United Nations Development Programme

Health Care Without Harm

UNDP

Sustainable Health in Procurement Project (SHiPP)

Terminal Evaluation Report

Supported by Sida

Terminal Evaluation Report

Implementing partner: UNDP

Responsible Party: HCWH

Donor: Swedish International Development Cooperation Agency (Sida)

Countries:

Latin America: Argentina, Brazil, **(Regional approach to Chile, Colombia, Costa Rica)**
Africa: South Africa, Tanzania, Zambia
Asia: China, India, Vietnam **(Regional approach to Indonesia, Philippines)**
Europe: Moldova, Ukraine

Evaluation Period: January 2018 – May 2021

Date of Evaluation Report: August 2021

Evaluator: Leandro Fernandez—International Consultant

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Acronyms and Abbreviations

CSO	Civil Society Organisation
FAO	Food and Agriculture Organisation
GAVI	Global Vaccine Alliance
GCF	Global Climate Fund
GEF	Global Environment Fund
GFATM	Global Fund for AIDS, TB and Malaria
GGHH	Global Green and Health Hospitals
GHIT	Global Health Innovative Technology
GX	Green Health Exchange
HCWH	Health Care Without Harm
HCF	Healthcare Facility
HELP	Health and Environmental Leadership Platform
HHD	HIV, Health and Development
M&E	Monitoring and Evaluation
NGO	Non-Governmental Organisation
NHDRC	China National Health Development Research Center
NOREPS	Norwegian Emergency Preparedness System
PGH	Practice Green Health
PHFI	Public Health Foundation of India
PHS	Projeto Hospitais Saudáveis
PVC	Poly Vinyl Chloride
SADC	Southern African Development Community
SAICM	The Strategic Approach to International Chemicals Management
SDG	Sustainable Development Goals
SPHS	Sustainable Procurement in the Health sector

Background

Project Summary Table

PROJECT INFORMATION		
Project / outcome title	Sustainable Health in Procurement Project (SHIPP)	
Project ID	00108399	
Development Objective	Promote sustainability in the health sector supply chain to improve human health and reduce greenhouse gases, resource depletion, and chemical pollution in developing countries	
Project Objective	Strengthen sustainable procurement in the UN system and in strategic countries to leverage purchasing power and drive policy and market demand for sustainable manufacturing and waste management in the health sector	
Country / Region	Global and in selected project countries	
Date of project document signed	11 November 2017	
Project dates	Start Date: 01 January 2018	End Date: 31 December 2021
Project funding	USD 11,718,714	
Funding source	SIDA	
Implementing Partner	UNDP	
Responsible Party	HCWH	

Executive Summary

The purpose of this evaluation is to provide project partners with an independent assessment of the impacts and key achievements for the three and half years' implementation. The objective is to assess the expected outcomes and their sustainability and identify and discuss the lessons learned, through measurements of the changes in the set indicators, summarise the experiences gained and recommendations for future policy direction and changes to the implementation structure.

The project was relevant and opportune in that it sought to address the growing challenges of the Health sector's environmental impact. The project objective conformed with and addressed national and international priorities for sustainable development and environmental management.

The project constitutes a successful and unique partnership between UN and stakeholders in the health and environmental sector. All evidence showed that the SHIPP project is highly relevant to the National context and the stakeholders and addressed beneficiaries' needs.

Despite a COVID-19 pandemic, the project has engaged stakeholders, delivered good results, and exceeded most expected outputs. The pandemic has overwhelmed most of the health systems in SHiPP pilot countries, raising concerns about the global health supply chain. COVID-19 is highlighting the importance of strengthening supply chains and sustainability. The project has made tangible progress towards the achievements of its overall objective. The project has had a remarkable and sustainable effect on enhancing the capacity of relevant policy and institutional stakeholders to enable the sustainability of the health sector. The project facilitated capacity development, public awareness, and measures to target and train government and healthcare staff at the local, regional, and national levels. The project is very much recognized and respected by the stakeholders.

Countries report that recommendations and lessons learned from the project have helped inform national strategy and policies in many cases. Policies and strategies have changed or are in the process of changing with the project support. Given the time frame of this project, it is awe-inspiring to see so many positive changes in practices and policies. It is also encouraging to see the range of policies and procedures that have changed. Project activities have positively influenced a range of national policies, strategies and plans in all pilot countries. Several environmental stakeholders are part of the procurement process and related dialogues, and active contributors to this response, as primary to project success. Most pointed to factors associated with how this work has been approached as critical facilitators to achieving project goals and strengthening how to work around health facilities is carried out locally. There are several examples of the ways of working at the national level that is changing. One of the most important is how the project fosters vertical collaboration and partnership between health care practitioners and environmental managers in health facilities and national or subnational health authorities. Improved collaboration and stakeholder working groups are occurring in all pilot countries.

The national organisational and institutional framework strengthened in the pilot countries. Support has been delivered in all pilot countries, including introducing the Sustainable Health Procurement approach, guidance on organisational set-up, support for baseline studies, and support for preparation Sustainable Health Procurement-criteria. Concrete deliverables include baseline studies, workshops and seminars, policy briefs and statements, organisational plans, action plans, communication plans, legal reviews, market analyses and training material.

SHiPP has contributed significantly to raising awareness and interest in Sustainable Health Procurement in the pilot countries, including government, institutions, and business associations. More than 700 procurers, decision-makers and suppliers have benefitted from training on Sustainable Health Procurement. Based on an analysis of responses across a wide range of involved stakeholders, the project has led to increased interaction and engagement among the key staff in different ministries and public entities working on SPHS, and the project has facilitated more cooperation between ministries as well as deeper, and closer, cooperation between the public and private sector.

The project also contributed to achievements in non-core countries, with Sustainable Health Procurement activities being developed in five additional countries (name them: Chile, Colombia, Costa Rica, Indonesia and Phillipines), exchange of best practices covering more than thirty countries, regional capacity building, and more than ten countries being financially and technically supported in moving into action plan implementation.

The increased partnership between stakeholders engendered through these spaces has led to increased collaboration between the private sector. Health and procurement officers have improved because these stakeholders can work together and benefit each other. These benefits have a broader reach than the project objectives, extending even beyond the health sector.

Changes in healthcare facilities were also a significant success: from more sustainable health services to resource efficiency, tangible benefits were reported across various pilot countries. Established structures and coordination mechanisms have been incorporated into government structures and are working on other activities beyond the work funded by this project.

Capacity strengthening enabled local partners to generate evidence around Health Sector Sustainability and advocate using such evidence to inform policies, programmes, and practices.

Based on the opportunities offered by local actors, project activities in the countries appear to have been selected in a timely and strategic manner. This strategy seemed appropriate to prioritize topics that are likely to increase interest at the country level.

Countries have promoted the capacity building of a wide range of stakeholders using the sustainable procurement guidelines developed by the project. Technical support to major hospitals and health systems served to test and improve sustainable procurement practices and policies. An impressive number of webinars and in-person workshops were held, mainly targeting hospital-level staff and government officials to support skills acquisition and capacity building. A critical mass of procurement officers of the health, health care practitioners and the public pharmaceutical sector were trained on sustainable procurement and production. Through organized global forums, over six thousand key stakeholders worldwide increased capacity on sustainable procurement in the health sector. In addition, there was extensive collaboration between government, health care institutions and civil society organisations in all countries where it was conducted, with support from UNDP and other development partners.

A key achievement is the strong relationship with UNDP's nature, climate and energy team and WHO, which has led to the development of standard documents and coordination at the national level to reduce overlaps. Efforts are underway to strengthen complementarities and promote synergies with the Sustainable Procurement in the Health Sector United Nations informal task team and the UN Environment One Planet Network.

The UNDP's convening power, legitimacy, and credibility, as a UN agency leading the SHiPP is seen as crucial project strength by respondents at the local level. It was particularly remarked as relevant by stakeholders working in healthcare facilities. Also, was highlighted the strategic importance of the strong linkage promoted by the project between UNDP, civil society represented by HCWH and its partners, and local actors in health institutions working on the ground.

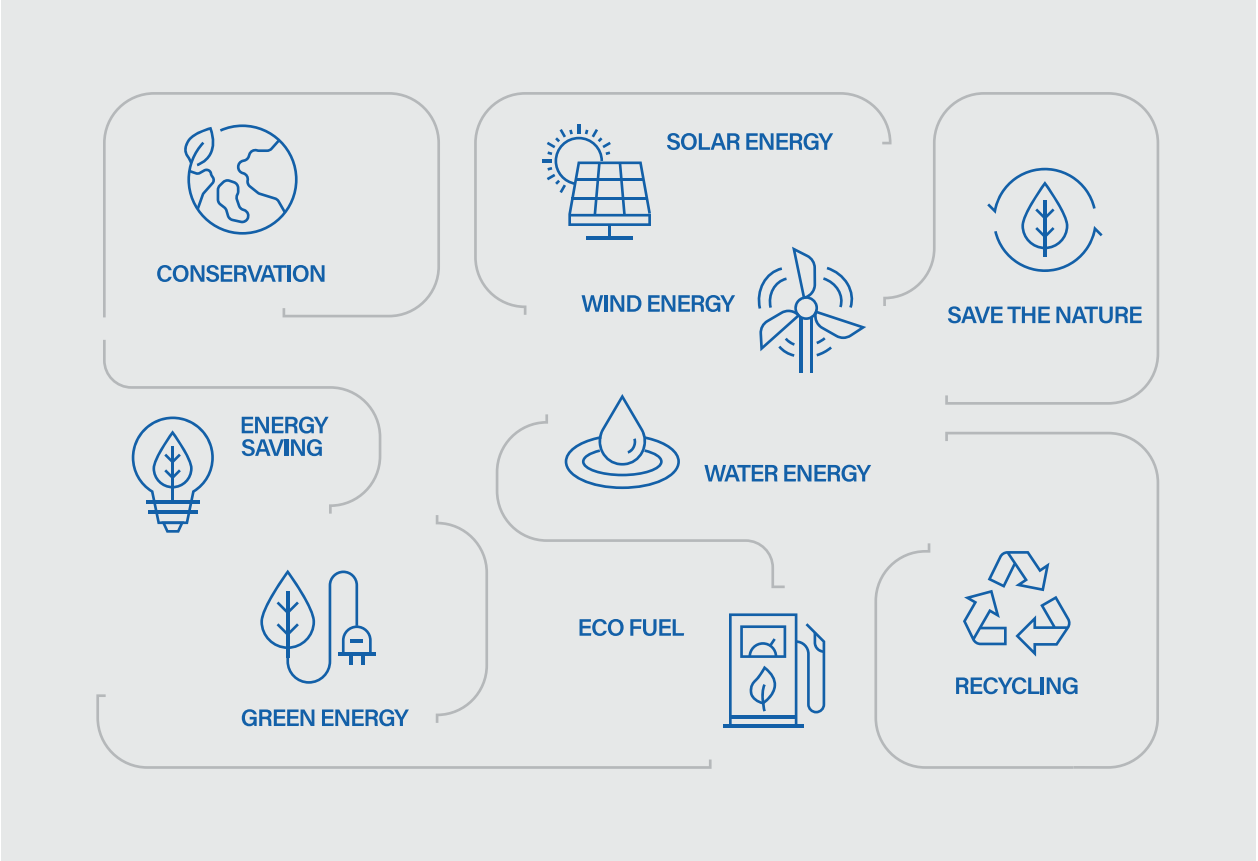
The project has helped countries understand challenges within their procurement system and see how they might be overcome in many forms. The project has created the capacity to address these issues and helped countries come to a shared vision of priority steps they can take in this regard, and there is a high level of confidence that governments and national stakeholders will continue to move this forward.

There are various examples of successful collaboration at the regional and national levels between SHiPP and other bilateral agencies or international NGOs/CSOs working on Health Sector Sustainability issues. Many positive results have already been achieved at the national and local levels. There are many solid and positive indications for potential sustainability, but more efforts are needed to mobilize the needed fund for follow-up activities.

The project has achieved good partnerships with relevant stakeholders and has successfully managed

to engage all the critical stakeholders and targeted groups listed in the project document and beyond. There has been significant progress in developing the policy and regulatory instruments for sustainable procurement. Further, the capacity of all partners in the project has been elevated. The effective relationships between different government and local stakeholders seem to be more functional than in the past. SHiPP has had an extraordinary impact in strengthening local actors. Local partners in healthcare facilities have benefited significantly from the integration of their activities into those of SHiPP. Their work now appears to be validated and strengthened. Technical and financial commitments to sustainability are being made at several levels. Nevertheless, sustained financing for the work is necessary for more policy change and implementation to ensure significant impacts in the future.

Key stakeholders and beneficiaries interviewed expressed the project's added value and emphasized that another phase to follow up on the project's main achievement and continue the work started is critical and needed. The project provided a unique opportunity for women's voices and stories to be heard and highlighted and for reflective learning and knowledge management with UNDP and Sida principles, including labour rights, gender equality and partnership. The project extended beyond simply collecting disaggregated data on the number of men and women who attended a project event or activity but asked why and how this impacts women. The national strategies and policies developed were a prime opportunity to integrate gender and human rights issues. The lessons from the SHiPP and their relevance to strengthening sustainability in healthcare are in line with the 2030 Agenda for Sustainable Development.



Project Description

The Sustainable Procurement in the Health sector initiative (SPHS) was established in May 2012 to promote environmental and social standards compliance. This initiative is implemented by an Informal Interagency Task Team coordinated by a secretariat managed by UNDP. The SPHS has ten members—seven are UN Agencies (UNDP, UNEP, UNFPA, UNHCR, UNICEF, UNOPS, WHO), and three are Multilateral Health Financing Institutions (GAVI, GFATM and UNITAID). UNDP hosts the SPHS secretariat in the Istanbul Regional Hub. In order to enhance sustainability in the health sector, UNDP developed the Sustainable Health in Procurement Project (SHIPP) in 2017, funded by Sida, to implement the project in four years, 2018–2021.

The project aimed to achieve in a group of countries to develop and pilot a set of procurement practices and policies aimed at sustainability that synergise with the SPHS strategy of greening 1global health aid through UN agencies and other international organisations, multilateral agencies, and bilateral agencies donors. The project also aimed to work in fast-growing economies whose health sectors make up a significant portion of world consumption, significantly influence other countries in their region, and whose industrial sectors produce many of the products for the global supply chain—including for the United Nations.

The primary beneficiaries of this project were the stakeholders in the global health sector, in particular public procurement institutions, hospitals, health systems, suppliers and manufacturers, governments (ministries of health and environment and others involved in health procurement), global leaders and technical experts. Secondary beneficiaries include patients, health care workers' occupational health and the planetary health. As a result of improvements in sustainable production practices and a reduction in procurement of commodities that can hurt human health and harm the environment, they benefited from the elimination/management of occupational hazards and reduced environmental pollution.

UNDP and Health Care Without Harm (HCWH) identified public procurement as a critical entry point for promoting more sustainable production and consumption patterns (SDG 12). With the financial support from the Swedish Government, UNDP working with Health Care Without Harm (HCWH), initiated the Sustainable Health in Procurement Project (SHiPP). The project is implemented directly in 10 countries of Argentina, Brazil, China, India, Moldova, South Africa, Tanzania, Ukraine, Vietnam and Zambia and the HCWH's Global Green and Healthy Hospitals network is scaling up the successful results in 2 regions: Latin America and Southeast Asia: Chile, Colombia, Costa Rica, Indonesia and the Philippines.

