Mid-Term Evaluation of the UNEP project "Mediterranean Sea Basin Environment and Climate Regional Support Project" GEF 9686 Which is the Coordinating Project of the "Mediterranean Sea Programme (MedProgramme): Enhancing Environmental Security" GEF 9607

Evaluation Office of United Nations Environment Programme

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GEF 9607
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About the Evaluation

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Source(s) of Funding: GEF, UNEP

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Acronyms and Abbreviations

APR Annual Project Review AR5 Fifth Assessment Report ASM Annual Stocktaking Meeting AWP Annual Work Programme BiH Bosnia and Herzegovina BD Biodiversity CBIT Capacity-building Initiative for Transparency CBO Community-Based Organization ClimVar & ICZM Integration of climatic variability and change into national strategies to implement the ICZM Protocol in the Mediterranean CO2 eq Carbon Dioxide Equivalent CBOs community-based organizations CoP Community of Practice CSO Civil Society Organization CP 4.1: Coordinating Project 4.1 CVC Climatic Variability and Change CW Chemicals & Waste DSA Daily Subsistence Allowance EA Executing Agency EESF Environmental and Social Sustainability Framework EOU Evaluation Office of UNEP EBRD European Bank for Reconstruction and Development EC European Commission ECOSOC The Economic and Social Council (ECOSOC) of the United Nations EEA European Environment Agency EIB European Investment Bank FMO Financial Management Officer GDP Gross Domestic Product GEF Global Environment Facility GEF TF Global Environment Facility Trust Fund	GES Good Environmental Status GIS Geographic Information System GWP-Med Global Water Partnership - Mediterranean GPA Global Programme of Action H2020 Horizon 2020 - The EU Framework Programme for Research and Innovation IA Implementing Agency IAP Integrated Approach Pilot ICA Internal Cooperation Agreement ICZM Integrated Coastal Zone Management IFI International Financing Institution IHP International Hydrological Programme IMAP Integrated Monitoring and Assessment Programme IS: Intermediate State IO Information Officer IP Integrated Programme IPCC Intergovernmental Panel on Climate Change IUCN International Union for Conservation of Nature IW International Water KM Knowledge Management LEN Large Marine Ecosystems MAP Mediterranean Action Plan MedPCU MedProgramme Coordinating Unit MSSD Mediterranean a Strategy for Sustainable Development MoU: Memorandum of Understanding MTE Mid-Term Evaluation MTS Medium Term StrategyOFP Operational Focal Point PCU: Project Coordination Unit PIR Project Implementation Report PoW Programme of Work Prodoc: Project Document PFD Programme Framework Document PSC Project Steering Committee SAP Strategic Action Program SCP Sustainable Consumption and Production TDA Transboundary Diagnostic Analysis ToC Theory of Change

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Project Identification Table

UNEP PIMS/SMA[1] ID:	33613		
GEF Project ID:	GEF 9686 (Mediterranean Sea Basin), Coordinating Project See Annex 7 for list of all Child Projects (9670, 9684, 9685, 9687, 9691, 9717 and 10158) under this Programme (GEF 9607)		
Implementing Agency:	UNEP GEF International Waters Unit, Marine and Freshwater Branch, Ecosystem Division	**Executing Agencies:**	UNEP/MAP, Plan Bleu MedWaves (previously called Sustainable Consumption and Production Regional Activity Centre, SCP RAC)
Relevant SDG(s) and indicator(s):	**The most relevant SDG targets are those associated with Goals 5, 13, 14 and 17**		
GEF Core Indicator Targets (identify these for projects approved prior to GEF-7)	7.Number of shared water ecosystems (fresh or marine) under new or improved cooperative management 11. Number of direct beneficiaries disaggregated by gender as co-benefit of GEF investment		
Sub-programme:	Climate Action; Nature Action; Chemicals and Pollution	**Expected Accomplishment(s):**	
UNEP approval date:	2 March 2020	**Programme of Work Output(s):**	1) climate change; 2) biodiversity and nature loss; and 3) pollution and waste.
GEF approval date:	29.01.2020	**Project type:**	FSP
GEF Operational Programme #:	GEF-6	**Focal Area(s):**	Multi-focal Area International Waters, and Chemicals and Waste
		GEF Strategic Priority:	IW-2_P3; IW-2_P4; IW-3_P5; CW-2_P3 and CW-2_P4
Expected start date:	27.04.2020	**Actual start date:**	27 April 2020
Planned operational completion date:	30.03.2025	**Actual operational completion date:**	(March 2025) Tbd[2]
Planned project budget at approval:	USD 2,500,000	**Actual total expenditures reported as of 31 March 2024:**	536,588 (25%)
GEF grant allocation:	USD 2,500,000	**GEF grant expenditures reported as of [30/6/2023]:**	405,419

[1] Acronym for ID assigned by the Integrated Planning, Monitoring and Reporting (IPMR) system.

[2] 30 March 2025 (without extension). A 12-month extension at no cost is currently proposed extending the actual end date 30 March 2026. Noting that there are child projects due to end in Aug 2026 and CP 1.3 is going to end only Aug 2027. It may be necessary to consider extending CP 4.1 in light of these.

Expected Medium-Size Project/Full-Size Project co-financing:	USD 6,623,920	**Secured Medium-Size Project/Full-Size Project co-financing:**	TBD	
Project Preparation Grant - GEF financing:	150,000	**Project Preparation Grant - co-financing:**	US$00	
Date of First disbursement:	27/04/2020	**Planned date of financial closure:**	30.09.2026	
No. of formal project revisions:	No major revisions	**Date of last approved project revision:**	NA	
No. of Steering Committee meetings:	4 • 11 March 2021 • 21 June 2022 • 16 March 2023 • 6 March 2024	**Date of last/next Steering Committee meeting:**	Last: 6 March 2024	Next: Not planned yet
Mid-term Review/ Evaluation (planned date):	Sept 2023	**Mid-term Review/ Evaluation (actual date):**	August – December 2023	
Terminal Evaluation (planned date):	April 2025	**Terminal Evaluation (actual date):**	Tbd	
Coverage - Country(ies):	Albania, Bosnia-Herzegovina, Egypt, Lebanon Libya, Montenegro, Morocco, Tunisia.	**Coverage - Region(s):**	Mediterranean	
Dates of previous project phases:		**Status of future project phases:**		

1. Executive summary

Project background

The 'Mediterranean Sea Basin Environment and Climate Regional Support Project' GEF 9686 (Coordinating Child Project (referred to in this document as CP 4.1) is the Coordinating Child project for the 'Mediterranean Sea Programme (MedProgramme): Enhancing Environmental Security' Programme GEF 9607 (MedProgramme).

The MedProgramme represents the first GEF programmatic multifocal area initiative in the Mediterranean Sea aiming to operationalize priority actions to reduce major transboundary environmental stresses in its coastal areas while strengthening climate resilience and water security and improving the health and livelihoods of coastal populations. Specifically, the MedProgramme aims to 1) Reduce land-based coastal and marine pollution from harmful chemicals and wastes, and nutrients; 2) Restore and stabilize coastal zone freshwater resources, habitats and ecosystem functions; 3) Build coastal resilience to the expected impacts of climate change and variability with focus on key strategic resources (coastal aquifers, wetlands); and 4) Consolidate biodiversity protection frameworks.

Within the GEF programmatic approaches there is a need to ensure programme coherence and impact through coordination among diverse sets of multi-focal area Child Projects contributing to the same programme outcomes. CP 4.1 functions as a trait d'union (a common link) among Child Projects by providing overall coordination of the programme portfolio, resource-saving services, a robust system to managing knowledge effectively and a sound action plan for gender mainstreaming.

As a Coordinating Child project of a GEF impact programme, the Mediterranean Sea project is expected to: "implement mechanisms for Programme-wide learning and dissemination of knowledge, monitoring the Programme's progress to impacts, and fostering synergistic interactions among Child Projects".

Key findings

CP 4.1 is aligned with UNEP's Medium-Term Strategy (MTS) objectives for 2022–2025, it addresses climate change, biodiversity loss, and pollution and waste. The project contributes directly to UNEP's Programme of Work (PoW) indicators related to gender equality and environmental governance and meets UNEP's south-south cooperation policies. CP 4.1 also aligns with the GEF 6 strategy, supporting objectives across International Waters, Chemicals and Waste, Biodiversity, and Climate Change focal areas, playing a crucial role in coordinating diverse child projects and ensuring program coherence and impact through effective knowledge management and gender mainstreaming.

The CP 4.1 project within the MedProgramme exhibits a sound technical design that links outputs, outcomes, objectives, and goals through a comprehensive set of activities. This design is supported by a thorough situational analysis, a robust work plan, a transparent budget, and clear governance structures. Strategies for Knowledge Management (KM) and gender mainstreaming have been integrated, drawing on lessons from the MedPartnership project. However, the results framework lacks comprehensive outcome and impact indicators, gender-specific indicators, and annual targets, hindering effective progress assessment and activity guidance. Additionally, both Medprogramme and CP 4.1's Theory of Changes provide a regional framework for outcomes and impacts, but showing issues,

including misalignment with key thematic areas, lack of barrier references, and not recognizing the CP 4.1’s role as an enabler for programme-level outcomes and the role of gender mainstreaming in the change pathways.

Significant delays have occurred in delivering key outputs, notably the KM platform, which remains in its early stages. The communication roadmap, though comprehensively developed, has seen limited implementation due to human resource constraints. Additionally, the programme's replication mechanisms have not been developed, and coordination activities, such as the Annual Stocktaking Meetings (ASMs), require consistent implementation and systematic feedback collection to maintain momentum and effectiveness.

The CP 4.1 project, despite demonstrating some progress, has faced significant challenges in transitioning from outputs to project outcomes. The uptake of lessons and best practices has been difficult to assess due to immature knowledge-sharing mechanisms and insufficient documentation processes. Efforts to improve coordination and learning among child projects have been initiated but have been hampered by staffing issues and slow project progression, limiting the program's synergistic potential. However, notable progress has been made in gender mainstreaming, with the development of six Gender Action Plans and the establishment of a Gender Community of Practice, although some plans remain in development.

The effectiveness of CP 4.1 in creating an enabling environment for individual child projects to collectively achieve anticipated impacts has been challenged by inadequate support and resources. Limited integration and coordination, delays in capacity building, and insufficient replication efforts have hindered its transformative potential.

Financial delivery for CP 4.1 has been below expectations, with only 25% of the budget spent until the end of Q1 2024. This underperformance is primarily due to slow progress in key activities such as coordination, Annual Stocktaking Meetings (ASMs), and KM platform development. Significant human resource challenges, including vacant key positions and turnover of the program coordinator, have exacerbated these issues. Recruitment and procurement delays have further hindered progress, leading to substantial delays in project activities. Additionally, co-financing contributions have fallen short, with only 4% of the in-kind contribution target secured and 0% of the cash contributions by UNEP/ Mediterranean Action Plan (MAP), mainly due to a lack of a proper tracking system and limited engagement with government partners.

The CP 4.1 project acknowledges the potential impact of political changes on implementation but has primarily relied on ASMs to address such risks. In response, the project delivered only two ASMs conducted in four years and limited national-level engagement by the MedProgramme Coordinating Unit (MedPCU) due to human resource constraints. The limited maturity of CP 4.1’s KM platform and the absence of replication atlases have constrained the programme's ability to influence policy and legislative reforms at the national level, thereby hindering efforts to reduce threats to natural resources and enhance ecosystem conservation. CP 4.1 has not fully leveraged the potential of the UNEP/MAP structure, with limited participation of high-level decision-makers from partner countries in KM events. Additionally, CP 4.1 lacks a clearly defined exit strategy that outlines future institutional and financial arrangements beyond the GEF-funded project. The uncertainty created by the absence of a sustainability

plan is further exacerbated by the limited partnerships established to mobilize resources and momentum for replication and upscaling.

Currently, the CP 4.1 project outcomes rely entirely on GEF resources, with no clear plan for financial sustainability beyond the GEF funding period. The future financing and maintenance of the KM platform and coordination efforts have not been adequately investigated or documented. CP 4.1 has underutilized opportunities for private sector engagement, which could enhance the long-term sustainability of the MedProgramme's actions. The limited engagement of International Financial Institutions (IFIs) in ASMs and the absence of partnerships with the private sector have restricted potential investments and innovative solutions to be scaled.

CP 4.1 has successfully implemented adaptive management by establishing two key stakeholder engagement platforms: the Gender Community of Practice (CoP) and the Knowledge Management (KM) Task Force. These platforms have been instrumental in developing and applying the gender mainstreaming strategy and KM platform, fostering stakeholder engagement and consultation for program-level outcomes. However, the Gender CoP has been inactive since June 2023 due to the absence of a gender expert in MedPCU.

The overall project's assessment is Moderately Unsatisfactory – scoring 2.79 out of 6. (A complete overview of the performance ratings can be found in Table 10, Conclusions, pg 66).

A set of strategic questions, posed in the Terms of Reference for this MTE, are addressed in Annex H.

Lessons learned

Lesson learned #1: Knowledge management can be a very instrumental programmatic element in achieving integration among individual projects.

Lesson learned #2: The 'Theory of Change' is a critical tool not only in planning, but also in maintaining a strategic and shared vision for multiple child projects for promoting a programmatic approach in planning and outcomes delivery during implementation.

Lesson learned #3: A timely Mid-Term Evaluation is a critical adaptive management tool.

Lesson learned #4: It is important to assess human resource needs upfront as a critical aspect of effective project management to ensure that the right skills and capacities are available to meet project demands, facilitating smooth execution and successful outcomes.

Lesson learned #5: Regular gender-specific reporting and dedicated activities are crucial for maintaining focus on gender mainstreaming and ensuring progress is tracked and evaluated.

Recommendations

Recommendation #1: Expedite the recruitment and procurement processes to fully equip the MedPCU with human resources it needs for delivery. This should include transferring larger portions of the budget from the Implementing Agency (IA) to UNEP/MAP to enable them meeting the UNOPS requirement and transfer 90% of the new contract costs upfront as per UNOPS rules.

Recommendation #2: Strengthen the MedProgramme coordination and programmatic approach (see recommendations section for the details of sub-recommendations).

Recommendation #3: Strengthen the MedProgramme's KM (see recommendations section for the details of sub-recommendations).

Recommendation #4: Strengthen the MedProgramme sustainability (see recommendations section for the details of sub-recommendations).

Recommendation #5: Extend CP 4.1 for 12 months at no cost to be able to complete its results and continue supporting the child projects that are operating beyond September 2026.

Recommendation #6: Review the role of CP 4.1 in leading the Project Steering Committees (PSCs) for other child projects to ensure the Executing Agencies' (EAs) full accountability and ownership over their own child projects.

Recommendation #7: Establish an appropriate tracking system for capturing co-financing contributions by partners and set up arrangements for the co-financing data to be reported systematically.

Recommendation #8: Identify and connect with other GEF-funded Integrated Programmes implemented by UNEP and other GEF implementing agencies to exchange learnings and key lessons learned.

Recommendation #9: Review project indicators as proposed in table 4 in this document.

2. Project overview

The 'Mediterranean Sea Basin Environment and Climate Regional Support Project' GEF 9686 (Coordinating Child Project (referred to in this document as CP 4.1) is the Coordinating[3] Child project for the 'Mediterranean Sea Programme (MedProgramme): Enhancing Environmental Security' Programme GEF 9607 (MedProgramme).

2.1 Programme overview

At the time of programme design the situation of the Southern and Eastern shores of the Mediterranean showed all the signs of progressive deterioration in environmental security. Among them, the loss and degradation of coastal and shallow marine ecosystems and the scarcity of coastal freshwater resources, compounded by the increasing negative impacts of climate variability and change, was playing an important role in determining social instability and political volatility. The term "environmental security" used in the title of MedProgramme, captures its overall perspective and goal, which is to address all three major factors impinging on environmental security in the wider Mediterranean region, namely: (i) loss of environmental integrity impacting the lives of present and future generations; (ii) water scarcity and degradation intensifying conflicts at the water nexus and social instability; and (iii) insecurity experienced by individuals and communities as a consequence of climate variability and change.

The MedProgramme represents the first GEF programmatic multifocal area initiative in the Mediterranean Sea aiming to operationalize priority actions to reduce major transboundary environmental stresses in its coastal areas while strengthening climate resilience and water security and improving the health and livelihoods of coastal populations. Specifically, the MedProgramme aims to 1) Reduce land-based coastal and marine pollution from harmful chemicals and wastes, and nutrients; 2) Restore and stabilize coastal zone freshwater resources, habitats and ecosystem functions; 3) Build coastal resilience to the expected impacts climate change and variability with focus on key strategic resources (coastal aquifers, wetlands); and 4) Consolidate biodiversity protection frameworks.

The GEF-funded MedProgramme is implemented in nine beneficiary countries sharing the Mediterranean basin: Albania, Algeria, Bosnia and Herzegovina, Egypt, Lebanon, Libya, Montenegro, Morocco and Tunisia. Its eight Child Projects cut across four different Focal Areas of the Global Environment Facility (International Waters [IW], Biodiversity [BD], Chemicals and Waste [CW], and Climate Change [CC]) and involve a wide spectrum of developmental and societal sectors, ranging from banking institutions, the private sector, governmental and non-governmental bodies, industry, research, media, and various other organizations.

2.2 CP 4.1 Project Overview

Within the GEF programmatic approaches there is a need to ensure programme coherence and impact through coordination among diverse sets of multi-focal area Child Projects contributing to the same programme outcomes. CP 4.1 functions as a trait d'union (a common link) among Child Projects by

[3] A CP 4.1 is variously referred to as Coordinating Child Project, Child Project (CP) 4.1, a 'Support', 'Global' and/or 'Knowledge Management' Child Project.

providing overall coordination of the programme portfolio, resource-saving services, a robust system to managing knowledge effectively and a sound action plan for gender mainstreaming[4].

According to the project document (section 2 – baseline scenario), the CP 4.1 is intended to address a number of needs including:

Strengthening Knowledge Management (KM)

There is a lack of systematic information exchanges among Mediterranean countries on the progress to impact of projects related to climate resilience, land-based pollution reduction (including from persistent toxic substances), coastal resources sustainability, and improved gender equality. The effectiveness of traditional regional level awareness raising approaches and dissemination of scientific advancements and best practices, needs enhancements for the benefit of the Mediterranean as well as of other regional seas.

Based on a baseline analysis which took place at the design stage of the programme, key KM-related challenges were brought to light, such as fragmentation, the inability of some projects to sustain their results, insufficient resources or attention devoted to KM approaches, gaps in information sharing, among others, which pointed to the need to clearly address these challenges at the onset of the MedProgramme.

The CP 4.1 was designed to address key challenges and opportunities such as avoiding unnecessary duplication by establishing effective collaboration (for content sharing and use of respective networks to increase impact and dissemination). Also, replicating and building on successful practices by benefiting from existing collected data and technical information, making reference to relevant policy and legal frameworks.

Alignment with the Integrated Monitoring and Assessment Programme (IMAP)

Limited alignment exists between national monitoring programmes of participating countries in MedProgramme with the Integrated Monitoring and Assessment Programme (IMAP) [5] under the Barcelona Convention system. This involves the need to integrate existing national and regional databases, not for the creation of new platforms but to look towards systems of sharing data, and making it publicly available, through for example Spatial Data Infrastructure (SDI). Barriers include many national databases that are in the national language and need translation, and the need to establish data agreements among all participating countries, and potentially also a data sharing decision to be adopted by the Barcelona Convention Contracting Parties.

There is also a need to develop a set of common indicators, including ecosystem approach-based indicators to assess drivers, pressures and responses within a framework for a revised Transboundary Diagnostic Analysis (TDA). Without a strong and quality-assured monitoring programme in the Mediterranean coastal areas and offshore waters, it will not be possible to measure the impact and change resulting from the implementation of projects, policy reforms, capacity building and investments, including those proposed under the MedProgramme.

[4] As defined in the CEO endorsement document

[5] Adopted in 2016 at the Barcelona Convention COP19.

Gender mainstreaming

For several countries in the Mediterranean, coupled with barriers to the labor market and employment opportunities, women often face particular forms of institutionalized exclusion from civil society and political spheres. Women in participating countries were, prior to the programme, capitalizing on opportunities presented by pluralistic interpretations of traditional gender norms, and entering both the work force and the public space. However, the gains achieved through social change in this region may not keep pace with the risks and threats arising from the lack of disposal and prevention plans for toxic chemicals and heavy metals, proper management policies for natural resources and preservation planning for biodiversity in the coastal zones, and growing threats of climate change and environmental degradation in the region. Across the region, burdens of emerging risks and shocks are expected, thus, to fall on the vulnerable and susceptible groups.

2.3 Institutional context

Implementing Agency (IA): Two GEF Units in the Ecosystems Division of UNEP serve as Implementing Agency (IA) for CP 4.1: International Waters Unit (75% budget) and Chemicals and Waste (25% budget). The same two GEF Units are also the Implementing Agency for the MedProgramme itself, in conjunction with EBRD. The IA is responsible for overall supervision of the project and oversees its progress through the monitoring and evaluation of activities and through progress reports. The IA reports on the project implementation progress to the GEF and takes part in the Project Steering Committee (PSC). The IA provides guidance and oversight of project execution by the Executing Agency (EA) including through the review and approval of work plans, budget allocations and budget revisions proposed by the Executing Agency.

Executing Agency (EA): The UNEP/Mediterranean Action Plan (UNEP/MAP) serves as the Executing Agency (EA) for the entire project. The EA reports on the project implementation progress to the IA (including those activities executed by the Executing Partners). The EA organizes the PSC and hosts the MedProgramme Coordinating Unit (MedPCU) which acts as Secretariat to the PSC. The EA is responsible for, inter alia, activities required to achieve the project objectives, outputs and outcomes.

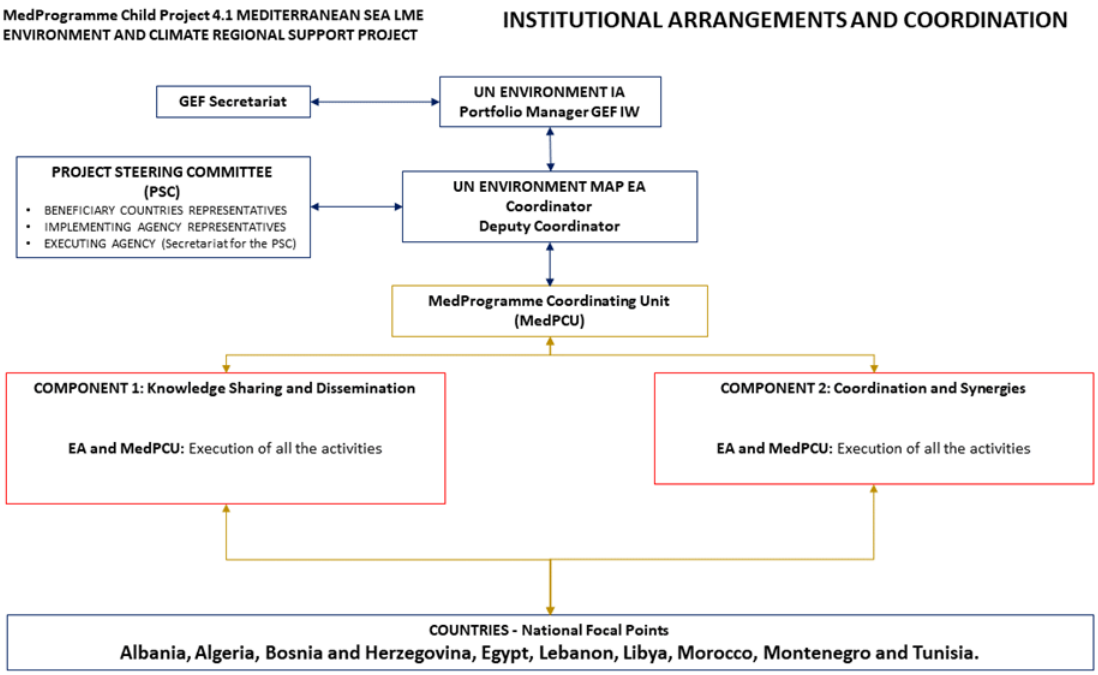
Project Steering Committee (PSC): The PSC is designed to carry out the function of a Project Board. The PSC should consist of: 1) beneficiary countries, the IA and the Executing Agency (EA) representatives; and 2) the MedPCU acting as Secretariat for the PSC.

Countries are expected to be represented at the PSC at a technical, decision-making level, e.g. national focal points. The PSC meetings should bring together International Water and Chemicals and Waste stakeholders, with parallel technical working sessions combined with plenary discussion and approval of workplans to maximize transparency and joint working across the two Focal Areas. Additional stakeholder representatives from private sector, academia, CSOs, NGOs, etc. can be invited to join the PSC during the project execution as observers.

MedProgramme Coordinating Unit (MedPCU): The MedPCU is intended to be established, hosted and supervised by UNEP/MAP. The MedPCU is meant to ensure coordination across the entire MedProgramme and the consistent execution of the seven Child Projects implemented by UNEP and executed by UNEP/MAP, as well as the Child Project implemented by EBRD. The MedPCU is expected to

execute all the activities included in the CP 4.1. In terms of MedProgramme coordination, the MedPCU should provide management functions to the Child Projects implemented by UNEP and executed by UNEP/MAP and European Bank for Reconstruction and Development (EBRD).

Figure 1: Implementation Structure for the Mediterranean Sea Basin project.



2.4 Project Results Framework

As a Coordinating Child project of a GEF impact programme, the Mediterranean Sea project is expected to: "implement mechanisms for Programme-wide learning and dissemination of knowledge, monitoring the Programme's progress to impacts, and fostering synergistic interactions among Child Projects". The project's work is organized across two components, as described in Table 1.

Table 1: Results Framework, (Endorsement Package, 2020)

Mediterranean Sea Basin Project (GEF 9686) Objective: *"To foster MedProgramme-wide learning and dissemination of knowledge, effective portfolio coordination and synergistic interactions among CPs, gender mainstreaming and monitoring progress to impacts"*	
Component 1: Knowledge Sharing and Dissemination	
Outcome 1	The increased uptake of the lessons and of the cutting-edge knowledge generated across the portfolio of MedProgramme interventions, and the active participation in IW: LEARN activities, Communities of Practice, and events, improve the capacity of key regional stakeholders, and of the global IW and CW communities, to build climate resilience, reduce pollution from nutrients

Mediterranean Sea Basin Project (GEF 9686) Objective: *"To foster MedProgramme-wide learning and dissemination of knowledge, effective portfolio coordination and synergistic interactions among CPs, gender mainstreaming and monitoring progress to impacts"*	
	and persistent toxic substances (POPs and Mercury), sustainably manage coastal freshwater and marine resources, protect biodiversity, and restore coastal ecosystems.
Output 1.1:	Knowledge management platform in place.
Output 1.2:	Communication, outreach and awareness raising products and activities produced.
Output 1.3:	Mechanisms to promote the broader adoption and replication of the successful policies, practices and technologies implemented under the MedProgramme available for stakeholders of the Programme.
Component 2: Coordination and Synergies	
Outcome 2	The coordination and learning among all Child Projects, consistency with the Programme objectives, and synergies among projects and partners, strengthened
Output 2.1:	Monitoring mechanism of MedProgramme progress to impacts established.
Output 2.2:	Mechanisms in place to establish synergistic interactions among Child Projects and with other relevant initiatives and stakeholders, and to take stock of progress and challenges at the MedProgramme level.
Output 2.3:	Cooperation and synergy with IW: LEARN.

2.5 Project stakeholders

The stakeholders engagement section in the project document (section A.3) lists the key stakeholder categories for the MedProgramme, based on the structures of the Barcelona Convention. The main stakeholder identified for the CP 4.1 are presented in table 2 below.

Table 2: CP 4.1's list of stakeholders

Stakeholder group	Stakeholders	Engagement by the CP 4.1
Child projects	8 child projects under the MedProgramme including project management units and delivery partners (MedWaves, UNESCO, Plan Bleu) who are actively engaged by CP4.1.	Direct recipients (beneficiaries) of the coordinating project services (KM, coordination and gender mainstreaming)
Project governance structure	Project Steering committee	The PSC carries out the function of a Project Board by providing overall strategic

Stakeholder group	Stakeholders	Engagement by the CP 4.1
		oversight and decision making platform
	Implementing Agency (IA): The two GEF Units in the Ecosystems Division of UNEP	Is responsible for overall supervision of the project and oversees its progress through the monitoring and evaluation
	Executing Agency (EA): The UNEP/Mediterranean Action Plan (UNEP/MAP)	Serves as the Executing Agency (EA) for the entire project
Public Sector	Ministries responsible for water resources; environment; spatial and development planning; transport; tourism; fisheries; industry; maritime affairs; health; fire-fighting; community development; education; culture and local government authorities.	Recipient of knowledge products
Private Sector	National and regional organizations representing: farmers; fisher folk; manufacturers/ industrialists; tourism and aquaculture sector; banks; insurances	Potential investment in replication
Non-governmental Organizations	National trusts; conservation associations; women's organizations; community-based organizations (CBOs)	
Scientific community	Researchers; sociologists; environmental managers; engineers (water, civil, environmental); environmental economists; biologists; climatologists, geographers, oceanographers; teachers; curriculum specialists; media practitioners	Source of knowledge products and promotors of knowledge products
General public	Such as the entire coastal population of the Mediterranean Basin (in particular those living in identified hotspots and sensitive areas) and the 176 million tourists visiting the Mediterranean annually	Interested in to understand impacts on the environmental resources and livelihoods.

2.6 Project budget and timeframe

Project Cost and Financing

The project has a total budget of USD 9,123,920 of which USD 2.5m is a GEF grant and USD 6,623,920 is co-finance. See expected spend by component in below table.

Table 3: Breakdown of Project Finance by Component (Endorsement Package, 2020)

Budget line	Component 1		Component 2		PMC		
	CW	IW	CW	IW	CW	IW	**TOTAL**
Staff & personnel	45,000	395,000	23,000	160,000	24,000	75,000	**722,500**
Travel	30,000	75,000	50,000	135,000		20,000	**310,000**
Contractual services	132,500	565,000	45,000	105,000			**847,500**
Operating costs	50,000	165,000	100,000	305,000			**620,000**
TOTAL	**258,000**	**1,200,000**	**218,000**	**705,000**	**24,000**	**95,000**	**2,500,000**

Project Timeframe

The CP 4.1 is planned as 5-year project with an actual start date of 27 April 2020, and originally due to be operationally closed by 30 March 2025 (without extension). A 12-month extension at no cost is currently proposed extending the end date 30 March 2026.

2.7 Scope of the evaluation

In line with the UNEP Evaluation Policy[6] and the UNEP Programme Manual[7], the MTE is undertaken approximately half-way through project implementation to analyse whether the project is on-track, what problems or challenges the project is encountering, and what corrective actions are required.

The Evaluation assesses effectiveness across the following dimensions: Theory of Change; availability of outputs; progress towards project outcomes; likelihood of impact; adaptive management; monitoring and reporting; efficiency and financial management. At the project's mid-point emphasis is placed on the timeliness, quality and ownership of outputs and whether the project is adopting approaches or delivering activities to support the uptake of outputs (i.e. outcome level results).

The Evaluation ascertains that the project has put in place an appropriate exit strategy and measures to mitigate risks to sustainability. The Evaluation assesses: a) the level of ownership, interest and commitment among government and other stakeholders to take the project achievements forwards; b) the extent to which the sustainability of project outcomes is dependent on issues relating to institutional frameworks and governance and c) the extent to which project outcomes are dependent on future funding for the benefits they bring to be sustained.

