefing meeting with DRR (Anthony Wood) and Programme Manager (Jaime de Aguinaga)
		13.00-17.00	Desk Review
10 Dec	Tuesday	9.00-11.00	Mr. Sunny Seuseu (MNRE – MET division), Outcome 1 Coordinator
		11.00-13.00	Mr. Tamati Fau (NHS), Outcome 3 Coordinator
		14.00-16.00	Ms. Jasmine Sila (MAF), Outcome 2 Coordinator
11 Dec	Wednesday	09.00-11.00	Ms. Anne Rasmussen, Acting Project Coordinator
		11.00-12.00	Mr. Peseta Frank Fong, Assistant CEO MAF Lafaele Inoka, Sector Coordinator / National Project Coordinator for SACEP
		13.00-16.00	Mr. Leota Lamositele, GM of NHS Ms. Leilani Galuvao, Manager MIS, NHS
		16.00-17.00	Ms. Noumea Simi, Ministry of Finance
12 Dec	Thursday	09.00-14.00	Visit Upolu project sites
		17.30-19.30	Visit Main District Hospital, Savai'i
13 Dec	Friday	09.00-13.00	Visit Savai'i project sites
16 Dec	Monday	09.00-10.00	Mr. Paulo Peurita Seuseu, MOH
		10.00-13.00	Working session with Project Team on Sustainability Plan
		14.00-15.00	Mr. Kenneth Wong, SROS
		16.00-17.00	Mr. Aru Matthias, FAO Mr. Ganesh Bhattarai, FAO
17 Dec	Tuesday	09.00-11.00	UNDP Debriefing of Evaluation Results
		11.00-14.00	Presentation and Discussion of Evaluation Results to Project Steering Group
		15.00-17.00	Debriefing reporting

Annex 2: List of Persons Interviewed

Ms. Anne Rasmussen, Acting Project Coordinator, MNRE

Mr. Sunny Seuseu, MET Component Coordinator, MNRE (MD)

Ms. Jasmine Sila, Agriculture Component Coordinator

Mr. Tamati Fau, Health Component Coordinator

Mr. Faalavelave Taulapapa, Project Assistant

Ms. Marta Moneo, UNDP

Mr. Gábor Vereczi, UNDP (GEF RTA)

Mr. Jaime Aquinaga, UNDP

Ms. Frances Brown, UNDP

Mr. Lafaele Inoka, Sector Coordinator / National Project Coordinator for SACEP

Mr. Paseta Frank Fong, Assistant Chief Executive Officer, MAF

Ms. Noumea Simi, Ministry of Finance

Mr. Leota Lamositele, GM of NHS

Ms. Leilani Galuvao, Manager MIS, NHS

Mr. Kenneth Wong, SROS

Mr. Aru Matthias, FAO

Mr. Ganesh Bhattarai, FAO

Mr. Paulo Peurita Seuseu, MOH

Mr. Suitupe Misa, private farmer, Upolu

Mr. James Belford, Nurse Manager, Poutasi District Hospital

Dr. Loudeen Lam, Manager Savai'i Health Services

Mr. Tavita Hatai, private farmer, Savai'i

Annex 3: Summary of Field Visits

Field visits were made over the 2-day period from 2013 December 12-13.

Participants included:

Anne Rasmussen, Acting Project Coordinator (Dec 12 only)

Sunny Seuseu, MET Component Coordinator

Jasmine Sila, Agriculture Component Coordinator

Tamati Fau, Health Component Coordinator

Faalavelave Taulapapa, Project Assistant

Jaime Aquinaga, UNDP (Dec 12 only)

Frances Brown, UNDP

Tatsuya Hayashi, UNDP

James Lenoci, Terminal Evaluator

Upolu Field Visits:

Visit the Automatic Weather Station, near Nuu Agricultural Extension Station, Dec 12

There has been a weather station at this location for more than 20 years, as the meteorological division (MD) used to be part of the Ministry of Agricultural (MAF). The weather station was upgraded as part of the project.

The cost for the upgrading was approx. 50,000 USD, which includes costs of NIWA who provided installation and training services. Parameters collected include: rainfall, wind speed and direction, leaf wetness, solar radiation, soil moisture (probes at 10, 20, 30, 100 cm).

The property at the weather station is owned by the MAF, while the equipment is owned by the MD. According to Sunny, the equipment assets have been transferred to the MNRE ledgers.

The premises of the weather station were observed to be neat and well-managed. Sunny indicated that MD staff members carry out property maintenance, and he stated that there have been no problems with vandalism.

Visit to Private Farmer (Suitupe Misa), Dec 12

This is one of the private farmers selected for pilot planting of climate ready crop species.

The farmer indicated that he has been dissatisfied with the program. He complained that he was not informed of the objectives of the pilot program; the quality of the provided planting materials was poor, and the delivery of the planting materials inconsistent. Among the provided planting materials, 70% survived while the remaining 30% did not. The banana plants have 9-month growth cycle, and they will not be ready for harvest until 2014 March, which is after the project closure in 2013 December.

The plots maintained by the farmer appeared to be well-maintained. The farmer inquired to weather he can apply pesticides to reduce the time he is spending on weeding. Jasmine informed him that this would not be acceptable, as the chemicals would interfere with the laboratory tests they plan to make; he apparently did not fully understand or was not informed beforehand of this.

The farmer indicated that he is a member to a local farmer association, but he could not elaborate on the benefits provided by the association, except for annual crop contests that they sponsor.

Visit the Nafanua Automatic Weather Station, near the premises of SROS, Dec 12

Collected data are transmitted to the MD at the MNRE headquarters over a GPRS-based telemetry system. Parameters collected include: rainfall, wind speed and direction, leaf wetness, solar radiation, soil moisture (probes at 10, 20, 30, 100 cm).

Data are verified through manual measurements, which are made daily by MD staff.

The equipment is placed within a fenced area; the chain-link perimeter fence is rather low, but Sunny indicated that there have been no problems with vandalism.

Visit the Afimalu Automatic Weather Station, Dec 12

This station is one of the oldest in Samoa; a manual station was first installed here in 1903. The station is located adjacent to a geophysical static station that also is part the national Tsunami warning system.

The station is situated at approx. 900 m above sea level, making it the highest station the MD has in Upolu.

Both the land and equipment are owned by the MNRE.

Visit the Nursery at the Poutasi Agricultural Extension Station, Dec 12

The project financed the construction of a 10x10 m nursery at this location. The nursery is a steel-framed structure, installed into a concrete foundation, the sides and top are covered with green colored mesh, and the ground is finished with gravel.

The caretaker of the agricultural station indicated that demand for planting materials has been rather high among local farmers.

They are mostly interested in fruit tree crops. Climate ready crops are not yet available at the nursery; this would be the next step following completion of the pilot program.

Revenue collected from sales of planting materials, unfortunately, does not stay with the agricultural station, but rather is sent to the central MAF coffers. This arrangement hinders the sustainability of the operation and upkeep of the nursery.

Visit the Poutasi District Hospital, Dec 12

Interviewed Mr. James Belford, Nurse Manager. The hospital was reconstructed in 2006 and recently repaired after suffering damage during the 2012 cyclone. There are 4 beds at the hospital; seems that most of the health care is administered through out-patient services.