The Development Objective was to promote sustainability in the health sector supply chain to improve human health and reduce greenhouse gases, resource depletion, and chemical pollution in developing countries. The Overall Programme Objective was to strengthen sustainable procurement in the UN system and strategic countries in the South to leverage purchasing power and drive policy and market demand for sustainable manufacturing and waste management technologies within the health sector.

Specific Objectives:

1. Developing universally adaptable criteria and standards for sustainable manufacturing, distribution and content of products procured by the health sector
2. Strengthening capacity for sustainable procurement in the health sector in at least ten project countries
3. Strengthening capacity for sustainable production, supply and disposal of health care products in at least ten project countries
4. Strengthening the understanding and application of appropriate indicators and monitoring and evaluation processes that help promote accountability for sustainable procurement in the health sector

Expected Results envisaged to achieve the specific objectives over the 4-year timeframe are:

Output level 1: Universally adaptable criteria and standards for sustainable manufacturing, distribution and content of products procured by the health sector are developed.	**Indicator 1.1:** SPIH **Indicator 1.2:** Number and quality of sustainable health procurement laws, policies and strategies revised with support from the project at the national level.
Output Level 2: Capacity for sustainable procurement in the health sector strengthened in project countries and beyond.	**Indicator 2.1:** Number of key stakeholders (policy-makers, technical experts and GGHH member hospital staff including health workers) with increased capacity on sustainable procurement in the health sector disaggregated by gender. **Indicator 2.1:** Number of sustainable procurement coordination mechanisms established and implemented, at least 50% women representatives.
Output Level 3: Capacity for sustainable production, supply and disposal of health care products strengthened.	**Indicator 3.1:** Number of manufacturers and suppliers' engagement initiatives, including social dimensions[1], documented and disseminated in project countries **Indicator 3.2:** Number of manufacturers and suppliers practicing formal sustainable production
Output Level 4: Increased understanding and adoption of appropriate indicators, lessons learned, good practices, monitoring and evaluation	**Indicator 4.1:** Number of project countries and others adopting SHiPP indicators in the national plans to implement and monitor sustainability in the health sector **Indicator 4.2:** Number of good practices identified and implemented by hospitals, health systems, and national or sub-national health ministries and others

1 Human and labour rights, gender equality, anti-corruption.

1. Introduction

This report sets out the expectations for the TE project titled "Strengthening Sustainability in the Health Sector in Developing Countries" further branded as "Sustainable Health in Procurement Project" (SHiPP) implemented by UNDP and Health care Without Harm. The project started on 01 January 2018 and is in its 4th year of implementation, and it will technically be closed on 31 December 2021. However, at the 2020 annual review with the donor, it was recommended to conduct the project evaluation early in 2021 before the technical and operational closure. Following UNDP M&E policies and procedures, all complete and medium-sized UNDP projects must undergo a Terminal Evaluation (TE) at the end of the project. The TE process will follow the guidance outlined in the documents:

- SIDA's Evaluations Handbook (2020)
- UNEG norms and standards (revised 2017)
- UNEG Code of ethics
- UNDG RBM guidance (2012)
- UNDP IEO evaluation guidelines (January 2019)
- OECD/DAC Better Criteria for Better Evaluation, Revised Evaluation Criteria (2019)

The Terminal Evaluation (TE) was carried out in three phases: 1) desk reviews, data collection, analysis and preparation of terminal evaluation inception report; 2) A remote engagement phase) to conduct virtual interviews and online surveys with the project team, implementing and executing partners, and stakeholders at global and national level 3) finalise the preparation of the Terminal Evaluation Report.

1.1 Overall Objectives of the Assignment

The overall objectives of the evaluation are:

- Evaluate progress achieved against project objectives and the results framework
- Evaluate the effects of the modules/interventions
- Identify factors contributing to successful outcomes and barriers, considering the unique partnership between UNDP and HCWH, a civil society organisation and the impact of the COVID-19 pandemic.
- Evaluate the potential for scaling up results beyond the ten countries
- Evaluate programme implementation, processes and milestones towards programme objectives
- Better link achieved results to grant funds, and grant-supported activities

The specific objectives of the assessment are as follows:

- Assess the overall design and results of the project, i.e. outputs, outcomes, and impacts, including gender sensitivities.
- Assess capacities, policy and regulatory tools developed by the SHIPP project to advance the agenda on an enabling environment for sustainable health sector development.
- Review the extent to which the planned project activities can lead to longer-term outputs/outcomes by governments, and if any adjustments would be required;
- Assess strategies developed and implemented in addressing the critical challenges faced by the targeted institutions.
- Identify lessons learned and recommendations which should be fed into national/sub-national approaches/policies or practices that have significant potential for replication and future programming

1.2 Scope of Work

The Terminal Evaluation was conducted in accordance with essential principles of UNDP Evaluation. The review was independent, impartial, transparent, ethical and credible. This evaluation covers the following focused scope of works and criteria:

a) Relevance: to assess the relevance of the SHIPP project strategies and implementation arrangement for environmental governance reform and to set global standards through different platforms, tools and strategies.

- The extent to which the SHIPP interventions meet countries and stakeholders' sustainable procurement/production needs and priorities
- The extent to which SHiPP's activities and outputs were aligned with the overall objects and goals of the project.

- The extent to which SHIPP contributed to SIDA's environment strategic priorities, including gender.

b) Efficiency: to the best extent possible, the reviewer will compare the institutional benefits of the SHIPP with the budget to assess the project's overall efficiency.

- Has the UNDP approach resulted in optimum transaction costs and oversight? Were activities cost-efficient? Were outputs achieved on time?

c) Effectiveness: to assess the SHIPP project's effectiveness in achieving the objectives (outputs and outcomes).

- To what extent were the SHIPP governance structures, particularly the project support board, effective in facilitating smooth implementation? What improvements may be made and why?
- To what extent the objectives were being likely to be achieved by the end of the project?
- What were the significant factors influencing the achievement or non-achievement of the objectives? To what extent has the COVID-19 pandemic had an impact on project implementation?

d) Impacts: The SHIPP project aimed to strengthen international, regional and institutional systems, tools and capacities to address more effectively the concerns relating to environmental, waste management and energy and the overall health sector sustainability.

The evaluator analysed both how the capabilities/tools/systems were developed and how the project achievements and pending expected project outcomes contribute to an enabling environment for the sustainable development agenda and long-term impact on the health sector.

- What were the institutional or policy changes resulting from the SHIPP interventions? Did the project change the way the institutions address externalities and cross-sectoral challenges?
- Were there policies put in practice within responsible parties, academics, firms and local institutions?

e) Sustainability: The review assessed how the project achievements contributed to sustainability by engaging appropriate government, non-Government and other relevant stakeholders.

- To what extent the SHIPP project contributed to promoting National Governments ownership and leadership in implementing Sustainable Health policies and practices? Can results be seen at the local level?
- To what extent are the project benefits likely to continue after its completion, and at what level?

f) Partnership and complementarity

- Did the SHIPP project interventions complement other environmental/sustainable development initiatives implemented in targeted countries and within UNDP and HCWH? Also, were there any significant overlaps?
- The extent to which SHIPP project interventions forged new or strengthened partnerships among different stakeholders (UN agencies, Government institutions, development partners, private sector, and CSOs/academia)
- The extent to which SHIPP project interventions fostered financial or technical leverage from other stakeholders (UN agencies, Government institutions, development partners, private sector, CSOs/academia)?

1.3 Context and Methodology of the Evaluation

The purpose of this evaluation is to provide project partners with an independent assessment of the impacts and key achievements for the three and half years' implementation. The objective is to assess the expected outcomes and their sustainability and identify and discuss the lessons learned, through measurements of the changes in the set indicators, summarise the experiences gained and recommendations for future policy direction and changes to the implementation structure.

UNDP Monitoring and Evaluation policies for regular and medium-sized projects require that a final evaluation be performed upon completion of project implementation. An evaluation at the end of a project's cycle is needed to assess the project's **design, scope, relevance, performance and success**, to look for early signs of potential impact and sustainability, to promote accountability and transparency, and to provide lessons learned that may help improve the selection, design and implementation of future UNDP activities. As funding agency, it may also contribute to the SIDA

Evaluation Office databases for reporting on the effectiveness of SIDA operations in achieving global environmental benefits and on the quality of monitoring and evaluation across the broader SIDA system.

The TE is intended to provide evidence-based credible, sound, and reliable information. The evaluation used the criteria of **relevance, effectiveness, efficiency, sustainability, and impact**, as defined and explained in the UNDP Guidance for Conducting Terminal Evaluations. The TE synthesises lessons to help guide future design and implementation of SIDA and UNDP activities and contributes to the overall assessment of results in achieving SIDA strategic objectives aimed at global environmental and social benefits.

The detailed criteria matrix as per the overall design of this evaluation is presented in the annex. In addition, the evaluation covers the degree of convergence of the project with other UNDP and Sida priorities, including poverty alleviation and crosscutting issues such as gender equality, women's empowerment and support for human rights. These criteria address how gender equality and human rights have been integrated into project design, planning and implementation, as well as the results achieved. They also aim to capture broader impacts on gender equality and women's empowerment, livelihood benefits and human rights through the use of socio-economic co-benefits and sex-disaggregated/gender-responsive indicators.

According to the overall design of this evaluation, this section presents the evaluation methodology and draft matrix. The Evaluation approach to this assignment is evidence-based, participatory, and utilisation focused.

Evidence-based: Multiple streams of evidence were collected at every step of the evaluation process. In addition to data triangulation from evidence collated during this evaluation, the Team cross-references its emerging findings and areas of recommendation to the relevant scientific literature to search for commonalities as well as areas of convergence and divergence. Substantial differences of opinion, and data exist to probe more profoundly and better understand the factors contributing to such differences. Though the findings integrate the views and perspectives of key stakeholders, they likewise were fact-based and informed by triangulating sources of evidence.

Utilisation focused: The purpose of this evaluation extends beyond the project's reporting and accountability requirements. In light of the pressing concerns of climate change and environmental degradation, the project's performance cannot be considered in isolation from its broader context, including other UN and sustainable development initiatives. It is essential to consider whether the initiative is helping to create enabling conditions that lead to fundamental changes in the way the environment is managed in the health sector. The TE's role is not simply to identify what works well and what does not, but to highlight the challenges and opportunities for the health sector's sustainability and to draw out valuable and realistic recommendations for the way forward.

Consultative and Participatory: The project staff and stakeholders were consulted for their views on the project's performance. Also were given opportunities to comment on the Inception and draft report before finalisation, to indicate factual errors and provide additional information for analysis. Opportunities to review evaluation progress were provided at critical points during data collection and analysis. The purpose of these interactions was to ensure the usefulness and applicability of the evaluation findings and recommendations. This approach does not decrease the impartiality and independence of the evaluation, as the evaluator maintains the final say on the content of the evaluation report, and it will not accept changes that contravene the evidence-based principle discussed above. The TE was conducted in strict adherence to the Terms of Reference received and include the following three stages:

1.4 Inception Phase

The initial stage involved an extensive review of all relevant sources of information, including documents prepared during the preparation phase (i.e. UNDP Initiation Plan, UNDP Social and Environmental Screening Procedure/SESP). The review also includes the Project Document, project reports, project budget revisions, lesson learned reports, national strategic and legal documents, and other materials that the evaluators considered helpful for this evidence-based evaluation. A list of documents reviewed is presented in annexe 3. Initial consultations were conducted with key project stakeholders to brief on the TE's purpose and methodology and finalise the engagement schedules

and arrangements. As part of the inception phase, an Inception Report was prepared and presented to UNDP for discussion and agreement. The objective of the inception report is to share the methodology and includes an itinerary for the engagement approach, a tentative list of interviewees selected to provide a wide-ranging sample of project stakeholders, and a guide questionnaire to conduct the semi-structured interview with the project team, partners, and stakeholders.

1.5 Remote Engagement

As of 11 March 2020, the World Health Organization (WHO) declared COVID-19 a global pandemic as the new virus rapidly spread to all world regions. Travel restrictions have been in place in different countries. To adhere to the principle of no harm, the TE will not engage in any activity or promote engagement in any activity that may place either a project team, a stakeholder or respondent, or a third party at risk of being infected by the virus. Practically, this means that data collection efforts, team meetings, and engagement with stakeholders were held virtually. Therefore, the engagement methodology has been developed, taking into account the remote conduction of the TE. The evaluation used methods for data collection and interviews that did not require travelling or physical meetings. This includes remote interview methods and comprehensive desk reviews, data analysis, online surveys, and evaluation questionnaires.

It was taken into consideration carefully the stakeholder availability, ability, or willingness to be interviewed remotely. In addition, their accessibility to the internet/computer was an issue as many governments and national counterparts were working from home. Using ICT to conduct virtual data collection comes with risks. Access to communication technologies is not equal across societies and social groups. The TE identifies who is being left out of virtual data collection, constraints or fears that interlocutors may face in interviews over the telephone or internet, and any biases resulting in the data. Considering the remote conduction of the TE due to pandemic COVID-19 travel restrictions, there is a higher-than-usual risk that the evaluation plan may be subject to unforeseen changes along the way.

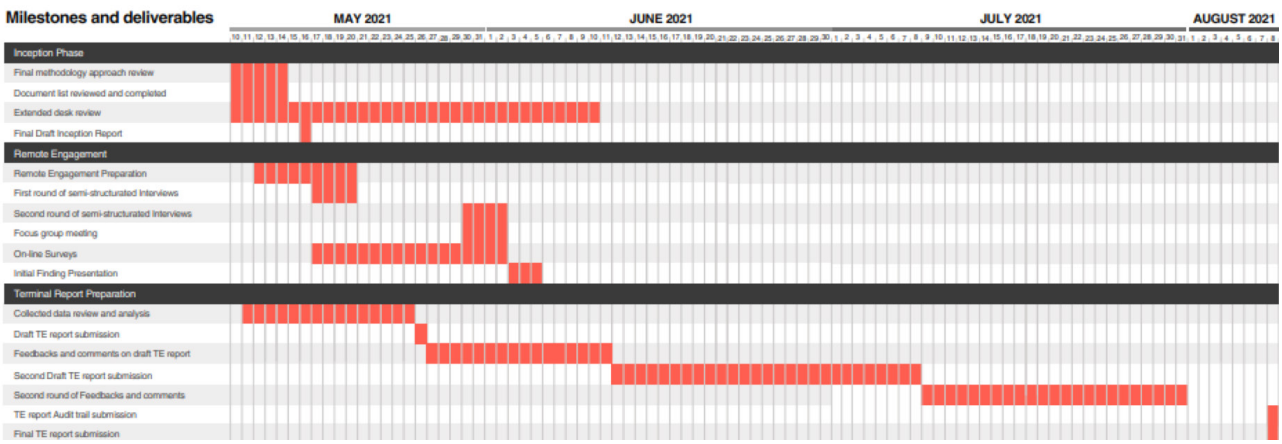
Furthermore, it is acknowledged that the risk of getting too little data (quantity and quality) is higher than what usually is the case due to the challenges of validation and the likely challenges posed by insufficient internet capacities.