The MTE assesses the extent to which the activity is suited to the priorities and policies of UNEP, the donors, implementing regions/countries and target beneficiaries and provide a brief overview of the strengths and weaknesses of the project design and assess whether all elements of the project design have been initiated and/or are still planned for.

[6] https://www.unenvironment.org/about-un-environment/evaluation-office/policies-and-strategies

[7] https://wecollaborate.unep.org

3 Evaluation Methods

The Mid-Term Evaluation (MTE) provides evidence-based information that is credible, reliable and useful and complies with the UNEP Evaluation Guidelines. The MTE has been undertaken in line with UNEG principles concerning independence, credibility, utility, impartiality, transparency, disclosure, ethical, participation, competencies and capacities.

The evaluation process was independent of implementing agency and project partners. The opinions and recommendations in the evaluation are those of the Evaluator under the guidance of the UNEP Evaluation Office, and do not necessarily reflect the position of any stakeholders.

The MTE was carried out between April 2024 and June 2024 with online engagement with project stakeholders and partners. For this MTE, evidence has been gathered from reviewing documents, interviewing key selected stakeholders and from other ad hoc observations.

Mixed methods[8] have been used for the MTE for collecting and analyzing a mix of qualitative and quantitative data. The use of mixed methods has the advantage of supporting data triangulation across multiple sources, which creates the potential for increased data accuracy and credibility to inform the reliability of the evaluation results. Methods are explained in more detail below.

3.1 Data collection methods

The evaluation used various methods (e.g. document review and interviews) as well as general best practices of evaluation to gather qualitative and quantitative data that focus on the purpose of the evaluation and answer all of the evaluation questions defined in the TOR. Data has been collected in a gender-segregated way to allow for a specific assessment of impact for men and women. The evaluation was based on two levels of analysis and validation of information:

- A desk review of project documentation
- Independent data collected by the evaluators through interviews with key stakeholders

In collecting the data, care was taken to ensure data protection aspects and confidentiality of informants to gather non-biased, valid, reliable, precise, and useful data with integrity to answer the evaluation questions.

Desk review: The initial stage involved the review of project documentation and associated documents. An information package was provided by the project management team and the evaluation office. The evaluator reviewed all relevant sources of information, such as the project document, project reports – including annual reports, progress reports, project files, regional strategic plans, and Knowledge Management Platform and its data. A **detailed list of documents to be reviewed is available in Annex C.** The key output of the desktop review was to collect data and information as potential evidence that underpins evaluation and also help the evaluator to become familiar with the work context in detail.

Semi-structured interviews: Engaging stakeholders has been critical for the success of the evaluation. The project involves multi-stakeholders and teams in different capacities. Throughout the evaluation

[8] Mixed methods involve desk review and semi-structured interviews for data collection, and also descriptive analysis, content analysis, thematic analysis and simple quantitative data analysis in excel for quantitative indicators for data analysis. See below sections for more details.

process. 17 stakeholders have been engaged and interviewed using semi-structured interview[9] methods, who are listed in Annex C of this document covering key stakeholders groups. Interviews relied on a purposive sampling strategy to include a diversity and balance of perspectives from each stakeholder category taking into account the regional distribution, representative diversity, gender balance etc. and inclusivity of key stakeholders and beneficiaries in designing the interview schedule.—Effective engagement of stakeholders is vital to a successful MTE. Stakeholder involvement involved online interviews with stakeholders and key project team personnel, the online option was selected given the regional nature of the project (i.e not necessarily focused in a certain country, but 9 countries across the MedSea region). Interviewees were asked open questions about their perspectives of project successes, challenges and also about their particular roles in the project.

The main purpose of the engagement was to collect evidence that support the MTE process and findings and gain sufficient understanding of their perspectives on the programme successes and challenges. All interviews were undertaken in full confidentiality. The main stakeholders who have been engaged and interviewed using semi-structured interview method are listed in Annex C.

3.2 Sampling

Targeted and purposive sampling was used in interviews to achieve the level of rigor that is required for a robust evaluation. The evaluation responded to the existing diversity across the project stakeholder groups. In essence, the purposive approach to sampling is used to identify the key informants who are best suited to provide detailed responses to the evaluation questions, to accurately reflect given elements of the work experience.

3.3 Data analysis methods

The collected information and data have been analysed and consulted with project team and the commissioning unit. The analysis has been done based on observed facts, evidence and data to ensure that findings are supported by quantitative and/or qualitative information that is reliable, valid and generalizable. The broad range of data provides strong opportunities for triangulation. This process was essential to ensure a comprehensive and coherent understanding of the data sets, which were generated by the evaluation

The data analysis method involved:

Descriptive analysis: A descriptive analysis of the project was used to understand and describe its main components, including related activities; partnerships; modalities of delivery; etc. Descriptive analysis precedes more interpretative approaches during the evaluation.

Content analysis: A content analysis of relevant documents was conducted to identify common trends and themes, and patterns for each of the key evaluation issues. Content analysis was used to flag diverging views and opposite trends and determine whether there was need for additional data generation.

[9] A semi-structured interview is a method of research used most often in the social sciences. While a structured interview has a rigorous set of questions which does not allow one to divert, a semi-structured interview is open, allowing new ideas to be brought up during the interview as a result of what the interviewee says. The interviewer in a semi-structured interview generally has a framework of themes to be explored.

Thematic analysis: Responses collected from semi-structured interviews and observations were analyzed through thematic analysis, this involved analyzing qualitative data and closely examining the data to identify common themes – topics, ideas and patterns of meaning that come up repeatedly.

Quantitative analysis: A simplified analyses was conducted on all quantitative measures by reviewing and validating project datasets on quantitative indicators. The generated statistics were used to develop emergent findings and inform the triangulation process.

Triangulation: Triangulation is a method that was used to increase the credibility and validity of research findings by combining methods or observations in an evaluation, this helped to ensure that fundamental biases arising from the use of a single method are overcome. In this evaluation, triangulation involved validation of data through cross verification from at least two sources, and evaluation findings and conclusions were synthesized based on triangulated evidence from the desktop review and interviews.

Attribution, Contribution and Credible Association: The evaluation applied a credible association between the implementation of a project and observed positive effects where a strong causal narrative, although not explicitly articulated, can be inferred by the chronological sequence of events, active involvement of key actors and engagement in critical processes. The evaluation considered the difference between what has happened with, and what would have happened without, the project (i.e. take account of changes over time and between contexts in order to isolate the effects of an intervention). In establishing the contribution analysis, the MTE considered the prior intentionality (e.g. approved project design documentation, logical framework) and the articulation of causality (e.g. narrative and/or illustration of the Theory of Change), along with a robust evidence that the project was delivered as designed and that the expected causal pathways developed supports claims of contribution and this is strengthened where an alternative theory of change can be excluded.

Evaluation criteria and ratings

All evaluation criteria have been rated on a six-point scale as follows: Highly Satisfactory (HS=6); Satisfactory (S=5); Moderately Satisfactory (MS=4); Moderately Unsatisfactory (MU=3); Unsatisfactory (U=2); Highly Unsatisfactory (HU=1). A Criteria Ratings Matrix is available, within the suite of tools, to support a common interpretation of points on the scale for each evaluation criterion. The Overall Performance Rating is calculated as a simple average of the ratings for each criterion (A-H). Any criterion assessed as being in the 'Unsatisfactory' range should trigger corrective action in the Management Response. The rating was done in alignment with UNEP MTE Evaluation Criteria Ratings Table, and 03_MTE Criterion Rating Descriptions Matrix[10].

3.4 Ethical Considerations

The MTE consultant was held to the highest ethical standards and was required to sign a code of conduct upon acceptance of the assignment. This evaluation was conducted in accordance with the principles outlined in the UNEG 'Ethical Guidelines for Evaluation'. The evaluator has taken measures to safeguard the rights and confidentiality of information providers, interviewees and stakeholders, ensure security of collected information before and after the evaluation and ensure anonymity and confidentiality of

[10] Available here.

sources of information where that is expected. Data were collected with respect for ethics and human rights issues. All information gathered after prior informed consent from people, all discussions remained anonymous and all information was collected according to the UN Standards of Conduct.

3.5 Cross-cutting issues

The main cross-cutting issue that this evaluation has considered is gender mainstreaming. The evaluation ensured that the analysis integrated gender considerations, ensured that data collected is disaggregated by sex and other relevant categories, and employed a diverse range of data sources and processes to ensure the inclusion of diverse stakeholders.

Gender disaggregated data has been obtained through project monitoring to identify potential project impacts on each gender during the monitoring process. The evaluation also checked whether all "people count" indicators are gender segregated and if the project has reported women ratio in related indicators. The evaluation also reviewed the project Gender action plan and assessed delivery against its activities.

3.6 Limitations

The main limitations faced during the evaluation were related to the interviewees' availability to participate in the semi-structured interviews, particularly for country-level stakeholders who had minimal engagement with the CP 4.1 as opposed to the other child project being implemented in their countries. In response the UNEP Evaluation Office and MedPCU have helped to urge as many interviewees as possible to participate in the MTE process through direct communication with the stakeholders.

4 Theory of Change at Evaluation

4.1 Programme-level theory of change

The Programme Framework Document (PFD) stands as the sole document outlining the program-level Theory of Change, and none of the PPG output documents revised or refined this program-level perspective. Consequently, the ToC remained unchanged since the PFD stage in 2016. The extended time lag between the PFD and PPG stages led to some of the priorities identified at the PFD stage becoming obsolete during PPG. This necessitated adaptive modifications to the scope of certain child projects.

The program-level ToC, established in the PFD, follows a linear, vertical, and straightforward causal pathway. It provides an overarching regional framework for the change theory under the program, encompassing outputs, outcomes, Intermediate States (IS), impacts, assumptions, and drivers. The expectation is that child projects will unpack and align with the program-level ToC when constructing their own Theories of Change.

The program-level ToC has critical issues, including misalignment between defined pathways and key thematic areas (pollution, climate resilience, marine biodiversity, ecosystems) and a lack of recognition of outcomes from the results framework. This misalignment complicates tracking progress and understanding program activities. The ToC also lacks explicit references to barriers the program aims to address and presents an overly simplistic linear results pathway. Impact and outcome statements are not appropriately-worded, affecting clarity. The concept of "Environmental Security," crucial to the program, is missing from the ToC, weakening its cohesiveness. Reconstructing the ToC to reflect the program's multi-focal, multi-country nature will provide a comprehensive framework for evaluations and guide individual projects.

Reconstruction of the Programme-level TOC

A reconstructed TOC at Evaluation Inception showing adjustments in the Programme's causal pathways and their inter-relationships following the UNEP Evaluation Office's TOC guidelines. This revised TOC has been discussed and reviewed during the inception phase with key project personnels and the evaluation office, and it has been refined as appropriate in order to arrive at a final iteration ('TOC at Evaluation').

Reconstructed ToC at Evaluation

Problem statement: Progressive deterioration of environmental security as a consequence of complex and interlinked factors including the loss and degradation of coastal and shallow marine ecosystems and of the scarce freshwater resources, compounded by the increasing negative impacts of climate variability and change that play an important role in determining social instability and political volatility.

The Programme's ToC focused on four main **objectives**:

- Reduce land-based coastal and marine pollution from harmful chemicals and wastes, and nutrients;
- Restore and stabilize coastal zone freshwater resources, habitats and ecosystem functions;
- Build coastal resilience to the expected impacts climate change and variability with focus on key strategic resources (coastal aquifers, wetlands);
- Consolidate biodiversity protection frameworks.

The MedSea environmental security, the sustainability of the livelihoods of growing coastal populations and their resilience to the adverse impacts of climate change and variability will be improved by addressing hot spots of coastal/marine pollution and habitat degradation, implementing Integrated Coastal Zone Management (ICZM) and nexus planning, introducing conjunctive surface and groundwater management, protecting coastal groundwater related ecosystems and coastal/marine biodiversity.

Pathway 1: The programme addresses the Mediterranean transboundary pollution hotspots through addressing (i) threats to the health of humans and of marine and coastal ecosystem posed by exposure to persistent toxic substances (POPs, Mercury); (ii) industrial wastes, excess nutrients from discharges of untreated urban and industrial wastewater; and (iii) the limited monitoring of progress towards expected impacts, and achievement of relevant SDGs. **If** hazardous chemical pollution and wastes production hotspots are eliminated and sustainable production and consumption practices adopted systematically; **then**, measurable reduction of harmful chemicals and wastes (POPs, Mercury) and of excess nutrients impacting human health and coastal habitats will be achieved; reduction in loss of coastal habitats and eutrophication, and improved climate resilience, water security and human health in hotspots and selected priority coastal and catchments areas.

Pathway 2: The programme addresses the management of Mediterranean coastal zones, where the most pressing climate related and sustainability concerns are concentrated, and where most marine degradation originates. It seeks to understand the interlinkages among the water-food-energy-ecosystems and integrate strategies and management options and identify solutions to protect the coastal habitats and biodiversity and enhance climate change resilience.

If the freshwater resource base of coastal zones is protected and increased through the reuse of treated wastewaters; **if** priority coastal aquifers are sustainably managed and/or protected from seawater intrusion (e.g.: by artificial recharge schemes); **if** land uses in priority coastal zones are regulated respecting their intrinsic vulnerabilities and natural characteristics including coastal environmental and geological processes; **then**, coastal zone sustainability will be enhanced through the adoption of comprehensive national ICZM strategies, coastal plans and instruments, and the introduction of sustainable consumption and production (SCP); technical, regulatory, economic and market-oriented measures and improving gender equality; resilience to climatic variability and change will be increased, and water security of coastal populations will be enhanced through improved sustainability of services provided by coastal aquifers and by groundwater related coastal habitats; and competing water uses will be balanced and improved through water, food, energy and ecosystems integrated governance.

Pathway 3: The programme will address the capacity barriers that hinder the sustainability and effectiveness of the MPAs network in the Southern Mediterranean supported with legal and institutional mechanisms and Sustainable Consumption and Production (SCP) solutions.

If the sustainability of the achievements so far in biodiversity conservation is strengthened, **then**, seascapes under protection will be expanded, and protected area management will be improved and

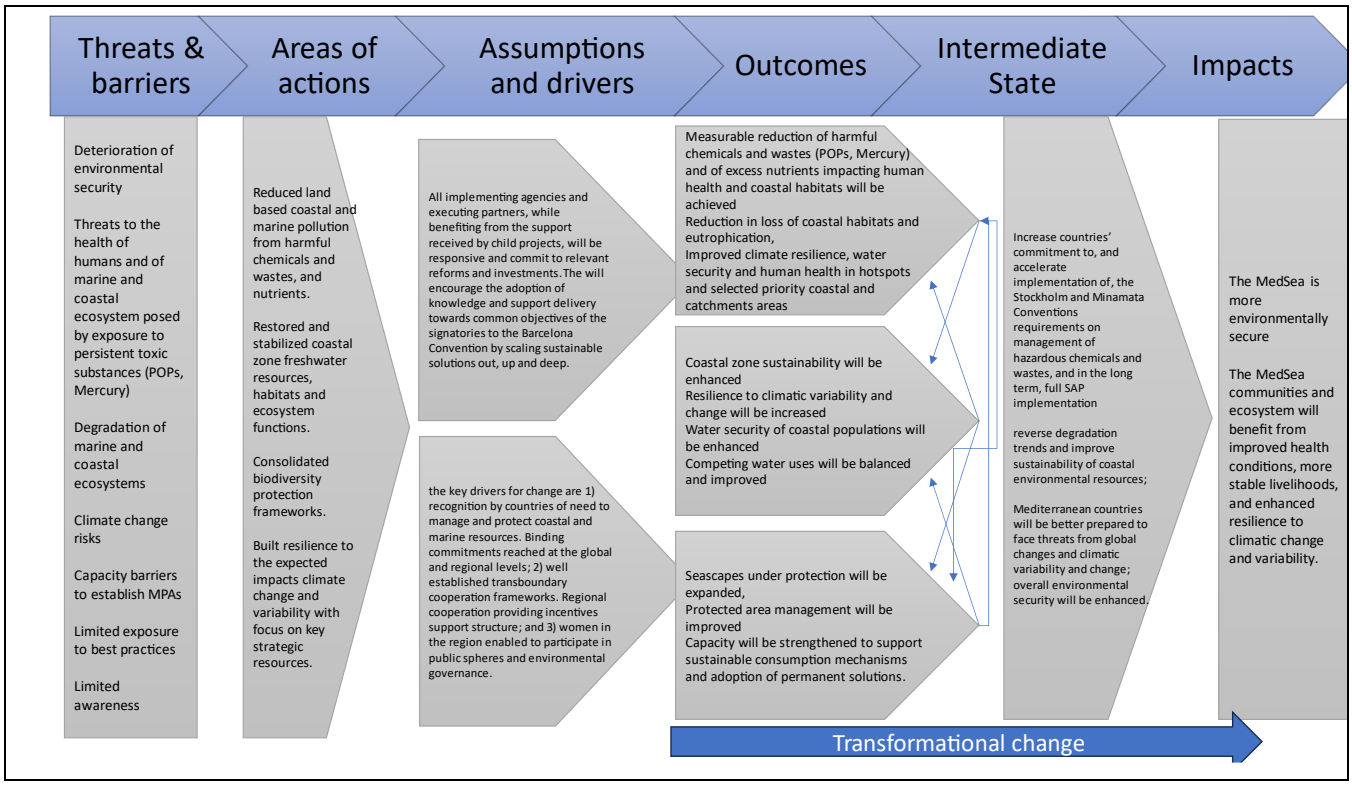
capacity will be strengthened to support sustainable consumption mechanisms and adoption of permanent solutions.

If pathway 1,2 and 3 are complemented by CP 4.1 contribution in fostering transboundary cooperation and ensuring harmonization of policies and of monitoring procedures, **then**, this will also indirectly increase countries' commitment to, and accelerate implementation of, the Stockholm and Minamata Conventions requirements on management of hazardous chemicals and wastes, and in the long term, full SAP implementation, which will reverse degradation trends and improve sustainability of coastal environmental resources; Mediterranean countries will be better prepared to face threats from global changes and climatic variability and change; overall environmental security will be enhanced; **then,** MedSea region will experience improvements that enhance its environmental security and allow for the ecosystems sustain their essential ecological functions, biodiversity, and overall health while mitigating risks and threats; and the MedSea communities and ecosystem will benefit from improved health conditions, more stable livelihoods, and enhanced resilience to climatic change and variability.

The basic **assumption** is that all implementing agencies and executing partners, while benefiting from the support received by child projects, will be responsive and commit to relevant reforms and investments. They will encourage the adoption of knowledge and support delivery towards common objectives of the signatories to the Barcelona Convention by scaling sustainable solutions out, up and deep.

Drivers: the key drivers for change are 1) recognition by countries of need to manage and protect coastal and marine resources with binding commitments reached at the global and regional levels, 2) well established transboundary cooperation frameworks with regional cooperation providing incentives support structure, and 3) women in the region enabled to participate in public spheres and environmental governance.

Figure 2: Reconstructed programme ToC at Evaluation.



4.2 The CP 4.1's Theory of Change

The Project Document for CP 4.1 includes a Theory of Change (ToC) that outlines Intermediate States (IS) between project outcomes and ultimate impacts, incorporating assumptions, drivers, and clearly defined outcomes. This ToC aligns well with the project's scope and activities, emphasizing regional coordination, knowledge management, and gender mainstreaming. However, the ToC needs enhancement in several areas:

- Role of CP 4.1: The ToC does not explicitly acknowledge CP 4.1's critical role in enabling other child projects to achieve program-level outcomes. Recognizing child projects as primary beneficiaries at the IS level is essential for highlighting CP 4.1's support in applying stress reduction approaches and improving coastal environmental sustainability.
- Gender Mainstreaming: The ToC lacks recognition of gender-specific results, despite CP 4.1's role in establishing a Gender Mainstreaming Strategy and building capacity for gender-responsive actions. Explicitly acknowledging gender mainstreaming results in the causal pathway at the IS level is necessary.
- Transboundary and Regional Dimensions: The ToC doesn't fully address CP 4.1's role in fostering transboundary cooperation and tackling regional challenges. Incorporating this aspect is crucial for highlighting the coordinating project's contribution to regional cooperation and addressing broader issues.
- Alignment with Programme-level ToC: There is a divergence between the ToCs of CP 4.1 and the programme-level, with no clear linkages demonstrating their interconnectedness. Establishing a cohesive and integrated ToC that connects the child projects and CP 4.1 is essential for illustrating their collective contribution to program-level impacts.

- Barriers: The ToC lacks explicit identification of barriers CP 4.1 aims to address, creating a gap in understanding the project's rationale. Child projects focus on national-level barriers, while CP 4.1 targets barriers related to knowledge sharing, transboundary cooperation, and maximizing program effectiveness. Integrating a comprehensive understanding of these barriers into the ToC is vital for clarity and effectiveness.

ToC reconstruction

The evaluator used the existing elements of the Coordinating Project ToC and the Results Framework in the Prodoc to reconstruct the ToC and set the basis for the evaluation (Figure 3). This revision aimed to address shortcomings identified above, strengthen alignment with the overall programme level ToC and ensure through editorial changes, that results statements, indicators and targets use standard wording and follow UNEP's guidance. This reconstructed TOC was discussed and further reviewed during the data collection phase, and refined as appropriate in order to arrive at a final iteration ('TOC at Evaluation') presented in this Final Report.

The following Intermediate State (IS) statements are introduced as changes beyond the Project Outcomes[11] that are required to contribute towards the achievement of the intended impact of the coordinating project, these are:

- Regional partners (including child projects) deliver on programmatic outcomes.
- Women demonstrate increased resilience to face burdens of emerging environmental risks and shocks in the region.

Also, a women-related driver is suggested to be added.

- Women in the region actively seize opportunities arising from diverse interpretations of conventional gender norms which enable them to enter public spheres and participate in environmental governance.

Also, the following barriers have been referenced in the reconstructed ToC.

Limited opportunities for: knowledge aggregation and sharing, introducing coordinated framework of effective transboundary cooperation among participating countries, scaling solutions up, out and deep and maximizing the programme effectiveness, efficiency, sustainability, and durability.

Accordingly, the new suggested ToC narrative and diagram are as follows:

The Theory of Change (illustrated below in the figure)[12] recognizes that **if** countries sharing the Mediterranean coastal and marine environments, all Child Projects of MedProgramme, and the many organizations and bodies with mandates over the Mediterranean Sea remain fully committed and actively contribute to CP 4.1; **if** there is a shared recognition of the need to manage and protect the coastal and marine resources of the region; **if** regional cooperation continues to provide incentives and support; **if** women in the region are enabled to participate in public spheres and environmental governance; and **if** the CP 4.1 succeeds in delivering its activities (Knowledge Management, Coordination and Monitoring, and Cender Mainstreaming) and outcomes (uptake of the lessons and knowledge improved, and

[11] UNEP projects are held to account for results up to the Project Outcome level. Thereafter, performance is assessed in the form of 'likelihood' of higher level results being attained.

[12] Specific theory of change diagrams for individual child projects are presented in their respective Project Documents

integrated coordination), **then**, in the medium term, approaches promoted by MedProgramme for stress reduction will more likely be broadly adopted; regional partners (including child projects) will deliver on programmatic outcomes; and **then**, the cumulative impacts of the 8 child projects will trigger positive trends in monitoring data produced by the countries, which will foster commitment to full Strategic Action Programme (SAP) implementation; women's resilience to face burdens of emerging environmental risks and shocks in the region will increase, and the Barcelona Convention System will enhance its support to SAP implementation.

This will also indirectly increase countries' commitment to, and accelerate implementation of, the Stockholm and Minamata Conventions requirements on management of hazardous chemicals and wastes, and in the long term, full SAP implementation, which will reverse degradation trends and improve sustainability of coastal environmental resources; Mediterranean countries will be better prepared to face threats from global changes and climatic variability and change; overall environmental security will be enhanced, and the MedSea communities and ecosystem will benefit from improved health conditions, more stable livelihoods, and enhanced resilience to climatic change and variability.

The CP 4.1 addresses barriers at the regional level including limited opportunities for: knowledge aggregation and sharing, introducing coordinated framework of effective transboundary cooperation among participating countries, scaling solutions up, out and deep and maximizing the programme effectiveness, efficiency, sustainability, and durability.

The basic assumption of Child Project 4.1 is that all Child Projects, implementing agencies and executing partners, while benefiting from the support received, will be responsive and encourage the adoption of knowledge and support delivery towards common objectives of the signatories to the Barcelona Convention by scaling sustainable solutions out, up and deep. They in turn will actively interact with Child Project 4.1 by contribution to the Programme's Knowledge Management Strategy through their participation in stocktaking events, dialoguing and systematically contributing with information on progress, milestone achievements and events, environmental data and scientific advances, and issues affecting project implementation. Moreover, by ensuring integrated coordination of the eight Child Projects of the MedProgramme, the Child Project 4.1 will allow for the monitoring and execution of the Programme's Gender Mainstreaming Strategy.

The CP 4.1 is expected to produce two primary outcomes[13]:

(i) Uptake of the lessons and of the cutting-edge knowledge generated across the portfolio of MedProgramme interventions will improve the capacity of key regional stakeholders to build climate resilience, reduce pollution from nutrients and persistent toxic substances, sustainably manage coastal freshwater and marine resources, protect biodiversity, restore coastal ecosystems, and advance gender equality; and

(ii) Integrated coordination of the Programme and monitoring its advancement will strengthen the effectiveness of all Child Projects, ensure their consistency with the overall MedProgramme objectives and help capture synergies among projects and partners.

These outcomes will be achieved through support activities that will embrace the whole Programme, and revolve around three main pillars:

[13] As defined in the CP 4.1 CEO endorsement document.

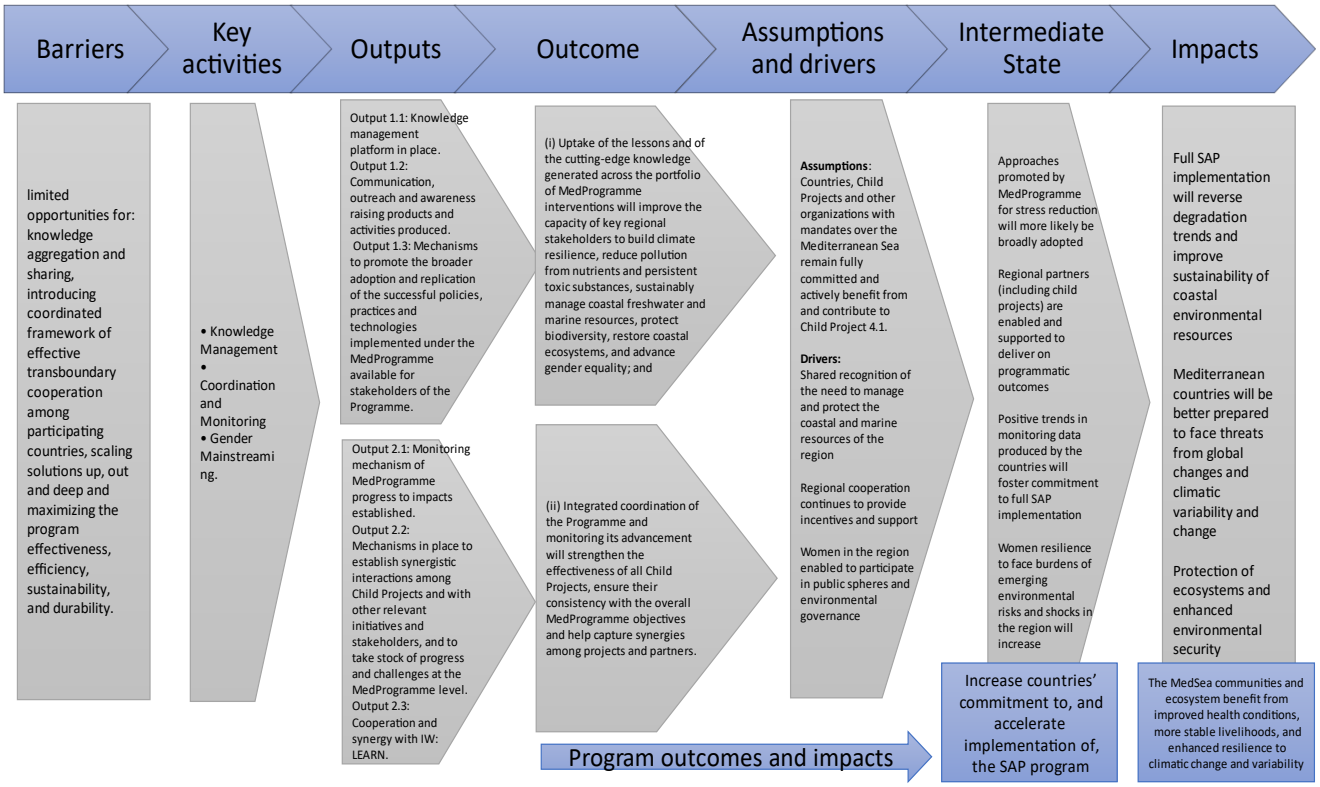
- Knowledge Management;
- Coordination and Monitoring;
- Gender Mainstreaming.

CP 4.1objectives are to[14] :

- Promote innovation across technology and governance to reduce land-based sources of marine pollution, foster Integrated Coastal Zone Management (ICZM) and coastal aquifer management, and protect marine biodiversity;
- Monitor progress towards impacts within the context of MedProgramme;
- Provide the overall coherence, coordination and delivery of the MedProgramme as a whole;
- Increase collaboration in learning and capacity building between the Mediterranean countries and agencies involved in the Programme on best practices to improve environmental security along Mediterranean coasts;
- Foster gender equality thorough a harmonized Gender Mainstreaming Strategy.

[14] Source: CP 4.1 CEO endorsement document

Figure 3: Reconstructed CP 4.1Theory of Change: From outcomes to impacts.



4.3 Project results framework

The CP 4.1 project's work is organized across two components, as described in Table 1. At its inception, the MTE noted that outcome level results[15] should reflect the uptake, adoption or use of outputs. Under Outcome 1 this means that the emphasis is on 'increased uptake' and under Outcome 2 this means that strengthened coordination and learning should be demonstrated. See table 1 for more information on indicators.