The hospital also runs an outreach program, in which they send out nurses and other health care providers to the communities and administer health care services and also provide information on a number of topics, including climate change adaptation. This outreach program is a very good mechanism for potentially scaling up community involvement programs.

Depart to Savai'i on the 16.00 ferry, Dec 12

Savai'i Field Visits:

Visit the Main Referral Hospital (MTII) in Tuasivi, Dec 12

Interviewed Dr. Loudeen Lam, Manager Savai'i Health Services. Dr. Lam explained that there only 3 doctors serving the population of 44,000 inhabitants in Savai'i. The nurses are, therefore, some of the main health care providers.

She also indicated that the hospital staff were very engaged and impressed with the data analyses made regarding comparison of incidence of disease with weather data. The used the service of medical school residents (from the University of South Pacific, Fiji), who are not only from Samoa, for compiling and analyzing the data. Engaging the medical students is a good way to promote replication in other countries and contributes to the sustainability of the project benefits.

As the Ministry of Health is responsible for public health surveillance, the staff members at the district hospitals are not often included in such studies, so the benefits obtained by the health care providers were particularly impressive.

Dr. Lam also indicated that the hospital staff members were keenly interested in interpreting the results of the health risk maps that the project supported. They could clearly see the correlation between the incidence of sickness and disease with the level of risk among the communities. They are evaluating how they can use this knowledge to inform their community outreach programs, e.g., some villages might need to have doctor and/or health care provider visits more often than others.

The district hospital was recently granted access/responsibility for a 40 ha former college premises. They are considering using part of this property for growing fruits and vegetables, which would be used to promote healthy eating habits to the patients and community inhabitants. At the district hospitals, there is no food service; patients depend upon their families to bring them food. Only the main hospital in Apia has food service.

Visit the Automatic Weather Station and Nursery at the Salailua Agricultural Station, Dec 13

The project had three activities at the Salailua agricultural station. Firstly, a weather station was installed there. Parameters collected include: rainfall, wind speed and direction, leaf wetness, solar radiation, soil moisture (probes at 10, 20, 30, 100 cm). The MD did not have monitoring capability at the south side of Savai'i, which is particularly wet and subject to dominant southeasterly trade winds, so this station fills an important gap. The station was installed in 2011 by MD staff. The NIWA contract was only valid in 2010, so this was an opportunity for the MD staff to demonstrate their skill obtained from the NIWA training and make the installation themselves.

The nursery measures 16x12 m and was finished in 2013 October. Construction is similar to the one visited in Upolu. The agricultural station caretaker indicated that demand from local farmers is rather high; they would like to eventually distribute planting materials for climate ready crops.

As the station is located close to the coast (across the main road), one of the climate ready crop pilot plots was made at the premises, so that the effects of salt-laden mist and other conditions (e.g., possibly higher salt content soil) could be evaluated. Some of the crops planted here exhibited possible adverse effects, e.g., the cassava plant leaves were a bit yellowed, and the lettuce heads were also paler green color than typical.

Visit to Private Farmer (Tavita Hatai), Dec 13

This farmer cultivates more than 20 acres of land, and he was selected as a location of one of the pilot programs. He was quite engaged in the work, and the plots appeared very well maintained.

The farmer thought that we had come to do the harvesting, but Jasmine reminded him that harvesting will be made the following week. The farmer visited in Upolu also seemed a bit un-informed; some type of calendar provided by the project might have helped increase the level of understanding among the farmers.

The farmer indicated that he directly sells to some of the local hotels, and he is rather confident that he will be able to sell the crops, including those that are not typically consumed in the Samoan diet, such as sweet potatoes, yams, and cassava. This linkage to hotels could be an example of a very useful mechanism for scaling up sustainable farming activities in subsequent projects.

He indicated that he is not a member of a farmer association. Based on discussions with him and the farmer in Upolu, farmer associations do not seem to be so important in Samoa, currently.

Depart Savai'i for Upolu on the 14.00 ferry, Dec 13

Annex 4: List of Information Reviewed

Project Documents:

- Project Identification Form (PIF), 10 April 2007
- Request for project preparation grant (PPG), 28 November 2007
- Project Document, Integrating Climate Change Risks in the Agriculture and Health Sectors in Samoa, (ICCRA&HSS), PIMS No. 3940
- Mid-Term Review Report, May 2012, G. Baines
- Annual Project Review (APR) / Project Implementation Report (PIR): through 30 June 2010
- Annual Project Review (APR) / Project Implementation Report (PIR): through 30 June 2011
- Annual Project Review (APR) / Project Implementation Report (PIR): through 30 June 2012
- Annual Project Review (APR) / Project Implementation Report (PIR): through 30 June 2013
- Combined Delivery Reports for Years: 2009, 2010, 2011, 2012, 2013 (through 16 Dec 2013)
- Samoa Audit Office, Management Letter Report, Audit for the Year Ended 31 December 2011
- Technical Working Group Report, June-July 2009 (Inception Report)
- M&E Plan Update, 30 June 2010
- Annual Work Plan 2009-2013, dated 11/12/2013
- National Steering Committee Meeting Minutes, 25 Oct 2013
- National Steering Committee Meeting Minutes, 25 June 2012
- Quarterly Progress Reports, 2013-Q3, 2011-Q4, 2010-Q4, 2010-Q3, 2010-Q2, 2010-Q1, 2009-Q1
- Climate Maps, MNRE-MD
- Soil Resources Interpretative Reference Manual for Samoa, April 2010, D. Leslie
- Agriculture Component: Crop Suitability and Hazard Risk from Extreme Rainfall, November 2010, Ulu Bismarck Crawley
- Climate Adaptation Strategy for Health, draft January 2013, S. Hales
- Synthesis Report on the Evaluation and Analysis on the Linkages between the Seasonal Climate Variability and Climate-Health Diseases from the Period of 2008-2010 in Samoa, Tamati Fau
- Report from the Sector Engagement Workshop, Apia 10-11 October 2012, MNRE, January 2013
- Strengthening Climate Services in Samoa, MNRE, February 2013
- Climate and Weather Services to Agriculture Through the Climate Early Warning System, December 2013 (draft)

Other Documents:

- National Adaptation Programme of Action, Samoa, MNRE, 2005
- Climate Risk Profile for Samoa (CRP, 2007),
- Strategy for the Development of Samoa 2012-2016, July 2012, Ministry of Finance
- Samoa Agriculture Sector Plan (updated 08 December 2011)
- Government of Samoa, Millennium Development Goals, Second progress report 2010, Prepared by the National Task Force with the support of the UN System
- Evaluation of UNDP Contribution in Pacific Island Countries, Draft Final Report, 17 October 2011, M. Nurul Alam
- United Nations Development Assistance Framework (UNDAF) for the period 2013-2017 Pacific Region 2013-2017