1.6 Preparation of the Terminal Evaluation Report

The collected data, updates, and materials received were carefully reviewed and analysed following the remote engagement phase. The information was compiled, summarised, and organised according to the evaluation criteria and ratings. Analysis was provided in matrices and tables to best present findings and key recommendations using a result-based management approach. Follow-up interviews were conducted as necessary.

A draft report was prepared and submitted to UNDP to check for inaccuracies, and subsequently circulated to all project partners and key project stakeholders to go through the review process. Questions and comments on the draft TE Report received from UNDP were consolidated and incorporated into the Final Report. An "audit trail" was prepared in separate files to indicate how the comments received were (or were not) addressed in the final terminal evaluation report. The final TE report describes the entire TE approach taken and the rationale for the approach, making explicit the underlying assumptions, challenges, strengths and weaknesses about the methods and approach of the evaluation.

1.7 Evaluation Timetable



1.8 Evaluation Ethics and Adherence

The evaluator-maintained neutrality and independence at all stages of the evaluation process. All the views received from stakeholders applicable to any activity related to planning, gathering, organisation, processing, and assessing information were considered. The evaluator has respected institutions' rights and applied the no-harm principle to all individuals in providing available information in confidence. The sources of specific information and opinions in this Report are not disclosed except where necessary. This evaluation report aims to provide transparent information on its sources, methodologies, and approach. The evaluation was conducted following the UNEG Ethical Guidelines for Evaluators, and the evaluator has signed the Evaluation Consultant Code of Conduct Agreement form.

1.9 Limitations to the Evaluation

The assignment was conducted during the coronavirus COVID-19 pandemic. Due to international and in-country travel restrictions, this TE has been conducted remotely. The impossibility of an in-country mission and field site visits were a major constraint to the evaluation. Not being able to closely observe project activities on the ground and interact with the beneficiary and local stakeholders have greatly limited the capacity to evaluate project impact on the targeted countries.

Key informant and semi-structured interviews and focus group discussions were conducted online through video calls when possible or audio when the internet bandwidth was limited. Online data generation meant reducing the evaluator' ability to observe contextual clues, which are helpful during data generation. Although it is not as efficient as in-person interviews, the evaluator could collect evaluative evidence and triangulate the collected information to ascertain how well the project meets its expected targets and produce impact.

1.10 Structure of the Report

The structure of the TE Report corresponds to the Evaluation Report Outline as documented within the ToR for the assignment. The evaluation tracks impact per the Project's Logical Framework. The contribution of project outputs and project management is evaluated regarding achieving the project outcomes and overall objective. This TE reviews the implementation experience and achievement of the project results against the Project Document endorsed by UNDP, including any changes made during implementation. The project performance assessment was conducted based on expectations set out in the Project Logical Framework/Results Framework, which provides performance and impact indicators for project implementation and their corresponding means of verification.

2. Evaluation Findings

2.1 Project Design/Formulation

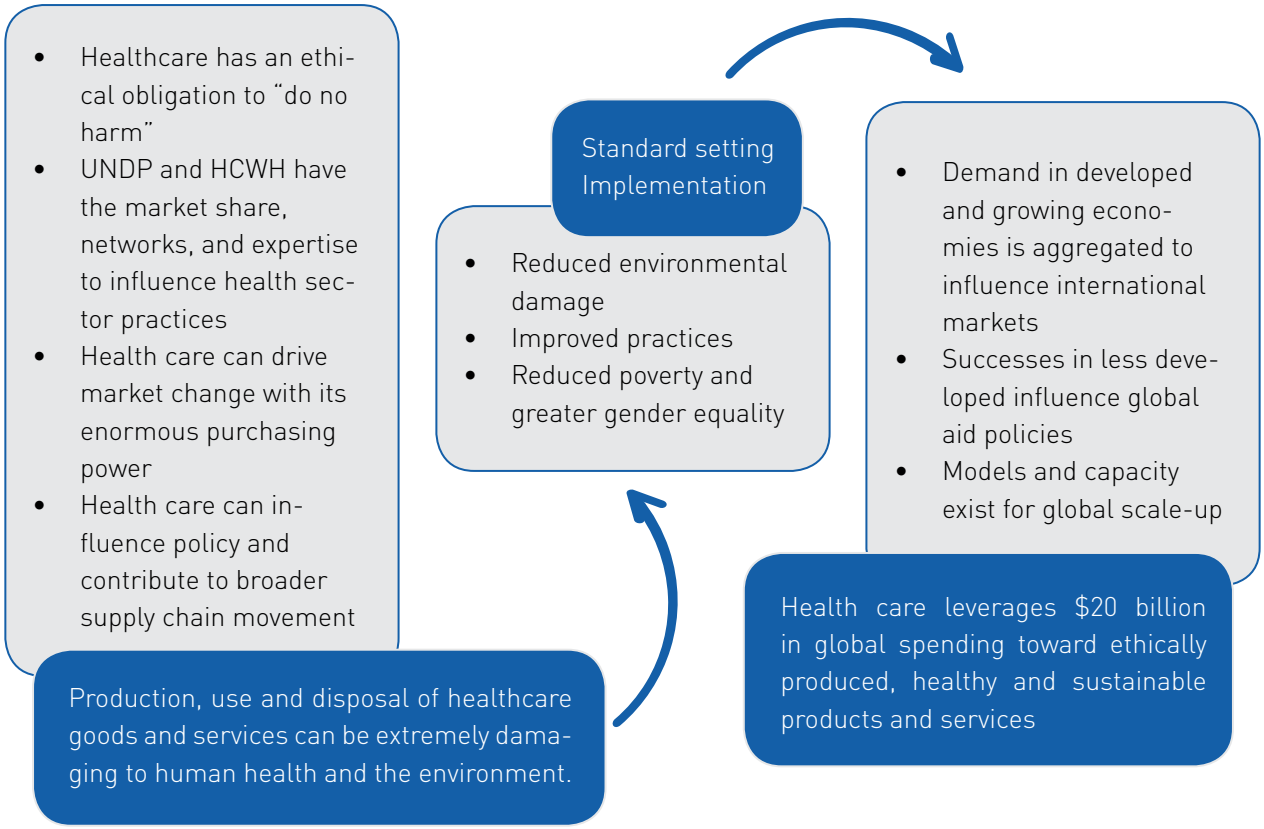
The project design is considered highly relevant to the governments' international environmental obligations, national plans, and strategies and relates strongly to National priorities and country ownership. The Project conceptualisation had its origin within national and development plans and focused on enhancing and strengthening regional and local stakeholders' work on health sustainability issues. There is substantial flexibility in the project design, which means that different activities have been carried out in different countries. The overarching flexibility of the project design allowed the countries to be supported in what is most relevant to their national context.

The project indicators are well-defined and indicate what the project realistically sought to achieve under each outcome within its limited timeframe and funds. The result framework was reviewed at the beginning of the project during the inception phase. A minor revision of the project design, including the result framework, was undertaken after the revised baseline assessment. The revision included the formulation and incorporation of a set of outputs and activities. The expansion in the project's scope includes tools to assist in the procurement decision process for identifying the best method that provides the most beneficial impact to the environmental, economic, and social aspects. Two gaps were realised during the baseline assessment: (I) Measuring environmental performance and (II) Validating gender equality in the workplace. The tools should be used as a self-certification system that would be used during the procurement system. These additional activities do not appear to have harmed other activities and brought attention to a few issues that were not previously considered part of the project. Many countries were already looking at tools to assist in the procurement decision process. Overall, the inclusion of tool development as an additional project focus has been welcomed. The baselines and targets for some indicators were found to be congruent and complete. The project used the result framework in its planning and reporting.

The Project design was appropriate. The baselines and targets for the indicators were found to be congruent and complete. The target achievement per the end of the project as formulated during project development are SMART. The Project strategy established a rational strategy to enhance institutional capacities to create an enabling environment and develop sustainable development procurement in the Health Sector. The strategy was a well-rounded plan; it addressed the apparent barriers, challenges, and risks and coherently identified the basis for a plan of action.

2.2 Theory of change

The project's theory of change (TOC) describe change processes by outlining the causal pathways from outputs through direct outcomes towards expected impact (environmental and social benefits). Changes are mapped as a set of interrelated pathways, showing a credible sequence of events that includes significant barriers and enablers to transformation. For the SHiPP project, the long-term, higher-level impact is that the expected outcomes contribute to health care by leveraging demands towards ethically produced, healthy and sustainable products and services. The analysis of the impact pathways was conducted in terms of the 'assumptions' and 'drivers' that underpin processes involved in transforming outputs to outcomes to impacts via the intermediate states. The identified changes are mapped, showing the logical relationship and chronological flow between long-term outcomes and the desired impact path. Rationales explain links between desired outcomes. Exploring the theory of change of this project clarifies the underlying assumptions and shows that the project is on track to deliver the intended long-term outcome. The evaluation evidence verified through the assumed casual and transformational pathways were relevant, efficient and effective to deliver on the project's purposes. The project's change model reflects well the causal problems that must be overcome in a transformative way. The current TOC version is adequate for planning purposes, and there is no need for an update based on evaluation evidence. The TOC for the project is presented in the figure below:



2.3 Gender equality and women's empowerment

The project document recognises that women play in the health sector. The project's results framework targets the number of women representing the beneficiary households and has dedicated one specific output to producing gender-specific results. The project can be said to be gender-targeted in its design. The project results focused on the number of equities of women and men targeted for project interventions, and planning of project activities took account of women beneficiaries wherever relevant. Case studies and impact stories highlighted the women's voices and demonstrated how the project impacted gender equality. Monitoring and reporting on project activities have kept account of participants by gender. Gender-disaggregated data shows that the project was implemented with a good balance of men and women.

2.4 Assumptions and Risks

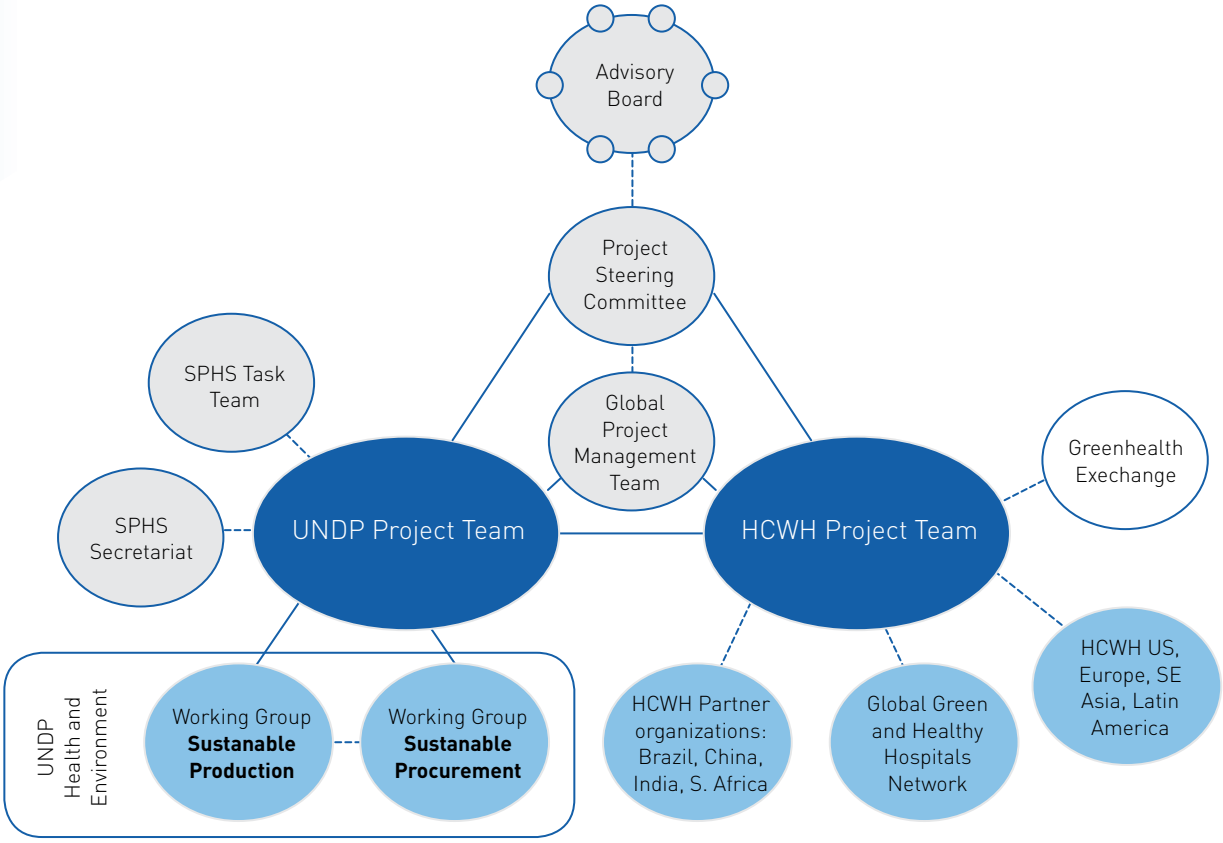
Potential risks were examined at the Project formulation stage and recorded in the Project Document, along with mitigation strategies and assumptions. Five low and two medium risks were set out in the ProDoc. None of the identified risks was materialised during project implementation. Nevertheless, some unforeseen risks have emerged during the implementation, such as disease outbreaks (e.g. COVID) and staff turnover.

The project conducted an environmental and social safeguards screening process following the UNDP Social and Environmental Standards (SES). The project was categorised as having "low risk." When a project is classified as Low Risk, further social and environmental assessment is not required. However, the SES Programming Principles were applied, and measures to strengthen human rights and gender equality were incorporated. Indeed, respondents have not raised any concerns regarding the project's social and environmental aspects.

2.5 Management arrangements

The project is being managed centrally from the UNDP Istanbul Regional Hub (IRH) to achieve coherence and inter-regional coordination. It is based within the HIV, Health and Development (HHD) team in close coordination with other UNDP and UN-related teams. Remarkably, close coordination was established with

the Energy and Environment, Climate Change and Disaster Resilience. The project management has been worked closely with focal points in the UNDP Country Offices and HCWH global and regional teams and local teams in project countries.



2.6 Key successes

Critical successes and challenges are presented in this subsection. All stakeholders interviewed for this evaluation were asked what they saw as the greatest successes of the project and some themes emerged that seem helpful to note. All respondents said that the project constitutes a successful and unique partnership between UN and civil society organisations. Most respondents consider this to be the principal added value of the project. Partnership with civil society organisations is crucial for delivering public services and is essential for achieving development goals.

Some respondents highlighted that environmental stakeholders are part of the procurement process and related dialogues, and active contributors to this response, as primary to project success. Most pointed to factors associated with how this work has been approached as critical facilitators to achieving project goals and strengthening how to work around health facilities is carried out locally. There are several examples of the ways of working at the national level that is changing. One of the most important is how the project fosters vertical collaboration and partnership between health care practitioners and environmental managers in health facilities and national or subnational health authorities. Improved collaboration and stakeholder working groups are occurring in all pilot countries.

The national organisational and institutional framework strengthened in the pilot countries. Support has been delivered in all pilot countries, including introducing the Sustainable Health Procurement approach, guidance on organisational set-up, support for baseline studies, and support for preparation Sustainable Health Procurement-criteria. Concrete deliverables include baseline studies, workshops and seminars, policy statements, organisational plans, action plans, communication plans, legal reviews, market analyses and training material.