Table 4: Results Framework, (Endorsement Package, 2020)

Objective/outcome	Indicator as per the project document	MTE understanding of the indicator based on the ToC	Recommended indicator statement for the future
Mediterranean Sea Basin Project Objective: *"To foster MedProgramme-wide learning and dissemination of knowledge, effective portfolio coordination and synergistic interactions among Child Projects,*	Growing stakeholders attendance to the annual stocktaking meetings - ASMs, and utilization of the project's various products.	In light of the ToC, this indicator is understood as a source of evidence on the effective and beneficial participation, highlighting how effectively the benefits derived from participation are leveraged to enhance	% of mediterranean Basin countries participating in the ASMs, reporting satisfaction with ASM being beneficial to enhance delivery

[15] An outcome is the use (i.e., uptake, adoption, application) of an output by intended beneficiaries, observed as a change in institutions or behaviors, attitudes or conditions (UNEP Glossary of Results Definitions, 2021)

gender mainstreaming and monitoring progress to impacts"		delivery on programmatic outcomes.	on program outcomes. Documented examples of adaptive management measures taken based on the outcomes of ASM participation
<u>Component 1:</u> Knowledge Sharing and Dissemination			
Outcome 1: The increased uptake of the lessons and of the cutting-edge knowledge generated across the portfolio of MedProgramme interventions, and the active participation in IW: LEARN activities, Communities of Practice, and events, improve the capacity of key regional stakeholders, and of the global IW and CW communities, to build climate resilience, reduce pollution from nutrients and persistent toxic substances (POPs and Mercury), sustainably manage coastal freshwater and marine resources, protect biodiversity, and restore coastal ecosystems.	1.1 Number of experience notes and scientific publications on the innovative approaches, best practices and lessons learned on nutrients and toxic pollution reduction, coastal zone management, and application of circular economy principles collectively developed by the Programme, collectively developed by MedProgramme's projects for regional and global outreach through the Programme website, IW:LEARN and other dissemination means.	The MTE emphasizes that the phrase 'collectively developed' is crucial within this indicator, signifying the iterative nature of the learning process. This process involves child projects exchanging their knowledge and lessons learned with the coordinating project, which then disseminates regional and global best practices back to the child projects. This reciprocal flow of information underscores the collaborative and iterative approach to learning and improvement across projects. Also, based on the ToC, for the indicator to be effective, it's vital that it measures the impact of adopting lessons learned and knowledge products in shaping project delivery, as well as in informing decision-making and policy formulation. This ensures that the real value of these insights is reflected in tangible improvements and strategic directions.	% of regional stakeholders reporting that knowledge products, tools, and guidelines have been relevant to their needs, accessible, useful, and impactful to drive positive change in project delivery, policy and decision making – disaggregated by gender. [*survey data*].
	1.2 number of child projects sharing information on	The MTE acknowledges this as an output indicator	

	knowledge management platform		
	1.3 Number of awareness raising communication products at regional and global levels on the objectives, progress and accomplishments of the Programme.	The MTE acknowledges this as an output indicator	
	1.4 Number of highly informative National Replication Atlases – translated in relevant languages, highlighting areas and situations where replication of MedProgramme's successful interventions should preferentially occur.	The MTE acknowledges this as an output indicator	
Output 1.1: Knowledge management platform in place. Output 1.2: Communication, outreach and awareness raising products and activities produced. Output 1.3: Mechanisms to promote the broader adoption and replication of the successful policies, practices and technologies implemented under the MedProgramme available for stakeholders of the Programme.			
<u>Component 2:</u> Coordination and Synergies			
Outcome 2: The coordination and learning among all Child Projects, consistency with the Programme objectives, and synergies among projects and partners, strengthened	2.1 Programme monitoring system successfully developed and periodically reporting on the progress of the Programme as a whole, and of each Child Project.	First, the MTE notes the lack of gender-specific indicator despite having gender mainstreaming as main component of the project. Also, the MTE considers the key outcome of M&E to be around applying adaptive and corrective measures as a result of M&E.	Number (and case studies) of adaptive and/or corrective measures taken by each child project as a result of M&E % Child Projects that have undertaken necessary adjustments following the mid-term evaluations' recommendations Rate of effective responses (uptake) by country child projects to PSC recommendations reported annually.

			Number of gender-sensitive good practices and lessons learned identified, documented, and disseminated by the child projects and CP 4.1[16]. % of child projects develop, implement and assess a gender mainstreaming action plan aligned with overarching Medprogramme gender mainstreaming strategy.
Output 2.1: Monitoring mechanism of MedProgramme progress to impacts established. Output 2.2: Mechanisms in place to establish synergistic interactions among Child Projects and with other relevant initiatives and stakeholders, and to take stock of progress and challenges at the MedProgramme level. Output 2.3: Cooperation and synergy with IW: LEARN.			

[16] In the context of a Coordinating Project, examples of good practice and lessons learned coming from other Child Projects is taken as 'uptake' of knowledge products and the sharing of them as 'cross fertilisation'

5 Evaluation Findings

5.1 Strategic relevance

Alignment to the UNEP Medium Term Strategy (MTS) and Programme of Work (POW) and Strategic Priorities

Rating: Highly Satisfactory

As a multi-focal area programme, the MedProgramme aligns with all three strategic objectives of the UNEP's Medium Term Strategy (MTS) of 2022—2025[17], namely for tackling 1) climate change; 2) biodiversity and nature loss; and 3) pollution and waste.

The CP 4.1 is fully aligned with UNEP's mandate and thematic priorities, as represented in the Medium-Term Strategy and Programme of Work and is expected to contribute directly to the indicators defined in the Programme of Work (PoW) including CP 4.1's work on gender directly contributing to the gender-related indicator of 'Degree of implementation of Environment Assembly resolution 4/17 on promoting gender equality and the human rights and empowerment of women and girls in environmental governance'. Also, the CP 4.1 achievements under its Outcome 1 (The increased uptake of the lessons and of the cutting-edge knowledge generated across the portfolio of MedProgramme interventions) is going to be directly relevant to report on the POW's indicator of 'Uptake of environmental policy issues or approaches by United Nations entities emerging from UNEP policy advice and/or support'.

The CP 4.1 specifically also aligns with the MTS subprogrammes where knowledge management, digitalisation, and environmental data are recognised as an enabler for delivering on the strategy outcomes, to which CP 4.1 will directly contribute. Through the MTS, UNEP makes a commitment to invest in enhancing the abilities to better understand, implement, monitor and analyze gender and human rights and intersectional gender and non-discrimination issues, and this is consistent with the role of CP 4.1 in identifying gender issues across child projects and setting up the basis for implementing and monitoring gender action plans across all child projects.

The project also met the strategic objective of being responsive to UNEP's south-south cooperation policies as a key result would be expected from the synergies and coordination among the child projects and participating countries.

Alignment to Donor/Partner Strategic Priorities

Rating: Highly Satisfactory

The MedProgramme was born under the auspices of the GEF 6 Replenishment and fully embraces the Integrated Programme (IP) approach that started in GEF 6 and further strengthened in the GEF 7 and 8 Programmatic directions. The MedProgramme represents the first GEF programmatic multifocal area initiative in the Mediterranean Sea aiming to operationalize priority actions to reduce major transboundary environmental stresses in its coastal areas while strengthening climate resilience and water security and improving the health and livelihoods of coastal populations. The programme cut

[17] Available here.

across four different Focal Areas of the GEF (International Waters [IW], Biodiversity [BD], Chemicals and Waste [CW], and Climate Change [CC]) and involve a wide spectrum of developmental and societal sectors, ranging from the private sector, governmental and non-governmental bodies, industry, research, media, and various other organizations.

The MedProgramme aligns with the multiple goals of the GEF 6 strategy including:

- **International Waters Focal Area** - The goal the International Waters Focal Area is to foster collective management for transboundary water systems and facilitate implementation of the full range of policy, legal, and institutional reforms and investments contributing to sustainable use and maintenance of water dependent ecosystem services.
- **Chemicals and Waste Focal Area** - The goal of the Chemicals and Waste Focal Area is to prevent the exposure of humans and the environment to harmful chemicals and waste of global importance, including POPs, mercury and ozone depleting substances, through a significant reduction in the production, use, consumption and emissions/releases of those chemicals and waste.
- **Biodiversity Focal Area** - The goal of the Biodiversity Focal Area is to maintain globally significant biodiversity and the ecosystem goods and services that it provides to society. It includes focus on the establishment and effective management of coastal and near shore protected area networks to increase the representation of globally significant marine ecosystems in protected area systems.
- **Climate Change Focal Area**: The goals of the Climate Change Focal Area are to reduce the vulnerability of people, livelihoods, physical assets and natural systems to the adverse effects of climate change; strengthen institutional and technical capacities for effective climate change adaptation; and integrate climate change adaptation into relevant policies, plans and associated processes.

CP 4.1 is also highly relevant to the IP approach, as it addresses the need to ensure program coherence and impact through the coordination of diverse multi-focal area Child Projects that contribute to the same program outcomes. CP 4.1 serves as the common link among Child Projects by providing overall coordination of the program portfolio, implementing a robust system for effective knowledge management, and establishing a sound action plan for gender mainstreaming.

Also, CP 4.1 aligns directly with the GEF Strategy for Knowledge Management and Learning which is intended to guide and promote a more systematic approach to harnesses knowledge resources, establish an appropriate system to management of the resources, and facilitate learning across the partnership. This is highly relevant to the KM platform establishment and operation under the CP 4.1.

CP 4.1 has supported child projects to develop gender analysis, gender action plan and gender monitoring framework and this will effectively operationalize the GEF Policy on Gender Mainstreaming, adopted in 2011. The Policy states that "the GEF Secretariat and GEF Partner Agencies shall strive to attain the goal of gender equality, the equal treatment of women and men, including the equal access to resources and services through its operations." It also states that "to accomplish this goal, the GEF Secretariat and GEF Agencies shall mainstream gender into their operations, including efforts to analyze systematically and address the specific needs of both women and men in GEF projects".

CP 4.1 contributes directly to the GEF core Indicator 11 'Number of direct beneficiaries disaggregated by gender as co-benefit of GEF investment' with a target of 2200 ppl expected at the CEO endorsement stage (1,100 male and 1,100 female).

Relevance to Global, Regional, Sub-regional and National Environmental Priorities

Rating: Satisfactory

At the regional and national levels, the MedProgramme, particularly CP 4.1, aims to support the implementation of the Barcelona Convention and the Mediterranean Action Plan, as well as the achievement of the Sustainable Development Goals (SDGs). The child projects are designed to support the implementation of national priorities and needs through policy and institutional reforms related to climate change, biodiversity, chemicals and waste, and international waters. Additionally, the program outcomes will help address the priority issues identified in the Mediterranean Transboundary Diagnostic Analysis[18], including the decline in biodiversity, unsustainable fisheries, decline in seawater quality, loss of groundwater-dependent ecosystems, and human health risks due to exposure to contaminated food and water.

The CP 4.1's work on knowledge management and regional partnership aligns with the Mediterranean a Strategy for Sustainable Development 2016-2025 (MSSD)[19], adopted by 19th Conference of the Contracting Parties to the Barcelona Convention. The Strategy underlines the value of large-scale programmes to promote sustainable development research and innovation, and the importance of encouraging and supporting partnerships amongst countries. It promotes also the exchange of good practices and knowledge in all aspects of education and learning for sustainable development.

Complementarity with Existing Interventions /Coherence

Rating: Satisfactory

CP 4.1 was built on, and leveraged the outcomes of, the MedPartnership and ClimVar & ICZM GEF projects, which have enriched knowledge about the Mediterranean environment and addressed the implications of climate change and variability. These projects have strengthened countries' mutual trust, cooperation, and common purpose; consolidated partnerships among countries, UN bodies, civil society organizations, bilateral donors, and the European Union (EU); and tested the feasibility and effectiveness of technical and policy instruments aimed at addressing major present and future threats to environmental sustainability and climate-related impacts.

For instance, the MedProgramme has adopted the "broader adoption" framework developed by MedPartnership. This framework targeted stress reduction practices—such as technologies, infrastructure, behaviours, approaches, policies, laws, organizational setups, and capacity building—that were demonstrated and successfully tested in the region through investments by various actors and pilot demonstrations conducted under MedPartnership itself and then taken for replication and upscaling by the MedProgramme.

Currently there are no active partnerships established with other projects at the regional and local levels, and this is mainly due to the fact that MedPCU is overstretched to maintain the programme operation with very limited human resources. It is expected to increase technical exchanges with other GEF funded projects in the last two years of the project implementation.

5.2 Quality & Revision of Project

Given the inherent characteristics of a coordinating project within an integrated program, this initiative generally showcases a sound technical design. It delineates a cohesive set of activities connecting

[18] Available here.
[19] Available here.

outputs, outcomes, objectives, and goals. The project is further strengthened by a clearly outlined situational analysis, a resilient and viable work plan, a transparent budget, and explicit governance structures.

The design of CP 4.1 evolved based on insights gathered during the Project Preparation Grant (PPG) stage, aiming to identify needs and outline corresponding strategies, such as Knowledge Management (KM) and gender strategies. Based on a review of the project design documents, these valuable inputs, including information and documents from the PPG, have been seamlessly integrated, significantly augmenting the overall design of the project. In 2018, the project conducted two substantial consultation sessions involving child projects and GEF-Operational Focal Points (OFPs) in participating countries. The project's design not only aligns with, but also builds upon, previous experiences from MedPartnership, incorporating lessons learned. This includes explicit references to how the project plans to capitalize on successes and improvements identified in the context of MedPartnership. These elements collectively establish a firm foundation for project implementation, facilitating the attainment of desired results. The design is pragmatic, efficient, and encourages ample stakeholder involvement.

The project design documents consistently highlight the crucial role of stakeholders in ensuring the delivery of effective actions. The challenges related to stakeholder participation within the context of the MAP are acknowledged. However, while Section A.3 outlines key stakeholder categories for the MedProgramme based on the structures of the Barcelona Convention, there is a notable absence of a strategy for engaging stakeholders. Specifically, there is no explicit reference to the engagement approach for the Coordinating Child Project, and the stakeholder analysis lacks specificity tailored to the coordinating project's needs. Addressing these aspects is imperative to enhance the project's effectiveness in engaging and collaborating with key stakeholders.

Also, the project design lacks a clear definition of roles and responsibilities particularly as far as M&E is concerned, this may create confusion and/or duplication of efforts.

Regarding the results framework, several deficiencies were identified, including:

- The indicators at the objective and outcome levels predominantly focus on outputs and lack insights into outcome and impact delivery. It is possible to incorporate meaningful outcome-based indicators for a more comprehensive assessment of child project effectiveness. For instance, a Knowledge Management (KM) outcome indicator could gauge the percentage of child projects and other end users reporting the utilization or application of knowledge acquired from communities of practice, capacity-building activities, or materials provided by the Coordinating Project. This approach would yield robust evidence regarding the real-world uptake and application of acquired knowledge.
- The CEO endorsement document identifies two GEF Core Indicators assumed to be relevant to the CP 4.1(indicator 7 & 11), however, these are not reflected in the results framework nor reported in the PIRs[20].
- The core indicator 7 (Number of shared water ecosystems (fresh or marine) under new or improved cooperative management) and subsequent sub-indicators (7.1, 7.2, 7.3 and 7.4) identified in the CEO endorsement document are not relevant to the scope of the CP 4.1. These indicators, and their targets, should not have been included in the CEO as they are not relevant to the activities, outputs and outcomes of the CP 4.1. **This core indicator will not be assessed during the MTE and, following the MTE, should be formally removed from the CP4.1 results expectations.**

[20] The project was approved under GEF 6.

- The results framework only defines targets to be achieved by the end of the project with no annual (or at least MTE) targets, this creates a challenge of assessing annual and MTE progress and gives no guidance on sequencing of activities.
- There are no gender-specific indicators presented in the results framework, and none of the indicators presented support gender disaggregation or can be characterized as gender-sensitive despite the fact that gender mainstreaming is a key pillar of the CP 4.1 in itself.
- The GEF-8 Policy Directions and Strategic Positioning Frameworks outlined the GEF commitment to funding programmes and projects that support Transformational Change, and this requires programmes to identify indicators that measures transformational changes. As the MedProgramme is GEF 6, this requirement didn't apply, however, this MTE presents an opportunity to improve the results framework, particularly as transformational levers lie at the heart of the MedProgramme scope and intents.

Table 5: Project Design Quality assessment

	SECTION	**SELECT RATING**	**SCORE** (1-6)	**WEIGHTING**	**TOTAL** (Rating x Weighting/10)
A	Operating Context	Moderately Satisfactory	4	**0.4**	**0.16**
B	Project Preparation	Moderately Satisfactory	4	**1.2**	**0.48**
C	Strategic Relevance	Highly Satisfactory	6	**0.8**	**0.48**
D	Intended Results and Causality	Satisfactory	5	**1.6**	**0.8**
E	Logical Framework and Monitoring	Moderately Satisfactory	4	**0.8**	**0.32**
F	Governance and Supervision Arrangements	Moderately Satisfactory	4	**0.4**	**0.16**
G	Partnerships	Satisfactory	5	**0.8**	**0.4**
H	Learning, Communication and Outreach	Moderately Satisfactory	4	**0.4**	**0.16**
I	Financial Planning / Budgeting	Satisfactory	5	**0.4**	**0.2**
J	Efficiency	Satisfactory	5	**0.8**	**0.4**
K	Risk identification and Social Safeguards	Satisfactory	5	**0.8**	**0.4**
L	Sustainability / Replication and Catalytic Effects	Moderately Satisfactory	4	**1.2**	**0.48**
M	Identified Project Design Weaknesses/Gaps	Satisfactory	5	**0.4**	**0.2**
				TOTAL SCORE (Sum Totals)	**4.64 Satisfactory**

Rating of project design is Satisfactory.

5.3 Effectiveness

Availability of outputs

Rating: Moderately Unsatisfactory

Component 1: Knowledge Sharing and Dissemination

Output 1.1: Knowledge management platform in place.

Although the development of the KM platform has been delayed, eventually, the project has just launched its new Knowledge Management (KM) platform during the 2024 Annual Stocktaking Meeting (ASM). The platform is designed to support the preparation of documented story maps and replication atlas in order to establish linkages between the implementation and delivery progress and changes in the environmental indicators and data displayed on the Dashboard.

The delay in setting up the platform was mainly due to the fact of the knowledge management expert not being onboard to lead and coordinate the process which led to slow identification of a developer and then implementation of the platform, and the absence of this human resource is still the case at the time of drafting this MTE report.

The development process started with a requirements' analysis and planning to define an overall system architecture and its technical specifications, this involved several consultations which took place with UNEP/GRID as the primary entity responsible for the design and development of the platform, and with INFO/RAC who will be responsible for hosting the platform and providing maintenance services.

A Knowledge Management Task Force has also been formed to contribute inputs and guide the development of the KM platform. The Task Force has created the necessary conditions for exchange and experience sharing across Child Projects. The Task Force has been overseeing the design of the KM platform. Now that the platform is up and running, there is a need to maintain and expand the task force to steer the development and utilization of the Platform, and ensuring the relevancy of the information posted.

The platform includes a child project Dashboard that includes information about Child Project implementation allowing to show CPs progress to impact. The environmental data section also underwent an iterative development process and now accounts for 106 geospatial datasets and a table and charts visualization of specific national datasets.

The KM platform didn't include a newly developed Project Management Tool as planned in the project document, During the design stage, a review of options that are available in the market (such as Asana, Freedcamp, Wrike, Slack, Microsoft Project, Basecamp, among others) was carried out with a view to inform the selection of the most suitable tool to serve the needs of the portfolio. The new System was anticipated to serve as a new multilingual online project management tool that can respond to the need of supporting efficient project (and programme) management by facilitating communication and tracking and monitoring of progress; and meet reporting requirements, however, a decision was made to use the SMARTSHEET as an already-existing practice in so many projects, two training sessions were held to introduce the tool and its functionalities to the Executing Partners, 6 Child Project Gantt Charts were developed by MedPCU (1.1, 1.2, 2.1, 2.2, SCCF, 3.1) and handed over to the Executing Partners. The SMARTSHEET is not an integral part of the platform as it doesn't require automatic data transfer, but key

project management data from the SMARTSHEET is being used in the project dashboard. The Project Management Tool (PMT) just serves as an implementation schedule for monitoring needs on daily basis. The option of extracting implementation progress data from the UNEP PIR system and to show them on the Platform Dashboard is being explored.

Currently, the platform lacks a publicly-facing website, however, the content and design of the publicly facing portal should be developed in consultation with child projects and regional partners to ensure it meets the needs and expectations of all stakeholders involved. The platform is currently only accessible through credentials (i.e authorised users). Opening up the platform to the public is contingent on the availability of enough capacities in PCU to ensure content development on daily basis.

Based on the collected evidence, the MTE would like to note the following observation in regard to the KM platform:

- UNEP-MAP (Mediterranean Action Plan) has also developed its knowledge management platform so called KMaP which was developed within the INFO/RAC Program of Work 2022-2023. KMaP is conceived as a unique access hub backed with a data hub, documents, and exchange hub for users. While the KMaP is expected to serve the knowledge management needs of the entire UNEP/MAP (at the Regional Sea Programme level), the MedProgramme knowledge management platform is expected to serve knowledge management at the project level. The two tools will have different data and information management policies. Data and information management (collection, validation, publishing, interlinkages, etc.) at the project level will not be subject to the management procedures of an intergovernmental body thus ensuring faster updates and data availability.
- The integration and complementarity between KMaP and MedProgramme knowledge platforms doesn't seem to have been fully investigated and agreed, despite the fact that both platforms share the same technology and hosted by INFO/RAC.
- Currently, it has been agreed that the MedProgramme KM platform to be hosted and maintained by INFO/RAC during the project lifetime, and no clear sustainability path after the GEF project lifetime and funding established. This needs to be viewed in conjunction with the above point regarding the integration with the KMaP.
- The development of the KM platform currently lacks a proper monitoring and evaluation system to measure its effectiveness in achieving impacts and no process is in place for stakeholders to report their feedback on the knowledge products including relevance to their needs, accessibility and usefulness.
- The current monitoring framework of the KM is fully dependent on the number of knowledge products available in the platform with no insights on the uptake and utilisation of the knowledge products by users across the region.
- It is also important to promote the platform's utilization and its contribution mechanisms. Such promotional efforts should be extensive and span various levels, including national, regional, and global arenas, to maximize the platform's reach and impact.
- As far as the platform operations are concerned, there is a need for structured introductory and training sessions targeted at platform users, particularly contracting parties. These sessions are crucial for enhancing knowledge dissemination and enabling users to effectively utilize the available information on the platform to fulfill their reporting obligations.
- There is a necessity for developing a comprehensive user guide. This guide would serve as a vital resource to assist users in navigating the platform and leveraging its contents to their fullest potential, thereby augmenting their engagement and effectiveness in using the platform.

Output 1.2: Communication, Outreach and Awareness Raising Products and Activities produced.

The Child Project 4.1 used key promotional communication products to ensure effective dissemination of lessons learned, best practices, results, and impacts to stakeholders. To facilitate this objective, a series of overarching brand visibility products were developed for the MedProgramme. These tools included logos, templates for the MedBulletin, presentation templates tailored to each Child Project, and brochures.

The MedBulletin synthesizes news stories from all the executing partners providing articles from multiple components of CPs hence giving a holistic overview of the MedProgramme to the readers. So far, only 2 MedBulletin were developed and circulated both internally and externally. The MedBulletin publication is a mechanism to keep all the stakeholders updated on progress and achievement of the programme. The articles featured compile a range of updates on activities implemented by partners of the Child Projects. It is meant to be published every 6 months to showcase the progress of the Programme as a whole and individual Child Projects in particular, including highlights of activities from the field, success stories and relevant project events. It also captures examples and evidence of achievement of targets and milestones for all Child Projects, based upon the corresponding results frameworks.

Further enhancing the communication, a diverse range of additional communication products was developed by MedPCU and the executing partners. These products included videos, leaflets, and posters. The development of these varied formats addresses different stakeholder preferences and extends the reach and impact of the programme's messaging.

To streamline communication activities, a communications Roadmap was elaborated, providing a framework for planning and executing various outreach efforts. The Road Map identifies the key communication channels, tools, products, and main target audiences. The Road Map is a strategic document that creates the necessary conditions for MedPCU and executing partners to effectively plan and identify interventions to reach out to the wider audience. The Road Map thus provides a framework under which communication priorities are defined including activities reflected in a matrix and annual communication work plan of the MedProgramme and the executing partners. The Road Map approaches communication in an integrated way which underpins an overarching goal of promoting MedProgramme while increasing visibility about the implementation of activities and impacts. The implementation of the road map has been relatively slow, and indeed on hold over the last year due to the lack of a dedicated human resource to operationalise the roadmap.

A supplementary visual identity guide was also developed specifically on how to use the MedProgramme logo and those of the individual Child Projects along side GEF and implementing agencies logos. The purpose of these products is to maintain consistency and cohesiveness across all communications within the programme.

Eight brochures and fact sheets have been created to promote the MedProgramme to both internal and external audiences. These materials play a pivotal role in communicating the core messages and objectives of the programme effectively. Alongside brochures and fact sheets, the promotion strategy included the use of social media postings and the publication of news stories on the IW-LEARN website. This approach leverages multiple platforms to enhance visibility and information dissemination. Specific communication efforts, such as the Exposure and UNEP Aqua Read newsletters, are designed to target

external audiences. The aim of these initiatives is to expand the outreach and enhance the impact of messages about the MedProgramme, thereby reaching a broader and more diverse audience.

3 social media posts have been published in UNEP social media feeds of twitter, and Facebook as well as 2 news articles published in IW-LEARN website exposure and 1 article in the bi-monthly newsletter, 2 articles published in UNEP/MAP website. 1 article published in UNEP Aqua Raed Newsletter. A communication workshop for focal points was organized for exchange and learning as well as development of key messages, hashtages for social media.

In 2022, the program also produced a short video[21] that provides a snapshot about the institutional, the rationale, objectives, and partnership of the GEF/UNEP MedProgramme. The video provides an overview of the scope and activities of the MedProgramme under the auspices of the Barcelona Convention and the MAP system and demonstrates what the programme aims to achieve.

The MedPCU has participated in a few global events to share experiences and lessons learned from the MedProgramme will be of relevance for a number of global processes shaping polices related to the sustainable management of natural resources in coastal areas, including:

- 22nd Annual Consultative Meeting on Large Marine Ecosystems and Coastal Partners (LME22), UNESCO Headquarters, Paris, FRANCE, July 2022. This event provided a global forum for Global Environment Facility (GEF)-funded and other marine and coastal practitioners, organizations and institutions, including Regional Seas organisations and Fisheries Management Organizations, government representatives, international and national NGOs, regional and local community leaders, aimed at sharing experiences and lessons with respect to the ecosystem-based management (EBM) of LMEs and ocean governance.
- 5th Mediterranean Water Forum, which took place in February, 2024. The event will focus on various aspects of water management, such as the water-energy-food-environment nexus, new water financing sources, digitalization for rational water use, and strategies for drought and flood management.

Despite successful development of the communication roadmap, its implementation remains limited due to inadequate human resources available at MedPCU to lead the roadmap implementation in collaboration with other child projects and partners, for instance, it was envisaged to deliver animations and documentaries, graphic novels, documentaries, podcasts/radio programmes, infographics, art exhibitions, digital interactive stories/articles/interviews, professional photos, microblogging, e-books, art exhibits, among others, and these have not yet been developed and delivered. Also, there has been no engagement with media outlets and journalists with a view to establish long-lasting collaborations.

Also, material translation has been very limited so far, with a few programme material on MAP website available in English and French, but the vast majority of the programme publications are only available in English and not available in French and Arabic – as planned, which limits the opportunity for ample dissemination in the participating countries.

Output 1.3: Mechanisms to promote the broader adoption and replication of the successful policies, practices and technologies implemented under the MedProgramme available for stakeholders of the Programme.

[21] The video is available here.

Despite the great potential, replication Atlases have not been investigated and developed yet, and the road to replication is not defined. The MedPCU is meant to deliver two highly informative National Replication Atlases – translated in relevant languages, highlighting areas and situations where replication of MedProgramme's successful interventions should preferentially occur will be produced to stimulate replication and encourage regional and global dialogue, these Atlases have not been initiated yet, mainly due to limited human resources at MedPCU to deliver such work.

However, 2 case studies were developed documenting lessons learned for Child Projects 1.1 on "Mercury (Hg) soil and groundwater assessment at HAK 1, Chemical industrial complex, Tuzla, Bosnia and Herzegovin" and 3.1. on "conserving and effectively managing Marine Protected Areas (MPAs) in Libya". However, there is no clear pathway defined for these case studies to be replicated and upscaled.

Component 2: Coordination and Synergies

Output 2.1: Monitoring mechanism of MedProgramme progress to impacts established.

As part of the KM platform, the development of the data visualization tool is a key monitoring mechanism aimed to track the impact of the MedProgramme against the set indicators. This tool has recently been developed as part of KM platform and supported with some datasets. This will provide the opportunity to extract graphs, charts to monitor the success of implementation of the interventions/activities, and analysis to include both geospatial and statistical data.

The development of the data visualization tool is a key monitoring mechanism aimed to track the implementation progress of the MedProgramme (linked with the Project Management Tool - SMARTSHEET) as well as the impact against identified Global Environmental Parameters and GEF Core Indicators as well as against a set of environmental datasets relevant to the Mediterranean context. Also, the geospatial visualization tool MAPx contains 106 datasets that can be navigated together with available statistical graphs and charts to potential monitor the impact of actions as well as the potential for replication.

The GEF requirement for a programme-level Annual Project Implementation Review (PIR) has emerged in GEF 8 to present programme-level activities and achievements, beyond those of the Child Projects as presented in their respective implementation reports, including progress towards program-level outcomes, major milestones achieved through overall program implementation. As the MedProgramme is a GEF 7, such report has not been factored into the M&E plan.

The MedBulletin, in its current format, doesn't showcase the progress of the Programme as a whole, and there are no aggregate data available on the GEF core indicators that help in presenting a whole of programme view. The MedBulletin is limited to highlights of activities from the field, success stories and relevant project events. It also captures examples and evidence of achievement of milestones for all Child Projects, based upon the corresponding results frameworks.

Output 2.2: Mechanisms in place to establish synergistic interactions among Child Projects and with other relevant initiatives and stakeholders, and to take stock of progress and challenges at the MedProgramme level.

The main mechanism for establishing synergistic interactions among Child Projects and with other relevant initiatives and stakeholders is the MedProgramme Annual Stocktaking Meetings (ASM). ASMs

aims to: 1) provide a forum for peer-to-peer learning among the Programme portfolio; 2) catalyze regional and global attention on the progress made towards impact in the entire Mediterranean region; and 3) enable adaptive management at the Programme level.

MedProgramme organized its first Annual Stocktaking Meeting (ASM) in Athens, Greece on 2 -3 November 2022. The ASM was attended by 53 representatives (29 women and 24 men) from governments of the participating countries and contracting parties to the Barcelona Convention (Albania, Algeria, Bosnia and Herzegovina, Cyprus, Israel, Lebanon, Libya, Montenegro, Morocco, Tunisia, and Turkey) and executing partners. The 2-day event involved in-depth review of progress on the implementation of actions aimed at addressing priority environmental issues in the Mediterranean basin. The ASM furthered and provided opportunities for interactions among the MedProgramme's 8 Child Projects, governments of the participating countries, implementing agencies and executing partners.

MedProgramme Second Annual Stocktaking Meeting took place in Podgorica, Montenegro, 22-24 April 2024 attended by around 70 participants including representatives from 8 countries (out of 10 members to Barcelona convention). The ASM highlighted a number of challenges facing implementation of programme activities, and recommended improvements in relation to coordination between various stakeholders involved in the Child Projects at both national and regional levels; effective stakeholder participation and further engagement with national authorities.

There were no ASM meetings held in 2021 and 2023 which broke the momentum for coordination created at each ASM. The consistency of the ASM is really important to keep the momentum of coordination and follow up on the outcomes of the ASMs. This setback in delivering ASMs is mainly due to limited resource available to MedPCU team in these years, including late recruitments and project manager role turnover.

There was no systematic feedback collected from the attendees on the effectiveness of the ASMs.

Output 2.3: Cooperation and synergy with IW: LEARN.