Annex 5: Evaluation Matrix

Evaluation Criteria Questions	Indicators	Sources	Methodology	Terminal Evaluation Findings
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?				
To which extent the contribute to the RGC major policy papers	Number of lessons learned, practices introduced	RGC policy papers Reports	Desk review, interviews	The results of the project facilitated inclusion of a climate change outcome in the updated agriculture sector plan (outcome No. 7), and the project supported development of a draft adaptation strategy. In the health sector, the NHS included climate change issues into their corporate plan for the first time, and the NHS board has formally endorsed the project-supported adaptation strategy. Also, a climate officer position has been added to the NHS organization (however, funding is not yet in place).
Contribution to sectors of agriculture and health?	Resilient techniques and best practices	RGC policy and strategic papers. Reports	Desk review, interviews, field visits	The project made major contributions in the upgrade of climate early warning systems, and in the development of sector specific climate products, specifically for the agricultural and health sectors.
Contribution to regional initiatives e.g., financing CC at the local level?	Operation plans and budgets, planning records	Reports	Desk review, interviews	The climate products developed by the MNRE-MD have been widely distributed throughout the country, and demand, particularly among the agriculture users, is high. Training on climate-health risks was delivered to several district level hospitals, and there is evidence of local outreach programs adopting CC issues.
Effectiveness: To what extent have the expected outcomes and objectives of the project been achieved?				
Improved capacity of SNAs and local institutions involved in the project in target and non-target areas?	Verification of knowledge/capacity retained	Reports M&E campaign	Desk review, interviews, field visits	The capacity of the professional staff of the MNRE-MD was significantly strengthened, as were the health care providers at the target district hospitals. The project coordinators also gained considerable experience on the project; this knowledge and skill is an important contribution to the national CC capacity.
Number (gender disaggregated) of direct and indirect beneficiaries?	Verification of knowledge/capacity retained	Surveys, examples of implementation	Desk review, interviews, field visits	A quantitative estimate of the number of direct and indirect beneficiaries was not available at the time of the terminal evaluation. The number of farmers trained did not reach the rather optimistic original target, but a significant number of famers did receive capacity building in the use of CLEWS. Also, a significant number of health care providers received training; including medical student residents, not only from Samoa but from other Pacific countries.

Evaluation Criteria Questions	Indicators	Sources	Methodology	Terminal Evaluation Findings
Adoption of resilient technologies introduced by the project in the target and non-target areas.	Resilient techniques and best practices	Sales records, planning documents	Desk review, interviews, field visits	Regarding climate ready crops, the trials supported by the project started late and there was insufficient time before closure to promote the use of these on a wider scale. The nurseries that were built with project funding provide a potential good mechanism for distributing climate-ready crops. Good demonstration of how climate-health data analysis can be used at the clinical level at directing resources toward vulnerable sections of the communities.
Efficiency: Was the project implemented efficiently, in-line with international and national norms and standards?				
Performance of the National Execution approach in the project at national and sub-national levels?	Project results, level of satisfaction	Interview records, audits	Desk review, interviews	The NEX approach has an aim of increasing government ownership and building capacity of public sector officials who will continue with the project initiatives following GEF funding. These goals were only partly achieved, mostly within the MNRE, the lead executing agency. For example, the MET outcome coordinator is a staff member of the MD, and not only hired for the project. The Agriculture and Health outcome coordinators were recruited for the project, their positions not maintained after project closure, and generally they had challenges in integrating into the respective agencies where they were posted: MAF and NHS.
Factors that should have improved the project delivery?			Desk review, interviews	Inter-agency agreements might have improved the level of ownership. Also, procurement services provided by the corporate services departments of the executing agencies seemed to be rather inefficient. Coordinators were spending inordinate amounts of time on tasks such as searching for officials for signatures, visiting suppliers in person to assist them in filling out quotations, etc.
Experience of the multi-sector approach?			Desk review, interviews	There were some advantages of the multi-sector approach, e.g., facilitating dialogue among line agency professionals. In the perspective of the MAF and NHS agencies, the project was led by the MNRE and did not have a genuine multi-sector approach. For example, funds were disbursed to the MNRE, who then further disbursed to the executing partners.
Country Ownership:				

Evaluation Criteria Questions	Indicators	Sources	Methodology	Terminal Evaluation Findings
Are project outcomes contributing to national development plans and priorities?	Plans and policies incorporating initiatives	Government approved plans and policies	Desk review, interviews	The agricultural sector plan includes a climate change outcome (No. 7). MAF did not seem very interested in facilitating the completion of the adaptation strategy. The NHS has formally endorsed the adaptation strategy for health; the MOH should approve the strategy and then key recommendations included in the updated health sector plan.
Were the relevant country representatives from government and civil society involved in the project?		Meeting minutes, reports	Desk review, interviews, field visits	Generally, yes. Engagement of the health sector stakeholders was delayed; partly due to limited consultation with the MOH during project design and fully explain the suggestion to have the NHS as the lead executing agency for the health component. Within the agriculture sector, fisheries stakeholders were not involved.
Did the recipient government maintain its financial commitment to the project?		Audit reports, project accounting records	Desk review, interviews	Yes, in-kind commitments were fulfilled.
Has the governments approved policies or regulatory frameworks in line with the project's objectives?	Plans and policies incorporating initiatives	Government approved plans and policies	Desk review, interviews	The agricultural sector plan has included a climate change outcome. The NHS has included climate change adaptation in their corporate plan for the first time.
Sustainability: To what extent are there financial, institutional, social-economic, and/or environmental risks to sustaining long-term project results?				
Ownership and leadership of the SNAs in maintaining the project achievement?	Inclusion in the local planning process	CIP documents	Desk review, interviews	Climate function integrated into MNRE-MD organization, also climate officer added to NHS organization, albeit without funding. Inclusion of climate change issue into revised agricultural sector plan (outcome 7), and adaptation strategy for health formally endorsed by NHS.
Commitment of public service providers to provide technical support?	Action Plan or Exit Strategy	Letter of Agreement?	Desk review, interviews, field visits	Continuation of CLEWS by MNRE-MD an integrated part of their organization; however, funding for operation and maintenance not yet secured with agency resources. The climate ready crop pilots started by the project might be scaled up through the USAID-SPC project. Evidence at the district level to continue climate-health analysis and outreach on the community level.
Fund raising campaign to sustain and develop the project achievements?	Operational budgets cover introduced programs, revenue collected	Operational plans and budgets, user fee accounting records	Desk review, interviews	Fund raising has been fairly weak. For example, MNRE-MD has not approved inclusion of operation and maintenance of upgraded AWS into their operating budget. The NHS cannot support a climate officer in their organization, nor has the MAF committed to a climate officer function in their agency.