SHiPP has contributed significantly to raising awareness and interest in Sustainable Health Procurement in the pilot countries, including government, institutions, and business associations. More than 700 procurers, decision-makers and suppliers have benefitted from training on Sustainable Health Procurement. Based on an analysis of responses across a wide range of involved stakeholders, the project has led to increased interaction and engagement among the key staff in different ministries and public entities working on SPHS, and the project has facilitated more cooperation between ministries as well as deeper, and closer, cooperation between the public and private sector. The projects also contributed to achievements in non-core countries, with Sustainable Health Procurement activities being developed in five additional countries, exchange of best practices covering more than thirty countries, regional capacity building, and more than ten countries being financially and technically supported in moving into action plan implementation.

The projects encouraged the creation of steering committees at the country level. However, a national support unit was not established in each of the pilot countries. The evaluator finds this as a possible area for improvement, including countries allocation of multi-year budgets. Nevertheless, the project has applied a coherent institutional approach with a good balance of the institutional and technical factors. This promotes an increased level of participation and anchoring of the project in the relevant national institutions, thereby increasing the likelihood of achieving the outcomes, impacts and eventually sustainability.

Also, the project applies strategies endorsed at the right level and providing the path to effective SHP; a well-balanced structure was allocating responsibilities and tasks; systems were supporting criteria setting and effective procurement, and an institutional culture supporting sustainable procurement.

Respondents highlighted the satisfaction of finding the right way to work in a challenging environment, focusing on bringing together the variety of stakeholders and countries involved in this project. One focal point noted that previously all partners were working in silos. However, now there is a technical team involving everyone, which could be a platform for working across sectors and issues, mobilising partners and bringing collective intelligence to create a global network around the sustainability of the health sector. Many described everyone's participation in the process as critical to ownership.

Opening up new spaces for government, health practitioners, and other stakeholders to interact and mobilising to be visible in the sustainable health sector was another frequently mentioned success. The increased partnership between stakeholders engendered through these spaces has led to increased collaboration between the private sectors. Health and procurement officers have improved because these stakeholders can work together and benefit each other. These benefits have a broader reach than the project objectives, extending even beyond the health sector.

The breadth of this project's activities increased its membership of a wide range of stakeholders. The achievements that emerged from SHiPP were not exclusively in the procurement process but also encompassed capacity development and partnership building in the health and environmental sectors at national and regional levels. One of the most important outcomes of the project has been the capacity development of a wide range of stakeholders. In some countries, the promoted work has been taken forward over several years, while in others, it has been enabled on an ad hoc basis. The following is an overview of the types of capacity development efforts undertaken with different stakeholders in the framework of this project.

In this process, the positive impact is also visible. Outstanding people have invested in this work and promoted progress in their influential circles, such as high-level government officials, heads of the healthcare facilities directors, and regional organisations representatives. Advocates from different government entities, the private sector and civil society can help maximise potential actions across the health procurement system.

Changes in healthcare facilities were also a significant success: from more sustainable health services to resource efficiency, tangible benefits were reported across various pilot countries. Many hospitals continue working towards phasing out PVC in more medical devices and products. For example, in Latin America, many of GGHHs members are working on PVC IV bag

substitution. "Fundación Valle del Lili" was the hospital leading substitution in Colombia, phased out PVC/DEHP IV bags in all pediatric services, replacing them with IV bags made of polypropylene and ethylene-vinyl acetate. In Colombia, the Hospital "Universitario Departamental Nariño" replaced Ethylene Oxide in the Sterilization Center. In China, the National Institute of Hospital Administration (NIHA) organised a pilot project on substituting PVC intravenous infusion sets and training healthcare professionals on hospital toxic chemical management. In Indonesia, Bandung Dental Hospital has replaced latex gloves with nitrile gloves. At CahayaQalbu Clinic, they have replaced mercury thermometers with digitals, replaced disposable PPEs with washable PPEs, procured safer surface disinfectants instead of the toxic chlorine-based chemicals, and used digital imaging in the parking area. In Argentina, the Hospital from Ushuaia city "Gobernador Ernesto Campos" designed an algorithm as an integral management tool to systematically analyse procedures and optimise flows to substitute harmful chemical substances.

In another example, the Greenhealth Cost of Ownership tool, which is designed to assess costs beyond the price tag of products and services, to evaluate hidden expenses, such as energy and waste costs, and other operational costs of using a product, allowing more informed decision-making based on the total costs of a product or service to an organisation. In Vietnam, a National Medical Plastic Waste Mitigation Strategy is being applied in all health facilities nationwide, making the health sector an innovator in promoting plastic sustainability.

These changes in the healthcare facilities environment represent the desired impact that even goes beyond the procurement process. The project is contributing to changing practices at different levels of the healthcare system. These changes are being reported across different project countries worldwide and can be considered a significant accomplishment.

Established structures and coordination mechanisms have been incorporated into government structures and are working on other activities beyond the work funded by this project. For example, with the SHiPP support, the Public Health Foundation of India (PHFI) was selected as a Centre of Excellence for "Green and Climate Resilient Health Care" by the Ministry of Health. In Argentina, the National Agency for Public Laboratories embarked on the process of revising and updating the National Laboratory standard guidelines. REEI collaborated with the China Environmental United Certification Centre (CEC) to develop a sustainable procurement evaluating standard for healthcare institutions. The standard will create a tool for Chinese healthcare institutions to implement sustainable procurement. Additionally, it can be utilised as a vehicle to promote systematic change in the health sector.

The overall flexibility of the project design allowed increasing the countries supported, as emerging countries initially not considered part of this project were included while other funds became available to support the work there. While Colombia, Chile, Costa Rica, the Philippines, and Indonesia were not included as core project countries, they took part in the direct implementation and leveraged overall results.

Project partners remarked the flexibility of this project to be engaging because countries could pick up the interesting or feasible pieces for each local and national context. This approach allowed all stakeholders to find lines of work that they were comfortable within the local context. In addition, there were significant advantages to adopting multiple strategies to achieve change. Multiple avenues were pursued simultaneously to achieve the same overall goal, which fed back into the process.

Stakeholders expressed genuine appreciation for using the funding for the work within the project scope that seemed most relevant to their context. A focal point pointed out the relevance of the project approach functioning as a global collaborative network focus on local problem solving and learning by doing. Similar problems were found in different countries, but the practical approaches to overcoming them were determined locally. The flexibility of this project allowed, as the range of stakeholder mobilisation and activities illustrates. The diversity of achievements highlighted here demonstrates the strong national and local commitment to the ultimate goal of positively changing the health sector.

Each project country is in a different stage of understanding and improving the sustainability of the health sector and its health procurement system. The capacity to address these issues also varies by coun-

try. The country focal points and project stakeholders remarked on the importance of using this funding to respond to their reality and catalyse appropriate actions to advance the agenda.

The flexibility to achieve commitments around policy change was also appreciated. Many noted the winding nature of these processes and the importance of ensuring an appropriate approach to the work. Allowing countries to focus on strategies rather than immediately achieve targets has strengthened capacity and trusting relationships between different stakeholders. This strengthening of capacity and deepening relationships will provide an invaluable foundation for sustainability activities beyond the project period. Before the project, it was difficult for some local partners to engage with the government, but the project helped open up spaces and build partnership between these different stakeholders. There are new key representatives in a range of national or subnational working groups. In addition, capacity strengthening enabled local partners to generate evidence around Health Sector Sustainability and advocate using such evidence to inform policies, programmes, and practices.

Based on the opportunities offered by local actors, project activities in the countries appear to have been selected in a timely and strategic manner. This strategy seemed appropriate to prioritize topics that are likely to increase interest at the country level. Expanding funding for the implementation of sustainable healthcare practices could help promote regular and sustained activity on priorities, replicate successful case studies, and promote energy efficiency in healthcare facilities.

Given the global project scope, the amount of funding received by each country was small. However, in most countries, the funding has been sufficient to generate the interest needed to leverage additional funding from other sources to scale the work and its impact. Countries have managed to use the funds to maximize impact through changes in policies and practices and to generate lessons learned and case studies. In addition, countries have implemented a wide range of activities, including securing additional funding to expand outreach. Sida funding has been used to mobilize additional funds. HCWH and partners are working with Argentina, China and the Philippines, to implement the Kigali-Cooling Efficiency Project, which focuses on cooling energy audits and the adoption of energy-efficient technology to demonstrate cooling efficiency. The project has promoted interest in health sustainability among other donors and other agencies of the UN system. Governments and stakeholders are committed to the work. However, additional funding would allow them to achieve important results and contribute to the more significant impact. Respondents recognised that additional funds need to be mobilised at the country level for this purpose and that increased funding will be needed.

Capacity building has been a core component of the project. All country offices have promoted the capacity building of a wide range of stakeholders using the sustainable procurement guidelines developed by the project. Technical support to major hospitals and health systems served to test and improve sustainable procurement practices and policies. An impressive number of webinars and in-person workshops were held, mainly targeting hospital-level staff and government officials to support skills acquisition and capacity building. A critical mass of procurement officers of the health, health care practitioners and the public pharmaceutical sector were trained on sustainable procurement and production. Over six thousand key stakeholders worldwide increased capacity on sustainable procurement in the health sector. In addition, there was extensive collaboration between government, health care institutions and civil society organisations in all countries where it was conducted, with support from UNDP and other development partners. Key informants noted that the SHiPP process was essential in bringing together a wide range of stakeholders, advancing discussions on sustainability issues in the context of public and private procurement and identifying synergies for increased support.

2.7 Policy change

Project plays a remarkable role in coordinating exchanges and interactions across all project implementers. There are some notable successes to further build on institutional and policy change.

The roads to policy change are slow and winding. However, several countries report that policies and strategies have changed or are in the process of changing. Given the time frame of this project, it is awe-inspiring to see so many positive changes in practices and poli-

cies. It is also encouraging to see the range of policies and practices that have changed. Project activities have positively influenced a range of national policies, strategies and plans in different countries. In many cases, countries report that recommendations and lesson learned arising from the project have helped to inform national strategies and policies. For example, in China, ongoing work with the China Environmental Certification Center (CEC) has developed a sustainable procurement assessment guide to creating a tool for healthcare institutions to implement sustainable procurement and as a vehicle to promote systemic change in the healthcare sector. In another example, work is underway in Tanzania to review internal water and energy policies and strategies and eliminate hazardous chemicals in the Ministry of Health. Additionally, Tanzania has managed to include sustainable production of pharmaceutical production in its National Five-Year Development Plan.

In other cases, technical support was provided specifically to support a particular policy or plan. In India, SHiPP provided technical support to develop the public sector policy and strategic plan for the elimination of PVC gloves. Also, with project support in Indonesia and the Philippines, hospitals issued a policy directive for contractors to eliminate single-use plastics in hospital cafeterias. In Brazil, a National Plan for implementing the Minamata Convention in the health sector was developed. This plan includes a national policy for banning mercury medical devices and the management of mercury medical waste. Also, Chile has enacted a policy to ban fluorescent mercury lamps and instructed officials to replace mercury medical devices with safer alternatives in public hospitals.

The project has provided direct and integral support to the government of Vietnam, to work through the Ministry of Health (MOH) and the Ministry of Natural Resources and Environment to conduct a review of how international policies are reflected within national policies regarding sustainable development consumption. A wide-ranging review took the place of several federal laws and policies on unintended POPs, mercury-persistent organic pollutants (POPs), and plastic waste management and related international guidelines, including the Stockholm and Minamata Conventions as well as WHO's regulations and policies on Environment, Climate Change and Health. Based on the findings and recommendations of these studies, substantive inputs have been provided to revise the law on environment protection in the areas of Environmental Health and Sustainable Procurement, resulting in remarkable changes. Notably, we included new articles on Green procurement, plastic waste mitigation, and management and control of POP and harmful chemicals. Also, the project supports MoH and MoNRE on the revision of the Law on Environment Protection, which will help provide common understandings about "Environmental Health" issues and mainstream sustainable procurement areas in the revised legislation framework.

In India, the project provided technical inputs to the revision process of Indian Public Health Standards, which are a set of uniform standards developed under the National Health Mission. The revised guidelines contain a number of chapters which include "Sustainable Procurement," "Low-carbon Approaches to Building Design and Construction," "Green Housekeeping for Benign or Less Toxic Cleaning Products," and the "Elimination of Products Containing Carcinogens, Mutagens, Reproductive Toxicants and Teratogens, Asthmagens, Respiratory Irritants (Chemicals of Concern)." Furthermore, as a result of the project, an additional six new Persistent Organic Pollutants (POPs) classified under the Stockholm Convention on POPs were prohibited for use by the Government of India.

In Argentina, progress was made in incorporating sustainability as a criterion in public procurement at different levels of government. The country became the first in the world to include reducing greenhouse gas emissions from the health care sector in its Nationally Determined Contribution (NDC) to the Paris Agreement on climate change.

Argentina's NDC, submitted to the United Nations Framework Convention on Climate Change (UNFCCC) at the end of 2020, establishes health as a cross-cutting issue, central to addressing climate change. It identifies health-centred climate adaptation and resilience measures and reduces emissions as a priority for implementing their NDC.

There are also many relevant examples of sub-national level policy change activities connected to the project. In Chile, the City of Talca's Department of Health developed a policy for the sustainable procurement of chemicals, energy and waste reduction parameters

applied to all of its service sectors. In South Africa, the Free State Province modified technical specifications to minimize chemical use for pest control by applying an integrated pest management approach. In addition, the Gauteng Province committed to ending the procurement of mercury thermometers and blood pressure devices and gradually phasing the existing ones out completely.

Also, the project supported the Secretary of Health for Cundinamarca in Colombia to develop a Green and Healthy Hospitals Strategy for the sub-national region. In 2019, a strategy for sustainable public procurement was adopted by the Department of Cundinamarca. In Brazil, SHiPP contributed to implementing subnational policy in collaboration with the State Health Secretariat of Sao Paulo. Twenty-five health care facilities have been selected to participate in the State Health Plan (SHP) and establish progressive goals for adherence to the state network of health care facilities. The State Health Plan incorporates elements of sustainable procurement.

As with the policies change, the range of practices being influenced by project activities and the variety of issues being addressed is expansive. Even where practices and policies have not yet changed, ongoing stakeholders' mobilization and advocacy efforts constitute significant efforts towards implementing the priority actions arising from the process and may ultimately affect policy change.

2.8 Implementation challenges

A project of this nature inevitably faces a range of implementation challenges. It is essential to understand these to examine what lessons might be drawn to help inform future work in this area. Some primary challenges are explored below.

Regular staff turnover is a reality in most organisations but can slow project progress, necessitate additional capacity building or even derail entire processes. Some UNDP Country Offices experienced some levels of senior staff turnover during this work. This has impacted what was achievable in-country, highlighting the vital role of UNDP in spearheading activities, particularly early on in project processes. Once structures are established, and national ownership has been solidified, the impacts of UNDP staff turnover might be less acute on project progress. The capacity and commitment of the UNDP Country Office, and particularly the focal point, appears critical to this work. In countries where there have been extended periods of under-staffing, the project's impact has been felt. Staff turnover in other organisations may also slow project activities. It seems helpful to assume that this is bound to happen to a certain extent and plan mitigation efforts to help keep activities on track.

Additionally, political cycles and instability can also be disruptive to project activities. Changes in government mean having to start from the beginning with advocacy, building the capacity within government, and rebuilding a sense of ownership. All of this seems factored into work plans, and the leadership from the SHiPP coordination team helped in these situations. In particular, the partnership with HCWH and their local partners was essential to enhance and achieve project results when some of these issues arose.