The main purpose of the MedProgramme collaboration with the GEF International Waters Learning and Resource Exchange Network (IW:LEARN) Project is to facilitate uptake of lessons learned and knowledge exchange from/to the MedProgramme portfolio. So far, 2 articles were published on the IW-LEARN website, but no evidence to suggest a real case of uptake documented.

The MedProgramme has not participated in the GEF International Waters Conferences (landmark biannual events of the IW portfolio) but MedPCU is planning to participate in the upcoming one in Uruguay in September 2024. Collaboration with IW:Learn is expected to be expanded covering overall programme management and coordination aspects, technical IW aspects, information management aspects, communication aspects.

Output 2.4: Monitoring mechanism to assess progress on gender actions across the MedProgramme in place.

A Gender Monitoring Framework for a coordinated reporting on the Gender Mainstreaming Strategy at the programme level has been developed. Also, MedProgramme Gender Community of Practice (Gender CoP) was established in June 2021 as a forum for executing partners to increase knowledge and enhance the capacity of all participants on gender equality and women's empowerment in sustainable environmental development within the context of MedProgramme activities. The Gender CoP provides a

space for Gender Focal Points from executing partners, national partners, and UNEP/MAP staff to meet regularly and exchange experiences, views, and ideas on how to effectively integrate gender considerations into their Work and promote gender equality in line with international standards and norms. Four meetings have been held so far, focusing on establishing a baseline of current gender capacity of partners; gender issues in biodiversity; and, gender issues in chemicals and waste; more than 15 formal/informal partnerships with gender-focused organizations/actors active have been established to promote gender equality across programme activities.

The CP 4.1 has provided hands on support to child projects on Gender mainstreaming by helping to assess gender relevance to individual projects, developing a gender action plan and setting up the measurement framework for gender across the programme building on the gender mainstreaming strategy that was developed during the Project Preparation Grant (PPG) stage in 2018.

The MedProgramme Gender Mainstreaming Strategy has seen notable advancements with the creation of six Gender Action Plans that are actively directing gender-related activities within Child Projects 1.1, 2.1, 2.2, 3.1, SCCF, and CP 4.1. However, Gender Action Plans for CPs 1.2 and 1.3, overseen by the EIB and EBRD respectively, are still in development. The MedProgramme Gender Community of Practice (CoP) was launched in June 2021, and since then, it has convened four meetings that have significantly advanced knowledge and capacity building in gender equality and empowerment within the sustainable environmental context of the MedProgramme.

Additionally, knowledge-sharing sessions have been conducted with various partners to enhance gender capacity across all GEF Focal Areas and with all Executing Partners of the MedProgramme. Examples of good practice have been identified and distributed among key partners; for example, nine gender briefs have been produced to support the WEFE Nexus approach in each MedProgramme country. Furthermore, gender-specific technical contributions have been made to several outputs developed by Executing Partners.

The CP4.1 has integrated gender monitoring framework into the new KM platform, and has been undertaking annual assessments to measure progress on the implementation of the gender action plans developed for the Child Projects.

The MedPCU conducted two annual gender assessments, the second one was conducted in 2023 with inputs from partners and other UNEP staff, as a stocktaking exercise to take stock of progress made so far, identify challenges and opportunities for enhanced gender mainstreaming through upcoming project activities.

The child project teams engaged in this MTE have expressed utmost satisfaction with the support provided by the CP4.1 on gender specifically. The recruited consultant has been able to work with individual projects to assess the needs related to gender and come up with a meaningful gender action plan, this is followed by capacity building through the community of practice on Gender.

Progress towards outcomes

Rating: Moderately Unsatisfactory

Project objective: Mediterranean Sea Basin Project Objective: "To foster MedProgramme-wide learning and dissemination of knowledge, effective portfolio coordination and synergistic interactions among Child Projects, gender mainstreaming and monitoring progress to impacts".

Table 6: Progress towards objective-level indicators and targets

Indicator as per the project document	Baseline	End of Project Targets	MTE understanding of the indicator based on the ToC	Progress to date
Growing stakeholders attendance to the annual stocktaking meetings - ASMs, and utilization of the project's various products.	Lack of systematic information exchanges among Mediterranean countries on the progress to impact	90% of Mediterranean Basin countries participate to the ASMs	In light of the ToC, this indicator is understood as a source of evidence on the effective and beneficial participation, highlighting how effectively the benefits derived from participation are leveraged to enhance delivery on programmatic outcomes.	Stakeholders who have been interviewed through the MTE process have largely expressed satisfaction with the second ASM meeting, noting a strong opportunity for getting learnings from one another, identification of linkages and complementarities as well as an opportunity to drive programmatic approach from the ASM with a proper follow ups. The ASM provided an excellent platform for the executing partners and participating countries who shared their experiences for coordinating the implementation of activities including both opportunities and challenges. In terms of numbers, out of the 10 Mediterranean countries, 50% of the countries (5) participated in the first Annual Stocktaking Meeting held in November 2022. For the second ASM in April 2024, 80% participated (i.e 8 out of 10)

Outcome 1: The increased uptake of the lessons and of the cutting-edge knowledge generated across the portfolio of MedProgramme interventions, and the active participation in IW: LEARN activities, Communities of Practice, and events, improve the capacity of key regional stakeholders, and of the global IW and CW communities, to build climate resilience, reduce pollution from nutrients and persistent toxic substances (POPs and Mercury), sustainably manage coastal freshwater and marine resources, protect biodiversity, and restore coastal ecosystems.

The effectiveness of achieving this outcome is primarily based on the extent to which knowledge products, best practices, and lessons learned are adopted. However, accurately assessing this effectiveness has encountered numerous obstacles. These challenges begin with the inadequacy of the indicators outlined in the results framework, which are not robust enough to capture the full scope of the outcomes. Additionally, there has been a lack of maturity in the mechanisms for knowledge sharing and

exchange over the past three years. This is partly because the new knowledge management platform was only recently introduced, making it premature to evaluate the impact of these initiatives comprehensively.

It is important to clarify that the absence of documented evidence of knowledge uptake does not necessarily imply that such uptake did not occur. Instead, it suggests that the processes for capturing and documenting these outcomes have not been sufficiently developed or implemented. This indicates a critical area for improvement in ensuring that the benefits of knowledge exchange are both realized and recorded accurately.

Table 7: Progress towards outcome 1 indicators and targets

Indicator as per the project document	Baseline	End of Project Targets	MTE understanding of the indicator based on the ToC	Progress to date
1.1 Number of experience notes and scientific publications on the innovative approaches, best practices and lessons learned on nutrients and toxic pollution reduction, coastal zone management, and application of circular economy principles **collectively** developed by the Programme, collectively developed by MedProgramme's projects for regional and global outreach through the Programme website, IW:LEARN and other dissemination means.	NA	At least 10 experience notes and peer reviewed scientific publications documenting the knowledge generated across the portfolio of interventions.	The MTE emphasizes that the phrase 'collectively developed' is crucial within this indicator, signifying the iterative nature of the learning process. This process involves child projects exchanging their knowledge and lessons learned with the coordinating project, which then disseminates regional and global best practices back to the child projects. This reciprocal flow of information underscores the collaborative and iterative approach to learning and improvement across projects. Also, based on the ToC, for the indicator to be effective, it's vital that it measures the impact of adopting lessons learned and knowledge products in shaping project delivery, as well as in informing decision-making and policy formulation. This ensures that the real value of these insights is	The project reported that 2 lessons learned (case studies) have been documented on CP 1.1 "Assessment of Mercury Contamination in HAK1 in Tuzla, Bosnia and Herzegovina and 3.1 Management of Marine Protected areas in Libya Furthermore. However, there is no track record of actual uptakes for these specific lessons, or any other good practices documented by the projects.

Indicator as per the project document	Baseline	End of Project Targets	MTE understanding of the indicator based on the ToC	Progress to date
			reflected in tangible improvements and strategic directions.	
1.2 number of child projects sharing information on knowledge management platform	NA	At least 5 Child Projects are consistently sharing information with the knowledge management platform.	The MTE acknowledges this as an output indicator	The KM platform has just been launched. Currently, it includes primary information from 7 child projects, but there is more data and information sharing remains needed from all child projects.
1.3 Number of awareness raising communication products at regional and global levels on the objectives, progress and accomplishments of the Programme.	NA	At least five (5) awareness raising tools aimed at the regional and global audiences.	The MTE acknowledges this as an output indicator	8 brochures and fact sheets have been developed to promote MedProgramme both internally and externally. The development of brochures, fact sheets, social media postings, publication of news stories in IW-LEARN website Exposure and UNEP Aqua Read newsletter are aimed to target external audiences and increase the outreach of messages and information about MedProgramme.
1.4 Number of highly informative National Replication Atlases – translated in relevant languages, highlighting areas and situations where replication of MedProgramme's successful interventions should preferentially occur.	NA	Two highly informative National Replication Atlases are produced.	The MTE acknowledges this as an output indicator	No progress achieved yet

Outcome 2: The coordination and learning among all Child Projects, consistency with the Programme objectives, and synergies among projects and partners, strengthened.

According to the feedback collected through this MTE, there has been limited coordination done centrally at the programme level which has negatively impacted the synergistic potential of the program. The MedPCU has been challenged with insufficient staffing and slow project progression. While there were

efforts to facilitate coordination, such as field missions, the overall collaboration between different agencies and stakeholders was not fully effective and synergies among child projects at all levels have neither been identified nor activated.

As part of the KM platform, the development of the data visualization tool is a key monitoring mechanism aimed to track the impact of the MedProgramme against the set indicators. This tool has recently been developed as part of KM platform and supported with some datasets. This will provide the opportunity to extract graphs, charts to monitor the success of implementation of the interventions/activities, and analysis to include both geospatial and statistical data. The software for the Project Management Tool has not been developed as part of the KM platform yet. Some agencies already use (SMARTSHEET), tested by master users and is also currently being integrated by GRID-Geneva.

The development of the Data visualization tools has recently been completed including the review of both geospatial and statistical indicators. Given the level of maturity of these tools, and the fact that these have just been launched, no impact reports generated so far.

The MedBulletin, in its current format, doesn't showcase the progress of the Programme as a whole, and there are no aggregate data available on the GEF core indicators that help in presenting a whole of programme view. The MedBulletin is limited to highlights of activities from the field, success stories and relevant project events. It also captures examples and evidence of achievement of milestones for all Child Projects, based upon the corresponding results frameworks.

The MedProgramme's strategy for gender mainstreaming has achieved significant progress with the development of six Gender Action Plans. These plans guide gender-related activities within Child Projects 1.1, 2.1, 2.2, 3.1, SCCF, and CP 4.1. However, the Gender Action Plans for CPs 1.2 and 1.3, which are under the supervision of the EIB and the EBRD respectively, are still in the process of being developed. Additionally, the MedProgramme Gender Community of Practice (CoP) was established in June 2021. Since its inception, it has held four meetings that have substantially contributed to advancing knowledge and building capacity on gender equality and empowerment, all within the sustainable environmental framework of the MedProgramme.

Table 8: Progress towards outcome 2 indicators and targets

Indicator as per the project document	Baseline	End of Project Targets	MTE understanding of the indicator based on the ToC	Progress to date
2.1 Programme monitoring system successfully developed and periodically reporting on the progress of the Programme as a whole, and of each Child Project.	The implementation of mechanisms aimed at establishing synergistic interactions among complementary projects of different agencies has not yet been attempted in the Mediterranean region	ASMs and MedProgramme Bullettin periodically reporting on progress to impacts, including uptake of the gender mainstreaming strategy.	First, the MTE notes the lack of gender-specific indicator despite having gender mainstreaming as main component of the project. Also, the MTE considers the key outcome of M&E to be around applying adaptive and corrective measures as a result of M&E.	2 MedBulletin were developed and circulated both internally and externally.

Likelihood of impact

Rating: Moderately Unlikely

According to the ToC, the impacts of CP 4.1 are closely aligned with the overarching goals of the programme, aiming ultimately to contribute to improving the overall environmental security in the MEDSEA region. As a result of the programme efforts, Mediterranean countries are expected to be better equipped to address threats posed by global changes and climatic variability, and better able to reverse degradation trends and enhancing the sustainability of coastal environmental resources, and communities around the Mediterranean Sea and their ecosystems are anticipated to experience improved health conditions, more stable livelihoods, and increased resilience to climate change and variability.

Assessing the likelihood of these impacts from the viewpoint of a coordinating project needs to consider the enabling role of CP4.1 to strengthen individual child projects to deliver on those impacts collectively (Intermediate State (IS) 2: Regional partners (including child projects) are enabled and supported to deliver on programmatic outcomes). This role is encapsulated in driving transformative change across the MedSea region. According to the GEF Independent Evaluation Office has defined transformation as "deep, systemic, and sustainable change with large-scale impact in an area of global environmental concern"[22]. In case of the CP 4.1, the application of system thinking approaches in the MedSea region, as part of the MedProgramme activities, has been limited. This is based on 1) limited integrated and synergistic programmatic approach for addressing environmental concerns in the MEDSEA by promoting harmonized policy, legal, and institutional reforms; 2) delays in building up the capacity and knowledge base for addressing environmental issues in the MedSea, and increase knowledge of countries and projects on innovative technology and increase scientific knowledge; 3) limited whole programme coordination and participation of relevant stakeholders; and 4) lack of the basis for replication and upscaling. The CP 4.1 has struggled with effective integration and coordination among the different child projects mainly due to inadequate support and resources to fulfil the coordination role effectively. There is a need for strengthened coordination mechanisms and better resource allocation to harness the full potential of system thinking in the MedSea region's environmental initiatives.

As for the second IS of 'Approaches promoted by MedProgramme for stress reduction will more likely be broadly adopted'. Stakeholders agreed that there is a great potential for replication of what is reported as successfully implemented solutions by child projects, however, in light of the absence of replication atlas and the limited work done so far on the capturing replicable solutions, identifying replication avenues, and setting up strategic partnerships for the replication and resource mobilisation, the contribution to this outcome remains primitive.

As for the IS: 'Positive trends in monitoring data produced by the countries will foster commitment to full SAP implementation'. The monitoring systems established through the platform have been just recently developed and introduced, notwithstanding the delays, the use of the platform by countries and child projects is likely to grow significantly in the future.

[22] GEF IEO, 2018.

As for the IS: Women resilience to face burdens of emerging environmental risks and shocks in the region will increase. The gender analysis, action plan development and monitoring have been successfully developed through the CP 4.1 support, and as a result, child projects have been able to identify gender specific activities that empower women in the region to better understand the environment risk and build resilience to dealt with it. The gender monitoring data on the platform shows:

- Steady increase in the of project activities that promote gender equality and women's empowerment (from 18 activities in Q3 2022, to 27 activities in Q1 2023 and 41 activities in Q2 2023).
- Data shows strong and inclusive gender-responsive participation in stakeholders consultations, community of practice, national and regional dialogues on environmental topics, and
- Increase in number of GEF/UNEP communication, knowledge management, publications materials on gender-transformative examples from the MedProgramme (total of 51 gender-specific publication material produced in 2022 and 2023)[23].

At the ultimate impact level, the CP 4.1, as a coordinating project, has no specific targets defined under the GEF core indicators, and is seen as enabler for other child projects to deliver impact level change. At the programme level, data reported by individual child projects demonstrate early signs of positive trends in some of the GEF core indicators such as increase in hectares of landscapes under improved management practices. Changes on the GEF core indicators at the regional level will help countries to reverse degradation trends and enhancing the sustainability of coastal environmental resources, and accordingly help communities to experience improved health conditions, more stable livelihoods, and increased resilience to climate change and variability. Here is a snapshot of the core indicators status as reported on the KM platform as of June 2023.

[23] Source of data: KM platform as of May 2024. Available here.

Table 9: Up to date status of the GEF core indicators

Targets	Percentage achieved
GEF 6 Core Indicator 1: Water-food-ecosystems security and conjunctive management of surface and groundwater in at least 5 freshwater basins	0%
GEF 6 Core Indicator 2: 2.500 hectares of Marine protected areas created or under improved management for conservation and sustainable use	0%
GEF 6 Core Indicator 4: 12,500,000 hectares of landscapes under improved management practices (excluding protected areas)	20%
GEF 6 Core Indicator 7: One shared water ecosystems (fresh or marine) under new or improved cooperative management	20%
GEF 6 Core Indicator 9: Disposal of 3,300 tons of POPs (PCB, obsolete pesticides)	20%
GEF 6 Core Indicator 11: 8,450 people (4,100 Female - 4,100 Male) benefitting from GEF-financed investments	20%

5.4 Financial Management

Adherence to UNEP's Financial Policies and Procedures

Rating: Satisfactory

The MedPCU is responsible, and accountable for, the financial resources allocated to CP 4.1, whereas other child projects maintain full control over their financial resources. A review of CP 4.1 documents and records revealed that regular expenditure reports were submitted mostly on time, and the expenditures were within the approved annual budgets or the timely revised annual budgets. The budget revisions were based on a regular analysis of actual expenditures.

The CP 4.1 project has been producing timely quarterly and annual expenditure reports and annual co-financing reports as part of its financial monitoring systems, these reports generally show that expenditure is within the approved annual budget (or reviewed budget). However, results-based expenditure reporting was not a common practice in the project, and only a summary of spending by budget line was made available.

The only modification requested during the initial steering committee meeting pertains to a budget revision. This revision was sought by the project management to accommodate changes in the allocation of the GEF grant for the project.

- The addition of a Finance and Budget Officer (P2) to the MedPCU, and the related implications for the budgeting of the other staff contributing to the services of the MedPCU.
- The movement of funds from the "Contractual services" budget class to the "Project staff and personnel" budget class.
- The creation of a new budget class for "Equipment, vehicles and furniture"

Other budget revisions were made when relevant and for expenditure for expenditure variations of 10% and above, these revisions were based on a regular analysis of actual expenditures, including, for

example, reallocating remaining funds under budget lines description "Other consultants for knowledge management/coordination" to budget line "Regional consultant for knowledge management" to help reallocating unused funds.

The budget revisions have been presented to the PSC in excel format, and the PSC has recently asked the MedPCU Finance and Budget Officer is requested to provide summary analysis of budget spending and expenditures, including presentation of proposed budget revisions in a simplified format.

Completeness of Financial Information

Rating: Moderately Unsatisfactory

In adherence with UNEP's role as GEF Implementing Agency, an Internal Cooperation Agreement (ICA) was signed between the UNEP Implementing Partner (GEF Unit in the Ecosystems Division of UNEP) and UNEP Mediterranean Action Plan (MAP) in April 2020. The purpose of the ICA was to establish the conditions for the execution of two projects, one of them is the CP 4.1. The ICA sets out the terms of the project implementation including detailed project budget for secured funds.

Documents relating to financial management were available for the MTE. The project has kept the project budget and expenditures records documented including budget revisions documented and submitted to the PSC meetings, a high-level project budget for secured funds, given also by funding sources (IW and CW), partner legal agreements and documentation for all amendments/revised budgets. However, the templates for regular expenditure reporting, did not foresee the results-based reporting, only by budget lines.

Disbursement of funds from the IA to UNEP/MAP occurred in a series of tranches and was directly tied to the submission of the yearly expenditure reports, as well as quarterly activity reports from partners, within one month after the reporting period ended. The amount of funding to be transferred has been estimated with consideration of the project ability to spend and therefore MedPCU's request for large funding has not been accepted. Although this is a standard management practice in UNEP, however, the MedPCU sees this an obstacle for recruitment and procurement through UNOPS, as UNOPS requires that at least 90% of the contract cost is transferred to them prior to signing any contract. The MedPCU should be clear as to why large funding is requested and the IA needs to facilitate those transactions more flexibly to allow UNOPS operational support to take place.

There is no process in place for tracking co-financing by partners; currently, only MAP's staff contributions have been tracked. These contributions include estimated time dedicated by key MAP personnel to CP 4.1 and office space. This drawback will likely result in significant under delivery on the co-financing targets by the end of the project. Declaration letters of intent were obtained in writing from project partner organizations during the design stage. However, similar documents are not available for the actual co-financing received. Although some of the activities described in the letters are taking place, the specific values of the actual cash or in-kind contributions were not obtained.

Communication Between Finance and Project Management Staff

Rating: Satisfactory

Communication between the finance and project management staff was found to be satisfactory. MedPCU was well-informed about UNEP's financial reporting requirements and the project's financial

status. The Financial Management Officer (FMO) had some awareness of the overall project progress when making financial disbursements, and there was regular and frequent contact between the project management and the FMO. The position of the FMO has also witnessed staff turnover which also had an overall impact on the communication between finance and MedPCU.

5.5 Efficiency

Rating: Moderately Unsatisfactory

Cost-effectiveness: The MedProgramme is designed to adopt the Programmatic Approach funding modality of the GEF, which involves an overarching vision for change that generates a series of individual yet interlinked projects (Child Projects) under a common objective. This approach ensures that the anticipated results are greater than the sum of its components. It also necessitates the involvement of multiple GEF focal areas, leverages broader partnerships and funding, and creates the momentum and critical mass needed to sustain countries' actions in the long term.

The incremental value of CP 4.1 lies in its ability to bring multiple projects together to jointly address environmental concerns in the MedSea region through building a knowledge base, effective coordination, dissemination, and communication. The applicability of this incremental value varies across different activities. For instance, CP 4.1's support and leadership in mainstreaming gender into the child projects have proven to be effective and cost-efficient by hiring a single consultant to support all projects, rather than each child project appointing its own consultant. Additionally, the implementation of the KM platform and the communication roadmap as programme-level services is also expected to be cost-effective as their implementation progresses further.

Child project teams have been receptive to new opportunities for inter-project collaboration. While some of these collaborations have occurred among the child projects independently, CP 4.1's role in identifying and mobilizing these synergies has been limited due to a lack of human resources at MedPCU.

Partnering with Geneva University to develop the KM platform is also seen as a cost-effective approach to deliver this work, which would have costed more if it had been outsourced for consulting business.

Financial delivery

The CP 4.1 financial delivery has been below expectations, despite passing the midpoint of the project cycle, the financial delivery stands at only 25% until the end of Quarter 1 2024. The limited spending is attributed to limited delivery on some activities (coordination, ASMs, KM platform), limited spending on staff and consultants that are vacant and struggling with the recruitment and procurement process. See annex for the expenditure statement.

Human resources: Human resources have been a significant challenge for CP 4.1, with major roles in the MedPCU remaining vacant for a considerable time since the project's inception. This includes the absence of a KM expert and technical officers. Although a gender expert was initially on board, their service had to be discontinued in compliance with procurement rules, and no replacement has been made yet. Additionally, the role of the program coordinator has experienced turnover, leading to a gap during the transition between coordinators. Filling the vacant roles has been significantly slow, with efforts often going in circles regarding the best approach for recruitment and procurement.

Timeframe: There have been substantial delays in advancing CP 4.1's activities, primarily due to the lack of human resources, as well as other factors such as COVID-related delays in convening some engagements. Noticeable delays have been observed in developing and operationalizing the KM platform, leading coordination and synergies, delivering the communication roadmap, and investigating the replication atlases, these delays meant that CP 4.1 has not been progressing at the same pace as other child projects which resulted in discrepancies in timeframes. As a result, it is likely that a no-cost extension of almost 12 months will be required.

Co-financing: only 4% of the co-financing target (i.e US $ 6,623,920) have been secured and recorded. These contributions represent MAP's staff time allocate to CP 4.1 over the past 4 years. Including the time of the Coordinator, Administrative Officer, Administrative Assistants, Public Information Officer and Procurement Assistant. The total in kind contributions amounted to US $ 238,717. Also, there has been zero cash co-financing from UNEP/MAP recorded out of the $600 K committed. The low delivery on co-financing targets is attributed mainly to the lack of a proper tracking system for co-financing in the first place, and secondly based on the limited engagements with Government partners directly who are the main co-financiers.

5.6 Monitoring and Reporting

Monitoring Design and Budgeting

Rating: Satisfactory

Despite the flaws in the design of the indicators, which are primarily output-based rather than outcome-based (as highlighted in section 5.2), the data collection methods and frequency are considered appropriate and data collection is designed in such way to address gender-disaggregation when relevant. The new dashboard system enables visualization of the monitoring data, tracking CP 4.1's progress against indicators and targets, as well as the implementation of other Child Projects. CP 4.1's monitoring plan encompasses all the indicators in the logical framework, identifying baselines, targets, means of verification, data collection frequency, and persons responsible for monitoring progress.

The overall M&E budget constituted about 13.6% ($340,000) of the total GEF funding ($2.5 million). This exceeds the 5% limit typically allocated for M&E in projects of CP 4.1's scale (i.e., up to USD 5 million). The relatively large M&E budget is primarily due to the inclusion of the cost of ASM meetings, which are essential elements of the technical components and should have been budgeted under Outcome 2. The project allocated adequate funding for mid-term and final evaluations, with $40,000 for the mid-term evaluation and $50,000 for the final evaluation.

Monitoring of Project Implementation

Rating: Moderately Satisfactory

As evidenced through progress reports and the online dashboard, the CP 4.1 project's monitoring system effectively facilitated the timely tracking of results throughout the project's implementation period. The project collected and documented baseline data as well as data on project results, which were regularly shared with the UNEP Task Manager, PSC members, and broader stakeholders during ASM and PSC meetings. The inclusion of data in the dashboard enables visualization and fosters synergies among child projects.

There have been delays in conducting this MTE, which is not occurring exactly at the midpoint of the project's lifecycle. The project started in April 2020 with a five-year duration, but the MTE took place four years after the project's start, leaving only one year remaining. The project has experienced challenging times, and a timely MTE would have been more valuable than a delayed one, as it would have offered a greater opportunity for a timely adaptive management.

Project Reporting

Rating: Satisfactory

The CP 4.1 produced three Project Implementation Reports (PIRs) so far 2021, 2022 and 2023, and currently developing the draft fourth PIR of 2024. These reports were based on the UNEP/GEF-provided templates and were completed fully, attaching the documentation/evidence of the project's progress. Additionally, the project achievements and indicators updates started to be integrated into the KM platform.

The GEF requirement for a programme-level Annual Project Implementation Review (PIR) has emerged in GEF 8 to present programme-level activities and achievements, beyond those of the Child Projects as presented in their respective implementation reports, including progress towards program-level outcomes, major milestones achieved through overall program implementation. As the MedProgramme is a GEF 7, such report has not been factored into the M&E plan, however, the project produced 3 MedBulletin reports that synthesizes news stories from all the executing partners providing articles from multiple components of child projects hence giving a holistic overview of the MedProgramme to the readers. So far, only 3 MedBulletin were developed and circulated both internally and externally.

5.7 Sustainability

Sustainability is understood as the probability of continued long-term project-derived results and impacts after the external project funding and assistance ends. Four aspects of sustainability are addressed, and cover key conditions or factors that are likely to undermine or contribute to the persistence of benefits.

Socio-political sustainability

Rating: Moderately Likely

Since the project design stage, the socio-political situation on the southern and eastern shores of the Mediterranean has shown concerning signs of social instability and political volatility. However, it's crucial to recognize that the worsening social conditions and associated migration affecting parts of the region urgently require support from the international community, a support that the MedProgramme would meaningfully represent.

Environmental security and socio-political stability rebound one another. By design, the Programme acknowledges that the loss and degradation of coastal and shallow marine ecosystems and scarce freshwater resources, compounded by the increasing negative impacts of climate variability and change in the MedSea region, significantly contribute to social instability and political volatility. Conversely, socio-political conflicts fuel competition and disputes over natural resources, further damaging ecosystems. Addressing environmental security concerns could promote more stable livelihoods and enhance resilience to climate change and variability, which would likely contribute to social stability.

The CP 4.1 project design didn't explicitly identify the political conflicts in the region as a risk, but it recognised the possible government changes, hindering the pace of implementation and the continuity of some activities as a medium risk. The CP 4.1's adaptive strategy to counteract political instability and the ever-changing circumstances in the Mediterranean region relies mainly on the Annual Stocktaking Meetings as a direct mean of engagement. These significant meetings are meant to highlight any issues related to changes in political will or instability in the recipient countries, enabling timely adaptive management responses at both the Child Project and Program levels. There have been only two ASM meetings conduced over the past four years, and the recent one (April 2024) was attended by 8 governments representing 8 countries (out of 10) engaged by the programme.

Beyond the ASMs, adapting to the evolving political landscape at the national level demands that the MedPCU effectively engages, leads, and communicates with countries and government counterparts. This will help emphasize the broader perspective of program delivery in tackling regional issues while supporting individual child projects at the grassroots level. However, the MedPCU's engagement at the national level has been limited thus far, primarily due to a shortage of human resources and capacity for effective engagement. Ongoing political instability and social unrest may jeopardize the sustainability of outcomes in some of these countries. Additionally, changes in government structures and national priorities pose a risk to sustainability. However, this risk is somewhat mitigated by the countries' ratification of the Barcelona Convention and Protocols and their commitment to implementing the action plans, evidently, by the long history of collaboration under the convention.

The limited maturity of CP 4.1's knowledge management platform and the current lack of replication atlases are hindering opportunities for the uptake of the programme results into policy and legislation reforms at the national level, particularly in areas related to reducing threats to natural resources and improving ecosystem conservation. As these tools develop further, it is expected that the results of the KM platform and tools, together with the experience gained by the Executing Agency in outreach, communication and advocacy, will continue to support the action and the goals of the Barcelona Convention and its Secretariat beyond the life of MedProgramme.

The overall MTE rating on this dimension is assessed to be 'Moderately Likely', in view of the combination of strong regional participation in the convention, changing political environment at the local level, and CP 4.1's limited in country engagement, and immaturity of KM platform to inform policy reforms.

Institutional Sustainability

Rating: Moderately Unlikely

The MedProgramme builds on over 20 years of GEF IW involvement and is well-positioned to leverage the already established framework of effective transboundary cooperation provided by the Barcelona Convention system as a legally binding framework. This framework ensures that MedProgramme actions reflect regionally and nationally agreed-upon priorities and strategies while addressing identified Mediterranean hotspots.

The CP4.1 is embedded with UNEP/MAP as a key executing agency, but, so far, it doesn't fully leverage the full potential of the MAP structure that it provides for results and lessons from the programme to be institutionalised and for results to be mainstreamed and scaled up. Currently, there is limited portfolio coordination by MedPCU due to limited resources and capacities, this drawback hinders the

opportunities to provide beneficiary countries with long-lasting capacity and tools to improve national and transboundary coastal ecosystems, and enrich the GEF Partnership with replicable solutions and lessons learned for future interventions in the Mediterranean region, and this is recognised as an area of improvement for the programme.

Given the current settings of the KM and its premature status, it is unclear how the contracting parties of the Barcelona Convention can effectively assume the role of custodians of the KM structure, as envisaged by the project design. This uncertainty makes it challenging for them to carry forward its legacy, support informed decision-making, pave the way for increased investments and interventions, and promote broader adoption and knowledge transfer to enhance environmental security in the coastal areas of the Mediterranean. The KM platform's sustainability beyond the GEF funding needs to be thought through and clearly articulated for the parties including how the platform will actually integrate with the KMaP.

A key sustainability element of the MedProgramme is its substantial and valuable legacy, which includes capacity building in participating countries, learning and experience gained by MAP and its partners, and a vast repository of knowledge, guidelines, and documents. To ensure sustainability, this legacy needs to be institutionalized, and MAP and UNEP are well-positioned to achieve this through the recently established KM platform which should evolve to include all documents produced are easily accessible and widely disseminated.