Evaluation Criteria Questions	Indicators	Sources	Methodology	Terminal Evaluation Findings
Impact: Are there indications that the project has contributed to, or enabled progress toward, reduced environmental stress and/or improved ecological status?				
How do the project activities contribute to the decrease of vulnerability?	Vulnerability index, content of community outreach	VRA reports, community outreach plans	Desk review, interviews	The project demonstrated at the clinical level how climate-related disease information can be used to improve response and preparedness. This knowledge has empowered the district level health care providers, and community outreach efforts aimed at reducing vulnerability.
How do the project activities contribute to the food security?	Scale up of pilots	Sales records	Desk review, interviews, field visits	The project highlighted important lessons learned regarding adaptive crop trials; demonstrated grass root engagement with private farmers; and supported construction of 5 nurseries where climate ready crops could be distributed in the future.
Stakeholder Involvement:				
Did the project consult with and make use of the skills, experience, and knowledge of the appropriate government entities, NGOs, community groups, private sector entities, local governments, and academic institutions?	Active stakeholder involvement	Meeting minutes, reports, interview records	Desk review, interviews, field visits	Relevant government agencies were involved, mostly including the MNRE, MAF, and NHS. Regional institutions, including SPC and USP were engaged, and also the SROS was retained to help with design and interpretation of the climate ready crop pilots. Climate products were delivered to farmers, farmers' associations, as well as public health sector stakeholders. Fisheries stakeholders were not included, and the civil society was a bit under-represented.
Were the relevant vulnerable groups and powerful supporters and opponents of the processes properly involved?	Active stakeholder involvement	Meeting minutes, reports, interview records	Desk review, interviews, field visits	As the focus of the project included addressing food security and climate related health issues, the vulnerable groups affected by these issues were engaged during the project. Women's groups might have been more involved, e.g., with the agricultural crop trials.
Did the project seek participation from stakeholders in (1) project design, (2) implementation, and (3) monitoring & evaluation?	Record of comments and response	Plans, reports	Desk review, interviews, field visits	Limited evidence was available during evaluation regarding the level of consultation during project design. One stakeholder from the MOH indicated that they were given very short time to provide feedback on the draft project document, and although they internally disagreed with nominating the NHS as the health sector executing agency, they did not formally object to it. During implementation, the NSC, represented by a number of government agencies, met often. Inclusion of the private sector, probably mostly private farmers, was made to some extent. Monitoring & evaluation tasks were carried out mostly by UNDP staff when preparing APRs/PIRs and somewhat by the project coordinator and component coordinators.

Evaluation Criteria Questions	Indicators	Sources	Methodology	Terminal Evaluation Findings
Catalytic Role:				
Explain how the project has had a catalytic or replication effect in the country and/or region.	Reference by other projects, programs	Interview records, project fact sheets	Desk review, interviews	<p>The project had a direct catalytic effect on the complementary UNDP-GEF ICCRIFS project, through MET stations, data base, GIS training, and information management systems.</p> <p>There is a demand among private farmers and farmers associations for climate products, and also for planting materials sold at the nurseries financed by the project.</p> <p>The crop pilots initiated on the project might be scaled up by the USAID-SPC project (Pacific Adaptation to Climate Change), and the WB-financed SACEP project will facilitate further development of the agricultural sector plan, building on adaptation strategy.</p>
Synergy with Other Projects/Programs				
Explain how synergies with other CC projects/programs were incorporated in the design and/or implementation of the project.	Reference to other projects/programs	Plans, reports, meeting minutes	Desk review, interviews	<p>The 11.4 MUSD WB-AusAID-NZAID Health Sector Programme, running from 2008 to 2015, was indicated as a source of parallel funding for the project.</p> <p>JICA has extended considerable support to the MNRE-MD in upgrading weather stations in the country, and this parallel funding was important in achieving the well-established warning system that is currently in place.</p> <p>The FAO supported a number of national and regional food security and other agriculture programmes.</p>
Preparation and Readiness				
Were the project's objectives and components clear, practicable, and feasible within its time frame?		Logical results framework	Desk review, interviews	Some of the targets were unrealistic within the budget and timeframe of the project, e.g., the number farmers who would be trained and the scope of the climate-ready crop pilots.
Were the capacities of the executing institution(s) and its counterparts properly considered when the project was designed?		Progress reports, audit results	Desk review, interviews	Due to the small size of the country and the large number of development projects in place, demand for qualified local professionals is rather high. Also, the procurement procedures of the agency corporate service departments seem to have not been sufficiently factored in, when deciding upon the implementation modality.

Evaluation Criteria Questions	Indicators	Sources	Methodology	Terminal Evaluation Findings
Were the partnership arrangements properly identified and roles and responsibilities negotiated prior to project approval?		Memorandums of understanding, agreements	Desk review, interviews	This was a particular shortcoming of the project. Firstly, the inter-agency partnerships among the MNRE-MAF-NHS were not agreed upon before project approval. The roles and responsibilities of the health sector stakeholders, namely the NHS and MOH, were not clarified until later in the implementation phase. The agricultural extension stations, part of the MAF, were important stakeholders in the project, and there seems to have been very little consultation/agreement with them prior to project approval.
Were counterpart resources, enabling legislation, and adequate project management arrangements in place at project entry?		Interview records, progress reports	Desk review, interviews, field visits	There were differences among the executing agencies. Inter-agency agreements might have improved the level of understanding regarding resources and services. For example, corporate services were in place at project entry, but general low efficiency during implementation, including procurement, seems to have been due to lack of information to the corporate services management and insufficient training among project coordinators.
Financial Planning				
Did the project have the appropriate financial controls, including reporting and planning, that allowed management to make informed decisions regarding the budget and allowed for timely flow of funds?		Audit reports, project accounting records, level of attainment of project outcomes	Desk review, interviews	Planning seemed to have been mostly done on 3-month intervals, and the NSC approved funding during quarterly meetings. These rather short intervals were not linked to performance against targets, for example. Thus, this approach did not allow management sufficient information to make informed decisions.
Was there due diligence in the management of funds and financial audits?		Audit reports, project accounting records	Desk review, interviews, field visits	Generally, the evaluator had difficulties evaluating available project accounting data. Combined delivery reports were broken down more or less along outcomes, but there was no output-level accounting data provided. Only one audit (for fiscal year 2011) was available for review, and some of the shortcomings identified in the audit observed during the evaluation mission, e.g., no performance appraisals were made for the outcome coordinators. There were some signs of mismanagement of funds, e.g., only 2 of the 3 project vehicles were accounted for during the evaluation mission.

Evaluation Criteria Questions	Indicators	Sources	Methodology	Terminal Evaluation Findings
Did promised co-financing materialize?		Audit reports, project accounting records	Desk review, interviews	The responsibility of tracking co-financing was unclear to the interviewed project stakeholders, and, hence, there was essentially no accounting of the designated sources of parallel funding. With respect to in-kind support (from Government agencies), professional time and facilities were provided that can be assumed to sum up to the pledged amounts.
Supervision and Backstopping				
Did GEF Agency staff identify problems in a timely fashion and accurately estimate their seriousness?		Interview records, progress reports	Desk review, interviews	The UNDP-GEF RTA was actively engaged in the project, as were UNDP programme managers.
Did GEF Agency staff provide quality support and advice to the project, approve modifications in time, and restructure the project when needed?		Interview records, progress reports, logical results framework, management meeting minutes	Desk review, interviews	There were some signs of insufficient communication between the UNDP-GEF staff and the project team, particularly with respect to the logical results framework. For example, UNDP-GEF suggested changes in 2011 to some of the indicator targets, and these were documented in the subsequent APR/PIR. Additional recommendations for stream-lining some of the targets were made in the MTR. However, during the terminal evaluation mission, the outcome coordinators were mostly following the targets outlined in the original project document.
Did the GEF Agency provide the right staffing levels, continuity, skill mix, and frequency of field visits for the project?		Interview records, progress reports	Desk review, interviews, field visits	More focus should have been made on financial monitoring, and assisting the project team in focusing on results.
Delays and Project Outcomes and Sustainability				
If there were delays in project implementation and completion, what were the reasons?		Interview records, progress reports	Desk review, interviews	There were significant delays implementing the climate-ready crop pilots. The reasons for the delay included: low ownership among MAF stakeholders, including the extension stations; no partnerships lined up at the project development stage; targets overly optimistic, indicating a lack of understanding of what is required for such a scientific study. The health component activities also got off to a late start, with the lack of commitment by NHS and MOH stakeholders the main reason, seemingly.