The ability to address sustainable practices can be limited among procurement officers, government and stakeholders alike. National ownership of the work under this project, including both government and civil society, is deciding to succeed, and supporting ongoing efforts to ensure sufficient capacity to understand and lead the effort is an antecedent for any of this to work.

Where national ownership has not been generated, it appears challenging to advance the work. Although it is difficult to tease apart all the causes that might contribute to the lack of ownership, some relevant factors which various informants have raised include: not having all institutional actors involved through the process, particularly governments, leadership changes within the UNDP Country Office or other institutions, and weak coordination between in-country partners.

2.9 COVID-19 pandemic

Challenges and interruptions related to the COVID-19 pandemic have been produced at various levels; however, the project appeared with high flexibility in exercising reprogrammed budgets, ensuring efficient implementation of critical activities in time, and bringing project issues to the attention of the Project Board.

Measures introduced by the national government and health care facilities, in general, led to a general slowdown in the implementation of activities. For instance, restrictions on movement imposed by many countries, banning international travel and new requirements.

For sanitation and maintenance of social distance added complications to project implementation.

There was also particular concern regarding the variability of the challenges; project delays depend heavily on the country-specific country lockdown, travel bans, accessibility of project sites, potential for recruitment/contracting of national capacity, and shifting government priorities favouring immediate health sector responses.

Activities requiring visits and travel (locally and internationally) were most affected: capacity building, field visits and stakeholder consultations were postponed. Some activities, such as awareness-raising, capacity building and training workshops, are now implemented virtually. However, it was noted that attendance sometimes suffers due to limited internet access or lack of facilities. Fieldwork, in some cases, is being done through the efforts of local coordinators. In general, these workarounds are reported to be working but require much more time to execute and usually entail higher costs. Supply chains were disrupted at different stages (e.g. provision/imports of goods and services). An additional concern stemming from the economic crisis was that governments are increasingly cautious when working with the private sector entities, whose credit risks may be increasing.

Despite a COVID-19 pandemic, the project has engaged stakeholders, delivered good results, and achieved the most expected outputs. The project discusses and agrees on adapting or adjusting the project to deal with the pandemic. The adaptive project management appeared with high flexibility to ensure efficient implementation and project delivery in responding to emerging challenges and the COVID-19 outbreak.

In addition to completing all activities planned in the Project Document, the project implements specific activities as UNDP response to the COVID-19 pandemic. There was no results framework for the COVID-19 response, but the following text summarises the activities and products delivered as an adaptive management response to the COVID-19 pandemic.

During the COVID-19 outbreak, different healthcare waste types were generated, including biohazard waste materials, at all health system levels. These are mainly generated due to the increased procurement of health commodities, including Personal Protective Equipment (PPEs). The pandemic has overwhelmed most of the health systems in SHiPP pilot countries, raising concerns about the global health supply chain. COVID-19 is highlighting the importance of strengthening supply chains and sustainability.

Intending to understand the current practices and challenges posed by the pandemic, the project conducted a COVID-19 Health Care Waste Management (HCWM) Rapid Assessment in seven countries (Ghana, Jordan, Kyrgyzstan, Panama, Serbia, Sudan and Zimbabwe). The rapid HCWM assessment conducted by NGO Engineers Without Borders produced a snapshot report of the situation in the field. It provided concrete recommendations to increase PPE procurement and other health care items to ensure the whole product life cycle, including sustainable waste disposal.

Most of the respondents identified a considerable increase in HCW during COVID-19 in their respective countries compared to conditions before the pandemic. Other challenges identified in HCWM were illegal HCW dumping, service disruptions, lack of or insufficient PPE for waste handlers, HCF staff improper segregation and waste handling, H&S risks for waste pickers who have exposure to untreated HCW, lack of investment and emergency planning in the HCF. Also, some respondents identified several problems about the health procurement process, particularly regarding the disrupted supply chain and difficulties accessing healthier and sustainable products.

During the assessment, the need for knowledge and awareness on segregation, collection, storage, treatment and disposal of waste generated in healthcare facilities during the COVID-19 crisis was identified, and the project provided additional training for staff in the pilot HCFs. In addition, with the support of global partners and WHO, a summary of frequently asked questions on COVID-19 and healthcare waste management and an online folder compiling all relevant documents were prepared.

Management of the COVID-19 outbreak was the primary concern of health services and the priority of international organizations and governments. Project teams supported national stakeholders with critical guidance and additional training on healthcare waste management. The project develops and publishes several guidance documents and global frameworks for countries to support responses to the pandemic. UNDP developed a COVID-19 guidance note on healthcare waste management, disseminated through UNDP's network of 140 country offices. Health Care Without Harm published guidance on safer disinfectants and the proper management of COVID-19 waste and organized a series of partner discussions on the safe handling of COVID-19-related healthcare waste. Two COVID-19 related roundtables were organized at the Saving Lives Sustainably Global Forum: a) Sustainable healthcare supply chains in the context of COVID-19 and beyond during b) Opening roundtable: How can we better prepare for the next public health crisis. Additionally, HCWH developed a Fact Sheet and organised a series of partner discussions on the safe handling of COVID-19 related health care waste. These are strategic guidance documents that provide a step-by-step reference methodology for countries to ensure a proper application of sustainability standards at different stages of the healthcare supply chain.

The proliferation of disinfection tunnels was alerted by a SHiPP hospital partner in Colombia. The Ministries of Health in Colombia, Chile, India, Philippines, Malaysia and South Africa inter-alia published recommendations to ban their use. Also, the studies resulted in developing a Fact Sheet documenting the proliferation and hazards involved with recommendations to advocate to end their use. Working with the WHO, HCWH also published a "myth-buster" about the unsafe and ineffective spraying disinfectants to combat COVID-19.

The rapid response of the project team enabled the dissemination of information to stop the introduction of these dangerous devices and practices at hospitals and other public facilities. Those as mentioned above demonstrating the added value of this partnership at the onset of the pandemic.

The short-term response was conceived as a technical support tool to national COVID-19 teams to integrate HCWM into the national response to the COVID-19 pandemic. It included sample specification of PPE, consumables and small items for COVID-19 early response and information on equipment availability already provided under relevant previous and ongoing UNDP projects. In addition, a short note on HCWM was prepared to support UNDP Country Offices and health-related project teams and summarised essential time-differentiated reactions to the COVID-19 crisis.

In addition, the project submitted a reprogramming concept note to Sida, proposing to redistribute the travel budget towards country-level activities, which was approved. All these approaches as COVID-19 response activity added value as a constructive engagement approach adopted by the project. A successful example is how to handle the impact of a pandemic and how UNDP can adapt to this challenging situation. The project continues monitoring the situation to institute corrective actions as implementation progresses during countries COVID-19 restrictions.

HCWH has recently released a statement titled Beyond COVID-19: Toward Healthy People, a Healthy Planet, Justice and Equity, which includes recommendations to focus on health equity and climate justice, health care strengthening and capacity building, and health incorporation in all policies to prioritize and ensure a successful recovery for societies.

2.10 Project Monitoring and Evaluation

Balance is always necessary for project monitoring between getting adequate information to follow project implementation and impact and not overwhelm project staff with reporting requirements. None of the respondents reported feeling overwhelmed by the monitoring requirements of the project, and there is substantial information available to track project activities and their impact.

The project's results framework comprises very few quantitative indicators. The indicators are fine-tuned markers of the impact that is being achieved, and most of them have been exceeded over the project period, which is a highly positive indication.

Additionally, to its reports on progress towards the indicators in the results framework, the project has

provided detailed narrative reports that provide helpful insight into a more comprehensive spectrum of activities that have been carried out. It is imperative to consider all these data sources to avoid an under-rating of project success. The narrative data presented provides a complete understanding of in-country activities. This demonstrates the flexible approach that enables countries to set their priorities and explains a degree of trust in local stakeholders' understanding of priorities and actions.

The monitoring and evaluation of this kind of global project represent a challenge, given the extent to which project processes, not just deliverables, shape impact. It is important to remark the difficulty of reducing all project experience into a narrative report in a few pages, particularly when it spans more than ten countries and two regional scale-up initiatives. The project results framework demonstrates that some quantitative indicators are helpful, although additional documentation and key informant interviews underline the value of qualitative data besides those numbers. Indeed, the project has highlighted more than twenty-five in-depth case studies that might generate practical learning about the result of this work and its potential for replication and scale-up moving forward. This highlights the importance of knowledge management. The project team identified the need to capture the wealth of experience and impact of the project. To complement the narrative reports, the project is working on innovative dissemination approaches, for example, the book "Stories that Inspire", which reports directly from the people working on the ground, amplifying the voices and experiences of women and men involved in the project.

This qualitative data provides a better understanding of the impact of the project on changing the lives of health workers around the world. In addition, the approach provided a unique opportunity for women's voices and stories to be heard and highlighted, and to demonstrate how the project impacted gender equality.

The monitoring of the implementation of the SHiPP Work Plan and targets were carried out continuously, with meetings being convened quarterly. Each SHiPP implementing country was required to submit a quarterly work plan and report. Adaptive management has been used extensively to adapt to a changing environment. Measures were discussed and agreed upon, and the project management team took timely action. The project implementation team has demonstrated its ability to use adaptive management measures to adapt to new situations while maintaining adherence to the overall implementation plan, ensuring progress toward the expected results, and adequately to allocate available financial resources. Throughout the implementation, the project management team has demonstrated the ability to anticipate challenges through a risk monitoring system and respond to challenges and opportunities flexibly and optimally.

2.11 Stakeholder participation and partnership arrangements

SHiPP was developed based on consultations with key stakeholders and has developed critical partnerships with stakeholders at the national level and across different sectors. Relationships with these critical stakeholders appeared to be pleasant, and there is considerable support.

The project has achieved good partnerships with relevant stakeholders and has most successfully managed to engage the stakeholders listed in the project document. In addition, built partnerships with the private sector were at the core of the project effort, while not the explicit focus in the project design.

The SHiPP project is very successful in terms of forging partnerships and mutually beneficial cooperation, which are helping to strengthen the Programme's comparative advantage and value-added at all levels of interaction. Considering the recognised difficulty of joint UN and CSOs Project, the fact that SHiPP has successfully conveyed to address a global issue is a significant achievement, despite any remaining challenges to optimise this inter-organisation collaboration. Due to the frequency of interactions and the need for joint decision-making, the collaboration between the project partners appears to be strongest at the global and regional levels. In countries, the degree of cooperation is more variable and ultimately driven by existing inter-personal dynamics.

A key achievement is the strong relationship with UNDP's nature, climate and energy team and WHO, which has led to the development of standard documents and coordination at the national level to reduce overlaps. Efforts are underway to strengthen comple-

mentarities and promote synergies with SPHS and the One Planet Network.

There are also examples where UNDP uses HCWH partners to deliver its activities (e.g., India, China, and South Africa). Coordination mechanisms between SHiPP and other environmental health programmes are more robust at the regional and global levels than at the country level. The Project efforts to coordinate with others at the national level are sometimes perceived as still ongoing.

The UNDP's convening power, legitimacy, and credibility, as a UN agency leading the SHiPP are seen as crucial project strengths by respondents at the local level. It was particularly remarked as relevant by stakeholders working in healthcare facilities. Also, was highlighted the strategic importance of the strong linkage promoted by the project between UNDP, civil society represented by HCWH and its partners, and local actors in health institutions working on the ground.

The project has helped countries understand challenges within their procurement system and see how they might be overcome in many forms. The project has created the capacity to address these issues and helped countries come to a shared vision of priority steps they can take in this regard, and there is a high level of confidence that governments and national stakeholders will continue to move this forward.

There are various examples of successful collaboration at the regional and national levels between SHiPP and other bilateral agencies or international NGOs/CSOs working on Health Sector Sustainability issues. For example, HCWH, together with UNDP, facilitated a series of UN interagency meetings to streamline advice to countries on COVID-19 waste management. These COVID-19 waste streamlining calls, initiated in March 2020 with 15 stakeholders, included the WHO and UNICEF and later expanded to include more than 60 participants from six UN agencies and several civil society organisations. Another example is the Climate and Health White Paper developed jointly by UNDP and the WHO on addressing gaps and barriers identified in climate change and health to strengthen national health adaptation and mitigation capacities.

Another example is the collaboration with the UN Environment One Planet Network, where UNDP and HCWH were nominated as the co-leads of the health sector task team for the One Planet Sustainable Public Procurement (SPP) programme. In addition, SHiPP participates sharing lessons and case studies at many high-level events, including the CleanMed Conference, the World Health Assembly; SAICM (Strategic Approach to International Chemicals Management) sectoral meetings; the Humanitarian Expo and the Health and Humanitarian Logistics Conference; World Water Week; and the UN Suppliers meeting inter-alia. Another important example is the Third Saving Lives Sustainably Global Forum 2020, as part of the G20 Summit hosted by Saudi Arabia. The event was jointly organised by the G20 Saudi Secretariat, the Saudi Food and Drug Authority (SFDA), UNDP, the UN informal Interagency Task Team on Sustainable Procurement in the Health Sector (SPHS) Secretariat and HCWH.

Many of these partnerships are occurring through formal arrangements, but additional are produced through informal channels. Additional steps are being taken to share information to strengthen complementarities and build synergies. In some cases, partners coordinate formally or informally with other development partners to work out the project's scope, both in terms of geographical areas of intervention and institutional levels of engagement. For instance, several interviewees commented that the project needs to engage more with existing government and other projects and initiatives through existing formal coordination mechanisms. Such formal coordination mechanisms are present in some countries.

It is remarkable that the SHiPP also supports internal collaboration with units or departments from UNDP (e.g., UNDP NCE and the UNDP-GEF, with whom the SHiPP team maintains a strong working relationship, engaging in knowledge sharing and joint coordination at the country level in some cases). For example, the SHiPP provided technical input into the GEF procurement notice on waste management. This resulted in a solid RFQ that incorporates all dimensions of sustainability. Internal collaboration was also promoted between the HCWH partners in pilot countries, HCWH in Europe and the US, and the whole GGHHs network.

Stakeholders in many countries noted the value of advanced working relationships at the country level within this project. Multi-sectoral working groups comprising government representatives, civil soci-

ety and UN agencies were considered an invaluable mechanism for promoting joint ownership of activities. The meaningful implications of this collaborative approach were frequently noted and continuously recognised as a worthy investment for ensuring actual country-led and owned processes, as these are key to sustainable action.

The institutional roles and relationships of the primary project stakeholders engaged in the project and specific information regarding each of the key stakeholders are presented below.

UNDP

The project has created space for countries to determine their objectives, work plans and activities. UNDP provided technical support and advice to regional level activities and country offices when required. They have managed the project funding, responded to requests from countries and provided reports to the donor as required. They also provided information on health procurement and technical support to help country offices support the operationalisation of project activities. The UNDP also provided international consultants to work hand in hand with local consultants throughout relevant project processes; these international consultants brought a wealth of technical expertise and a sensitivity to close collaboration with and building the capacity of the local consultants.

The UNDP has also played an essential role in providing technical and political support to regional processes, for example, Southern Africa Development Community (SADC).