The CP 4.1 project design recognises project ownership as a medium risk as a result of low attendance of high-level decisionmakers to knowledge exchange events could hamper desired impacts and effectiveness of knowledge outcomes. The KM success will be determined by the commitment and ownership of all executing partners and stakeholders to reinforce capacity (information, expertise, awareness) of MedProgramme stakeholders to address environmental challenges making use of a modular knowledge hub which will continue to evolve after the programme ending. So far, countries participation in the two ASM meetings has been satisfactory, with the second ASM meeting attended by 8 countries (out of the 10 represented in the programme). As future knowledge events emerge, more emphasize needs to be put in place for effective participation by countries at the decision-making level to ensure that lessons and knowledge are actually up-taken into decision and policy making processes.

The CP 4.1 has no clearly defined exit strategy outlining the future arrangement institutional and financially beyond the GEF funded project. The future uncertainties created by the lack of sustainability plan is further exacerbated by the limited partnership established to mobilize resources and momentum for replication and upscaling. According to the PCU, the last two years of project implementation will be dedicated to defining exit strategies at the Programme and Child Project level outlining the future arrangement institutional and financially beyond the GEF funded project, including arrangements with financing agencies, multi-lateral and bilateral donors and the European Union, and from MTE perspective, it is never too early for addressing sustainability elements, and the project is urged to start sustainability planning ASAP.

Financial sustainability

Rating: Moderately Unlikely

Currently, the CP 4.1 project outcomes are fully dependent on the GEF resources, the financial sustainability of CP4.1's legacy has not been thought through yet. Particularly, the future financing and maintenance of the KM platform and coordination beyond the GEF funding have not been investigated and documented as of yet. The integration of the KM platform with the KMaP platform is expected to take place, but the details of how this is going to happen, and future roles and responsibilities will need to be outlined clearly and documented.

Strategically at the programme level, there has been no engagement with multi-lateral and bilateral donors and the European Union to test the feasibility and effectiveness of technical and policy instruments aimed at addressing major present and future threats to environmental sustainability and climate related impacts in the MedSea. This strategic role of the MedPCU to engage with financing agencies have not been activated so far, the MedPCU's focus has been on getting the project on its feet during a period of lacking resources and capacities, and as a result, no financing vision established as to how to build on what is being achieved by child projects, identify needs and mobilize resources. Also, there has been limited engagement of International Financial Institutions (IFIs) in the ASMs, as envisaged in the project design.

Furthermore, CP 4.1 has engaged the private sector to a limited extent, missing opportunities to explore potential investments and develop processes that could run concurrently with and beyond the lifespan of the MedProgramme. Private sector involvement, in particular, could ensure the long-term sustainability of CP 4.1's actions and activities, and those of the broader MedProgramme. For instance, banks could actively support coastal and resource management plans developed under the MedProgramme, while the insurance sector could create products that aid countries in reducing the risks to coastal areas from the adverse effects of climate change. The absence of effective engagement with the private sector is attributed to the limited resources and capacities available at MedPCU team to operationalise this line of partnerships and collaborations.

According to stakeholders engaged in this MTE, interest in the state of the Mediterranean environment is expected to be high amongst MAP's existing funding partners, and these opportunities need to be investigated and leveraged. Therefore, there is a need to develop and implement programme-level partnership strategy, led by MedPCU, focused on identifying and engaging with bilateral donors, multi-lateral donors, EU as well as private sector to identify futuristic funding opportunities and potential partnerships that aid the MedProgramme outcomes during and after the current GEF funding cycle.

5.8 Factors Affecting Performance

Preparation and Readiness

Rating: Moderately Satisfactory

An inception report was developed at the programme level, covering all child projects, including CP 4.1. This report served as a formal notification that the project's execution was ready to begin and that all main stakeholders had reached a common agreement on its priorities, work plan, and budget. The report contains essential information about the program, including child project work plans and budgets. It is envisioned as a crucial guide for the MedProgramme's execution over its lifespan.

The inception report was developed following the Inception Meeting of the MedProgramme, which was held virtually via video conference from July 20 to 22, 2020. This meeting was organized by the

UNEP/MAP Secretariat and attended by representatives of the Contracting Parties to the Barcelona Convention, Executing Partners, the GEF Implementing Agency (IA), UNEP, and the UNEP/MAP Coordinating Unit, including the MedProgramme Coordination Team. The meeting aimed to launch the program, provide updates on the execution plans for each CP, review and provide feedback on complementarities and interactions among the CPs, discuss strategies to address the COVID-19 pandemic, and submit work plans and budgets for the first year of execution for consideration by the Contracting Parties.

The inception phase/report is the first major stage in the implementation of any GEF-funded project, representing a significant opportunity to validate the project scope and correct design flaws. The MedProgramme inception largely validated the scope through detailed work planning. However, the inception phase and report didn't recognise the significant flaws in the project indicators and no changes to the indicators applied during the inception phase. Also, no environmental and social screening didn't take place at the design stage nor at the inception phase.

The project also developed the costed workplans with appropriate level of detail, procurement plan and communication roadmap.

The MedProgramme Coordinating Unit established Project Steering Committee and organized its first meeting for Child Project 4.1 by videoconference on 11 March 2021, but didn't conduct detailed stakeholders analysis to inform stakeholders engagement strategies, since then, the PSC has been convening annually with a total of 4 PSC meetings to date.

The project has put in place the required legal agreements and financial arrangements for the project implementation including the Internal Cooperation Agreement (ICA) and agreement with the University of the Geneva.

The CP 4.1 has been struggling in assembling full team for MedPCU from the beginning of the project, the lack of human resource in MedPCU has been critical barrier for delivery of the project activities, and has been assessed by stakeholders and MedPCU as the root cause for most (if not all) implementation shortcomings mentioned in this evaluation report. This includes the absence of a KM expert, gender expert and technical officers. Although a gender expert was initially on board, their service had to be discontinued in compliance with procurement rules, and no replacement has been made yet. Additionally, the role of the program coordinator has experienced turnover, leading to a gap during the transition between coordinators. Filling the vacant roles has been significantly slow, with efforts often going in circles regarding the best approach for recruitment and procurement.

Quality of Project Management and Supervision

Rating: Moderately Satisfactory

The CP 4.1 steering committee carries out the function of a Project Board, as a key decision-making and strategic guidance avenue for the project. The primary objective of the Project Steering Committee Meetings was to review, discuss and approve the project's annual workplan and budget for 2021 – 2022 as well as the proposed revisions to the overall project budget. The steering committee brings together representatives from the 9 contracting parties that have endorsed the project, United Nations Environment Programme (UNEP) and the European Bank for Reconstruction and Development (EBRD)

as GEF Implementing Agencies and the Executing Agency - the Mediterranean Action Plan/Barcelona Convention Secretariat (UNEP/MAP).

The MedProgramme Coordinating Unit established Project Steering Committee and organized its first meeting for Child Project 4.1 by videoconference on 11 March 2021, the steering committee was held annually since then, and has been instrumental in decision making, particularly in terms of approving work plans, budgets, and budget revisions. The PSC recommendations were largely implemented by the MedPCU and taken into account in updating the annual work plan and budget.

UNEP/MAP, as the programme's leading executing agency, is responsible for organizing most of the child projects steering committee meetings and serves as their Secretariat. This has clearly placed an administrative burden on the already resource-scarce CP 4.1 and MedPCU, and has also raised concerns about the ownership of other executing agencies. The rationale behind leading all steering committees centrally is not entirely clear. In fact, assigning responsibility for steering committees to the respective executing agencies would enhance their ownership and accountability over their own child projects. Nevertheless, the participation of UNEP/MAP and MedPCU in the child projects' steering committees remains vital and important to ensure the integrated programmatic approach, but that is not necessarily through performing the role of the Secretariat for these committees particularly given the limited human resources in MedPCU.

The MedPartnership faced challenges due to low staffing levels in the MedPCU, which were inadequate for a project of this scope and complexity. This issue was further exacerbated by the loss of staff members at various times during project implementation, this situation placed a significant burden on the remaining PCU staff and certain MAP staff members.

Stakeholders' Participation and Cooperation

Rating: Moderately Unsatisfactory

The CP 4.1 project document presents a basic mapping of stakeholders to be engaged in the project, but this was not followed up with a detailed stakeholder analysis at the implementation stage, as was done in other child projects. CP 4.1 was intended to build on the stakeholder analysis conducted by individual child projects to ensure that key national stakeholders were exposed to the experiences gained through other Child Projects and actively shared lessons learned with potential Mediterranean-wide implications.

The stakeholder engagement activities of Child Project 4.1 have primarily focused on stakeholders within the project's immediate sphere of influence. These include the GEF Operational Focal Points, the MAP focal points, the Implementing and Executing Agencies, and the Executing Partners of the other Child Projects. However, at the national level, and an aside from two field missions conducted by MedPCU to two countries, CP 4.1's engagement with national-level stakeholders has been generally limited due to a lack of human resources in MedPCU. Stakeholders form government counterparts engaged in this MTE had little knowledge of the CP 4.1 in particular in terms of activities and outcomes, for some, the ASM of 2024 was the first time to learn about the CP 4.1 existence, this is attributed to the limited coordination outcomes as well as turnover in staff assigned by the participating governments.

Now that the KM platform has been softly launched, it is more critical than ever to establish an engagement and dissemination strategy and tools. This strategy should aim to present the MedProgramme in an integrated manner and ensure that lessons learned and knowledge products reach

potential beneficiaries at the country level. The engagement strategy needs to expand to cover, donors community, regional partners, private sector, non-governmental organizations (NGOs), the scientific community and the general public.

Although not specifically stipulated in the project document, CP 4.1 project management has successfully employed adaptive management and formulated two stakeholders engagement platforms to enhance its engagement effectiveness: The first was a Gender Community of Practice (CoP) and second a Knowledge Management (KM) Task Force. These platforms have been instrumental in developing and utilizing the gender mainstreaming strategy and KM platform. They have served as effective platforms for stakeholder engagement and consultation in developing programme-level outcomes. However, the Gender CoP is currently not fully active due to the absence of a gender expert in MedPCU with a last meeting held in June 2023, while the KM Task Force has recently been active in guiding the platform's development. It is important for both Task Forces to continue the engagement process to ensure ongoing progress and effectiveness.

Additionally, the Annual Stocktaking Meeting (ASM) has been instrumental in engaging with the MedProgramme's Implementing Agencies, Executing Partners, and Participating Countries on knowledge management, coordination, monitoring, and evaluation. The 2024 ASM discussed ways to advance integration among child projects and improve the programmatic approach of the MedProgramme. However, there have been only two ASM meetings over the past four years of implementation, and the irregularity of these meetings has negatively impacted the delivery of an integrated program approach.

Recently, the MedPCU started to expand its engagement with the scientific community, and this is now crowned with a collaboration framework and the cooperation agreement being established with the University of Geneva in the framework of the UNEP/GRID partnership that was signed in October 2023 to develop the KM platform and facilitate information sharing.

Responsiveness to Human Rights and Gender Equity

Rating: Satisfactory

The CP 4.1 project is responsive to human rights and gender equality concerns, recognizing that women in some parts of the MedSea often face particular forms of institutionalized exclusion from civil society and political spheres and are likely to be vulnerable to external (including environmental) shocks. In response, CP 4.1 has taken a leading role in helping child projects analyze gender mainstreaming, set up gender action plans, and establish gender monitoring frameworks. In terms of expenditures, CP 4.1 covered the cost of the gender consultant hired early in the implementation.

Regarding human rights, CP 4.1 acknowledges that vulnerable groups are often excluded from policy negotiation and decision-making, increasing their exposure to threats in the Mediterranean region and the burdens of emerging risks and shocks. The CP 4.1's KM platform includes materials on addressing the needs of vulnerable communities in the MedSea region, particularly women[24].

[24] Four takeaways from gender-sensitive assessments of climate change risks in the Mediterranean

Environmental and Social Safeguards

Rating: Unsatisfactory

Environmental and social screening didn't take place at the design stage for CP 4.1 in accordance with UNEP's Environmental and Social Sustainability Framework (EESF)[25] of 2020[26], as a result, environmental and social risks and impacts were not identified/screened early on for CP 4.1. Although, it would have been very likely that the CP 4.1 is classified as a 'low risk' given the soft nature of the activities in terms of coordination and knowledge management, and not expected to have significant adverse environmental and social impacts, but this still needed to be documented.

This project focuses on knowledge management, coordination, monitoring and evaluation, and gender mainstreaming. Therefore, there are no specific environmental safeguard measures to report. However, the project's gender mainstreaming efforts effectively address UNEP Safeguard Standard 8 (Gender Equity). Gender equality and women's empowerment are being holistically integrated into the technical assistance and knowledge management activities of the MedProgramme's Child Projects.

Also, the CP 4.1 is expected to contribute positively to environmental sustainability in the region by delivering its activities (Knowledge Management, Coordination and Monitoring, and Cender Mainstreaming) and outcomes (uptake of the lessons and knowledge improved, and integrated coordination). These will promote adoption of approaches reverse degradation trends and improve sustainability of coastal environmental resources, more stable livelihoods, and enhanced resilience to climatic change and variability. Currently, given the immaturity of the KM platform, there is no evidence to suggest uptake of knowledge and learning to inform environmental sustainability at the country level, but it is likely to happen in the future.

The absence of the ESS meant that risks have not been identified, and accordingly no management plan, no monitoring of, and reporting on, the safeguarding issues.

Country Ownership and Driven-ness

Rating: Moderately Unsatisfactory

CP 4.1 is a coordination project by nature, but the ultimate users of its products (such as the KM platform) are the participating countries. Thus, the participation of countries, particularly high-level decision-makers, in knowledge exchange events and ASMs is crucial. However, there have been limited events specifically for knowledge dissemination so far, and the ASM frequency has not been enough to stimulate a strong country ownership. The level of country ownership was recognized as a medium risk in the project design due to anticipated low attendance rates by countries.

Furthermore, representatives from the participating governments involved in the MTE process had limited knowledge of CP 4.1 and its activities, including the KM platform and communication efforts to date. Government counterparts had minimal involvement in the KM platform's development and in providing data and information. As of now, apart from testing the KM platform during the ASM, the participating government counterparts still do not have full access to the KM platform.

[25] Available here

[26] The EESF of 2020 replaces the Environmental, Social and Economic Sustainability Framework (ESESF) of 2014.

This concern remains valid and highlights the need to encourage greater participation of countries in future KM events and ASMs. The MedPCU needs to be more proactive in engaging directly with the participating countries and make the outputs of the CP 4.1 more visible and seek active participation.

Communication and Public Awareness

Rating: Moderately Unsatisfactory

All child projects as direct beneficiaries are generally aware of the CP 4.1's scope of work and mains messages, but it is not clear what progress has been made, and also limited awareness of what other child projects are doing, especially those outside their pillars, some child project teams reported that it was their fist time to get to know about other project during the 2024 ASM. This is limiting factor for effective synergies among the projects.

Also, there are number of limiting factors to CP 4.1's visibility including the premature stage of the KM platform, the absence of the public facing website and limited number of KM events and engagements with the countries involved in the MedProgramme.

As explained under the effectiveness section of this report, the CP 4.1 project produced a number of publication material such videos, social media posts, and led the development of a communication roadmap and its supplementary visual identity guide covering the entire programme, but the roadmap implementation has been limited with no monitoring of its effectiveness due to the absence of KM and communication expert in the MedPCU team.

6. Conclusions

1. The coordinating project within this integrated program exhibits a reasonable technical design, linking outputs, outcomes, objectives, and goals through a comprehensive set of activities. The project is supported by a detailed situational analysis, a solid work plan, a transparent budget, and clear governance structures. The design incorporates strategies such as KM and gender strategies, with substantial inputs from consultations and lessons learned from the MedPartnership project. However, the project design has areas needing improvement, particularly in stakeholder engagement and Monitoring & Evaluation (M&E). The absence of a specific stakeholder engagement strategy and a clear definition of roles and responsibilities may hinder project effectiveness. Additionally, the results framework lacks comprehensive outcome and impact indicators, gender-specific indicators, and annual targets, making it difficult to assess progress towards outcomes and impacts and provide limited guidance to the project activities.

2. The Programme Framework Document (PFD) from 2016 remains the sole source for the program-level Theory of Change (ToC), and provides a regional framework but has significant issues, including misalignment with key thematic areas, lack of barrier references, and simplistic pathways. The Project Document for CP 4.1 offers a more detailed ToC with Intermediate States and defined outcomes, aligning well with the project's scope. However, it needs improvements in several areas including recognizing CP 4.1's role in achieving program-level outcomes, acknowledging gender mainstreaming, addressing transboundary cooperation, aligning with the program-level ToC, and identifying barriers.

3. The MedProgramme aligns with UNEP's Medium-Term Strategy (MTS) objectives for 2022–2025, addressing climate change, biodiversity and nature loss, and pollution and waste. The CP 4.1 project is fully integrated with UNEP's mandate and thematic priorities, contributing directly to relevant Programme of Work (PoW) indicators, including those related to gender equality and environmental governance. CP 4.1 is designed to enhance knowledge management, digitalization, and environmental data, in line with MTS subprogrammes. It also meets UNEP's south-south cooperation policies by fostering synergies among child projects and participating countries. The project aligns with the GEF 6 strategy, supporting objectives across International Waters, Chemicals and Waste, Biodiversity, and Climate Change focal areas. It plays a crucial role in coordinating diverse child projects, ensuring program coherence and impact through effective knowledge management and gender mainstreaming.

4. There have been significant delays in delivering key outputs, notably the KM platform which remains premature until this point. Communication roadmap, while comprehensively developed, has been hampered by limited human resources, resulting in incomplete implementation and insufficient engagement with media outlets. The programme's replication mechanisms are not developed. The coordination activities, such as the Annual Stocktaking Meetings, have seen progress but require consistent implementation and systematic feedback collection to maintain momentum and improve effectiveness.

5. Despite some progress, transition from outputs to project outcome are not fully in place yet. The uptake of lessons and best practices is difficult to assess due to immature knowledge-sharing mechanisms and insufficient documentation processes. While efforts to improve coordination and learning among child projects have been initiated, these have been limited by staffing issues and slow project progression, impacting the program's synergistic potential. The MedBulletin, although useful, does not provide a comprehensive view of the program's overall progress. Significant progress has been made in gender mainstreaming, with six Gender Action Plans developed and the establishment of a Gender Community of Practice, though some plans are still in development.
6. The effectiveness of CP 4.1 in enabling the environment for individual child projects to collectively achieve anticipated impacts has been challenged by inadequate support and resources. Limited integration and coordination, delays in capacity building, and insufficient replication efforts hinder its transformative potential.

7. The CP 4.1's financial delivery is below expectations, with only 25% of the budget spent until the end of Q1 2024. This underperformance is mainly due to slow progress in key activities like coordination, ASMs, and KM platform development, exacerbated by significant human resource challenges, including vacant key positions and turnover of the program coordinator. Recruitment and procurement delays have further hindered progress, leading to substantial delays in project activities. Co-financing contributions have fallen short, with only 4% of the in-kind contribution target secured and 0% of the cash contributions by UNEP/MAP, primarily due to a lack of a proper tracking system and limited engagement with government partners.

8. The standard UNEP practice of disbursing funds in tranches tied to yearly expenditure and quarterly activity reports has posed challenges for CP 4.1, particularly in recruitment and procurement through UNOPS, which requires 90% of contract costs to be transferred before signing.

9. CP 4.1 has struggled with tracking co-financing contributions, with only MAP's staff time and office space contributions being documented. This lack of a proper tracking system for co-financing from project partners will likely lead to significant under-delivery on co-financing targets.

10. CP 4.1 acknowledges the potential impact of political changes on implementation but has relied on Annual Stocktaking Meetings to address such risks. However, with only two meetings conducted in four years and limited national-level engagement by the MedPCU due to human resource constraints, there is a need for more robust adaptive strategies and effective communication with government counterparts to ensure the programme's resilience and relevance. The limited maturity of CP 4.1's knowledge management platform and the absence of replication atlases have constrained the programme's potential to influence policy and legislative reforms at the national level. This shortcoming hampers efforts to reduce threats to natural resources and enhance ecosystem conservation.

11. CP 4.1 has not fully leveraged the potential of the UNEP/MAP structure with limited participation of high-level decision-makers from partner countries in KM events, limiting opportunities for long-lasting capacity building and enrichment of the GEF Partnership with replicable solutions and lessons learned. The CP 4.1 has not clearly defined exit strategy outlining the future arrangement institutional and financially beyond the GEF funded project. The future uncertainties created by the lack of sustainability plan is further exacerbated by the limited partnership established to mobilize resources and momentum for replication and upscaling.

12. Currently, the CP 4.1 project outcomes rely entirely on GEF resources, with no clear plan for financial sustainability beyond the GEF funding period. The future financing and maintenance of the KM platform and coordination efforts have not been adequately investigated or documented. CP 4.1 has underutilized opportunities for private sector engagement, which could enhance the long-term sustainability of the MedProgramme's actions. The limited engagement of International Financial Institutions (IFIs) in ASMs and the absence of partnerships with the private sector have restricted potential investments and innovative solutions for coastal and resource management.

13. UNEP/MAP, as the programme's leading executing agency, has taken on the responsibility of organizing most of the child projects' steering committee meetings and serves as their Secretariat. This centralization has placed a significant administrative burden on the resource-scarce CP 4.1 and MedPCU, raising concerns about the ownership and accountability of other executing agencies. Delegating the responsibility of steering committees to the respective executing agencies would enhance their ownership and accountability over their projects, while still ensuring the integrated programmatic approach through UNEP/MAP and MedPCU participation without the need to act as Secretariat.

14. There has been limited national-level engagement with only two ASMs have been held over the past four years. As a result, many national stakeholders were unaware of CP 4.1's activities and outcomes until the 2024 ASM. CP 4.1 has successfully implemented adaptive management by establishing two key stakeholder engagement platforms: the Gender CoP and the KM Task Force. These platforms have been instrumental in developing and applying the gender mainstreaming strategy and KM platform, fostering stakeholder engagement and consultation for program-level outcomes. However, the Gender CoP has been inactive since June 2023 due to the absence of a gender expert in MedPCU.

Table 10: Summary assessment and ratings by evaluation criteria.

Highly Satisfactory (HS); Satisfactory (S); Moderately Satisfactory (MS); Moderately Unsatisfactory (MU); Unsatisfactory (U); Highly Unsatisfactory (HU). Sustainability is rated from Highly Likely (HL) down to Highly Unlikely (HU).

Criterion	Summary assessment	MTE rating
Strategic relevance	The MedProgramme aligns with UNEP's Medium-Term Strategy (MTS) objectives for 2022–2025, addressing climate change, biodiversity loss, and pollution. The CP 4.1 project is fully integrated with UNEP's mandate, contributing to Programme of Work indicators related to gender equality and environmental governance. CP 4.1 aims to enhance knowledge management, digitalization, and environmental data, supporting MTS subprogrammes. It also aligns with UNEP's south-south cooperation policies by fostering synergies among child projects and participating countries. The project supports the GEF 6 strategy objectives across International Waters, Chemicals and Waste, Biodiversity, and Climate Change focal areas, ensuring program coherence and impact through effective knowledge management and gender mainstreaming.	Satisfactory
Quality of Project Design	The coordinating project is based on a sound technical design, effectively linking outputs, outcomes, objectives, and goals through comprehensive activities informed by consultations and lessons from the MedPartnership project. The lack of a specific stakeholder engagement strategy and a clear definition of roles and responsibilities may hinder project effectiveness. Additionally, the results framework is missing comprehensive outcome and impact indicators, gender-specific indicators, and annual targets, making it difficult to assess progress towards outcomes and impacts and providing limited guidance for project activities.	Satisfactory
Effectiveness: Moderately Unsatisfactory		
Availability of outputs	There has been significant delays in delivering key outputs, most importantly, the KM platform. However, some of the key CP4.1's outputs have recently started to develop and be available for child projects to use, notably the KM platform, communication strategy, gender analysis, action plan and monitoring. The KM platform is still evolving with information with limited access and dissemination. The quality of other outputs is deemed to be of good quality and these tools are expected to offer utilizable platforms for child projects and partners with acceptable level of ownership. Also, the coordination, synergies and replication-related outputs are still evolving and not fully matured and still didn't fulfill their full potential to achieve the anticipated outcomes.	Moderately Unsatisfactory
Achievement of project outcomes	Despite some progress, transition from outputs to project outcome are not fully in place yet. The delay in delivering key elements of the CP4.1 (KM platform), limited coordination and limited synergetic and programmatic/system-thinking approach meant that the status of outcomes is not yet fully mature to attain intermediate states outcomes in terms of fully enabling the environment and setting the basis for the child project and broader partners to implement an integrated programmatic approach.	Moderately Unsatisfactory

Criterion	Summary assessment	MTE rating
Likelihood of impact	The enabling environment is not yet fully established for child projects and partners to deliver integrated programmatic approach in terms of capacity building, coordination, knowledge ad synergies. This is together with the limited basis for replication and upscaling available for the MedProgramme making it hard to contribute to the overall impacts by CP 4.1. On the other side, an early positive trend in monitoring data produced by the countries using the new KM platform and CP 4.1's support on gender mainstreaming are important intermediate state outcomes towards achieving the ultimate impacts.	Moderately Unlikely
Efficiency	The CP 4.1's financial delivery is only 25% of the budget spent until the end of Q1 2024. Significant human resource challenges, including vacant key positions and turnover of the program coordinator. Recruitment and procurement delays have been hindering the progress, leading to substantial delays in project activities. Co-financing contributions have fallen short, with only 4% of the in-kind contribution target secured and 0% of the cash contributions by UNEP/MAP, primarily due to a lack of a proper tracking system and limited engagement with government partners.	Moderately Unsatisfactory
Financial management: Satisfactory		
Adherence to UNEP's Financial Policies and Procedures	The CP 4.1 project has been producing timely quarterly and annual expenditure reports and annual co-financing reports as part of its financial monitoring systems, these reports generally show that expenditure is within the approved annual budget (or reviewed budget).	Satisfactory
Completeness of Financial Information	The way that funds are being disbursed from the IA to UNEP/MAP is hindering the recruitment and procurement process of long term contracts through UNOPS which requires 90% of contract costs to be transferred before signing. Absence of tracking system for co-financing contributions by partners.	Moderately Unsatisfactory
Communication Between Finance and Project Management Staff	MedPCU was well-informed about UNEP's financial reporting requirements and the project's financial status. The Financial Management Officer (FMO) had some awareness of the overall project progress when making financial disbursements	Satisfactory
Monitoring and reporting: Satisfactory		
Monitoring Design and Budgeting	The monitoring design is comprehensive and well-budgeted. The data collection methods and frequency are considered appropriate and data collection is designed in such way to address gender-disaggregation when relevant. The new dashboard system enables visualization of the monitoring data, tracking CP 4.1's progress against indicators and targets, as well as the implementation of other Child Projects. The overall M&E budget constituted about 13.6% ($340,000) including the ASMs.	Satisfactory
Monitoring of Project Implementation	The CP 4.1 project's monitoring system effectively facilitated the timely tracking of results throughout the project's implementation period. There	Moderately Satisfactory

Criterion	Summary assessment	MTE rating
	have been delays in conducting this MTE, which is not occurring exactly at the midpoint of the project's lifecycle	
Project Reporting	The CP 4.1 produced 3 PIRs based on the UNEP/GEF-provided templates attaching the documentation/evidence. Additionally, the project achievements and indicators updates started to be integrated into the KM platform.	Satisfactory
Sustainability		
Socio-political sustainability	While the CP 4.1 project did not initially identify political conflicts as a major risk, it did acknowledge that government changes could hinder implementation. ASMs are the primary adaptive strategy to address political instability, although only two such meetings have been held in four years, with the latest in April 2024 attended by representatives from eight out of ten engaged countries. The MedPCU's national-level engagement has been limited due to human resource constraints, potentially jeopardizing the sustainability of outcomes. However, the commitment of countries to the Barcelona Convention mitigates some risks. The CP 4.1 project's underdeveloped knowledge management platform and lack of replication atlases hinder the integration of results into national policies and legislation. Improved tools and outreach efforts are expected to support the Barcelona Convention's goals beyond the MedProgramme's duration.	Moderately Likely
Institutional Sustainability	CP 4.1 has not fully leveraged the potential of the UNEP/MAP structure with limited participation of high-level decision-makers from partner countries in KM events, limiting opportunities for long-lasting capacity building and enrichment of the GEF Partnership with replicable solutions and lessons learned. The CP 4.1 has not clearly defined exit strategy outlining the future arrangement institutional and financially beyond the GEF funded project. The future uncertainties created by the lack of sustainability plan is further exacerbated by the limited partnership established to mobilize resources and momentum for replication and upscaling.	Moderately Unlikely
Financial sustainability	Currently, the CP 4.1 project outcomes rely entirely on GEF resources, with no clear plan for financial sustainability beyond the GEF funding period. The future financing and maintenance of the KM platform and coordination efforts have not been adequately investigated or documented. CP 4.1 has underutilized opportunities for private sector engagement, which could enhance the long-term sustainability of the MedProgramme's actions. The limited engagement of International Financial Institutions (IFIs) in ASMs and the absence of partnerships with the private sector have restricted potential investments and innovative solutions for coastal and resource management.	Moderately Unlikely
Factors affecting performance		

Criterion	Summary assessment	MTE rating
Preparation and readiness	The project delivered inception report that validated the scope through detailed work planning but didn't recognise the significant flaws in the project indicators. The project also developed the costed workplans with appropriate level of detail, procurement plan and communication roadmap.	Moderately Satisfactory
Quality of Project Management and Supervision	The steering committee was held annually since the beginning of the project, and has been instrumental in decision making, particularly in terms of approving work plans, budgets, and budget revisions. UNEP/MAP, as the programme's leading executing agency, has taken on the responsibility of organizing most of the child projects' steering committee meetings and serves as their Secretariat. This centralization has placed a significant administrative burden on the resource-scarce CP 4.1 and MedPCU, raising concerns about the ownership and accountability of other executing agencies.	Moderately Satisfactory
Stakeholders' Participation and Cooperation	There has been limited national-level engagement with only two ASMs have been held over the past four years. As a result, many national stakeholders were unaware of CP 4.1's activities and outcomes until the 2024 ASM. CP 4.1 has successfully implemented adaptive management by establishing two key stakeholder engagement platforms: the Gender CoP and the KM Task Force. The Gender CoP has been inactive since June 2023 due to the absence of a gender expert in MedPCU.	Moderately Unsatisfactory
Responsiveness to Human Rights and Gender Equity	The CP 4.1 project is responsive to human rights and gender equality concerns, recognizing, and responding to the, the fact that women in some parts of the MedSea often face particular forms of institutionalized exclusion from civil society and political spheres and are likely to be vulnerable to external (including environmental) shocks.	Satisfactory
Environmental and Social Safeguards	Environmental and social screening didn't take place at the design stage for CP 4.1 in accordance with UNEP's EESF of 2020 , as a result, environmental and social risks and impacts were not identified/screened early on for CP 4.1.	Unsatisfactory
Country Ownership and Driven-ness	There have been limited events specifically for knowledge dissemination so far, and the ASM frequency has not been enough to stimulate a strong country ownership. The participating governments involved in the MTE process had limited knowledge of CP 4.1 and its activities, including the KM platform and communication efforts to date	Moderately Unsatisfactory
Communication and Public Awareness	While child projects are generally aware of CP 4.1's scope and main messages, there is limited awareness of the progress made and the activities of other child projects, especially those outside their pillars. CP 4.1's visibility is constrained by several factors, including the premature stage of the KM platform, the absence of a public-facing website, and limited KM events and engagements with participating countries.	Moderately Unsatisfactory
Overall Project Performance Rating: Moderately Unsatisfactory		2.79

15. Lessons learned

Lesson learned #1:	**Knowledge management can be very instrumental programmatic element in achieving integration among individual projects**
Context/comment	The CP 4.1's KM platform is still premature, but stakeholders engaged in the MTE process have reiterated the essential role and huge potential in operationalising KM platform effectively. Knowledge management is a powerful programmatic element that can significantly enhance the integration and success of individual projects. By fostering collaboration, improving efficiency, driving innovation, ensuring consistency, and supporting decision-making, knowledge management enables programmes to leverage their collective expertise and achieve their strategic objectives. Investing in robust knowledge management practices is essential for any programme/organization looking to maximize the impact of its projects and programs. The MedProgramme Knowledge Management Platform provides the first ever combined information management mechanism allowing to link progress in the implementation of activities to variations in the GEF Core Indicators monitoring the Global Environmental Benefits and to changes in the environmental indicators openly available for the Mediterranean Region. It also allows to create use cases on information management tools to serve the science-policy interface at the national and sub-national level. It also allows building uses cases on combining available information (progress, drivers, state) to orient and plan further action in the 4 MedProgramme Focal Areas.