Evaluation Criteria Questions	Indicators	Sources	Methodology	Terminal Evaluation Findings
Did the delays affect project outcomes and/or sustainability, and, if so, in what ways and through what causal linkages?		Interview records, progress reports, level of attainment of project outcomes	Desk review, interviews	Yes, delays did affect both effectiveness of the outcomes and sustainability. With respect to the agriculture component, climate-ready crop pilots started in summer 2013, and there was insufficient time to complete the pilots before project closure. Delay in implementing activities under this outcome decreased effectiveness, as more time would have allowed more outreach and impact on the policy level. For the health component, delay in starting implementation of the activities under this outcome also affected sustainability; e.g., more time would have allowed better institutionalization of some of the good practices developed and demonstrated on the clinic level.
Monitoring & Evaluation				
Management response to MTE?		Interview records, progress reports	Desk review, interviews	A management response was written up following the mid-term review, but there was no evidence of tracking progress made on the recommendations.
Results based focus on M&E?		Interview records, progress reports,	Desk review, interviews	The annual APR/PIRs were thoroughly completed with analysis of status against indicator targets. The project team provided input for these reports, but they were not the main authors, rather the UNDP-GEF staff prepared the reports.

Annex 6: Matrix for Rating Achievement of Project Objective and Outcomes

Objective/ Outcome	Performance Indicators	Baseline	End of Project Target	Terminal Evaluation Comments	Rating
<p>Objective:</p> <p>To increase the resilience and adaptive capacity of local communities in Samoa to the adverse impacts of Climate change on agricultural production and public health</p>	<p>Increased resilience and adaptive capacity of Samoa's agricultural and health sectors to adverse Climate change impacts</p>	<p>Capacity deficits exist within MNRE, MD, MAF, MOH, private and NGO providers and NHS to address the projected effects of climate change on agricultural production and public health.</p> <p>Existing climate information and early warning systems are not equipped to provide short-term climate variability forecasts and long-term climate change projections to agriculture and public health professionals.</p> <p>Recent scientific findings project adverse climate change effects on food security and public health in Samoa.</p>	<p>By the end of the project, the majority of sectoral planners and policy advisers in MNRE, MAF, MOH, NHS and public health and agricultural extension workers in Samoa is able to identify climate-induced risks in their service fields and capable of prioritizing, planning, and implementing effective adaptation measures with community involvement.</p>	<p>The project supported several training and capacity building activities, and there is evidence that the gained knowledge and skills have been used by planners and policy advisors for increasing the resilience in both health and agricultural sectors.</p> <p>However, the general low level of ownership within the MAF (including extension stations) during project implementation resulted in limited capacity building among core staff. Also, the delay in starting implementation of the activities under the health outcome affected sustainability; e.g., more time would have allowed better institutionalization of some of the good practices developed and demonstrated on the clinic level.</p>	<p>Satisfactory</p>
			<p>Agriculture and health planners at the national and local level are able to receive timely and accurate climate risk and early warning information that enables them to prioritize, plan and implement efficient risk reduction measures.</p>	<p>Agricultural planners and farmers actively using climate risk and early warning information. Some further developments (e.g., dynamic climate maps) to achieve better outreach among agricultural stakeholders. Climate products also regularly delivered to health sector stakeholders; but, needs of the health sector professionals not fully worked out in the lifespan of the project.</p>	
			<p>Key agriculture and health policies and strategic as well as corporate plans are revised to incorporate anticipatory climate risk planning.</p>	<p>Climate issues included in NHS corporate plan, and CASH formally endorsed by NHS management board. Also, the position of a climate officer was created in the NHS organization; however, funding has not yet been secured for this function. Additional donor support will likely be required to support inclusion of strategic climate actions into updated health sector plan.</p> <p>Adaptation strategy for agriculture prepared in draft</p>	

Objective/ Outcome	Performance Indicators	Baseline	End of Project Target	Terminal Evaluation Comments	Rating
				form with project support, but not taken further before project closure. Project did help facilitate inclusion of a climate change focused objective (Objective 4) in Agricultural Sector Plan	
Outcome 1: Enhanced technical and organizational capabilities of the Samoa Meteorological Division (MD) to monitor climate trends and provide climate risk and early warning communications to the agricultural and health sectors to help augment existing Disaster Risk Management processes.	Availability of a tested climate early warning and information products/services along with the communication system for key sector stakeholders	Assessment of climate risks and impacts on food security and public health in Samoa are hampered by the lack of an operational climate data management system Lack of capacity of MD Assistant Chief Executive Officer (ACEO) and technical staff to monitor and routinely issue timely and accurate climate risk information to vulnerable sectors and communities	By the end of Year 2, a comprehensive and efficient climate data and information management system is in place and the MD staff is capacitated for the data collection, analysis and data quality assurance processes.	Target was satisfactorily achieved. Well-established system is in place, has capability for early warning systems, also built capacity for severe weather and tropical cyclone early warning systems (i.e., evidence of cross-cutting benefits). Also, evidence of MD staff capacitated by the fact that they made installations of some of the AWS themselves, after receiving training from NIWA. Sustaining operation and maintenance with agency own resources not yet realized.	Satisfactory
			By Year 3, climate early warning and information products/services tailored for the Agriculture and Health sectors are available, and regularly disseminated to the Ministry of Agriculture and Fisheries (MAF), Ministry of Health (MOH) and National Health Services (NHS).	Target was moderately satisfactorily achieved. For agricultural sector, range of products: (1) rainfall outlook summary, extended now to 6 months, updated on a monthly basis.; (2) drought watch and drought warning reports; (3) climate summary (rainfall and temperature in past 3 months) has been provided. The produces are works-in-progress, e.g., further development is planned in the future when GIS capabilities are further enhanced, e.g., by producing color-coded maps. Also, delivering CLEWS products to health sector stakeholders, but more work needs to be done to better understand the needs of the health sector users and develop products around those needs.	
Outcome 2: Capacity of Samoa's agricultural sector improved to design	Climate Adaptation Strategy for Agriculture developed and integrated into the MAF Agriculture Sector Plan.	Assessment of (and response to) climate risks for agricultural production and food security are	By the end of Year 4 at least 150 MAF (Crops Division) staff and at least 1600 farmers in the Samoa Farmer Association, about	Target was moderately satisfactorily achieved. Awareness training was supported by project, including MAF and farmers, however, not at the numbers planned (e.g., 8 farmers where pilot sites	Moderately Satisfactory