UNDP focal points were the contact points and coordinators for some of the pilot countries. Their primary roles included convening, coordinating and providing technical support to the government and civil society partners for project activities, with the ultimate aim of strengthening the sustainability of the health sector. UNDP Country Offices' often long-standing relationships with critical parts of government, including Ministries of Health and Environment, national and local government bodies, have been necessary to secure and sustain multi-sectoral participation in this project. In addition, UNDP brings together and bridges government and civil society and other local stakeholders to work together, which is essential in this project. UNDP country office focal points also assumed responsibility for resource mobilisation in some countries where additional funds were needed to advance the work.

Governments

National governments have played a critical role in this project. Governments requested support from UNDP for their priority areas within this work, and they have played vital roles in implementation in most places, which is critical for sustainability. However, the complexity of government structures must be considered. It is usually the Ministry of Health that initially requests support and that spearheads government involvement in project processes. Nevertheless, ultimate project success also requires the commitment, participation, ownership and action of other branches of government, which may have very different priorities or levels of interest.

Health Care Without Harm and other Civil Society Organisations (CSOs) partner organizations

This project brought an example of unique collaboration and strategic partnership between UN agencies and civil society. The evaluator considers this partnership as strategic and mainstreamed, as opposed to episodic and project-driven engagement. With its reach and unique capabilities, this partnership is a powerful source of innovation and implementation power. HCWH is working alongside the UNDP to develop more integrated solutions to global health sector challenges. It implies this partnership approach and practice that actively builds links between macro-level policy and ground micro-initiatives and collaboration with CSOs in downstream work on the ground.

HCWH works with health professionals, hospitals, health systems, ministries of health and UN organisations and is active globally through regional offices and country-level partnerships with national organisations in multiple countries, including China, India, Brazil, and South Africa. Through the HCWH membership network Global Green and Healthy Hospitals, HCWH engages hospitals, health centres, ministries of health, and other representatives of the health sector that are committed to reducing their ecological footprint and promoting environmental health. As of

June 2021, GGHH's growing network has over 1,450 members in 74 countries representing the interests of more than 43,000 hospitals and health centres. Through this network, numerous local project partners are strengthening and supported, among them:

- Projeto Hospitais Saudáveiis (PHS) is the acting manager of the project in Brazil. PHS is a civil society organisation, partner of HCWH, dedicated to transforming the health care sector into an example for protecting the environment, health care workers, patients, and the population. PHS works to develop and support a cooperation network based on more than one hundred organisations in the country on the commitment of the country's health institutions and professionals from all categories who work in the Brazilian health system.

- GroundWork is the acting manager of the Project in South Africa. GW, HCWH's South Africa partner, is a non-profit environmental justice service and developmental organisation working in Southern Africa in Environmental Health, Global Green and Healthy Hospitals, and Waste.

In India, the Public Health Foundation of India (PHFI) and the Centre for Chronic Disease Control (CCDC) are Health Care Without Harm partners, working in air pollution, climate and health, health impacts of energy choices, and health care waste management. In partnership with Health Care Without Harm (HCWH), these institutions established the Health and Environment Leadership Platform (HELP). The Platform focuses on showcasing leadership in health systems by reducing its environmental and energy burden; Advocating for the importance of inter-sectoral, collaborative policymaking to address environmental health impacts. Pollution; Building Capacity of physicians on the health impacts of environmental pollution. The Centre for Chronic Disease Control (CCDC) is a New Delhi based not-for-profit organization, help to inform policies and empower programmes and promote knowledge translation intended to operationalize research results by bridging the critical gaps between relevant research and effective implementation, through analytic work, capacity building, advocacy, and development of educational resources for healthcare professionals.

In China, the Rock Environment and Energy Institute (REEI), is an independent think tank working on environment and energy policy research, with focus on energy transition policy and discuss how to achieve a low-carbon energy system.

At the global level, is important to mentioned the strategic partnership with the World Federation of Public Health Associations (WFPHA). WFPHA is an international, nongovernmental organization composed of over 100 association's member, mostly multidisciplinary national public health associations, and representing around 1 million public health professionals worldwide.

3. Projects Results

The summary of an evaluation of the project's attainment of objectives and outcomes is in Table 5. The assessment of progress based on observations, findings, and data collected during the TE, interviews, data provided in the quarterly and annual reports, technical reports reviewed.

The overall results of the project are rated according to the following rating scale. The overall attainment of the project objectives and results is highly satisfactory.

Outcome Rating Scale

Rating	Description
6 = Highly Satisfactory (HS)	The level of outcomes achieved exceeds expectations, and/, or there were no shortcomings
5 = Satisfactory (S)	The level of outcomes achieved was as expected, and there were no or minor shortcomings
4 = Moderately Satisfactory (MS)	Level of outcomes achieved more or less as expected and there were moderate shortcomings.
3 = Moderately Unsatisfactory (MU)	The level of outcomes achieved somewhat lower than expected, and there were significant shortcomings
2 = Unsatisfactory (U)	The level of outcomes achieved was substantially lower than expected, and there were significant shortcomings.
1 = Highly Unsatisfactory (HU)	Only a negligible level of outcomes was achieved, and there were severe shortcomings.
Unable to Assess (UA)	The available information does not allow an assessment of the level of outcome achievements.

Expected Results	Indicators	Sources	Target	Status to date	Justifications
Output level 1: **Universally adaptable criteria and standards for sustainable manufacturing, distribution and content of products procured by the health sector are developed.**	1.1. Developing the Sustainable Procurement Index for Health (SPIH)		SPIH developed and applied in 4 tenders	HS	SPIH is being developed and tested. A draft version of SPIH was piloted successfully with nine buyers and suppliers in several countries, including Brazil, India and South Africa. By the end of 2021, a finalised version of the SPIH along with a consolidated set of training materials and guidance to support the use of the SPIH in the field was completed. SPIH will allow monitoring (I) Greenhouse gas emissions, (II) resource depletion (water, energy and material consumption), (III) chemical/toxic impact on human health and the environment, and (IV) human, labour rights and gender equality

Expected Results	Indicators	Sources	Target	Status to date	Justifications
	1.2 Number and quality of sustainable health procurement laws, policies and strategies revised with support from the project at the national level.	National legislation, policies and strategies	Seven laws, policies or strategies revised	HS	• 18 National and subnational Policies and strategies developed in China, Tanzania, Vietnam, RSA, India, China, Colombia, Indonesia, Chile, Philippines. • 15 Strategy/guidance/factsheets develop globally and in Argentina, Brazil, China, India and South Africa, • Several Country Profiles for COVID-19 with Policy recommendations for HCWM. • Criteria developed for Hand hygiene, Surface Disinfectants, Covid-19 waste management & Disinfection tunnels.
Output Level 2: **Capacity for sustainable procurement in the health sector strengthened in project countries and beyond.**	2.1. Number of key stakeholders (policymakers, technical experts and GGHH member hospital staff, including health workers) with increased capacity on sustainable procurement in the health sector disaggregated by gender.	Workshop and training reports	1400 key stakeholders with increased capacity	HS	Contributed to 10 conferences and workshops related to Sustainability Symposium—New Zealand; RAMP procurement workshop; The Nordic Conference on Sustainable Healthcare 2020; COVID-19: Effects on Supplier Management, Supplier Standards and Human Rights; The Yale Program on Healthcare Environmental Sustainability; CleanMed US & Europe; 2 Skoll Forum on Covid19—950 participants; Sustainable Health Coalition; One Planet workshop SPP. Country-level capacity building events carry out in Argentina, Brazil, Vietnam, Colombia, India, China, South Africa, Philippines, Indonesia. 13 webinars with over 800 participants Produced multimedia materials including newsletters, social media posts, podcasts and video recordings and gained an estimated 50,000 social media impressions by year.

Expected Results	Indicators	Sources	Target	Status to date	Justifications
	2.2. Number of sustainable procurement coordination mechanisms[2] established and implemented, of which at least 50% women		Ten coordination mechanisms	S	Four coordination mechanisms were supported (Health Task group on One planet, Zambia Ministerial TWG for Sustainable Procurement, coordination platform for health care waste for Covid-19 waste, SPHS). In addition, the annul saving lives sustainably also allowed the project to form coordination mechanisms with the Asia Development bank, the Medical Stores Department of Tanzania and Saudi Food and Drug Authority. Women participation is occurring at all levels in these mechanisms.
Output Level 3: **Capacity for sustainable production, supply and disposal of health care products strengthened.**	3.1. Number of manufacturers and suppliers' engagement initiatives documented and disseminated in project countries	Workshop and training reports Number of Business to Business links Number of sustainable products in exhibitions at health industry events	Eight manufacturers and suppliers' engagement initiatives held	HS	Seven manufacturers and suppliers engagement initiatives were held (CleanMead US, CleanMed Europe, SPHI Engagement with Suppliers and Manufacturers, SPHS Platform, 3 Global Saving lives sustainably forums
	3.2. Number of manufacturers and suppliers practising formal sustainable production.		60 additional manufacturers and Suppliers certified by ISO14001/ ISO26000/ signatory to the UN Global Compact or equivalent	U/A	This activity was dropped

2 Coordination mechanisms such as a working group or task force with Terms of Reference.

Expected Results	Indicators	Sources	Target	Status to date	Justifications
			Support Gov to develop, pilot & disseminate a Model Tender Request for sustainable healthcare commodities & sustainable manufacturing of health commodity by applying ISO 14001; Sensitisation for local & International partners; Africa Forum; CO launches		
Output Level 4: **Increased understanding and adoption of appropriate indicators, lessons learned, good practices, monitoring and evaluation**	4.1 Number of project countries and others adopting SHiPP indicators in the national plans to implement and monitor sustainability in the health sectort	National M&E Development, Health or Environment Plans	Six projects countries Disseminate indicators & milestones for monitoring sustainability in the health sector & advocate for further application	HS	All project countries achieved this target
	4.2. Number of good practices identified and implemented by hospitals, health systems, and national or sub-national health ministries and others		20 good practices Disseminate indicators & milestones for monitoring sustainability in the health sector & advocate for further application	HS	35 Good practices identified and are Guidance documents. (Examples include: COVID-19 supply chains, product substitution, engagement of suppliers, evaluation of contracts, Business case for sustainable Procurement, TCO, Waste management, political support for sustainable Procurement, Capacity Building, leadership, Gender and health procurement, energy efficiency).

3.1 Relevance

The work of SHiPP feeds into several global goals, targets and strategies, including the 2030 Agenda for Sustainable Development, the strategies for Swedish development cooperation, the UNDP 2017–2021 Strategic Plan and the UNDP HIV Health and Development Connecting the Dots Strategy.

Sida

The project is aligned with and contributes to several Sida strategies, including the 'Strategy for Sweden's development cooperation for global gender equality and women's and girls' rights (2018–2022)' and the 'Strategy for Sweden's global development cooperation in the areas of environmental sustainability, sustainable climate and oceans, and sustainable use of natural resources (2018–2022)'. The programmes implemented in health facilities have been particularly effective in reaching out to women—who make up 70 percent of the health sector workforce.

Sustainable Development Goals: the project contributes to the achievement of some SDGs. Using SDG 12 as an entry point, the project also contributed to six other goals and related targets. By broadening the focus of sustainability to include gender and socio-economic dimensions, the project also ensures that broader societal issues are not treated as parallel interventions but are central to the whole supply chain.

UNDP

The project is contributing to two of the organisation's Signature Solutions: 'Promote nature-based solutions for a sustainable planet' and 'Close the energy gap'. In addition, the project contributes to the UNDP HIV, Health and Development Strategy, 'Connecting the Dots' and nationally Determined Contribution of the Paris Agreement on Climate change. This strategy, which seeks to build resilient and sustainable health care systems, recognises SHiPP as a critical programme for championing global health.

SHiPP is contributing to preventing climate change by reducing greenhouse gases and air pollutants from the health sector through many interventions, including eliminating plastics and introducing energy efficiencies.

All evidence showed that the project is highly relevant to the pilot countries national context and the stakeholders and addressed beneficiaries' needs. The SHiPP was relevant and opportune in that it sought to address the growing environmental challenges in the health sector. In light of the observations described above on the relevance of project design, including conformity and linkage to UNDP/SIDA strategic areas and SDGs, choice of project interventions, selection of project sites, and partnership arrangements, the project is rated as highly Relevant.

3.2 Effectiveness and Efficiency

The effectiveness of the project was tracked through the results framework and accompanying narrative report. Achievements vary from country to country, partly because the work done is also different. Most interviewees recognized the importance of goals, indicators, and work plans, the technical support provided by UNDP Istanbul Regional Hub, and the value of their ability to direct all these to where they are most needed. They believe that this is essential to the success of the project. The indicators in the project results framework mainly focus on the output and are relatively attributable to the project. The listed achievement indicators relate to activities in the policy process. It is obvious from the project documents and interviews that these indicators are also derived from project activities to a large extent. When considering the impact of policy changes, the causal path is more complicated and cannot be attributed to any project, but according to the existing documents, the project's contribution to these changes is considerable.

The following observations were made related to **project effectiveness:**

- The Project has made tangible progress towards the achievements of its overall objective.
- Despite a COVID-19 pandemic, the project has engaged stakeholders, delivered good results, and engaged stakeholders, and achieved most of the expected outputs, showing a high delivery efficiency.
- Most of the planned outputs had been achieved, with a few remaining activities scheduled to be completed by the project's end.
- Project partnerships were well established with clearly defined work plans and budgets, which aided effectiveness in project implementation.

The project partnership worked with complementarity in knowledge, experience, and approach.

- The Project effectively leveraged existing groups, knowledge, activities, and funding for pilot projects and sustainable procurement models development.
- The Project elaborated several policy documents, frameworks, tools, and guidelines.

Following observations were made concerning the **efficiency of the project:**

- The engagement of project partners based on project arrangement provided the fundamental framework for the efficiency of the partnership, which was instrumental in attaining most of the planned activities.
- The Project exercised flexibility in resource use influenced by the value and significance of the project interventions to the target beneficiaries and the objectives of the project.
- The Project has implemented all project activities with the Sida resource allocated, while additional activities not initially included in the project were supported by additional financing.
- Annual work planning and budgeting were undertaken as required. The project was efficient as it was hosted within the UNDP premises, close to HCWH and other development partners, and the government's high-level officials. This has helped in facilitating project management and dealing quickly with the project's operational issues. The cost-effectiveness of the project is considered Highly Satisfactory.

3.3 Sustainability and Scaling up

The scaling-up approach applied by the project is based on the demonstration of practices and technologies at the local level in diverse circumstances and different regions of the world, capacity building activities and policies upgrade at national and sub-national levels. Health Care Without Harm (HCWH) and the Green Hospitals Network were essential to support and facilitate global dissemination. Therefore, the scaling-up approach fully integrates the three project levels: local, national, and global. Scaling up to new countries is based on a model hospital or a cluster of health care facilities or organisations. These facility-level experiences provide background on best practices and technologies for integration into policies framework and dissemination. This excellent replication approach has been fully adopted in most pilot countries; integration among activities in model facilities, training and practices review was adopted with effectiveness in all the countries. The global dissemination of the project results was ensured in most cases by the HCWH and, more specifically, by the impressive number of stakeholders, who proactively facilitated the dissemination of project results in technical documents, workshops and conferences.