Lesson learned #2:	**The 'Theory of Change' is a critical tool not only in planning, but also in maintaining a strategic and shared vision for multiple child projects for promoting a programmatic approach in planning and outcomes delivery during implementation.**
Context/comment	The MedProgramme Theory of Change (ToC) has not been utilised sufficiently to guide the setting up a shared vision among the child projects. The ToC can be vital in maintaining a strategic and shared vision for multiple child projects, promoting a programmatic approach in planning and outcomes delivery. By providing a clear roadmap, facilitating collaboration, improving planning and resource allocation, enhancing monitoring and evaluation, and supporting adaptive management, the ToC ensures that all projects are aligned and working towards common goals. Its importance in achieving strategic coherence and effective outcomes cannot be overstated.

Lesson learned #3:	**A timely Mid-Term Evaluation is critical adaptive management tool**
Context/comment	The CP 4.1 has experienced challenges and delays in delivering it activities, including the conducting the MTE. The delays in MTE meant that less resources available for adaptive management actions. Timely MTEs are

	invaluable tools for adaptive management, offering critical insights that enable project teams to make informed decisions and adjustments. By identifying issues early, improving resource allocation, enhancing stakeholder engagement, and informing future planning, mid-term evaluations ensure that projects remain on track and achieve their desired outcomes. The proactive use of mid-term evaluations is essential for maximizing project success and fostering a culture of continuous improvement.

Lesson learned #4:	**It is important to assess human resources needs upfront is a critical aspect of effective project management to ensure that the right skills and capacities are available to meet project demands, facilitating smooth execution and successful outcomes.**
Context/comment	The MedPCU has experienced significant challenges related to limited human resources available to the implementation, this has been the underlying cause for most of the problems and shortcomings identified in this MTR. Assessing human resources needs upfront is vital for effective project management. It ensures adequate staffing, matches skills to tasks, supports budget planning, enhances team coordination, mitigates risks, facilitates timely project delivery, and promotes continuous improvement. By prioritizing HR assessment early in the project planning process, organizations can set the stage for successful project execution and achieve their desired outcomes, this includes assessing human resources needs at the country level.

Lesson learned #5:	**Regular gender-specific reporting and dedicated activities are crucial for maintaining focus on gender mainstreaming and ensuring progress is tracked and evaluated.**
Context/comment	The CP 4.1's efforts on mainstreaming gender into the child projects have been acknowledged and appreciated by the stakeholders. The development of the gender-specific monitoring framework integrated into the KM is seen by stakeholders as essential for maintaining focus on gender mainstreaming and ensuring progress is tracked and evaluated. These practices enhance gender mainstreaming, track and evaluate progress, identify gaps, promote gender-sensitive policies, empower women and marginalized groups, and ensure compliance with international standards. By prioritizing gender-specific reporting and dedicated activities, organizations can make significant improvements towards achieving gender equality and fostering inclusive development.

16. Recommendations

The recommendations below are meant to build on lessons learned and provide adaptive management roadmap for enhancing the project and programme delivery. It should be noted however that implementing these recommendations is contingent on the recruitment of adequate human resources in MedPCU, and without these resources, it is unlikely that project delivery is going to improve. Therefore, recommendation #1 below should be seen as a pre-requisite to implement other recommendations.

Recommendation #1	**Expedite the recruitment and procurement processes to fully equip the MedPCU with human resources it needs for delivery. This should include transferring larger portions of the budget from IA to UNEP/MAP to enable them meeting the UNOPS requirement and transfer 90% of the new contract costs upfront as per UNOPS rules.**
Challenge/problem to be addressed by the recommendation	The CP 4.1 has been struggling in assembling a full team for MedPCU from the beginning of the project, the lack of human resource in MedPCU has been critical barrier for delivery of the project activities, and has been assessed by stakeholders and MedPCU as the root cause for most (if not all) implementation shortcomings mentioned in this evaluation report. This includes the absence of a KM expert, gender expert and technical officers. The amount of funding transferred from IA to EA has been estimated with consideration of the project ability to spend and therefore MedPCU's request for large funding has not been accepted. Although this is a standard management practice in UNEP, however, the MedPCU sees this an obstacle for recruitment and procurement through UNOPS, as UNOPS requires that at least 90% of the contract cost is transferred to them prior to signing any contract. The MedPCU should be clear as to why large funding is requested and the IA needs to facilitate those transactions more flexibly to allow UNOPS operational support to take place.
Priority Level	Critical recommendations
Responsibility	UNEP/MAP
Proposed implementation timeframe	ASAP

Recommendation #2	**Strengthen the MedProgramme coordination and programmatic approach by implementing the following actions:**
Sub-recommendations	2.1 Conduct robust analysis of synergies across child projects to maximize efficiency, resource utilization, and achieving overarching programme goals. This includes mapping out synergies among child projects at the level of communication, policy making, decision making, resources, knowledge management, collaboration and monitoring and evaluation. Identifying and leveraging these synergies can lead to better outcomes, innovation, and

	enhanced collaboration among stakeholders. The synergies analysis should include detailed stakeholders analysis. 2.2 Based on the Synergies Analysis (1.1) and in alignment with the Programme's ToC, develop guiding policy papers for thematic areas under the programme to promote policy coherence in the participating countries and ensure cohesive and impactful outcomes. The policy papers aim to provide a comprehensive framework for promoting policy coherence across thematic areas under the programme such as chemicals, climate change, biodiversity conservation, etc, ensuring that efforts are aligned and mutually reinforcing in the participating countries. These papers outline strategic directions, key policy recommendations, and implementation strategies to achieve integrated and sustainable development outcomes. The policy paper is intended for use by policymakers, project managers, stakeholders, and partners involved in the programme. It serves as a guide to harmonize efforts across different projects and sectors, fostering collaboration and maximizing impact at the regional level. 2.3 Identify and communicate activities that represent synergies among child project as case studies in the MedBulletin. Communicating these success stories not only demonstrates the value of integrated project management but also provides a model for future projects to follow. 2.4 Establish and convene a monthly engagement platform with the stakeholders including the child projects and government counterparts aiming at fostering collaboration, ensuring alignment with strategic goals, and enhancing the effectiveness of MedProgramme implementation. The monthly meeting will help to foster collaboration by sharing updates, challenges, and successes, and encourage knowledge sharing and mutual support. It is crucial for the meeting to include agenda item on coherence and alignment where interlinkages can be identified and operationalised, and case studies of synergies in practice. 2.5 Design and deliver annual impact report representing aggregate impact of all child projects collectively – focused on GEF core indicators and aligns with the impacts defined in the ToC. The annual impact report will present a comprehensive overview of the collective achievements and progress of the child projects. This report highlights key impacts, financial summaries, lessons learned and future directions to ensure continued success and growth. 2.6 Include an agenda item to CP 4.1 steering committee to specifically discuss the programmatic oversight and identify areas of synergies. 2.7 The MedPCU to conduct a series of country missions to proactively engage directly with child projects and the participating governments with aim to - Increase the visibility of the CP 4.1 outcomes - Identify possible linkages and synergies. - Facilitate joint planning sessions among child projects within the same country 2.8 Keep the momentum and the frequency of ASMs with greater emphasis on countries' participation. Ensure that ASMs are conducted in accessible locations for all stakeholders to encourage participation.
Challenge/problem to be addressed by the recommendation	The recommendation is to address the challenges identified in relation to the limited coordination and integrated programmatic approach

Priority Level	Critical recommendations
Responsibility	MedPCU / UNEP MAP
Proposed implementation timeframe	Within 1 year from the time of this MTE report

Recommendation #3	**Strengthen the MedProgramme's KM by implementing the following actions:**
Sub-recommendations	3.1 Develop an outcome-based measurement and evaluation framework for the KM platform. The current monitoring framework the KM is fully dependent on the number of knowledge products available in the platform with no insights on the uptake and utilization of the knowledge products by users across the region. An outcome-based M&E framework for the KM platform would involve stakeholders to report their feedback on the knowledge products including relevance to their needs, accessibility and usefulness and document actual cases of knowledge uptake into decision and policy makings. 3.2 Expand the KM Task Force to include representatives of the participating countries, this is important to get their contribution and ownership over the KM platform and its content and to ensure the relevancy of the information posted. 3.3 Clearly outline and document the details of how the integration of the MedProgramme's KM platform with the KMaP platform is expected to take place, including what are the future roles and responsibilities and funding sources. 3.4 Develop a user guide to allow users to explore the platform and its contents. This guide would serve as a vital resource to assist users in navigating the platform and leveraging its contents to their fullest potential, thereby augmenting their engagement and effectiveness in using the platform. 3.5 Conduct structured introductory and training sessions targeted at platform users, particularly contracting parties. These sessions are crucial for enhancing knowledge dissemination and enabling users to effectively utilize the available information on the platform to fulfill their reporting obligations. 3.6 Develop a KM dissemination strategy and tools to ensure proper sharing, dissemination and communication of knowledge products available on the platform. This strategy outlines the methods, tools, and practices that will be used to manage and distribute knowledge effectively to all stakeholders. 3.7 Based on the dissemination plan, convene number of KM events aiming at promoting the platform's utilization and its contribution mechanisms. Such promotional efforts should be extensive and span various levels, including national, regional, and global arenas, to maximize the platform's reach and impact. 3.8 Undertake translation into the key languages in the region (English, Arabic, French, others) of the key documents produced by the project so that they are of greater utility to the participating countries. 3.9 Develop publicly-facing website as part of the KM to ensure broader access to and uptake of the knowledge and data

Challenge/problem to be addressed by the recommendation	To address the immaturity of the KM platform
Priority Level	Important
Responsibility	MedPCU /MAP
Proposed implementation timeframe	Starting asap and recommendations to be implemented within 1 year

Recommendation #4	**To strengthen the MedProgramme sustainability by taking the following actions:**
Sub-recommendations	4.1 Develop an exit strategy for the MedProgramme aiming at ensuring the sustainability of a MedProgramme's impact after its conclusion. The strategy should focus on transferring ownership to local stakeholders, building capacities, and establishing mechanisms that can sustain the programme's benefits long-term. It should also define arrangements and responsibilities for maintain the CP 4.1's legacies, particularly the KM platform, including potential funding mechanisms for post the GEF funding period. 4.2 Develop and implement programme-level partnership and resources mobilisation strategy focused on identifying and engaging with bilateral donors, multi-lateral donors, EU as well as private sector to identify futuristic funding opportunities and potential partnerships that aid the MedProgramme outcomes during and after the current GEF funding cycle. This should include exploring innovative financing mechanisms opportunities for the MedProgramme outcomes. 4.3 Develop replication Atlases that showcase the synergistic and integrated solutions implemented by the MedProgramme, aiming to replicate and upscale programme results throughout the region. This will require substantial investments, and MAP is encouraged to promptly advance to the next phase of the MedProgramme. Efforts should focus on identifying and securing commitments from potential donors to maintain the momentum generated by the MedProgramme.
Challenge/problem to be addressed by the recommendation	The sustainability of project outcomes has a high degree of dependency on institutional, financial, social and political factors that need to be strengthened.
Priority Level	Important
Responsibility	MedPCU /MAP
Proposed implementation timeframe	Starting asap and recommendations to be implemented within 1 year

Recommendation #5	**To extend CP 4.1 for 12 months at no cost to be able to complete its results and continue supporting the child projects that are operating beyond September 2026.**
Challenge/problem to be addressed by the recommendation	The CP 4.1 project has experienced significant delays mainly due to the ongoing delays in recruitments and procurements which led delays in delivering activities on time.
Priority Level	Critical
Responsibility	PSC
Proposed implementation timeframe	ASAP

Recommendation #6	**Review the role of CP 4.1 in leading the PSCs for other child projects to ensure EAs' full accountability and ownership over their own child projects. This should involve assigning the PSC leadership to the EA in charge of the child project, or to lead EA agency in case multiple EAs are involved in one child project. It is important to note that CP 4.1's participation in the PSCs is essentially needed to strengthen the coordination role, and the proposed change is meant to strengthen EAs accountability and ownership of their child project and lift administrative burden from CP 4.1.**
Challenge/problem to be addressed by the recommendation	UNEP/MAP, as the programme's leading executing agency, is responsible for organizing most of the child projects steering committee meetings and serves as their Secretariat. This has clearly placed an administrative burden on the already resource-scarce CP 4.1 and MedPCU, and has also raised concerns about the ownership of other executing agencies. The rationale behind leading all steering committees centrally is not entirely clear. In fact, assigning responsibility for steering committees to the respective executing agencies would enhance their ownership and accountability over their own child projects. Nevertheless, the participation of UNEP/MAP and MedPCU in the child projects' steering committees remains vital and important to ensure the integrated programmatic approach, but that is not necessarily through performing the role of the Secretariat for these committees particularly given the limited human resources in MedPCU.
Priority Level	Important
Responsibility	MedPCU
Proposed implementation timeframe	ASAP

Recommendation #7	**Establish an appropriate tracking system for capturing co-financing contributions by partners and set up arrangements for the co-financing data to be reported systematically.**

Challenge/problem to be addressed by the recommendation	There is no process in place for tracking co-financing by partners; currently, only MAP's staff contributions have been tracked. These contributions include estimated time dedicated by key MAP personnel to CP 4.1 and office space. This drawback will likely result in significant under delivery on the co-financing targets by the end of the project.
Priority Level	Critical
Responsibility	MedPCU
Proposed implementation timeframe	ASAP

Recommendation #8	**Identify and connect with other GEF-funded Integrated Programmes implemented by UNEP and other GEF implementing agencies to exchange learnings and key lessons learned.**
Challenge/problem to be addressed by the recommendation	The GEF-Funded Integrated Programme (IP) is an emerging implementation modality and all implementing Agencies are on the learning curve as to how manage and deliver such complex programmes. It would be beneficial to engage with other coordinating projects under IPs to exchange learnings and best practices.
Priority Level	Important
Responsibility	MedPCU
Proposed implementation timeframe	ASAP

Recommendation #9	**Review project indicators as proposed in table 4 in this document.**
Challenge/problem to be addressed by the recommendation	The indicators defined in the project document are largely output-based and offer no insights on the project outcomes. The review of the project indicators in table 4 is meant to obtain evidence at the outcome level and strengthen the SMARTness of the defined indicators.
Priority Level	Important
Responsibility	MedPCU
Proposed implementation timeframe	ASAP

5 Annexes

5.1 Annex A: Response to stakeholder comments

#	Place in text	Comment	Evaluator's Response
1	**Page 10**	*It should be also considered that, due to the respective implementation phase, CPs haven't really produced lessons and best practices yet.* *The fact that the integration and coordination support provided by MedPCU has been considered "limited" is due to the important administrative work required for Programme implementation, for which the MedPCU resulted to be severely understaffed.* *Midterm is also a bit early to promote "replication efforts". All possible efforts have been done with Partner Countries to secure documentation of co-financing targets. Unfortunately, the procedure for documenting co-financing is not codified in their respective national systems.* The UNEP/MAP structure and institutional framework have been mobilized at the highest level to ensure participation of high-level decision-makers from partner countries in CP 4.1 events. Sustainability of CP 4.1 outcomes is integrated in the operational framework set up for its implementation. In the first phase, efforts have been mostly absorbed by the necessity of building partnerships for implementing planned actions and tools, and for ensuring that implemented solutions and mechanisms will be continued as part of the MAP institutional and project implementation framework. Private sector entities and international financing institutions are being involved in CP 4.1 activities once the Med CPs results will be consolidated and ready for replication/extension; although viable mechanisms for involving the private sector in project action are to be devised.	There are number of issues raised in this comment, and here are responses in bullet points: - It is acknowledged that CPs have reached varied levels of maturities in terms of outcomes, however, lessons learned and best practices are likely to emerge during implementation reflecting insights on outcomes as well as process. The assumption around the level of readiness for replication needs to be tested as this also may vary from one CP to another. - The fact that PCU is severely understaffed has been acknowledged as the main underlying reason for most of the project shortcomings including the limited coordination. - In relation to the utilization of the UNEP/MAP structure and institutional framework to ensure participation of high-level decision-makers from partner countries in CP 4.1 events, the evaluation data shows limited engagement of the partner countries at the decision making level, this has also been consistent with the stakeholders feedback. - In terms of sustainability, the MTE raises concerns related to reliance on GEF resources, future arrangements and funding. The limited participations of private sector and IFIs have not led to any substantial outcomes in terms of sustainable partnerships and funding.
2	Pag 11	The UNOPS option is being utilized to ensure that the right skills and capacities are available to meet project demands, however demanding and time-consuming efforts are required to match the UNEP and the UNOPS administrative procedures for HR management. Strengthening the MedProgramme coordination and programmatic approach would require a different operational setting for the MedPCU with dedicated thematic experts working on the field with the CPs and the Partner Countries institutions.	The MTE acknowledges that UNOPS option is being used already, however, the recommendation calls for expediting this process by transferring larger portions of the budget from IA to UNEP/MAP to enable them meeting UNOPS requirement and transfer 90% of the new contract costs upfront as per UNOPS rules. The second point re strengthening the coordination via thematic experts working in the field needs more elaboration. We are happy to include it once elaborated on.
3	Pag 12	Connection with other GEF-funded Integrated Programmes implemented by UNEP and other GEF implementing agencies to exchange learnings and key lessons learned has been mostly done at the Programme coordination level and at the Executing Partners level.	Appreciate sharing the details – happy to remove if seen unnecessary.
4	Pag 14	The limited alignment between the MedProgramme monitoring facilities and the Integrated Monitoring and Assessment Programme (IMAP) under	This is noted. This section describes the project strategy as per the project document. The limited alignment has been

		the Barcelona Convention system is justified by the fact that the former aims at monitoring project implementation progress to impact on the basis of already shared international data and the latter is the reporting system of a multilateral environmental agreement which is subject to own data management and sharing policy making difficult to access those data under a Programme although managed under the same framework.	recognised in the project document as one of the problems that this project is intended to address, i.e this is not an evaluation finding.
5	Pag 28	Acting as a coordinated framework of effective transboundary cooperation among participating countries, scaling solutions up, out and deep and maximizing the programme effectiveness, efficiency, sustainability, and durability will require a number of country missions that are scheduled in the last year of Programme implementation (2025)	This section of the report presents the reconstructed ToC, but it is agreed that country missions would be essential as a mean of strengthening the coordination and efforts for scaling solutions up, out and deep.
6	Pag 36	"*Currently there are no active partnerships established with other projects at the regional and local levels, and this is mainly due to the fact that MedPCU is overstretched to maintain the programme operation with very limited human resources*". This has been a structural feature of MedPCU, however it is expected to change in the last two years of implementation through increased technical exchanges with other GEF funded projects.	This is now noted in the report.
7	Pag 37	Stakeholder engagement has been mostly done through Executing Partners and MAP and GEF Operational Focal Points. All the highlighted shortcomings of the Result Framework had been already identified by the MedPCU, however it was decided not to modify it as it would have required an extensive administrative effort.	Th results framework is instrumental in measuring progress to outcomes and impacts, and the identified deficiencies are limiting these opportunities. The Evaluation Office notes that a Mid Term Evaluation typically provides an opportunity for revisions/improvements to be made in critical areas of the project, including its results framework.
8	Pag 40	The Project Management Tool is not integrated in the Knowledge Management Platform as the latter doesn't require automatic data transfer from the PMT and the PMT is only accessible to authorised users. The PMT just serves as an implementation schedule for monitoring needs on daily basis. It is being explored the option of extracting implementation progress data from the UNEP PIR system and to show them on the Platform Dashboard. The "publicly-facing website" is still accessible through credentials, however it is ready to be opened up once MedPCU will be able to ensure content development on daily basis. While the KMaP is expected to serve the knowledge management needs of the entire UNEP/MAP (at the Regional Sea Programme level), the MedProgramme knowledge management platform is expected to serve knowledge management at the project level. The two tools will have different data and information management policies. Data and information management (collection, validation, publishing, interlinkages, etc.) at the project level will not be subject to the management procedures of an intergovernmental body thus ensuring faster updates and data availability. In the long term the two systems are expected to converge, however, as	The text related to the PMT is now updated based on the provided information. The text related to the publicly facing website is now also updated based on this information. The distinction between KMaP and MedProgramme platforms is now noted and added, however, as noted by the comment the convergence of the two platforms is yet to be defined.

		things stands in this phase, it is advisable to keep the two implementation processes separated. A monitoring and evaluation system to measure the KM platform effectiveness is planned including a feedback collection and processing system. Also a user guide is being developed and will be released early September. A promotional campaign for the platform is being planned including country visits and training sessions.	It is good to hear that M&E system and promotional campaigns are planned. This is noted.
9	Pag 44	Collaboration with IW:Learn is expected to be expanded covering overall programme management and coordination aspects, technical IW aspects, information management aspects, communication aspects.	This is now noted in the text.
10	Pag 48	MedPCU participated as much as possible to CPs activities on the field and online promoting collaboration and synergies among different Child Projects and Executing Partners. This triggered improvements in the collaborations and joint actions organised among EPs and CPs in Lebanon, Morocco, Libya.	It is acknowledged that MedPCU participated as much as possible based on the limited human resources available in the PCU. Stakeholders engaged in the MTE emphasised that there has been limited coordination done centrally at the programme level which has negatively impacted the synergistic potential of the program, despite some examples that are referred to in this comment, this remains an area of improvement.
11	Pag 51	Reported GEF Core Indicators Values are of June 2023	This is now noted
12	Pag 56	The Executing Agency has provided the best possible support from its structure to ensure a solid management and coordination mechanism among the Executing Partners, the Child Projects, the Partner Countries and the other actors of the MAP system. It will continue to ensure the support of the MAP structure to provide for results and lessons from the programme to be institutionalised and for results to be mainstreamed and scaled up in the remaining two years when those results will materialise.	Stakeholders engaged through the MTE have emphasized the need to strengthen the EA leadership role by supporting PCU operations and deploy the needed capacities, as well as support coordination and facilitate access to, and participation of, high level decision makers of partner countries.
13	Pag 57	The last two years of project implementation will be dedicated to defining exit strategies at the Programme and Child Project level outlining the future arrangement institutional and financially beyond the GEF funded project, including arrangements with financing agencies, multi-lateral and bilateral donors and the European Union.	This is now noted in the report, however the MTE argues that it is never too early for addressing sustainability elements, and the project is urged to start sustainability planning ASAP. The Evaluation Office agrees that planning for sustainability should be incorporated early i.e. in the design and throughout implementation. The endurance of benefits brought about by projects is critical for long-lasting results to be achieved.

5.2 Annex B: Mid Term Evaluation TORs

TERMS OF REFERENCE

Mid-Term Evaluation of the UNEP project "Mediterranean Sea Basin Environment and Climate Regional Support Project" GEF 9686

which is the Coordinating Project of the "Mediterranean Sea Programme (MedProgramme): Enhancing Environmental Security" GEF 9607

Section 1: PROJECT BACKGROUND AND OVERVIEW

Table 1. Project Summary

UNEP PIMS/SMA[27] ID:			
GEF Project ID:	GEF 9686 (Mediterranean Sea Basin), Coordinating Project See Annex 7 for list of all Child Projects (9670, 9684, 9685, 9687, 9691, 9717 and 10158) under this Programme (GEF 9607)		
Implementing Agency:	UNEP GEF International Waters Unit, Marine and Freshwater Branch, Ecosystem Division	**Executing Agencies:**	UNEP/MAP, Plan Bleu, SCP RAC
Relevant SDG(s) and indicator(s):	The most relevant SDG targets are those associated with Goals 5, 13 and 14		
GEF Core Indicator Targets (identify these for projects approved prior to GEF-7)	7.Number of shared water ecosystems (fresh or marine) under new or improved cooperative management 11. Number of direct beneficiaries disaggregated by gender as co-benefit of GEF investment		
Sub-programme:	??	**Expected Accomplishment(s):**	??
UNEP approval date:	??	**Programme of Work Output(s):**	??
GEF approval date:	29.01.2020	**Project type:**	FSP
GEF Operational Programme #:	GEF-6	**Focal Area(s):**	Multi-focal Area IW-2_P3; IW-2_P4; IW-3_P5; CW-2_P3 and CW-2_P4
		GEF Strategic Priority:	??
Expected start date:	27.04.2020	**Actual start date:**	??
Planned operational completion date:	30.09.2025	**Actual operational completion date:**	Tbd
Planned project budget at approval:	USD 9,123,920	**Actual total expenditures reported as of [date]:**	??
GEF grant allocation:	USD 2,500,000	**GEF grant expenditures reported as of [date]:**	??
Expected Medium-Size Project/Full-Size Project co-financing:	USD 6,623,920	**Secured Medium-Size Project/Full-Size Project co-financing:**	??

[27] Acronym for ID assigned by the Integrated Planning, Monitoring and Reporting (IPMR) system.

Project Preparation Grant - GEF financing:	??	**Project Preparation Grant - co-financing:**	??	
Date of First disbursement:	??	**Planned date of financial closure:**	30.09.2026	
No. of formal project revisions:	??	**Date of last approved project revision:**	??	
No. of Steering Committee meetings:	??	**Date of last/next Steering Committee meeting:**	Last: ??	Next: ??
Mid-term Review/ Evaluation (planned date):	Sept 2023	**Mid-term Review/ Evaluation (actual date):**	August – December 2023	
Terminal Evaluation (planned date):	April 2025	**Terminal Evaluation (actual date):**	Tbd	
Coverage - Country(ies):	Albania, Bosnia-Herzegovina, Egypt, Lebanon Libya, Montenegro, Morocco, Tunisia.	**Coverage - Region(s):**	Mediterranean	
Dates of previous project phases:		**Status of future project phases:**		

1. Project Rationale

1. At the time of project design the situation of the Southern and Eastern shores of the Mediterranean showed all the signs of progressive deterioration in environmental security. Among them, the loss and degradation of coastal and shallow marine ecosystems and the scarcity of coastal freshwater resources, compounded by the increasing negative impacts of climate variability and change, was playing an important role in determining social instability and political volatility. The term "environmental security" used in the title of MedProgramme, captures its overall perspective and goal, which is to address all three major factors impinging on environmental security in the wider Mediterranean region, namely: (i) loss of environmental integrity impacting the lives of present and future generations; (ii) water scarcity and degradation intensifying conflicts at the water nexus and social instability; and (iii) insecurity experienced by individuals and communities as a consequence of climate variability and change.

2. The GEF-funded MedProgramme is implemented in nine beneficiary countries sharing the Mediterranean basin: Albania, Algeria, Bosnia and Herzegovina, Egypt, Lebanon, Libya, Montenegro, Morocco and Tunisia. Its eight Child Projects cut across four different Focal Areas of the Global Environment Facility (International Waters [IW], Biodiversity [BD], Chemicals and Waste [CW], and Climate Change [CC]) and involve a wide spectrum of developmental and societal sectors, ranging from banking institutions, the private sector, governmental and non-governmental bodies, industry, research, media, and various other organizations.

3. Within the GEF programmatic approaches there is a need to ensure programme coherence and impact through coordination among diverse sets of multi-focal area Child Projects contributing to the same programme outcomes. The project under evaluation, **Mediterranean Sea Basin project**, is the Coordinating Child project for the MedProgramme and is subject to a Mid Term Evaluation (MTE). The MTE will cover a formative performance assessment of the Sea Basin project as well as addressing some strategic questions relating to the progress in implementing the MedProgramme itself.

2. Project Results Framework

4. As a Coordinating Child project of a GEF impact programme, the Mediterranean Sea project was expected to: "implement mechanisms for Programme-wide learning and dissemination of

knowledge, monitoring the Programme's progress to impacts, and fostering synergistic interactions among Child Projects".

5. The project's work is organized across two components, as described in Table 1.

Table 11: Results Framework, (Endorsement Package, 2020)

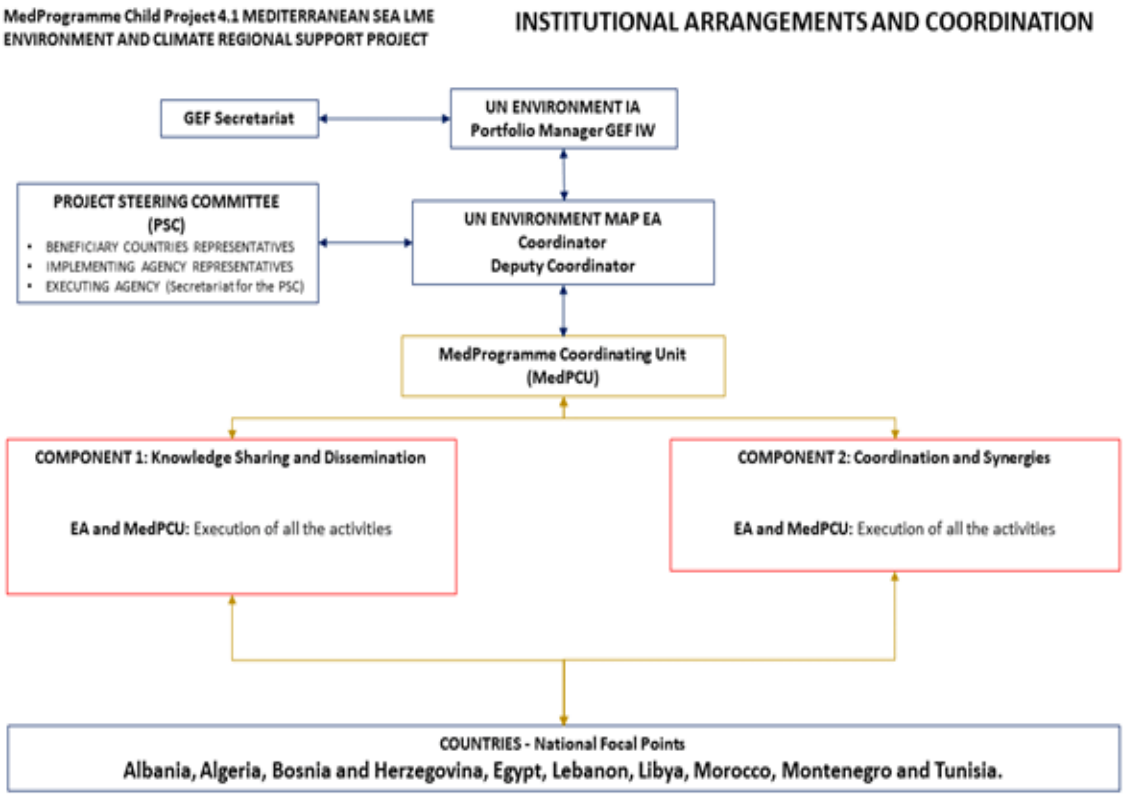
Mediterranean Sea Basin Project Objective: *"To foster MedProgramme-wide learning and dissemination of knowledge, effective portfolio coordination and synergistic interactions among CPs, gender mainstreaming and monitoring progress to impacts"*	
Component 1: Knowledge Sharing and Dissemination	
Outcome 1	The increased uptake of the lessons and of the cutting-edge knowledge generated across the portfolio of MedProgramme interventions, and the active participation in IW: LEARN activities, Communities of Practice, and events, improve the capacity of key regional stakeholders, and of the global IW and CW communities, to build climate resilience, reduce pollution from nutrients and persistent toxic substances (POPs and Mercury), sustainably manage coastal freshwater and marine resources, protect biodiversity, and restore coastal ecosystems.
Output 1.1:	Knowledge management platform in place.
Output 1.2:	Communication, outreach and awareness raising products and activities produced.
Output 1.3:	Mechanisms to promote the broader adoption and replication of the successful policies, practices and technologies implemented under the MedProgramme available for stakeholders of the Programme.
Component 2: Coordination and Synergies	
Outcome 2	The coordination and learning among all Child Projects, consistency with the Programme objectives, and synergies among projects and partners, strengthened
Output 2.1:	Monitoring mechanism of MedProgramme progress to impacts established.
Output 2.2:	Mechanisms in place to establish synergistic interactions among Child Projects and with other relevant initiatives and stakeholders, and to take stock of progress and challenges at the MedProgramme level.
Output 2.3:	Cooperation and synergy with IW: LEARN.