Objective/ Outcome	Performance Indicators	Baseline	End of Project Target	Terminal Evaluation Comments	Rating
adaptive policies and perform short-term (seasonal) and long-term (decadal) agricultural planning and crop management	Number of districts with adaptive crop management practices implemented	poorly developed. Lack of seasonal forecasts, climate reports and detailed GIS maps to inform climate resilient agriculture planning tasks Lack of capacity by GIS planning staff, MAF Crops Division and Agricultural Extension Services to routinely produce and update climate risk information	200 clients involved with WIBDI and 20 staff as well as 30 members of the Crops Management Advisory Committee (CMAC), have capacity to access, interpret and apply climate information.	were located). The WIBDI participated in trainings, as did the CMAC, which mostly made up on farmers and senior officials of the Crops Division of MAF. Vulnerability and food security assessments were made in 2 communities, where residents realized how vulnerable they were to a particular pest because of mono-cropping. There is limited evidence on the retention of capacity building efforts, e.g., some farmers and farmer associations are actively seeking out CLEWS products and services through the MNRE-MD.	
			By year 3, Climate Adaptation Strategy for Agriculture is formulated and integrated into the MAF Agricultural Sector Plan 2011-2015.	Target was moderately satisfactorily achieved. A draft adaptation strategy was prepared with support from the project; however, UNDP and other stakeholders indicated that the strategy needs to be further elaborated before taking it to the next step, i.e., national consultation. Further development of the strategy was not realized by project closure, and there was limited evidence of the MAF assuming ownership of the task. Project results did help facilitate inclusion of a climate change focused objective (Objective 4) in the updated Agricultural Sector Plan.	
			By Year 4, adaptive crop management practices are demonstrated in at least 2 districts	Target was moderately satisfactorily achieved. The crop pilot plantings started late (mid-2013) and there was insufficient time to interpret and disseminate the information. Nurseries established in 5 locations, at the premises of agricultural extension stations. The nurseries are not yet distributing climate ready planting materials, but the concept is very good. Sustainability could be further improved if revenue generated by the	

Objective/ Outcome	Performance Indicators	Baseline	End of Project Target	Terminal Evaluation Comments	Rating
				nurseries could be used to cover operation and further development costs.	
<p>Outcome 3: Capacity of Samoa's public health planners and public health workers strengthened to reduce the impact of climate change on public health.</p>	<p>No. of staff at MOH and NHS accessing and applying climate health information and tested Climate-Health surveillance system</p> <p>No. of climate related diseases for which prevention and response measures are implemented.</p>		<p>By the end of year 2, the national health service (NHS) corporate plan is updated to integrate climate risk aspects and by the end of year 3 the climate adaptation strategy for health (CASH) developed aligned with the Health Sector Strategy.</p> <p>By Year 4, At least 30 staff at MOH health promotion and prevention division (HPPD), and 50 practitioners at NHS (doctors, nurses, allied health) working with the 2 national hospitals and the 10 district hospitals are able to access, interpret and apply climate-health information services.</p>	<p>Target was moderately satisfactorily achieved.</p> <p>Climate risk aspects included in updated NHS corporate plan, and CASH was endorsed by the NHS in Sep 2013. The NHS has included the position of a climate officer into their organization, albeit there is not yet funding available.</p> <p>Preparation of the CASH was fully supported by the project. The next step will be to have the MOH approve the CASH and then incorporate the recommended actions into the Health Sector Plan. The chairperson of the Health Sector Committee indicated that they have not received much feedback from the ICCRAHS project; signifying insufficient communication among the health stakeholders.</p> <p>Target was satisfactorily achieved.</p> <p>The project has been successful in delivering the planned training, actually more people were trained than planned. The question of whether the trained professionals are able to "access, interpret, and apply climate-health information services" is difficult to answer. There is evidence that district hospitals, for example, are placing orders for medicines according to climate-health information. Also, community outreach programs, organized by the district hospitals, have included climate-health issues in their topics discussed with residents.</p> <p>Delivery of CLEWS to health sector stakeholders (part of Outcome 1) was not fully achieved, however, partly because the needs of health sector users was</p>	<p>Satisfactory</p>

Objective/ Outcome	Performance Indicators	Baseline	End of Project Target	Terminal Evaluation Comments	Rating
			<p>By the end of the project, Prevention and response measures are demonstrated in at least 3 climate related diseases and in at least 2 high risk districts</p>	<p>not fully defined.</p> <p>Target was satisfactorily achieved.</p> <p>Prevention and response measures were demonstrated, through analysis made at the main referral district hospital in Tuasivi; three climate related diseases/effects were evaluated: diarrhea, gastro-intestinal, and direct injuries. Based on field visit interviews, this activity reached a number of health-care workers and the impact was significant. The district hospital used medical school residents to help analyze the data (increases sustainability) and management and health care providers realized the benefits and implemented measures to incorporate findings into their community outreach efforts.</p>	
<p>Outcome 4: Enhanced learning, evaluation and adaptive management in order to systematically capture experiences regarding climate change impacts and adaptation preparedness.</p>	<p>Number of proposals, papers, and follow-up proposals within Samoa and beyond that incorporate learning from the ICCRA&HSS Project</p>	<p>Experiences regarding climate change impacts and adaptation preparedness in Samoa have not been systematically captured and shared.</p>	<p>By the end of the ICCRA&HSS Project, climate early warning, agricultural and health adaptation initiatives in neighbouring Pacific Island Countries draw on learning from ICCRA&HSS experiences.</p>	<p>Target was satisfactorily achieved.</p> <p>There is evidence of neighbouring countries drawing on lessons learned, for example, the MET coordinator (MNRE-MD) has been asked to provide expert advice to counterparts in the Solomon Islands. Pacific Adaption to Climate Change project (USAID-SPC) will reportedly follow up some of the climate ready crop pilot trials that the project supported, and these results would be shared regionally. Also, the medical students assisting in the climate-health data analyses are from throughout the Pacific Island countries, so capacity built will be inherently shared when they return to their home countries and begin their professional practice.</p>	<p>Satisfactory</p>

Annex 7: Evaluation Consultant Code of Conduct 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 limitations, findings and recommendations.
7. Should reflect sound accounting procedures and be prudent in using the resources of the evaluation.

Evaluation Consultant Agreement Form

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

Name of Consultant: James Lenoci

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

Signed at Apia, Samoa on 2013 December 17

Signature:



Annex 8: Terms of Reference



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**TERMS OF REFERENCE FOR
TERMINAL EVALUATION OF
Integrating climate change risks into the agriculture and
health sectors in Samoa (ICCRAHS) Project**

INTRODUCTION

In accordance with United Nations Development Programme (UNDP) and Global Environment Facility (GEF) Monitoring and Evaluation (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. The terms of reference (TOR, refer to link at the bottom of this advertisement) sets out the expectations for a Terminal Evaluation (TE) of the Integrating climate change risks into the agriculture and health sectors in Samoa (ICCRAHS) Project

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

OBJECTIVE AND SCOPE

There are a variety of critical climate change induced impacts on Samoa. One of these is the increased prevalence of climate-related water-borne, vector-borne, and food-borne diseases which add substantive strain to an already over-burdened public health system. These impacts are compounded by adverse climate effects on agriculture and food security, which are particularly related to failing crops in conditions of increasing average temperatures and rising groundwater salinity levels. Against this backdrop, agricultural planners in Samoa lack the information and experience necessary to design long-term food security strategies and projects that focus on diversified crop choices and resilient farming methods. The health sector lacks a systematic monitoring system to analyze the connection between climate-related trends and events and specific patterns and dynamics of disease prevalence, which translates into an insufficient knowledge base for the effective allocation of financial resources to growing climate-related health risks. These aspects are compounded by capacity gaps with policy-makers and sector planners at all levels, which makes it difficult to systematically support climate-resilience in policy and investment decisions.