The work at the regional level provides an opportunity for favourable scaling up beyond the project's focus countries. All countries within the different regions would benefit from work carried out at the regional levels, thus expanding the project's reach. For example, revised policy guidelines for operationalising SADC's countries' pooled procurement services have been developed. The revised policy guidelines allowed the SADC Secretariat and its member states to strengthen sustainable production and procurement planning and analysis of sound manufacturing practices and resource mobilisation.

The message from key informants is that the project stakeholders have worked together to ensure the sustainability of activities beyond the project period. By focusing on establishing structures embedded within national institutions and ensuring that priorities for follow-up are included in policies, responsibility for continued action rests with the wide range of stakeholders involved in the project.

Practices and policies developed by the project are already being used for activities outside this project's scope, which suggests that they will continue to function in response to other relevant needs arising. Key informants noted that the project had changed the mindsets of many involved in the health procurement process. There is a new found appreciation of the sustainability issues and the importance of a participatory, multi-sectoral approach to this work where a wide range of stakeholders is required to collaborate for effective action.

4. Conclusions, recommendations and lesson learned

4.1 Conclusions

This TE has attempted to give a balanced view of the accomplishments, successes, challenges, and lessons learned over the past three and a half years of the SHiPP project. The project was relevant and opportune in that it sought to address the growing challenges of the Health sector's environmental impact. The project objective conformed with and addressed national and international priorities for sustainable development and environmental conservation.

All evidence showed that the SHiPP project is highly relevant to the National context and the stakeholders and addressed beneficiaries' needs. The key stakeholders and beneficiaries interviewed expressed the project's added value and emphasized that another phase to follow up on the project's main achievement and continue the work started is critical and needed.

Despite a COVID-19 pandemic, the project has engaged stakeholders, delivered good results, and exceeded most expected outputs. The pandemic has overwhelmed most of the health systems in SHiPP pilot countries, raising concerns about the global health supply chain. COVID-19 is highlighting the importance of strengthening supply chains and sustainability.

The project has made tangible progress towards the achievements of its overall objective. The project has had a remarkable and sustainable effect on enhancing the capacity of relevant policy and institutional stakeholders to enable the sustainability of the health sector. The project facilitated capacity development, public awareness, and measures to target and train government and healthcare staff at the local, regional, and national levels. The project is very much recognized and respected by the stakeholders. It is considered very relevant to the national context and the UNDP programmatic direction.

Many positive results have already been achieved at the national and local levels. There are many solid and positive indications for potential sustainability, but more efforts are needed to mobilize the needed fund for follow-up activities.

The project has achieved good partnerships with relevant stakeholders and has successfully managed to engage all the critical stakeholders and targeted groups listed in the project document and beyond. There has been significant progress in developing the policy and regulatory instruments for sustainable procurement. Further, the capacity of all partners in the project has been elevated. The effective relationships between different government and local stakeholders seem to be more functional than in the past.

SHiPP has had an extraordinary impact in strengthening local actors. Local partners in healthcare facilities have benefited significantly from the integration of their activities into those of SHiPP. Their work now appears to be validated and strengthened. Technical and financial commitments to sustainability are being made at several levels. Nevertheless, sustained work is necessary for more policy change and implementation to ensure significant impacts in the future.

SHiPP initiative is deemed a policy-oriented project designed to contribute to the government in addressing long-term environmental challenges. Based on its partnership, the SHiPP project has become an excellent platform for learning and knowledge management that embodies the values of cooperation and inter-sectoral coordination. Policy implementation takes a long time, but the project shows that if countries can create ways to change in the long run, they can achieve this goal. Therefore, SHiPP plays an extraordinary role in coordinating communication and interaction among all implementers. Most importantly, when it began policy orientation, SHiPP, as mentioned earlier; ready to use the momentum gained by UNDP's support for civil society organizations and government departments in the past few years and achieved some notable results in these areas. Successfully further strengthened institutional and policy changes.

The project has contributed to many improvements in the policy enabling environment. However, perhaps more important is the change in how healthcare practitioners and institutions work and open spaces to bring together state and non-state actors

to understand issues and collaborate meaningfully to achieve results. It is also an outstanding success to create national-level capability in sustainable procurement so that countries can prioritize matters of interest and design appropriate improvement actions. The importance of political support, national ownership, and multi-stakeholder groups in helping to advance the goal is evident within the countries.

The project provided a unique opportunity for women's voices and stories to be heard and highlighted and for reflective learning and knowledge management with UNDP and Sida principles, including labour rights, gender equality and partnership. The project extended beyond simply collecting disaggregated data on the number of men and women who attended a project event or activity but asked why and how this impacts women. The national strategies and policies developed were a prime opportunity to integrate gender and human rights issues. The lessons from the SHiPP and their relevance to strengthening sustainability in healthcare are in line with the 2030 Agenda for Sustainable Development.

Overall, the project's approach, focusing on capacity building and changes in practices and enabling countries to determine their actions, has been successful in fostering ownership, creating a solid foundation for sustainability. Its importance is clear and it seems likely that it will continue and remain an essential work stream for UNDP, governments and health sector stakeholders.

4.2 Recommendations

The following area for improvements and recommendations intends to provide concrete, practical, feasible, and targeted suggestions directed to improve the benefits of all stakeholders. The target stakeholders, scope, and timeframe are defined. Recommendations for short-term/under SHiPP and long-term/future programming are presented in Tables 1 and 2, respectively.

Table 1: Recommendations under SHiPP

R #	TE Recommendation	Entity Responsible	Time Frame
Category 1: General project achievements and challenges under SHiPP			
A.1	A sustainability plan or exit strategy would be prepared before project closure. It would be advisable to prepare a sustainability plan that outlines the follow-up actions and institutional to ensure the results' sustainability. Also, the exit strategy needs to be elaborated to inform participating stakeholders and beneficiaries of project closure and develop a comprehensive strategy to achieve long-term goals. It is recommended that the project identifies a roadmap for the way forward, focusing on the critical milestones to be met in the future. This roadmap should also include the critical achievements supported by the project. It would also help pilot countries to keep this priority on their agenda for the years to come. It is recommended to organise a Terminal Meeting that invites all known stakeholders, including local stakeholders and others interested in the project's products, services, and other benefits. The sustainability plan could also include an analysis of the risks and opportunities associated with the COVID-19 pandemic, institutional capacity and co-financing further to nurture the outcome and legacy of this project.	*All project partners*	*2021*

R #	TE Recommendation	Entity Responsible	Time Frame
A.2	Enact Policies and instruments developed under the project. It is recommended that both UNDP and SIDA engage actively at the country level with ministers and high-level officials to advocate and encourage adopting the policies and instruments develop by the project.	*UNDP, SIDA*	*2021*
A.3	Explore additional entry points for health sustainability in the global climate change agenda. Analyses the climate financing flows, including the green climate and adaptation fund, to determine how much climate funding is going to the health sector in developing countries. Climate finance tracking methodologies could be used for monitoring by the sector.	*UNDP, HCWH*	*2021*
A.4	Explore options for UNDP-HCWH partnership institutionalisation Mechanisms would be implemented to facilitate the transfer and internalisation of capacities built by the project and build upon the existing technical cooperation structures. A sustained cooperation framework among the two main project partners could be important to sustain and scale up the project benefits.	*UNDP, HCWH*	*2021*
A.5	Develop a Knowledge Management Plan/Strategy for specific each pilot country	*UNDP, HCWH*	*2021*

Table 2: Lesson learned and recommedations for future programming

R #	TE Recommendation	Entity Responsible	Time Frame
Category 2: Lesson learned for future Programming			
B.1	Enhance and strengthen partnership's coordination at the national level. Avoid having an institutional differentiation approach for different countries. (e.g. HCWH or UNDP countries). HCWH local partners and healthcare institutions will benefit from the project with a more systematic UNDP Country offices support in all countries.	*UNDP, HCWH*	*Future programming*
B.2	Develop a standardized model for in-country support. Flexibility is important, but standardization will be necessary to scale up to additional countries. Explore approaches to work in different countries with a balance between flexibility and standardization.	*UNDP, HCWH*	*Future programming*
B.3	Explore/developed circular economy approaches in the health sector	*UNDP, HCWH*	*Future programming*
B.4	Flexibility in the design of interventions helped adjust to urgent and unexpected needs and has proven essential for adaptive management. COVID-19 outbreak has required refocus project interventions to support COVID-19 relief and response and maintain a pace of implementation despite pandemic-related constraints. Flexible structures and adaptive management decision-making have timely allowed reallocating funds towards COVID-19 activities, including addressing new and emerging needs. The project management considered the implementation challenges through learning which guided flexibility in project interventions and allowed for greater flexibility and adaptation to changing situations. Challenges in project implementation have highlighted the need for a clear risk management plan, flexible project design and appropriate result framework, and the necessity to incorporate these lessons learned into post-pandemic interventions.	*UNDP, SIDA*	*Future programming*

Annex 1. Key informants interviewed

*	Name	Country	Organization	Position
1	Dao Khan Tung	Vietnam	UNDP	Health Programme Analyst
2	Dorin Rotaru	Ukraine	UNDP	Health Programme Manager
3	Deogratias Mkemba	Tanzania	UNDP	Project Manager-Sustainability in Health Sector
4	Alexandru Corcirta	Moldova	UNDP	Programme Analyst
5	Manuel Irizar	Argentina	UNDP	Programme Associate
6	Laura Sinyama	Zambia	UNDP	Programme Associate
7	Susan Wilburn	Global	Health Care Without Harm	International Sustainability Director
8	Megha Rathi	Global	Health Care Without Harm	SHiPP Project Coordinator
9	Poornima Prabhakaran	India	CCDC	Head-Environmental Health
10	Rosemary Kumwenda	Global	UNDP	Team Leader
11	Ian Milimo	Global	UNDP	Project manager
12	Mirjana Milic	Global	UNDP	SPHS Coordinator
13	Jingjing Li	Global	Health Care Without Harm	SHiPP Project Manager
14	Arianna Gamba	Europe	Health Care Without Harm, Europe	Circular Healthcare Programme Manager
15	Carolina Gil Posse	Latin America	Health Care Without Harm	LAC team leader
16	Ishika Jharia	India	CCDC	Project Officer
17	Luqman Yesufu	South Africa	GroundWork, South Africa	African Regional Coordinator for GGHH
18	Vital Ribeiro and	Brazil	Healthy Hospitals Project	Chair of Board Hospitais Saudaveis
19	Alessandra Azevedo	Brazil	Healthy Hospitals Project	SHIPP focal point
20	Martin Panayotov	Bulgaria	Composity—Private Sector	Founder and Business Advisor
21	Thomas Møller	Denmark	Aarhus Universitets hospital	Environmental Coordinator
22	Etienne Gonin	USA	UNDP NCE	Technical Expert
23	Selimcan Azizoglu	Turkey	UNDP NCE	Technical Expert
24	Honest Anicetus	Tanzania	MOH	Head Environment Protection
25	Mónica Castaño Tovar	Colombia	Fundación Valle del Lili Hospital	Environmental Management and Sanitation Coordinator
26	Verónica Torres Cerino	Argentina	Hospital Universitario Austral	Medical-Pediatrician-Toxicologist.

27	Maria Marta Cozzarin	Argentina	Hospital Regional Ushuaia	Pharmacy Service Leader (former Hospital Director)
28	Marcela Zuñiga	Chile	Health Department Talca	Environmental Health Unit Leader
29	Pablo Padron	Brazil	São Paulo Association for the Development of Medicine—SPDM	Supply Manager
30	Jonas Age Saide Schwartzman	Brazil	São Paulo Association for the Development of Medicine—SPDM	Member of the Advisory Board of the Civil Association of Healthy Hospitals Project
31	Kristian Steele	UK	Arup	
32	Wazani Zulu		Sterelin Medical & Diagnostics Ltd.	Manager, Regulatory & Compliance
33	Nguyen Thi Ngoc Bao	Vietnam	National Center for Drug Centralized Procurement of the MOH	Deputy Director
34	Dang Thuy Linh	Vietnam	Department of Environmental Quality Management, Ministry of Natural Resources and Environment	Senior Official
35	Samwel Manyele	Tanzania	University of Dar es Salaam	Department of Chemical & Mining Engineering
36	Florencia Mittchel	Argentina	Climate Change Department	Senior Official
37	Rodrigo Rodriguez Tornquist	Argentina	Chair of the 10YFP Board/ MOE	State Secretary
38	Antonella Risso	LAC	Health Care Without Harm	Climate Change Team
39	Sharmene Janki	South Africa	George Regional Hospital Ministry of Health	Senior Official
40	Analía Allemand	Argentina	National Agency of Public Laboratories	Director
41	Marco Masala	Tanzania	Medical Stores Department	Project Manager

Annex 2. Questionnaire

The below-listed questions were used in the interviews. Not all questions were asked to each interviewee. These questions were used as a reminder about the type of information required to complete the review exercise and a guide to preparing each type of semi-structured interview. The questionnaire was shared in advance with interviewees.

Objective	1. Questions
How does the project relate to the main objectives of the UNDP focal area, and to the environment and development priorities at the local, regional and national levels?	1. What are key achievements of the project that you are proud of the most? 2. Is the project relevant to Countries specific environmental policies and National Development plan? 3. To what extent the outputs and outcomes are scalable and prepared for scale up to other countries? 4. To what extent the project successfully engages countries and makes the benefits scalable to the region?
Explore stakeholders perceptions, questions or opinions on project implementation	5. What is your biggest concern about the project? 6. Any unforeseen results achieved under this project?
Promoting multi-stakeholder partnership and cooperation for efficient and effective implementation	7. Why do you consider established partnerships to be strategic? what made them work or not? 8. How could the quality of this partnership and cooperation be improved? 9. What are the major challenges you encountered? How are these challenges being addressed?
Identify past uses, practices, and how the project has changed them	10. Are you aware of environmental and social project impact (positive or negative) at the country level? What needs our immediate attention going forward? If so, please give details.
To assess the relevance, efficiency, effectiveness, impact and coherence of the project	
1) Relevance	11. Were the project outcomes congruent with the SIDA and UNDP focal areas/operational programme strategies, country priorities and Country Programming Framework? 12. Was the project design appropriate for delivering the expected outcomes?
2) Effectiveness	13. To what extent have project objectives been achieved, and were there any unintended results? 14. To what extent did the project actual outcome commensurate with the expected outcomes? 15. To what extent can the attainment of results be attributed to the SIDA-funded component?
3) Efficiency	16. To what extent did UNDP deliver on project identification, concept preparation, appraisal, preparation, approval and start-up, oversight and supervision? How well risks were identified and managed? 17. To what extent did the executing agency effectively discharge its role and responsibilities related to the management and administration of the project? 18. To what extent has the project been implemented efficiently, cost-effectively, and has management been able to adapt to any changing conditions to improve the efficiency of project implementation?