3. Executing Arrangements

6. With UNEP as the Implementing Agency, the project was operationalised within the GEF International Waters Unit of the Marine and Freshwater Branch in the Ecosystems Division.

7. Under the implementation structure, the MedProgramme Coordinating Unit (MedPCU), established by MAP Secretariat/Coordinating Unit, was expected to be responsible for the execution of the project providing coordination and management support, implementing the Knowledge Management Strategy, and assisting in the execution of the Gender Mainstreaming Strategy throughout the entire MedProgramme. A Project Steering Committee (PSC) was to be established and to carry out the function of a Project Board. The PSC was to consist of: 1) beneficiary countries, UNEP and the Executing Agency representatives; and 2) the MedProgramme Coordinating Unit (MedPCU) acting as Secretariat for the PSC.

Figure 4: Implementation Structure for the Mediterranean Sea Basin project.



4. Project Cost and Financing

8. The project has a total budget of USD **9,123,920** of which USD 2.5m is a GEF grant and USD 6,623,920 is co-finance. See expected spend by component, below.

Figure 5: Breakdown of Project Finance by Component (Endorsement Package, 2020)

5. Implementation Issues

9. Delays in administrative processes, including procurement, are recorded.

Section 2. OBJECTIVE AND SCOPE OF THE MID-TERM EVALUATION

6. Objective of the Evaluation

10. In line with the UNEP Evaluation Policy[28] and the UNEP Programme Manual[29], the Mid-Term Evaluation (MTE) is undertaken approximately half-way through project implementation to analyze whether the project is on-track, what problems or challenges the project is encountering, and what corrective actions are required.

7. Key Evaluation Principles

11. Mid-Term Evaluation findings and judgements will be based on sound evidence and analysis, clearly documented in the Evaluation Report. Information will be triangulated (i.e. verified from different sources) as far as possible, and when verification is not possible, the single source will be mentioned (whilst anonymity is still protected). Analysis leading to evaluative judgements should always be clearly spelled out.

12. A Mid-Term Evaluation is a *formative assessment*, which requires that the consultant(s) go beyond the assessment of "*what*" the project performance is and make a serious effort to provide a deeper understanding of "*why*" the performance is as it is.

13. Attribution, Contribution and Credible Association: In order to *attribute* any outcomes and impacts to a project intervention, one needs to consider the difference between what has happened with, and what would have happened without, the project (i.e. take account of changes over time and between contexts in order to isolate the effects of an intervention). This requires appropriate baseline data and the identification of a relevant counterfactual, both of which are frequently not available for evaluations. Establishing the *contribution* made by a project in a complex change process relies heavily on prior intentionality (e.g. approved project design documentation, logical framework) and the articulation of causality (e.g. narrative and/or illustration of the Theory of Change). Robust evidence that a project was delivered as designed and that the expected causal pathways developed supports claims of contribution and this is strengthened where an alternative theory of change can be excluded. A *credible association* between the implementation of a project and observed positive effects can be made where a strong causal narrative, although not explicitly articulated, can be inferred by the chronological sequence of events, active involvement of key actors and engagement in critical processes.

14. Partners and Key Project Stakeholders. A key aim of the Mid-Term Evaluation is to encourage reflection and learning by UNEP staff, the implementing partners and key project stakeholders The Evaluation Consultant should consider how reflection and learning can be promoted, both through the evaluation process and in the communication of evaluation findings and key lessons.

[28] https://www.unenvironment.org/about-un-environment/evaluation-office/policies-and-strategies
[29] https://wecollaborate.unep.org

8. Strategic Questions

15. The GEF Program Evaluation Guidelines (draft 2023) defines a "program" as "a longer-term and strategic arrangement of individual yet interlinked projects that aim at achieving large-scale impacts on the global environment". The Guidelines note that GEF programmes often consist of a Coordinating Child Project that are expected to provide the overall direction and support for programme activities and several decentralized child projects that are tied together by a shared vision and framework.

16. The MTE will address the following strategic questions in order to provide informed insights into a) the role being played by the Coordinating Child Project in supporting the Programme and b) the current status and emerging performance of the Programme.

Mediterranean Sea Basin Coordinating Child Project

1) To what extent does the SCIP-GP Coordinating Project provide the overall direction and support for programme activities?
2) How best can the role of the Project vis-à-vis the Programme be described? To what extent is the Project playing a 'coordinating' or 'synergising' role that affects the achievement of the Programme's results and what implications does this have for the timeframe and budget of the Project?
3) To what extent is the Coordinating Project fulfilling monitoring and reporting functions that support the effective implementation of the Programme? In what ways do the Coordinating Project's monitoring and reporting functions support the effective integration of gender and human rights issues across the Child Projects?
4) How well is UNEP, as the GEF Lead Agency, collaborating with other Agencies involved in the Programme?
5) What are, if any, the additional benefits and costs of the Coordinating Project being part of a programmatic approach? This should include whether benefits accrued from the project being part of a Programme rather than a standalone project.
6) To what extent was systems thinking used to maximise the potential for integration of this Coordinating Project within the programmatic framework?

Mediterranean Programme as a Whole

7) What strengths and weaknesses are evident in the Programme design and what lessons can be drawn at this mid-point stage that could improve future programme designs and/or this programme's implementation and achievements?
8) To what extent does the Programme TOC outline synergies the programme intends to tap to achieve the intended systemic change, and the trade-offs involved in key choices made in programme design?
9) To what extent are the levels of expenditure and rates of technical progress of each of the Child Projects under the Programme appropriate to: a) the mid-point of the Programme and b) the intended timeframes of the Child Projects and the Programme?
10) In what ways, and to what extent, are all the Child Projects contributing to the Programme's objectives?
11) How well are the Child Projects' M&E designs aligned with that of the Programme? How are the M&E arrangements of the Child Projects contributing to the programme level M&E and results reporting and are the monitoring arrangements generating relevant and high-quality information?

9. Evaluation Criteria

17. All evaluation criteria will be rated on a six-point scale as follows: Highly Satisfactory[30] (HS=6); Satisfactory (S=5); Moderately Satisfactory (MS=4); Moderately Unsatisfactory (MU=3); Unsatisfactory (U=2); Highly Unsatisfactory (HU=1). A Criteria Ratings Matrix is available, within the suite of tools, to support a common interpretation of points on the scale for each evaluation criterion. The Overall Performance Rating is calculated as a simple average of the ratings for each criterion (A-H). Any criterion assessed as being in the 'Unsatisfactory' range should trigger corrective action in the Management Response.

A. Strategic Relevance

The Mid Term Evaluation (MTE) will assess the extent to which the activity is suited to the priorities and policies of UNEP, the donors, implementing regions/countries and target beneficiaries and is operating in a way that is complementary to other ongoing interventions.

The MTE will assess whether there have been any changes in priorities since the project was designed and whether the project has/should adapt to address the changing policy/strategy context.

This criterion comprises two elements:

i. *Alignment to UNEP's, Donors and Country (global, regional, sub-regional and national) strategic priorities*

The evaluation should assess the project's alignment with the UNEP Medium Term Strategy (MTS) and Programme Of Work (POW) under which the project was approved and include, in its narrative, reflections on the scale and scope of any contributions made to the planned results reflected in the relevant MTS and POW. UNEP strategic priorities include the Bali Strategic Plan for Technology Support and Capacity Building[31] (BSP) and South-South Cooperation (S-SC). The MTE will assess the extent to which the project is suited to, or responding to, donor priorities as well as alignment of the project with global priorities such as the SDGs and Agenda 2030. The extent to which the project is suited, or responding to, the stated environmental concerns and needs of the countries, sub-regions or regions where it is being implemented will also be considered. Examples may include: UN Sustainable Development Cooperation Framework (Cooperation Framework) or, national or sub-national development plans, poverty reduction strategies or Nationally Appropriate Mitigation Action (NAMA) plans or regional agreements etc. Within this section consideration will be given to whether the needs of all beneficiary groups are being met and reflects the current policy priority to leave no-one behind.

ii. *Complementarity/Coherence[32] with Relevant Existing Interventions*

An assessment will be made of how well the project is taking account of ongoing and planned initiatives (under the same sub-programme, other UNEP sub-programmes, or being implemented by other agencies within the same country, sector or institution) that address similar needs of the same target groups.

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[30] *Sustainability* and *Likelihood of Impact* are similarly rated on a six-point scale but labelled from Highly **Likely** (HL) down to Highly **Unlikely** (HU).

[31] http://www.unep.fr/ozonaction/about/bsp.htm

[32] This sub-category is consistent with the new criterion of 'Coherence' introduced by the OECD-DAC in 2019.

The MTE will consider if the project team, in collaboration with all partners, is fulfilling any commitments to collaborate made at project design and is working to ensure their own intervention is complementary to other interventions. Examples may include work within Cooperation Frameworks or One UN programming. Linkages with other interventions should be described and instances where UNEP's comparative advantage has been particularly well applied should be highlighted.

B. Quality & Revision of Project Design

The MTE should provide a brief overview of the strengths and weaknesses of the project design and assess whether all elements of the project design have been initiated and/or are still planned for. Based on an evaluation of the project design document, regular reports and meeting minutes, the Evaluation Consultant will confirm whether any amendments[33] have been made to the activities and/or results of the project. This includes changes to the formulation of results statements as well as changes in results indicators and/or project targets and the associated budget. Where revisions have been made the Consultant should confirm that formal documentation for these amendments is available and that UNEP/donor policies for revisions have been followed. In the absence of such formalisation the Evaluation Consultant will make appropriate recommendations.

C. Effectiveness

The Evaluation will assess effectiveness across the following dimensions: Theory of Change; availability of outputs; progress towards project outcomes; likelihood of impact and adaptive management. The Evaluation Consultant will confirm that all results statements conform to UNEP's definitions[34] and make recommendations for adjustments where necessary. At the project's mid-point emphasis is placed on the timeliness, quality and ownership of outputs and whether the project is adopting approaches or delivering activities to support the uptake of outputs (i.e. outcome level results).

i. Theory of Change

The Evaluation will assess whether the Theory of Change/Results Framework represents a coherent and realistic change process from a cause and effect perspective. Considerations will be given to whether the causal pathways are effectively shown/articulated and supported by a full set of contributing conditions ('drivers' are external factors largely under the influence of the project; 'assumptions' are external factors largely outside the influence of the project). The TOC should also reflect[35] UNEP's commitment to increasing equality in line with the UN's commitment to human rights. If adjustments are

[33] The conditions and processes for amendments should abide by the terms of the funding agreement. For example, the GEF has specific requirements for the approval/reporting of 'minor' and 'major' amendments. This includes the provision that any minor and major (approved) amendments should be reflected in the PIR report of the same year.

[34] UNEP, 2019, Glossary of Results Definitions

[35] This can be as a driver or assumption if there is no specific equality results statement.

needed they should be clearly presented and justified during the MTE process and a recommendation made on how any revisions could be formally approved.

ii. Availability of Outputs[36]

The Evaluation will assess the project's success in producing the planned outputs and making them available to the intended beneficiaries as well as its success in achieving milestones as per the project design document or any formal revisions. The availability of outputs will be assessed in terms of both quantity and quality, and the assessment will consider their ownership by, and usefulness to, intended beneficiaries and the timeliness of their provision. It is noted that emphasis is placed on the performance of those outputs that are most important to achieve outcomes. The Evaluation will briefly explain the reasons behind the success or shortcomings of the project in delivering its planned outputs and recommend corrective action as appropriate.

iii. Progress towards Project Outcomes[37]

At the project mid-point the Evaluation Consultant will focus on the links between the provision of outputs and their adoption at the outcome level. The MTE will explore whether the assumptions and drivers that need to be in place to support the uptake of outputs are evident/emerging and consider whether sufficient effort and attention is being directed towards reaching outcome levels.

The Evaluation Consultant will evaluate the project Theory of Change (TOC) and confirm that is properly reflects all levels (outputs, outcomes, intermediate states and long-lasting impact) of results included in the project design. Where necessary, the TOC should be reconstructed, in discussion with the project team, to better guide and strengthen project implementation.

iv. Likelihood of Impact

Based on the articulation of long-lasting effects in the reconstructed TOC (i.e. from project outcomes, via intermediate states, to impact), the Evaluation will assess the likelihood of the intended, positive impacts becoming a reality.

The Evaluation will consider the extent to which the project is/may play a catalytic role[38] or is promoting scaling up and/or replication as part of its Theory of Change (either explicitly as in a project with a demonstration component or implicitly as expressed in the drivers required to move to outcome levels) and as factors that are likely to contribute to greater or long-lasting impact.

[36] Outputs are the availability (for intended beneficiaries/users) of new products and services and/or gains in knowledge, abilities and awareness of individuals or within institutions (UNEP, 2019)

[37] Outcomes are the use (i.e. uptake, adoption, application) of an output by intended beneficiaries, observed as changes in institutions or behaviour, attitude or condition (UNEP, 2019)

[38] The terms catalytic effect, scaling up and replication are inter-related and generally refer to extending the coverage or magnitude of the effects of a project. Catalytic effect is associated with triggering additional actions that are not directly funded by the project – these effects can be both concrete or less tangible, can be intentionally caused by the project or implied in the design and reflected in the TOC drivers, or can be unintentional and can rely on funding from another source or have no financial requirements. Scaling up and Replication require more intentionality for projects, or individual components and approaches, to be reproduced in other similar contexts. Scaling up suggests a substantive increase in the number of new beneficiaries reached/involved and may require adapted delivery mechanisms while Replication suggests the repetition of an approach or component at a similar scale but among different beneficiaries. Even with highly technical work, where scaling up or replication involves working with a new community, some consideration of the new context should take place and adjustments made as necessary.

v. Adaptive Management

The Evaluation will assess whether any adaptive management[39] is evident, possibly reflected in annual reports or reports from field missions etc. The Evaluation Consultant will consider the project's performance to-date from a risk perspective considering: a) the likelihood of any non/late delivery of the project's workplan; b) likelihood of any negative effects, including reputational risks and safeguard issues and c) factors undermining the endurance of project achievements.

During the MTE, forward plans should be evaluated and adaptive management strategies discussed such that the project's effectiveness and efficiency are maximized. Actions for adaptive management should be reflected in the MTE recommendations, which may include recommendations on governance structures, implementation arrangements, project design elements, monitoring and/or exit strategies etc.

Global Environment Facility	The Evaluation should consider, under Effectiveness, the extent to which the evaluand is reaching Core Indicator targets (from GEF-6 onwards).
Global Environment Facility	The Evaluation will determine, under Effectiveness, the project's additionality by comparing the benefits of GEF support to a scenario without GEF support. It will identify specific areas where GEF support has contributed additional results and what these additional results were. It will provide quantitative and qualitative evidence to support the findings.

D. Financial Management

Under financial management the Mid-Term Evaluation will assess: a) whether the rate of spend is consistent with the project's length of implementation to-date, the agreed workplan and the delivery of outputs and b) whether financial reporting and/or auditing requirements are being met consistently and to adequate standards by all parties. Any financial management issues that are affecting the timely delivery of the project or the quality of its performance will be highlighted. Expenditure should be reported, where possible, at output/component level and will be compared with the approved budget.

Ratings should be provided for two sub-categories (*adherence to policies and completeness of financial information*), as assessed at the mid-point: i) the Evaluation will verify the application of proper financial management standards and adherence to UNEP's financial management policies; ii) the Evaluation will record where standard financial documentation is missing, inaccurate, incomplete or unavailable in a timely manner. The Evaluation may comment on the level of communication between the UNEP Task Manager and the Fund Management Officer as it relates to the effective delivery of the planned project and the needs of a responsive, adaptive management approach.

Global Environment Facility	The Evaluation will determine, under Financial Management, i) time from CEO endorsement (FSP) / CEO approval (MSP) to first disbursement; ii) disbursement balance; iii) whether the project has secured co-financing higher than 35% and iv) time between CEO Endorsement and (likely) end of MTE.

[39] Adaptive management is an **iterative process** in which practitioners test hypotheses and adjust behavior, decisions, and actions based on experience and actual changes (Stankey et al., 2005).

E. Efficiency

Under the efficiency criterion, the Evaluation will assess the extent to which the project is delivering maximum results from the given resources. The Evaluation will assess the *cost-effectiveness and timeliness* of project execution.

Focusing on the translation of inputs into outputs, *cost-effectiveness* is the extent to which an intervention has achieved, or is expected to achieve, its results at the lowest possible cost. *Timeliness* refers to whether planned activities have been/are being delivered according to expected timeframes as well as whether events are being sequenced efficiently. The Evaluation will give special attention to efforts being made by the project teams during project implementation to make use of/build upon pre-existing institutions, agreements and partnerships, data sources, synergies and complementarities[40] with other initiatives, programmes and projects etc. to increase project efficiency.

The Evaluation will also assess ways in which potential project extensions can be avoided through stronger project management.

F. Monitoring and Reporting

The Evaluation will assess monitoring and reporting across two sub-categories: monitoring of project implementation and project reporting.

i. Monitoring of Project Implementation

Each project should be supported by a sound monitoring plan that is designed to track progress against SMART[41] results towards the achievement of the project's outputs and outcomes, including at a level disaggregated by gender, marginalisation or vulnerability, including those living with disabilities. In particular, the Evaluation will assess the relevance and appropriateness of the project indicators as well as the methods used for tracking progress against them as part of conscious results-based management.

The Evaluation will assess whether the monitoring system is operational and facilitates the timely tracking of results and progress towards project milestones and targets throughout the project implementation period. This assessment will include consideration of whether the project is gathering relevant and good quality baseline data that is accurately and appropriately documented. This should include monitoring the representation and participation of disaggregated groups, including gendered, marginalised or vulnerable groups, such as those living with disabilities, in project activities. It will also consider how quality monitoring data are being used to adapt and improve project execution, achievement of outcomes and ensure sustainability. The Evaluation should confirm that funds allocated for monitoring are being used to support this activity.

[40] Complementarity with other interventions during project design, inception or mobilization is considered under Strategic Relevance above.

[41] SMART refers to results that are specific, measurable, achievable, relevant and time-oriented. Indicators help to make results measurable.

ii. Project Reporting

UNEP has a centralised information management system[42] in which project managers upload six-monthly progress reports against agreed project milestones. This information will be provided to the Evaluation Consultant by the UNEP Task Manager. Donors may have specific reporting requirements and copies of reports will be made available by the UNEP Task Manager. The Evaluation will assess the extent to which both UNEP and Donor reporting commitments have been fulfilled. This should include confirmation that meeting and field mission reports are being written and centrally stored.

Where the need for any corrective action has been indicated in any project reports (e.g. as an identified risk), the Evaluation Consultant will record whether this action has been taken. This may include responses made during the COVID-19 pandemic or other unpredictable external events of a disruptive or crisis nature. The Evaluation Consultant will also confirm whether formal reports have been appropriately authorised by both the author and the relevant supervisor.

Global Environment Facility	For internally executed projects the Evaluation Consultant should evaluate the quality of regular reports and confirm they have been submitted on a timely basis.

G. Exit Strategy & Sustainability

Sustainability[43] is understood as the probability of the benefits derived from the achievement of the project outcomes being maintained and developed after the close of the intervention. It may be considered from the perspectives of socio-political, institutional and/or financial sustainability. The Evaluation will identify and assess the key conditions or factors that *are likely* to undermine or contribute to the endurance of benefits at the outcome level. Some factors of sustainability may be embedded in the project design and implementation approaches while others may be contextual circumstances or conditions that evolve over the life of the intervention. It is assumed that environmental sustainability is central to any UNEP project design but where applicable an assessment of bio-physical factors that may affect the sustainability of project outcomes may also be included.

The Evaluation will ascertain that the project has put in place *an appropriate exit strategy* and measures to mitigate risks to sustainability. The Evaluation Consultant will consider: a) the level of ownership, interest and commitment among government and other stakeholders to take the project achievements forwards; b) the extent to which the sustainability of project outcomes is dependent on issues relating to institutional frameworks and governance and c) the extent to which project outcomes are dependent on future funding for the benefits they bring to be sustained. It will consider whether institutional achievements such as governance structures and processes, policies, sub-regional agreements, legal and accountability frameworks etc. are robust enough to continue delivering the benefits associated with the project outcomes after project closure.

[42] Project Information Management System (PIMS) or, from 2022, Integrated Planning Monitoring and Reporting (IPMR)

[43] As used here, 'sustainability' means the long-term maintenance of outcomes and consequent impacts, whether environmental or not. This is distinct from the concept of sustainability in the terms 'environmental sustainability' or 'sustainable development', which imply 'not living beyond our means' or 'not diminishing global environmental benefits' (GEF STAP Paper, 2019, Achieving More Enduring Outcomes from GEF Investment)

H. Factors and Processes Affecting Project Performance and Cross-Cutting Issues

i. Project Inception

This criterion focuses on the inception or mobilisation stage of the project. The Evaluation will assess whether appropriate measures were taken to either address weaknesses in the project design, fill information gaps or respond to changes that took place between project approval, the securing of funds and project mobilisation. In particular, the Evaluation will consider the nature and quality of engagement with stakeholder groups by the project team, the confirmation of partner capacity[44] and development of partnership agreements as well as initial staffing and financing arrangements. The Evaluation Consultant will confirm whether appropriate inception meetings were held and whether an inception report is available on file.

ii. Quality of Project Management and Supervision

During the MTE the consultant will evaluate the planned implementation structure and the roles and responsibilities assigned to each partner or party. Where roles are not being played as planned, an appropriate recommendation to formalise correction action and/or a change in the implementation structure, should be made.

In some cases 'project management and supervision' may refer to the supervision and guidance provided by UNEP to partners and national governments while in others it may refer to the project management performance of an implementing partner and the technical backstopping and supervision provided by UNEP. The performance of parties playing different roles should be discussed and a rating provided for both types of supervision (UNEP/Implementing Agency; Partner/Executing Agency) and the overall rating for this sub-category is established as a simple average of the two.

The Evaluation will assess the effectiveness of project management to-date with regard to: providing leadership towards achieving the planned outcomes; managing team structures; maintaining productive partner relationships (including Steering Groups etc.); maintaining project relevance within changing external and strategic contexts; communication and collaboration with UNEP colleagues; risk management; use of problem-solving; project adaptation and overall project execution. Evidence of adaptive project management should be highlighted.

Global Environment Facility	For internally executed projects the Evaluation Consultant should evaluate whether the segregation of responsibilities meets the GEF requirements[45] (the GEF Agency must separate its project implementation and execution duties and establish each of the following: (a) A satisfactory institutional arrangement for the separation of implementation and executing functions in different departments of the GEF Agency; and (b) Clear lines of responsibility, reporting and accountability within the GEF Agency between the project implementation and execution functions.

[44] During 2023 UNEP is reviewing its Partnership Policy and Procedures and a future version is expected to include a requirement for risk mitigation against weak performance among partners.

[45] GEF Minimum Fiduciary Standards: Separation of Implementation and Execution Functions in GEF Partner Agencies (2019).

iii. Stakeholder Participation and Cooperation

Here the term 'stakeholder' should be considered in a broad sense, encompassing all project partners; duty bearers with a role in delivering project outputs; target users of project outputs and any other collaborating agents external to UNEP and the implementing partner(s). The assessment will consider the quality and effectiveness of all forms of communication and consultation with stakeholders throughout the project life to-date and the support given to maximise collaboration and coherence between various stakeholders, including sharing plans, pooling resources and exchanging learning and expertise. The inclusion and participation of all differentiated groups, including gender groups, should be considered.

iv. Responsiveness to Human Rights and Gender Equality

The Evaluation will ascertain to what extent the project has applied the UN Common Understanding on the human rights-based approach (HRBA) and the UN Declaration on the Rights of Indigenous People. Within this human rights context the Evaluation will assess to what extent the intervention adheres to UNEP's Policy and Strategy for Gender Equality and the Environment[46].

The report should present the extent to which the intervention, following an adequate gender analysis at design stage, has implemented the identified actions and/or applied adaptive management to ensure that Gender Equality and Human Rights are adequately taken into account. In particular, the Evaluation will consider the extent to which project implementation has taken into consideration: (i) possible gender inequalities in access to, and the control over, natural resources; (ii) specific vulnerabilities of disadvantaged groups (especially women, youth and children and those living with disabilities) to environmental degradation or disasters; (iii) the role of women in mitigating or adapting to environmental changes and engaging in environmental protection and rehabilitation.

v. Environmental and Social Safeguards

UNEP projects address environmental and social safeguards primarily through the process of environmental and social screening, risk assessment and management (avoidance or mitigation) of potential environmental and social risks and impacts associated with project and programme activities. The Evaluation will confirm whether UNEP requirements[47] were met to: screen proposed projects for any safeguarding issues; conduct sound environmental and social risk assessments; identify and avoid, or where avoidance is not possible, mitigate, environmental, social and economic risks; apply appropriate environmental and social measures to minimize any potential risks and harm to intended beneficiaries and report on the implementation of safeguard management measures taken.

The Evaluation will also consider the extent to which the management of the project is minimising UNEP's environmental footprint.

[46]The Evaluation Office notes that Gender Equality was first introduced in the UNEP Project Review Committee Checklist in 2010 and, therefore, provides a criterion rating on gender for projects approved from 2010 onwards. Equally, it is noted that policy documents, operational guidelines and other capacity building efforts have only been developed since then and have evolved over time. https://wedocs.unep.org/bitstream/handle/20.500.11822/7655/-Gender_equality_and_the_environment_Policy_and_strategy-2015Gender_equality_and_the_environment_policy_and_strategy.pdf.pdf?sequence=3&isAllowed=y

[47] For the review of project concepts and proposals, the Safeguard Risk Identification Form (SRIF) was introduced in 2019 and replaced the Environmental, Social and Economic Review note (ESERN), which had been in place since 2016. In GEF projects safeguards have been considered in project designs since 2011.

vi. Country Ownership and Driven-ness

The Evaluation will assess the quality and degree of engagement of government / public sector agencies in the project to-date. While there is some overlap between Country Ownership and Institutional Sustainability, this criterion focuses primarily on the forward momentum of the intended projects results, i.e. either: a) moving forwards from outputs to project outcomes or b) moving forward from project outcomes towards intermediate states. The Evaluation will consider the involvement not only of those directly involved in project execution and those participating in technical or leadership groups, but also those official representatives whose cooperation is needed for change to be embedded in their respective institutions and offices (e.g. representatives from multiple sectors or relevant ministries beyond Ministry of Environment). This factor is concerned with the level of ownership generated by the project over outputs and outcomes and that is necessary for long term impact to be realised. This ownership should adequately represent the needs and interests of all gender and marginalised groups.

vii. Communication and Public Awareness

The Evaluation will assess the effectiveness of: a) communication of learning and experience sharing between project partners and interested groups arising from the project during its life and b) public awareness activities that are being undertaken during the implementation of the project to influence attitudes or shape behaviour among wider communities and civil society at large. The Evaluation should consider whether existing communication channels and networks are being used effectively, including meeting the differentiated needs of gender or marginalised groups, and whether any feedback channels were established. Where knowledge sharing platforms are being established under a project the Evaluation will comment on the plans to sustain, handover or decommission the communication channel at the end of the project.

Section 3. EVALUATION APPROACH, METHODS AND DELIVERABLES

The Mid-Term Evaluation will use a participatory approach whereby key stakeholders are kept informed and consulted throughout the evaluation process. Both quantitative and qualitative evaluation methods will be used as appropriate to determine project achievements against the expected outputs, outcomes and impacts. It is highly recommended that the Evaluation Consultant maintains close communication with the project team and promotes information exchange throughout the evaluation implementation phase in order to increase their (and other stakeholder) ownership of the evaluation findings.

The findings of the Evaluation will be based on the following:

(a) A **desk review** of:

- Relevant background documentation, inter alia: *[add items]*
- Project Document and Appendices
- Project design documents (including minutes of the project design review meeting at approval); Annual Work Plans and Budgets or equivalent, revisions to the project (Project Document Supplement), the logical framework and its budget;
- Project reports such as six-monthly progress and financial reports, progress reports from collaborating partners, meeting minutes, relevant correspondence etc.;
- Evaluations/Reviews of similar projects.

(b) **Interviews** (individual or in group) with:

- UNEP Task Manager and team members; *[add people as appropriate]*
- Representatives of Implementing Agencies and National Governments etc; *[add people as appropriate]*
- UNEP Fund Management Officer (FMO);
- Representatives from civil society and specialist groups (such as women's, farmers and trade associations etc).

10. Evaluation Deliverables and Evaluation Procedures

See Annex 1 of these TOR for a list of tools and guidance available, see Annex 2 for a list of evaluation criteria and sub-categories to be assessed. The Evaluation Consultant will prepare:

- **Inception Report:** (see Annex 3 of these TOR for guidance on structure and content) containing confirmation of the results framework and Theory of Change of the project, project stakeholder analysis, evaluation framework and a tentative evaluation schedule.
- **Preliminary Findings Note:** typically, in the form of a PowerPoint presentation, the sharing of preliminary findings is intended to support the participation of the project team, act as a means to ensure all information sources have been accessed and provide an opportunity to verify emerging findings.
- **Draft and Final Evaluation Reports:** (see Annex 4 for guidance on structure and content) containing an Executive Summary that can act as a stand-alone document; detailed analysis of the Evaluation findings organised by evaluation criteria and supported with evidence; lessons learned and recommendations and an annotated ratings table.