In order to address these challenges, the Government of Samoa proposes an integrated approach to address climate change impacts in the agriculture and health sectors. The project focuses on the enhancement of organizational and technical capabilities in the Samoa Meteorology Division to monitor climate trends and provide regular, timely and accurate climate risk and early warning information to agricultural extension and public health services. The project will strengthen the capabilities of Samoa's public health workers and agricultural planners to make use of climate risk information and adopt measures that increase the resilience of



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communities to climate-induced food security and disease risks. Demonstration of adaptive crop management and climate-related disease prevention in four high-risk districts will provide a knowledge base to catalyze increasingly resilient policy and investment decisions in Samoa, and enable replication and up-scaling of project lessons within the country and in the wider Pacific region.

Project components:

The ICCRAHS project consists of four major components:

1. Enhancing Technical and Organizational Capabilities of the Samoa Meteorological Division. These capabilities will help Samoa monitor climate change risks, and provide early warning communications to the agricultural and health sectors.
2. Improving Samoa's Capacity to Perform Short-Term (Seasonal) and Long-Term (Decadal) Agricultural Planning, and Crop Management. A long-term strategy for agricultural diversification and integration of climate resilience will be incorporated into Samoa's National Agricultural Sector Plan. There will also be targeted capacity building in agricultural planning.
3. Strengthening Samoa's Capacity in Public Health. Public health planner and worker capacities will be strengthened to reduce the impact of climate change on this sector.
4. Enhancing Learning, Evaluation and Adaptive Management. Project lessons will be added to the Adaptation Learning Mechanism on a continual basis. Information will also be shared with other climate-sensitive sectors in Samoa.

These components will ensure that Samoa's public health workers and agricultural planners have the information necessary to remain aware of, assess, and respond to climate risks. This will increase the resilience of local communities to climate-induced food security and disease risks. Demonstrations of adaptive crop management and climate-related disease prevention will also provide a knowledge base to facilitate climate adaptation investments and policies.

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. Specific objectives include:

- Assess extent of achievements of projects outputs and results including extent of implementation of Mid-Term Evaluation recommendations
- Examine current level of impact and sustainability of results, including the contribution to institutional strengthening, biodiversity conservation and conservation friendly livelihood promotion, and the achievement of global and national environmental goals
- Identify and document lessons learned and make recommendations that will maximize the impact of the project and also to provide evidences to improve design and implementation of similar projects in near future
- Identify an exit strategy for the project by linking its products to other ongoing initiatives



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EVALUATION APPROACH AND METHOD

An overall approach and method¹ for conducting project terminal evaluations of UNDP supported GEF financed projects have developed over time. The evaluator is expected to frame the evaluation effort using the criteria of **relevance, effectiveness, efficiency, sustainability, and impact**, as defined and explained in the UNDP Guidance for Conducting Terminal Evaluations of UNDP-supported, GEF-financed Projects.

A set of questions covering each of these criteria have been drafted and are included with this TOR (**Annex 2**) The evaluator is expected to amend, complete and submit this matrix as part of an evaluation inception report, and shall include it as an annex to the final report.

The evaluation must provide evidence-based information that is credible, reliable and useful. The evaluator is expected to follow a participatory and consultative approach ensuring close engagement with government counterparts, in particular the GEF operational focal point, UNDP Country Office, project team, UNDP GEF Technical Adviser based in the region and key stakeholders. The evaluator is expected to conduct a field mission to Samoa and Niue visiting the relevant project sites. Interviews will be held with the following organizations and individuals at a minimum: (UNDP, Ministry of Natural Resources and Environment, Ministry of Agriculture, national Health Services, Ministry of Health, SPC, Ministry of Women).

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.

EVALUATION CRITERIA & RATINGS

An assessment of project performance will be carried out, based against expectations set out in the Project Logical Framework/Results Framework, 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 3**.

Evaluation Ratings:			
1. Monitoring and Evaluation	rating	2. IA& EA Execution	rating
M&E design at entry		Quality of UNDP Implementation	

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



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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 / CO FINANCE

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 (million US\$)		Government (million US\$)		Partner Agency (million US\$)		Total (million 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 impacts in the capacity to capture and



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manage climate information, b) verifiable impacts in the capacity to integrate adaptation in planning for agriculture and health and c) any verifiable impact on the resilience of communities in the pilot areas

CONCLUSIONS, RECOMMENDATIONS & LESSONS

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

IMPLEMENTATION ARRANGEMENTS

The principal responsibility for managing this evaluation resides with the UNDP CO in *Samoa*. The UNDP CO will contract the evaluators and ensure the timely provision of per diems and travel arrangements within the country for the evaluation team.

The Project Team will be responsible for liaising with the Evaluators team to set up stakeholder interviews, arrange field visits, coordinate with the Government etc.

EVALUATION TIMEFRAME

The total duration of the evaluation will be 30 working days according to the following plan: **Annex 4** presents schedule of detailed time frame of evaluation.

Activity	Timing	Completion Date
Preparation	3 days	21 November
Evaluation Mission	15 days	6 December
Draft Evaluation Report	8 days	10 January
Final Report	4 days	20 January

EVALUATION DELIVERABLES

The evaluation team is expected to deliver the following:

Deliverable	Content	Timing	Responsibilities
Inception Report	Evaluator provides clarifications on timing and method	End of the evaluation mission.	Evaluator submits to UNDP CO
Presentation	Initial Findings	End of evaluation mission	To project management, UNDP CO
Draft Final Report	Full report, (per annexed template) with annexes	Within 3 weeks of the evaluation mission	Sent to CO, reviewed by RTA, PCU, GEF OFPs
Final Report*	Revised report	Within 1 week of receiving UNDP comments on draft	Sent to CO for uploading to UNDP ERC.



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*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. **Annex 5** presents tentative outline of evaluation report.

TEAM COMPOSITION

The evaluation team will be composed of 1 international evaluator. The international evaluator will be responsible for ensuring overall quality and finalizing the report. The evaluator shall have prior experience in evaluating similar projects. Experience with GEF financed projects is an advantage. The evaluator selected should not have participated in the project preparation and/or implementation and should not have conflict of interest with project related activities.

The consultant is required to combine international calibre evaluation expertise, the latest thinking in landscape conservation and sustainable-use, and knowledge of the regional context. The consultant will be hired by UNDP directly, following UNDP rules and procedures.