4) Progress to Impact	19. To what extent may the progress towards long-term impact be attributed to the project? 20. Was there any evidence of environmental stress reduction and environmental status change, or any change in policy/legal/regulatory framework 21. Are there any barriers or other risks that may prevent future progress towards long-term impact?
5) Sustainability	22. What is the likelihood that the project results will continue to be useful or will remain even after the end of the project? 23. What are the key risks which may affect the sustainability of the project benefits?
To assess how cross-cutting issues such as gender equality, anti-corruption and human rights were integrated in the project	24. Have specific contribution and interventions regarding human/labour rights and gender participation been addressed? 25. To what extent were gender considerations taken into account in designing and implementing the project? Was the project implemented in a manner that ensures gender equitable participation and benefits? 26. Considering the fact that approximately 70% of health workers globally are female. Is there any gender-sensitive project impact? 27. To what extent where environmental and social concerns taken into consideration in the design and implementation of the project?
Co-financing	28. To what extent did the expected co-financing materialize, and how short fall in co-financing, or materialization of greater than expected co-financing affected project results?
Monitoring and Evaluation	29. Was the M&E plan practical and sufficient? 30. Did the M&E system operate as per the M&E plan? 31. Was information gathered in a systematic manner, using appropriate methodologies? 32. Was the information from the M&E system appropriately used to make timely decisions and foster learning during project implementation?
Stakeholder engagement	33. Were other actors, such as civil society or private sector involved in project design or implementation, and what was the effect on the project results?
Knowledge Management	34. How is the project assessing, documenting and sharing its results, lessons learned and experiences? 35. To what extent are communication products and activities likely to support the sustainability and scaling-up of project results?
Exploring about good practice and lessons learned for future projects	36. What lessons have been learned under this project? 37. How should these lessons inform the next project if any? 38. What would be the recommendation for improved future projects? 39. What would be the recommendation to scale up to other countries in the region?

Annex 3. Evaluation Criteria Matrix

Evaluative Criteria Questions	Indicators	Sources	Methodology
Relevance: How does the project relate to the main objectives of the SIDA focal area, and to the environment and development priorities at the local, regional and national levels?			
• Is the project relevant to targeted countries' environmental policies and national development plans?	• Degree to which the project supports national environmental objectives • Degree of coherence between the project and nationals priorities, policies and strategies • Appreciation from national stakeholders with respect to adequacy of project design and implementation to national realities and existing capacities • Level of involvement of government officials and other partners in the project design process	• Project documents • National policies and strategies • Key project partners	• Documents analyses • Interviews with project partners
• Is the project relevant to United Nations Strategies?	• Existence of a clear relationship between the project objectives and the United Nation Strategies	• Project documents • Regional Programme Document (SRPD) and UN regionals Strategies (UNPS/UNDAF)	• Documents analyses • UNDP website • Interviews with UNDP officer
• Is the project relevant to the UNDP Regional Programme Documents?	• Existence of a clear relationship between the project objectives and UNDP Regional Programme Strategy	• Regional Programme Documents (SRPD) and UN Strategy (UNDAF)	• Documents analyses
• Is the project addressing the needs of the targeted beneficiaries?	• Needs of target beneficiaries compared with project activities and results • Strength of the link between expected results from the project and the needs of relevant stakeholders • Degree of involvement and inclusiveness of stakeholders in project design and implementation	• Project partners and stakeholders • Needs assessment studies • Project documents	• Document analysis • Interviews with relevant stakeholders

Evaluative Criteria Questions	Indicators	Sources	Methodology
• Is the project specifically addressing gender issues and contributing towards gender equality?	• Degree gender issues are taken into account in project formulation and implementation • Degree to which project contributed to greater consideration of gender aspects, (i.e. project team composition, gender-related aspects of global environmental issues, stakeholder outreach to women's groups, etc). • Gender segregation of data collection and monitoring • Level of gender issues raised outlined in project documents • Other example(s) of how the initiative contributes to gender equality.	• Project documents • Key project stakeholders	• Documents analyses • Interviews with project partners and relevant stakeholders
• How is the project complementary to the actions of other stakeholders active in the countries/region?	• Degree to which project was coherent and complementary to the actions of stakeholders active in the countries and region.	• Documents from other stakeholders' activities • Project document • Key project stakeholders	• Documents analyses • Interviews with project partners and relevant stakeholders
• Is the project internally consistent in its design?	• Level of coherence between project expected results and project design internal logic • Level of coherence between project design and project implementation approach • Level of coherence between project duration and project outcomes • Coherence of project design with UNDP, SIDA and national environmental priorities	• Program and project documents • Key project stakeholders	• Document analysis • Individual semi-structured interviews
Effectiveness: To what extent have the expected outcomes and objectives of the project been achieved?			
• Are the activities and outputs of the project consistent with the project's goals and objectives?	• Project results framework and log-frame	• Project documents • Data reported in project annual and quarterly reports	• Documents analysis • Interviews with project team *f* • Interviews with relevant stakeholders

Evaluative Criteria Questions	Indicators	Sources	Methodology
• To what extent has the delivered project outputs contributed to the achievement of its expected outcomes?	• Agreement between project outputs with expected outcomes • Output level indicators of results framework	• Project documents • Project progress report	• Document analysis
• Were the project's expected targets against the outcomes achieved?	• Results framework indicators • Compliance with expected outcomes (%) • Assessment by key project stakeholders	• Project reports • Policy documents • Key stakeholders • Tangible products	• Documents analysis • Interviews with project team • Interviews with relevant stakeholders
• How was risk managed during the project?	• Completeness of risk identification and assumptions during project planning and design • Quality of risk mitigations strategies developed and followed	• Project documents UNDP, project team, and relevant stakeholders	• Document analysis
• What are the lessons learnt from the project in terms of effectiveness?	• Effectiveness for each component and lessons learned of these for future projects	• Project documents • Project team and relevant stakeholders • Data reported in project annual and quarterly reports	• Data analysis • Individual semi-structured interviews
• Which changes could have been made in the project's design to improve its effectiveness?	• Effectiveness in achieving the expected outcomes and objectives (%) • Effectiveness for each component and lessons learned of these for future projects	• Project documents • Project team and relevant stakeholders • Data reported in project annual and quarterly reports	• Data analysis • Individual semi-structured interviews
• How could the project have been more effective in achieving results?	• Indicators in project document results framework and log frame • Effectiveness in achieving the expected outcomes and objectives (%)	• Project documents • Project team and relevant stakeholders • Data reported in project annual and quarterly reports	• Data analysis • Interviews
Efficiency: Was the project implemented efficiently, in-line with international and national norms and standards?			
• Was adaptive management needed and used to ensure efficient use of resources?	• Reported adaptive management measures response to changes in context	• Project progress reports. • Project staff	• Desk Review and • Individual semi-structured interviews

Evaluative Criteria Questions	Indicators	Sources	Methodology
• Were the accounting and financial systems in place adequate?	• Efficient financial delivery • Quality of standards for financial and operative management. • Perception of management efficiency by project partners and project staff	• Financial expenditure reports • Combined Delivery Reports • PSC meeting minutes • PIRs • Final co-financing report • project partners and project staff	• Desk review • Individual semi-structured interviews
• Were progress reports produced in a timely manner and in compliance to project reporting requirements?	• Level of compliance with project reporting requirements in timely manner	• Project progress reports.	• Desk review
• Was project implementation as cost-effective as originally envisaged?	• Percentage of expenditures in proportion with the results	• Progress reports, PIRs	• Desk review
• Was the expected co-finance leveraged as initially expected?	• Committed co-finance realized • Level of co-financing in relation to the original planning	• Projects accounting records and audit reports • Financial reports	• Desk review
• Were the reported lessons learnt shared among project stakeholders for subsequent improvement of project implementation?	• Knowledge transfer (i.e., dissemination of lessons through project result documents, training workshops, information exchange, a national and regional forum, etc). • Number of dedicated follow-up activities to systematically document and disseminate project knowledge and lessons learned • Reported adaptive management measures	• PIRs • Knowledge transfer products • Key Stakeholder	• Desk review • Individual semi-structured interviews and focus groups
• Which partnerships and networking were facilitated among stakeholders?	• Examples of supported partnerships • Evidence that particular partnerships was sustained • Types/quality of partnership cooperation methods utilize	• Legal agreements or memorandum of understanding documents • Project partners and relevant stakeholders	• Document analysis • Individual semi-structured interviews and focus groups

Evaluative Criteria Questions	Indicators	Sources	Methodology
• Was local capacity and know-how adequately mobilized?	• Proportion of expertise • utilized from international • experts compared to • national experts • Number/quality of analyses • done to assess local • capacity potential and • absorptive capacity.	• Project documents and evaluations • UNDP • Beneficiaries	• Document analysis • Individual semi-structured interviews and focus groups
Sustainability: To what extent are there financial, institutional, social-economic, and/or environmental risks to sustaining long-term project results?			
• Were sustainability issues adequately addressed at project design?	• To what extent does the exit strategy take into account the following: i) Political factors (support from national authorities) ii) Financial factors (available budgets) iii) Technical factors (skills and expertise needed) iv) Environmental factors (environmental appraisal) • Completeness of risk identification and assumptions during project planning and design *f*	• Project documents • project team and relevant stakeholders	• Document analysis • Individual semi-structured interviews and focus groups
• Is there evidence that some partners and stakeholders will continue their activities beyond project termination? And if such partners/stakeholders were identified, which ones were they?	• Degree to which project partners and stakeholders see that it is in their interest that project benefits continue to flow. • Estimations of the future budget of key stakeholders. • Partners/stakeholders committed to support project results after the project closed and sources of funding.	• Policy documents produced by project partners/stakeholders • Key project stakeholders	• Document analysis *f* • Individual semi-structured interviews and focus groups
• Which are the main risks to the continuation of policies and actions initiated by the projects? (financial, institutional, socioeconomic, environmental)	• Risk mitigations strategies developed and followed • Definition of on-going activities that pose threat to the sustainability of project results	• Evaluation reports • Progress reports • UNDP programme staff	• Desk reviews of secondary data • Interviews with UNDP programme staff

Evaluative Criteria Questions	Indicators	Sources	Methodology
• Are project actions and results being scaled up or replicated elsewhere in the region?	• Example(s) of actions taken to scale up or replicated the project • Reference by other projects/ programs • Capacity building and training of individuals, and institutions to expand the project's achievements in the countries or other regions.	• Project reports • UNDP Pacific's Sub Regional Programme Document • UNDP programme staff	• Desk reviews of documents and secondary data • Interviews with UNDP programme staff
• Did the project adequately address institutional and financial sustainability issues?	• To what extent does the exit strategy take into account the following: ◊ Political factors (support from national authorities) ◊ Financial factors (available budgets) • The current policy and regulatory framework sustain project-developed mechanisms	• Programme documents • Annual Work Plans • Evaluation reports	• Document analysis
• To what extent the outputs and outcomes are scalable and prepared for scaling-up through SADC, LAC and SE Asia pilots?	• Example(s) of the beneficiary plans to mainstream the lessons learned	• Key project stakeholders	• Individual semi-structured interviews and focus groups
Impact: Are there indications that the project has contributed to, or enabled progress toward, reduced environmental stress and/or improved ecological status?			
• How likely is the project to achieve its long-term goal?	• Changes in capacity: ◊ To pool/mobilize resources ◊ To provide an enabling environment, ◊ For reporting of related strategies and programmes ◊ through adequate institutional frameworks and their maintenance • Changes to the quantity and strength of barriers	• Key project stakeholders	• Individual semi-structured interviews and focus groups

Evaluative Criteria Questions	Indicators	Sources	Methodology
• What is the level of influence and visibility of the project in promoting sustainable development in the health sector?	• Citations in newspapers • Social media metrics	• Project reports • References in brochures, pamphlets, flyers, etc • Project's activities media coverage • Social Media • Global Forum	• Desk reviews of documents and secondary data • Individual semi-structured interviews and focus groups
Cross-cutting issues: To what extent has the project promote the UN values from a human development perspective?			
• To what extent did the initiative support the government in monitoring achievement of SDGs?	• What assistance has the initiative provided to support the government in promoting human development approach and monitoring SDGs?	• Project documents • Evaluation reports • HDR reports	• Desk review • Interviews with Government partners
• Is the project specifically addressing gender issues and contributing towards gender equality?	• Degree gender issues are taken into account in project formulation and implementation • Degree to which project contributed to greater consideration of gender aspects, (i.e. project team composition, gender- related aspects of global environmental issues, stakeholder outreach to women's groups, etc). • Gender segregation of data collection and monitoring • Level of gender issues raised outlined in project documents • Other example(s) of how the initiative contributes to gender equality.	• Project documents • Key project stakeholders	• Documents analyses • Interviews with project partners and relevant stakeholders
• To what extent was the UNDP initiative designed to appropriately incorporate in each outcome area contributions to attainment of gender equality?	• Example(s) of how the initiative contributes to gender equality. • Can results of the project be disaggregated by sex?	• Project documents • Evaluation reports	• Desk review • Interviews with UNDP staff and

Annex 4. List of documents reviewed

Particulars	Year	Document	Source	Check
Project Approval	2018	Letter of Approval	UNDP	
		Signed Project Document	UNDP	
Project Planning and Implementation	2018	Inception Workshop Report	UNDP	
		Annual Workplan and Budget	UNDP	
		1st Quarter Workplan	UNDP	
		2nd Quarter Workplan	UNDP	
		3rd Quarter Workplan	UNDP	
		4th Quarter Workplan	UNDP	
	2019	Annual Workplan and Budget	UNDP	
		1st Quarter Workplan	UNDP	
		2nd Quarter Workplan	UNDP	
		3rd Quarter Workplan	UNDP	
		4th Quarter Workplan	UNDP	
		2019–2020 Annual Project Report	UNDP	
	2020	Annual Workplan and Budget	UNDP	
		1st Quarter Workplan	UNDP	
		2nd Quarter Workplan	UNDP	
		3rd Quarter Workplan	UNDP	
		4th Quarter Workplan	UNDP	
	2021	Annual Workplan and Budget	UNDP	
Project Monitoring	2018	2nd Quarter Progress Report/ FACE form	UNDP	
		3rd Quarter Progress Report/ FACE form	UNDP	
		4th Quarter Progress Report/ FACE form	UNDP	
		Signed 2019 CDR	UNDP	
	2019	1st Quarter Progress Report/FACE form	UNDP	
		2nd Quarter Progress Report/ FACE form	UNDP	
		3rd Quarter Progress Report/ FACE form	UNDP	
		4th Quarter Progress Report/ FACE form	UNDP	
		Signed 2020 CDR	UNDP	
	2020	1st Quarter Progress Report/ FACE form	UNDP	
		2nd Quarter Progress Report/ FACE form	UNDP	
		3rd Quarter Progress Report/ FACE form	UNDP	

		4th Quarter Progress Report/ FACE form	UNDP	
		Signed 2020 CDR	UNDP	
	2021	1st Quarter Progress Report/ FACE form	UNDP	
Project Oversight	2018	Project Board Meeting Agenda	UNDP	
		Project Board Meeting Minutes	UNDP	
	2019	Project Board Meeting Agenda	UNDP	
		Project Board Meeting Minutes	UNDP	
	2020	Project Board Meeting Agenda	UNDP	
		Project Board Meeting Minutes	UNDP	
	2021	Project Board Meeting Agenda	UNDP	
		Project Board Meeting Minutes	UNDP	
	2018–2021	Project Management Meetings	UNDP	
	2018–2021	Back to Office Reports	UNDP	
	2018–2021	Social Media	UNDP	
	2018–2021	UNDP Environmental and Social Screening Report	UNDP	
	2018–2021	Project Inception Report	UNDP	
	2018–2021	Project's publication	UNDP	
	2018–2021	Capacity Building Score Card	UNDP	
	2018–2021	Technical reports produced by the international and national consultants	UNDP	
	2018–2021	Training sessions progress reports	UNDP	
	2018–2021	Project's activities media coverage	UNDP	

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