International Consultant should have following qualification:

- At-least Master degree in natural resource management or relevant subjects
- Minimum 10 years of relevant professional experience with strong technical background and proven competency in climate change adaptation and development issues in the Pacific related areas of natural resource management, including demonstrable expertise in project formulation, implementation and evaluation
- Knowledge of UNDP and GEF
- Demonstrated ability to work with developing country government agencies and NGOs. Previous work experience in the Pacific, working experience in Samoa would be an asset
- Previous experience with results-based monitoring and evaluation methodologies;
- Familiarity with GEF programming and procedures, as well as its evaluation policies and guidelines, will be a useful asset
- Previous work experience with United Nations or other multilateral/bilateral development assistance agencies is a useful asset.
- Experience leading multi-disciplinary, multi-national teams in high stress. Ability to meet short deadlines

The evaluator should conduct a debriefing at the end of evaluation mission. The international consultant shall lead the presentation on a draft review of the findings and recommendations with the national level stakeholders, planned at the end of the evaluation mission. Likewise, s/he should lead drafting and finalization of the terminal evaluation.



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EVALUATOR ETHICS

Evaluation consultants will be held to the highest ethical standards and are required to sign a Code of Conduct (**Annex 6**) upon acceptance of the assignment. UNDP evaluations are conducted in accordance with the principles outlined in the [UNEG 'Ethical Guidelines for Evaluations'](#)

PAYMENT MODALITIES AND SPECIFICATIONS

%	Milestone
30%	Following submission and approval of the inception report
40%	Following submission and approval of the draft terminal evaluation report
30%	Following submission and approval (UNDP-CO and UNDP RTA) of the final terminal evaluation report

APPLICATION PROCESS

Qualified candidates are requested to apply by the 6th of November 2013 by sending their application packages to procurement.ws@undp.org with the subject line “Integrating climate change risks into the agriculture and health sectors in Samoa”

The application should contain:

- **Letter of interest and availability** using the standard template. http://www.undp.org/content/dam/azerbaijan/docs/Procurement%20Notice/o/Template_C_onfirmation_Interest_Submission_Financial_Proposal.pdf
- **Cover letter** explaining why you are the most suitable candidate for the advertised position and a **brief methodology** on how you will approach and conduct the work (if applicable).
- **Filled P11 form** including past experience in similar projects and contact details of referees, please upload the P11 instead of your CV. (a template can be downloaded from http://europeandcis.undp.org/files/hrforms/P11_modified_for_SCs_and_ICs.doc)
- **Financial Proposal*** - specifying a total lump sum amount for the tasks specified in this announcement. The financial proposal shall include a breakdown of this lump sum amount (number of anticipated working days – in home office and on mission, travel – international and local, per diems and any other possible costs).



ANNEX 2: EVALUATION QUESTIONS

The evaluation matrix below serves as a general guide for the evaluation. It is expected that evaluators will further revised and improve evaluation question and matrixes.

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?			
<ul style="list-style-type: none"> To which extent the contribute to the RGC major policy papers 	<ul style="list-style-type: none"> Number of lessons learned, practices introduced in the 	<ul style="list-style-type: none"> RGC Policy papers Reports 	<ul style="list-style-type: none"> Desk review, reports
<ul style="list-style-type: none"> Contribution to sectors of agriculture and water? 	<ul style="list-style-type: none"> Resilient techniques and best practices 	<ul style="list-style-type: none"> RGC policy and strategic papers. Reports 	<ul style="list-style-type: none"> Desk review and reports
<ul style="list-style-type: none"> Contribution to regional initiatives e.g. Financing CC at the local level? 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Reports 	<ul style="list-style-type: none">
Effectiveness: To what extent have the expected outcomes and objectives of the project been achieved?			
<ul style="list-style-type: none"> Improved capacity of SNAs and local institutions involved in the project in target and non target areas? 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Reports M&E campaign 	<ul style="list-style-type: none">
<ul style="list-style-type: none"> Number (gender disaggregated) of direct and indirect beneficiaries? 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">



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• Adoption of resilient technologies introduced by the project in the target and non target areas?		•	•
Efficiency: Was the project implemented efficiently, in-line with international and national norms and standards?			
• Performance of the National Execution approach in the project at national and sub-national levels?	•	•	•
• Factors that should have improved the project delivery?	•	•	•
• Experience of the multi-sector approach?	•	•	•
Sustainability: To what extent are there financial, institutional, social-economic, and/or environmental risks to sustaining long-term project results?			
• Ownership and leadership of the SNAs in maintaining the project achievement?	• Inclusion in the local planning process	• CIP documents	•
• Commitment of public service providers to provide technical support?	• Action Plan or Exit Strategy	• Letter of Agreement?	•
• Fund raising campaign to sustain and develop the project achievements?	•	•	•
Impact: Are there indications that the project has contributed to, or enabled progress toward, reduced environmental stress and/or improved ecological status?			
• How do the project activities contribute to the decrease of vulnerability?	• Vulnerability index	• VRA reports	• Reports
• How do the project activities contribute to the Food security	•	•	•



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ANNEX 3: RATING SCALES

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



ANNEX 4: EVALUATION SCHEDULE

Dates	Task	Time proposed
A. Preparation		
	<ul style="list-style-type: none"> Home-based work to prepare for evaluation including desk review of documents provided in advance at home office and develop preliminary evaluation methodology 	3 days
	<ul style="list-style-type: none"> International consultant arrives in country. 	
B. Evaluation Mission		
	<ul style="list-style-type: none"> Visit to Samoa 	2 weeks
	<ul style="list-style-type: none"> Evaluation attend briefing session with UNDP CO Project briefing by key project staff (PM), 	
	<ul style="list-style-type: none"> Further desk review of relevant documents and reports, preparation and presentation of evaluation methodology and report outline, Review and discussions on study approach and methodology Refinement of methodology 	
	<ul style="list-style-type: none"> Meetings with central level project stakeholders (MNRE, UNDP, etc) 	
	<ul style="list-style-type: none"> Field visits to project sites 	
	<ul style="list-style-type: none"> Initiate preparation of first draft report. 	
	<ul style="list-style-type: none"> Preparation of (initial findings), Debriefing to validate/clarify findings with Project staff & focal persons, project partners, UNDP and follow up discussion 	
	<ul style="list-style-type: none"> Presentation of evaluation findings to national stakeholders, and project partners International consultant departs 	
A. Draft Evaluation Report		
	<ul style="list-style-type: none"> Home-based work to prepare draft report Submission of final draft report to UNDP for further circulation and clarification 	8 days
	<ul style="list-style-type: none"> UNDP provides comments and suggestions on draft report 	
	<ul style="list-style-type: none"> Home-based work to address comments and suggestions on final draft report Submission of final draft report to UNDP for further circulation and clarification 	
	<ul style="list-style-type: none"> Stakeholders provide comments on draft report 	
A. Final Evaluation Report		



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	Home-based work to finalize report based on comments from stakeholders, followed by submission of the final report to UNDP for further circulation	4 days
	Submission of final report to UNDP for further dissemination	

Note: Total consultancy time comprises 30 working days



ANNEX 5: EVALUATION REPORT OUTLINE²

- 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 Manual³)
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 rated⁴)
- 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

²The Report length should not exceed 50 pages in total (not including annexes).

³ UNDP Style Manual, Office of Communications, Partnerships Bureau, updated November 2008

⁴ 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.



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- 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
 - 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



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ANNEX 6: 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 wrong doing 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 Form⁵

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

Name of Consultant: _____

Name of Consultancy Organization (where relevant): _____

⁵www.unevaluation.org/unegcodeofconduct



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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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ANNEX 7: EVALUATION REPORT CLEARANCE FORM

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

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