Review of the draft Evaluation Report. The Evaluation Consultant will submit a draft report to the Evaluation Manager and revise the draft in response to their comments and suggestions. Once a draft of adequate quality has been peer-reviewed and accepted, the Evaluation Manager will share the cleared draft report with key project stakeholders for their review and comments. Stakeholders may provide feedback on any errors of fact and may highlight the significance of such errors in any conclusions as well as providing feedback on the proposed recommendations and lessons. Any comments or responses to draft reports will be sent to the Evaluation Manager for consolidation. The Evaluation Manager will provide all comments to the Evaluation Consultant for consideration in preparing the final report, along with guidance on areas of contradiction or issues requiring an institutional response.

At the end of the evaluation process and based on the findings in the Evaluation Report, the Evaluation Manager will prepare a **Recommendations Implementation Plan** in the format of a table, to be completed by the UNEP Task Manager and updated at regular intervals, and circulate **Lessons Learned**.

11. The Evaluation Consultant

The Evaluation Consultant will work under the overall responsibility of the Evaluation Manager, Janet Wildish. Information and liaison support will be provided by the UNEP Task Managers, Isabelle Vanderbeck/Eloise Touni and Fund Management Officer. It is the consultant's individual responsibility (where applicable) to arrange for their travel, visa, obtain documentary evidence, plan meetings with stakeholders (with assistance from the Partners), organize online surveys, and any other logistical matters related to the assignment. The UNEP Task Manager and project team will, where possible, provide logistical support (introductions, meetings etc.) allowing the Evaluation Consultants to conduct the evaluation as efficiently and independently as possible.

The Evaluation Consultant will be hired over a period of 6 months [01 Nov 2023 to 30 April 2024] and should have the following: a university degree in environmental sciences, international development or other relevant political or social sciences area is required and an advanced degree in the same areas is desirable; a minimum of 7 years of technical / evaluation experience is required, preferably including evaluating large, regional or global programmes and using a Theory of Change approach. A good understanding of marine ecosystems, (especially in the Mediterranean region) coastal pollution and environmental security in transboundary waters is desired, along with experience of knowledge management, communications and coordination in large programmes. English and French are the working languages of the United Nations Secretariat. For this consultancy, fluency in oral and written English is a requirement and proficiency in French or Arabic is desirable. Working knowledge of the UN system and specifically the work of UNEP is an added advantage. The work will be home-based with possible field visits.

The Evaluation Consultant will be responsible, in close consultation with the Evaluation Manager, for overall management of the Evaluation and timely delivery of its outputs, described above in Section 9 Evaluation Deliverables, above. The Evaluation Consultant will ensure that all evaluation criteria and questions are adequately covered.

12. Schedule of the Evaluation

The table below presents the tentative schedule for the Evaluation.

Table 12: Tentative Schedule for the Evaluation

Milestone	Tentative Dates
Inception Report	
Evaluation Mission	
E-based interviews, surveys etc.	
PowerPoint/presentation on preliminary findings and recommendations	
Draft Report to Evaluation Manager	
Draft Report shared with the wider group of stakeholders	
Final Main Evaluation Report	
Final Main Evaluation Report shared with all respondents	

13. Contractual Arrangements

The Evaluation Consultant will be selected and recruited by the Evaluation Office under an individual Special Service Agreement (SSA) on a “fees only” basis (see below). By signing the service contract with UNEP/UNON, the consultant certifies that they have not been associated with the design and implementation of the project in any way which may jeopardize their independence and impartiality towards project achievements and project partner performance. Consultants who carry out a Mid-Term Evaluation may not be contracted for a Terminal Evaluation/Review of the same evaluand. All consultants are required to sigh the Code of Conduct Agreement Form.

Fees will be paid on an instalment basis, paid on acceptance by the Evaluation Manager of expected key deliverables. The schedule of payment is as follows:

14. Schedule of Payment for the Consultant

Deliverable	Percentage Payment
Approved Inception Report ***(as per Guidance Note)***	30%
Approved Draft Main Evaluation Report ***(as per Guidance Note)***	30%
Approved Final Main Evaluation Report ***(as per Report Template)***	40%

Fees only contracts: Where applicable, air tickets will be purchased by UNEP and 75% of the Daily Subsistence Allowance for each authorised travel mission will be paid up front. Local in-country travel will only be reimbursed where agreed in advance with the UNEP Project Manager and on the production of acceptable receipts. Terminal expenses and residual DSA entitlements (25%) will be paid after mission completion.

The consultants may be provided with access to UNEP's information management systems (e.g. PIMS, IPMR, Anubis, SharePoint etc) and if such access is granted, the consultants agree not to disclose information from that system to third parties beyond information required for, and included in, the Evaluation Report.

In case the consultant is not able to provide the deliverables in accordance with these guidelines, and in line with the expected quality standards by the Evaluation Manager, payment may be withheld at the discretion of the Head of Evaluation until the consultants have improved the deliverables to meet UNEP's quality standards.

If the consultant fails to submit a satisfactory final product to the Evaluation Manager in a timely manner, i.e. before the end date of their contract, UNEP reserves the right to employ additional human resources to finalize the report, and to reduce the consultants' fees by an amount equal to the additional costs borne by the project team to bring the report up to standard or completion.

Annex 1: Tools, Templates and Guidance Notes for use in the Evaluation

The tools, templates and guidance notes listed below, and available here UNEP Communities of Practice, are intended to help Evaluation Consultants to produce evaluation products that are consistent with each other. This suite of documents is also intended to make the evaluation process as transparent as possible so that all those involved in the process can participate on an informed basis. It is recognised that the evaluation needs of projects and portfolio vary and adjustments may be necessary so that the purpose of the evaluation process (broadly, accountability and lesson learning), can be met. Such adjustments should be decided between the Evaluation Manager and the Evaluation Consultant in order to produce evaluation reports that are both useful to project implementers and that produce credible findings.
ADVICE TO CONSULTANTS: As our tools, templates and guidance notes are updated on a continuous basis, kindly download documents from the link provided by the Evaluation Office during the Inception Phase and use those versions throughout the evaluation.

List of Tools, templates and guidance Notes available:

- 00_MTE_List of MTE Support Tools
- 00a_UNEP Glossary of results definitions_April 2021
- 00c_MTE Documents needed for Mid Term Evaluations
- 00d_MTE Main MTE Report_Template FOR USE BY CONSULTANT
- 01_TOR Mid Term Evaluation_All Funders
- 02_MTE Evaluation Criteria Ratings_Table
- 03_MTE Criterion Rating Descriptions_Matrix
- 04_MTE Inception Report_Guidance Note FOR USE BY CONSULTANT
- 05_MTE Main Evaluation Report_Guidance Note FOR USE BY CONSULTANT
- 06_MTE TOC Reformulation Justification_Template
- 07_MTE Stakeholder Analysis_Guidance Note
- 08_MTE Evaluation Methodology_Guidance Note
- 09_MTE Addressing Gender_Guidance Note
- 10_MTE Safeguards Assessment_Template
- 11_MTE Use of Theory of Change in Evaluations_Guidance Note
- 12_MTE_Financial Tables
- 13_MTE Recommendations Quality_Guidance Note
- 13a_MTE Presenting Recs and LL_Template
- 14_MTE Recommendation Impl Plan_Template
- 15_MTE Review Framework Questions_SUGGESTIONS

Annex 2: Mid Term Evaluation Criteria Ratings Table

The Evaluation should provide individual ratings for the evaluation criteria described in the table below. A suite of support tools, templates and guidance notes is available from the Evaluation Office to support the assessment of performance against these criteria (contact: janet.wildish@un.org).

Criteria will be rated on a six-point scale as follows: Highly Satisfactory[48] (HS = 6); Satisfactory (S = 5); Moderately Satisfactory (MS = 4); Moderately Unsatisfactory (MU =3); Unsatisfactory (U = 2); Highly Unsatisfactory (HU =1).

A Criteria Ratings Matrix is available, within the suite of tools, to support a common interpretation of points on the scale for each evaluation criterion. The Overall Performance Rating is calculated as a simple average of the ratings for each criterion (A-H). **Any criterion assessed as being in the 'Unsatisfactory' range should trigger corrective action through the Management Response.**

In the Conclusions section of the Main Evaluation Report, ratings will be presented together in a table, with a brief justification for each rating, cross-referenced to findings in the main body of the report (see Table 1 below).

Table 13: Project Performance Ratings Table

Criterion	Summary Assessment	Rating
A. Strategic Relevance		**HS → HU**
1. Alignment to UNEP's, Donors and Country (global, regional, sub-regional and national) strategic priorities		HS → HU
2. Complementarity/Coherence with relevant existing interventions		HS → HU
B. Quality & Revision of Project Design		**HS → HU**
C. Effectiveness		**HS → HU**
1. Theory of change		
2. Availability of outputs		HS → HU
3. Progress towards project outcomes, including towards indicators		HS → HU
4. Likelihood of impact, includes replication and scalability		HL→ HU
5. Adaptive management		HS → HU
D. Financial Management		**HS → HU**
1.Adherence to UNEP's/Donor policies and procedures		HS → HU
2.Completeness of project financial information		HS → HU
E. Efficiency		**HS → HU**
F. Monitoring and Reporting		**HS → HU**
1. Monitoring of project implementation		HS → HU
2.Project reporting		
G. Exit Strategy & Sustainability		**HL → HU**

[48] *Sustainability* and *Likelihood of Impact* are similarly rated on a six-point scale but labelled from Highly **Likely** (HL) down to Highly **Unlikely** (HU).

Criterion	Summary Assessment	Rating
H. Factors Affecting Performance and Cross-Cutting Issues		**HS → HU**
1. Project Inception		HS → HU
2. Quality of project management and supervision		HS → HU
2.1 UNEP/Implementing Agency:		*HS → HU*
2.2 Partners/Executing Agency:		*HS → HU*
3. Stakeholders participation and cooperation		HS → HU
4. Responsiveness to human rights and gender equality		HS → HU
5. Environmental and social safeguards		HS → HU
6. Country ownership and driven-ness		HS → HU
7. Communication and public awareness		HS → HU
Overall Project Rating		**HS → HU**

5.3 Annex C: List of individuals and documents consulted

List of individuals and documents consulted for the inception report

List of documents that have been reviewed as part of the inception phase included, but not limited to:

- Project document (Prodoc)
- Project Information Format
- CEO endorsement request and all Appendices
- STAP and GEFSEC reviews
- A sample of PIRs
- UNEP evaluation guidelines and templates

List of individuals who have been consulted during the inception phase

First Name	Title/Organization	Relevant child project
1) Eloise Touni	IA: GEF CW Task Manager	1.1, 4.1
2) Mohamad Kayyal 3) Alessandro Candeloro 4) Maren Mellendorf	MedProgramme Coordinator	IP, 1.1 & 4.1
5) **Olfat Hamdan**	Former MedProgramme Coordinator	4.1
6) Tatjana Hema		IP
7) Janet Wildish	MTE oversight, UNEP Evaluation Unit	NA

List of documents and individuals consulted during the main evaluation phase

List of documents that will be reviewed during evaluation includes, but not limited to:

- Project document;
- Project data sets (indicators data);
- Project technical deliverables
- Project PIRs
- Action plans
- Project budgets and expenditures
- Project partnership documents Memorandums of Understanding (MoUs), etc).
- The workshop reports
- Steering committee/board documentation (or minutes)
- Project progress report (progress on project identified indicators and updates on risks)
- The project governance structure (for example a ToR of a steering committee)
- Project expenditures reports
- KM platform and its content
- 3 MedBulletin
- Gender mainstreaming strategies and monitoring data
- ASM reports
- MedProgramme communication roadmap

- MedProgramme communication material, videos, social media, bulletins, etc.
- Signed ICA

List of individuals to be consulted during the main evaluation phase

First Name	Last Name	Title/Organization
1. Sinikinesh	Jimma	IA: GEF IW Portfolio manager
2. Isabelle	Vanderbeck	IA: GEF Task Manager
3. Atifa	Kassam	IA: GEF CC Task Manager
4. Eloise	Touni	IA: GEF CW Task Manager
5. Hande	Yukseler	Project Manager ENVITECC
6. Oriol	BELLOT MIANA Josep	EIB
7. Camilla	GINO	EIB
8. Jose Luis	Martin Bordes	Project Coordinator, UNESCO-IHP
9. Dimitris	Faloutsos	Deputy Secretary, GWP-MED
10. Vangelis	Constantianos	Executive Secretary, GWP-MED
11. Michael	Karner	Project Manager, Plan Bleu
12. Olfat	Hamdan	Former MedProgramme Coordinator
13. Mohamad	Kayyal	MEDSEA Coordinator
14. Tatjana	Hema	
15. Eng. Mona	Fakih	Lebanon - Director of Water / Gender Focal Point, Ministry of Energy and Water.
16. Ms. Milica	Rudic	Montenegro - Ministry of Ecology, Spatial Planning and Urbanism
17. Ms. Djurdjina	Bulatovic	Montenegro - Ministry of Ecology, Spatial Planning and Urbanism

5.4 Annex D: Summary of co-finance information and a statement of project expenditure

Financial Expenditure statement up to the end of quarter 1 2024.

Budget Line	Code	Expenditure Areas	Budget	Expenditures to date	Financial Delivery
	FT30_010 PROJECT STAFF AND PERSONNEL				
	1101	MedPCU - MedProgramme Coordinator (P4) (CW - IW)	133,000.00	57,299.01	43%
	1120	MedPCU - Programme Financial Assistant (G5)	10,000.00	0.00	0%
	1121	MedPCU - Programme and Administration Assistant (G5)	10,000.00	0.00	0%
	1122	MedPCU - Finance and Budget Officer	41,000.00	33,956.51	83%
	1201	Regional consultant International Waters	113,500.00	50,157.61	44%
	1201	Regional consultant Knowledge Management (CW - IW)	203,000.00	93,425.00	46%
	1202	Regional consultant Gender Expert (CW - IW)	212,000.00	82,618.00	39%
	1203	Other consultants for Knowledge Management/Coordination	163,250.00	70,314.18	43%
	1204	Other consultants for Gender Mainstreaming	30,000.00	0.00	0%
		Subtotal	915,750.00	387,770.31	42%
	FT30_140 GRANTS TO IMPLEMENTING PARTNERS (IP)				
		Grant to IP - GRID Geneva	283,400.00	74,883.45	26%
		Grant to IP - Other IP	21,600.00	0.00	0%
		Subtotal	305,000.00	74,883.45	25%
	FT30_160 TRAVEL				
	1601	Staff Travel & Transport (MedPCU) (CW - IW)	120,000.00	11,928.93	10%
	1602	Travels to support IW:LEARN - part 1% allocation	10,000.00	0.00	0%
	1603	Travels for Training (Stakeholders from Countries) (CW - IW)	80,000.00	2,260.96	3%
	1604	Travels to attend PSC and ASM (Stakeholders from Countries) (CW - IW)	100,000.00	20,533.10	21%

Budget Line	Code	Expenditure Areas			Budget	Expenditures to date	Financial Delivery
				Subtotal	310,000.00	34,722.99	11%
	FT30_120 CONTRACTUAL SERVICES						
	2201	KM Strategy - Software (G.I.S., Database, etc) (CW - IW)					
	2202	KM Strategy -Platform (CW - IW)					
	2203	KM Project Management Tool (CW - IW)					
	2204	KM Strategy - Communications, outreach, visual identity and replication, etc. (CW - IW)			154,750.00	0.00	0%
	2205	KM Strategy -Data Protocol, Analysis and Management (CW - IW)			52,000.00	0.00	0%
	2207	Gender Mainstreaming Action Plans (CW - IW)			62,500.00	0.00	0%
	2301	Sub-contract to private firms for KM and Gender (CW - IW)			80,000.00	0.00	0%
				Subtotal	349,250.00	-50.00	0%
	FT30_135 EQUIPMENT, VEHICULES AND FURNITURE						
	5101	Office equipment			10,000.00	3,348.00	33%
				Subtotal	10,000.00	3,348.00	33%
	FT30_125 OPERATING AND OTHER DIRECT COSTS						
	3201	Trainings on KM, Gender and other MedProgramme's themes (CW - IW)			160,000.00	0.00	0%
	3301	Meetings (PSC, ASM, etc.) (CW - IW)			150,000.00	28,774.09	19%
	3302	Synergies with IW:LEARN (Meetings, Training, Experience Note, etc.) - part 1% allocation			10,000.00	0.00	0%
	4101	Office supplies, consumables, shipping, couriers, etc. (CW - IW)			14,000.00	0.00	0%
	4301	Miscellaneous (CW - IW)			6,000.00	0.00	0%
	5201	Publication, Translation, Dissemination and reporting costs (CW - IW)			170,000.00	7,139.40	4%
	5201	Communications (tel, fax, e-mail, etc..) (CW - IW)			10,000.00	0.00	0%

Budget Line	Code	Expenditure Areas			Budget	Expenditures to date	Financial Delivery
	5301	Mid-term Evaluation (CW - IW)					
	5302	Terminal Evaluation (CW - IW)					
				Subtotal	520,000.00	35,913.49	7%
			TOTAL		2,105,000.00	536,588.24	25%

UNEP/MAP co-financing statement up to the end of quarter 1 2024 [49]

	2020/21	2021/22	2022/23	2023/24	2024/25
Coordinator		7540	7540	7540	7540
Administrative Officer		6989	6989	6989	6989
Administrative Assistant		4525	4525	4525	4525
Public Information Officer		9634	9634	9634	9634
Procurement Assistant		4293	4293	4293	4293
Administrative Assistant		2179	2179	2179	2179
Office space		5000	5000	5000	5000
Sundry and communication costs		2000	2000	2000	2000
	70074	42161	42161	42161	42161
				Total	238717.7

[49] Co-financing amounts from other partners are not documented

5.5 Annex G - Project Design Quality assessment

	SECTION	**SELECT RATING**	**SCORE** (1-6)	**WEIGHTING**	**TOTAL** (Rating x Weighting/10)
A	Operating Context	Moderately Satisfactory	4	**0.4**	**0.16**
B	Project Preparation	Moderately Satisfactory	4	**1.2**	**0.48**
C	Strategic Relevance	Highly Satisfactory	6	**0.8**	**0.48**
D	Intended Results and Causality	Satisfactory	5	**1.6**	**0.8**
E	Logical Framework and Monitoring	Moderately Satisfactory	4	**0.8**	**0.32**
F	Governance and Supervision Arrangements	Moderately Satisfactory	4	**0.4**	**0.16**
G	Partnerships	Satisfactory	5	**0.8**	**0.4**
H	Learning, Communication and Outreach	Moderately Satisfactory	4	**0.4**	**0.16**
I	Financial Planning / Budgeting	Satisfactory	5	**0.4**	**0.2**
J	Efficiency	Satisfactory	5	**0.8**	**0.4**
K	Risk identification and Social Safeguards	Satisfactory	5	**0.8**	**0.4**
L	Sustainability / Replication and Catalytic Effects	Moderately Satisfactory	4	**1.2**	**0.48**
M	Identified Project Design Weaknesses/Gaps	Satisfactory	5	**0.4**	**0.2**
				TOTAL SCORE (Sum Totals)	**4.64** **Satisfactory**

1 (Highly Unsatisfactory)	< 1.83
2 (Unsatisfactory)	>= 1.83 < 2.66
3 (Moderately Unsatisfactory)	>=2.66 <3.5
4 (Moderately Satisfactory)	>=3.5 <=4.33
5 (Satisfactory)	>4.33 <= 5.16

6 (Highly Satisfactory)	> 5.16

1 (Highly Unsatisfactory)	< 1.83
2 (Unsatisfactory)	>= 1.83 < 2.66
3 (Moderately Unsatisfactory)	>=2.66 <3.5
4 (Moderately Satisfactory)	>=3.5 <=4.33
5 (Satisfactory)	>4.33 <= 5.16
6 (Highly Satisfactory)	> 5.16

5.6 Annex H: Responses to Key Evaluation Questions defined in the ToRs

Responses to Key Evaluation Questions defined in the ToRs
1) To what extent does the SCIP-GP Coordinating Project provide the overall direction and support for programme activities?
The effectiveness of CP 4.1 role in providing the overall direction for programme activities and to collectively achieve anticipated impacts has been challenged by inadequate support and resources. Limited integration and coordination, delays in capacity building, and insufficient replication efforts hinder its transformative potential and application of programmatic approach. The enabling environment is not yet fully established for child projects and partners to deliver integrated programmatic approach in terms of capacity building, coordination, knowledge ad synergies. This is together with the limited basis for replication and upscaling available for the MedProgramme making it hard to contribute to the overall impacts by CP 4.1 through effective coordination and programmatic activities. According to the feedback collected through this MTE, there has been limited coordination done centrally at the programme level which has negatively impacted the synergistic potential of the program. The MedPCU has been challenged with insufficient staffing and slow project progression. While there were efforts to facilitate coordination, such as field missions, the overall collaboration between different agencies and stakeholders was not fully effective and synergies among child projects at all levels have neither been identified nor activated. For more details, please refer to assessment section 5.3 (progress to outcomes, outcome 2). Also, see response to KEQ #6 in this table regarding programmatic system thinking approach.
2) How best can the role of the Project vis-à-vis the Programme be described? To what extent is the Project playing a 'coordinating' or 'synergising' role that affects the achievement of the Programme's results and what implications does this have for the timeframe and budget of the Project?
The CP 4.1 (the coordinating project) is designed to address the gaps related to the lack of systematic information exchanges among Mediterranean countries on the progress to impact of projects related to environmental security in the MedSea and ineffective approaches for awareness raising and dissemination of scientific knowledfe and best practices. Therefore, the CP 4.1 was designed to address key challenges and opportunities such as avoiding unnecessary duplication by establishing effective collaboration (for content sharing and use of respective networks to increase impact and dissemination). Also, replicating and building on successful practices by benefiting from existing collected data and technical information, making reference to relevant policy and legal frameworks. According to the feedback collected through this MTE, there has been limited coordination done centrally at the programme level which has negatively impacted the synergistic potential of the program. The MedPCU has been challenged with insufficient staffing and slow project progression. While there were efforts to facilitate coordination, such as field missions, the overall collaboration between different agencies and stakeholders was not fully effective and synergies among child projects at all levels have neither been identified nor activated. Stakeholders agreed that there is a great potential for replication of what is reported as successfully implemented solutions by child projects, however, in light of the absence of replication atlas and the limited work done so far on the capturing replicable solutions, identifying replication avenues, and

setting up strategic partnerships for the replication and resource mobilisation, the contribution to this outcome remains primitive.

For more details, please refer to assessment section 5.3 (progress to outcomes, likelihood of impact). Also, see response to KEQ #6 in this table regarding programmatic system thinking approach.

3) To what extent is the Coordinating Project fulfilling monitoring and reporting functions that support the effective implementation of the Programme? In what ways do the Coordinating Project's monitoring and reporting functions support the effective integration of gender and human rights issues across the Child Projects?

Despite the flaws in the design of indicators being primarily output-based rather than outcome-based, the data collection methods and frequency are appropriate and address gender disaggregation when relevant. The new dashboard system allows visualization of monitoring data, tracking CP 4.1's progress and other Child Projects' implementation.

As part of the KM platform, the development of the data visualization tool is a key monitoring mechanism aimed to track the impact of the MedProgramme against the set indicators. This tool has recently been developed as part of KM platform and supported with some datasets. This will provide the opportunity to extract graphs, charts to monitor the success of implementation of the interventions/activities, and analysis to include both geospatial and statistical data.

The development of the data visualization tool is a key monitoring mechanism aimed to track the implementation progress of the MedProgramme (linked with the Project Management Tool - SMARTSHEET) as well as the impact against identified Global Environmental Parameters and GEF Core Indicators as well as against a set of environmental datasets relevant to the Mediterranean context. Also, the geospatial visualization tool MAPx contains 106 datasets that can be navigated together with available statistical graphs and charts to potential monitor the impact of actions as well as the potential for replication.

A programme-level Annual Project Implementation Review (PIR) is required in GEF 8 to present overall programme activities and achievements, but this was not included in the M&E plan for the MedProgramme (a GEF 7 project). Instead, three MedBulletin reports were developed and circulated, synthesizing news stories and articles from various child projects, providing a holistic overview of the MedProgramme.

The MedBulletin, in its current format, doesn't showcase the progress of the Programme as a whole, and there are no aggregate data available on the GEF core indicators that help in presenting a whole of programme view. The MedBulletin is limited to highlights of activities from the field, success stories and relevant project events. It also captures examples and evidence of achievement of milestones for all Child Projects, based upon the corresponding results frameworks.

4) How well is UNEP, as the GEF Lead Agency, collaborating with other Agencies involved in the Programme?

UNEP/MAP is the lead Executing Agency for the entire Child Project 4.1. Stakeholder engagement activities for the project have been limited to those within the project's immediate influence, such as GEF Operational Focal Points, MAP focal points, and Executing Agencies and Partners. However, national-level engagement has been limited due to MedPCU's lack of human resources. Many government stakeholders were unaware of CP 4.1's activities and outcomes, partly due to poor coordination and staff turnover.

With the KM platform's soft launch, it's crucial to establish a comprehensive engagement and dissemination strategy. This strategy should present the MedProgramme integratively and ensure

lessons learned and knowledge products reach national stakeholders, donors, regional partners, NGOs, the private sector, scientific community, and the general public.

Although not initially planned, CP 4.1's project management successfully used adaptive management to create two stakeholder engagement platforms: a Gender Community of Practice (CoP) and a Knowledge Management (KM) Task Force. These platforms have developed and utilized the gender mainstreaming strategy and KM platform effectively. However, the Gender CoP has been inactive since June 2023 due to the absence of a gender expert, while the KM Task Force remains active.

The Annual Stocktaking Meeting (ASM) has been essential for engaging with the MedProgramme's stakeholders on knowledge management, coordination, monitoring, and evaluation. The 2024 ASM focused on advancing integration among child projects, but only two ASMs have been held in four years, hindering an integrated program approach.

MedPCU has begun expanding its engagement with the scientific community, culminating in a collaboration framework and cooperation agreement with the University of Geneva. This agreement, signed in October 2023, aims to develop the KM platform and facilitate information sharing.

5) What are, if any, the additional benefits and costs of the Coordinating Project being part of a programmatic approach? This should include whether benefits accrued from the project being part of a Programme rather than a standalone project.

Considering the limited progress towards outcomes and impacts, there are no additional benefits observed. However, the incremental value of CP 4.1 being part of the Programme lies in its ability to bring multiple projects together to jointly address environmental concerns in the MedSea region through building a knowledge base, effective coordination, dissemination, and communication. The applicability of this incremental value varies across different activities. For instance, CP 4.1's support and leadership in mainstreaming gender into the child projects have proven to be effective and cost-efficient by hiring a single consultant to support all projects, rather than each child project appointing its own consultant. Additionally, the implementation of the KM platform and the communication roadmap as programme-level services is also expected to be an added value as their implementation progresses further.

6) To what extent was systems thinking used to maximise the potential for integration of this Coordinating Project within the programmatic framework?

The application of system thinking approaches by CP 4.1 in the MedSea region, as part of the MedProgramme activities, has been limited. This is based on 1) limited integrated and synergistic programmatic approach for addressing environmental concerns in the MEDSEA by promoting harmonized policy, legal, and institutional reforms; 2) delays in building up the capacity and knowledge base for addressing environmental issues in the MedSea, and increase knowledge of countries and projects on innovative technology and increase scientific knowledge; 3) limited whole programme coordination and participation of relevant stakeholders; and 4) lack of the basis for replication and upscaling.

The CP 4.1 has struggled with effective integration and coordination among the different child projects mainly due to inadequate support and resources to fulfil the coordination role effectively. There is a need for strengthened coordination mechanisms and better resource allocation to harness the full potential of system thinking in the MedSea region's environmental initiatives.

The absence of deep analysis of synergies among child projects, lacking for the replication atlas and the limited work done so far on the capturing replicable solutions meant that replication potential is

not yet fully actiavted, replication avenues not idnetified, and strategic partnerships for the replication and resource mobilisation not established.

7) What strengths and weaknesses are evident in the Programme design and what lessons can be drawn at this mid-point stage that could improve future programme designs and/or this programme's implementation and achievements?

The programme design strengths lie in presenting integrated multiple focal area approach for addressing environmental degradation of transboundary waterbody, this meant that programme activities are not simply focus on specific sites but rather on mechanisms, measures, processes and enabling conditions to build a healthy environment. Also, the design leveraged the outcomes of the MedPartnership and ClimVar & ICZM GEF projects, which have enriched knowledge about the Mediterranean environment and addressed the implications of climate change and variability. For instance, the MedProgramme has adopted the "broader adoption" framework developed by MedPartnership. This framework targeted stress reduction practices—such as technologies, infrastructure, behaviours, approaches, policies, laws, organizational setups, and capacity building—that were demonstrated and successfully tested in the region through investments by various actors and pilot demonstrations conducted under MedPartnership itself and then taken for replication and upscaling by the MedProgramme.

The programme design weaknesses involve the lacking for clear guidance as to how the conceptual framework for programmatic and integrated approach will be reflected into the individual child projects, and it also didn't define the synergies upfront at the level of communication, policy making, decision making, resources, knowledge management, collaboration and monitoring and evaluation. Identifying and leveraging these synergies can lead to better outcomes, innovation, and enhanced collaboration among stakeholders. The synergies analysis should include detailed stakeholders' analysis.

The programme was initially designed during the Project Framework Document (PFD) stage, which is essentially the conceptual design phase. Since then, there have been no updates or revisions to the original design. Additionally, there is no Project Preparation Grant (PPG) document that thoroughly describes the program itself. This lack of updates and absence of a comprehensive PPG document have significantly hindered the potential for effective implementation of an integrated program approach across all individual child projects. Consequently, the overall vision and cohesive strategy of the program have been compromised and somewhat lost.

This meant that the PFD stands as the sole document outlining the program-level Theory of Change, and none of the PPG output documents revised or refined this program-level perspective. Consequently, the ToC remained unchanged since the PFD stage in 2016. The extended time lag between the PFD and PPG stages led to some of the priorities identified at the PFD stage becoming obsolete during PPG. This necessitated adaptive modifications to the scope of certain child projects.

8) To what extent does the Programme TOC outline synergies the programme intends to tap to achieve the intended systemic change, and the trade-offs involved in key choices made in programme design?

The program-level ToC, established in the PFD, follows a linear, vertical, and straightforward causal pathway. It provides an overarching regional framework for the change theory under the program, encompassing outputs, outcomes, Intermediate States (IS), impacts, assumptions, and drivers. The expectation is that child projects will unpack and align with the program-level ToC when constructing their own Theories of Change.

The program-level ToC has critical issues, including misalignment between defined pathways and key thematic areas (pollution, climate resilience, marine biodiversity, ecosystems) and a lack of recognition of outcomes from the results framework. This misalignment complicates tracking progress and understanding program activities. The ToC also lacks explicit references to barriers the program aims to address and presents an overly simplistic linear results pathway. Impact and outcome statements are not appropriately-worded, affecting clarity. The concept of "Environmental Security," crucial to the program, is missing from the ToC, weakening its cohesiveness. Reconstructing the ToC to reflect the program's multi-focal, multi-country nature will provide a comprehensive framework for evaluations and guide individual projects.

Refer to section 4 for more details on the ToC revision

9) To what extent are the levels of expenditure and rates of technical progress of each of the Child Projects under the Programme appropriate to: a) the mid-point of the Programme and b) the intended timeframes of the Child Projects and the Programme?

Data on the levels of expenditure and rates of technical progress have not been available centrally. The question needs to be addressed by the MTEs of the child projects.

10) In what ways, and to what extent, are all the Child Projects contributing to the Programme's objectives?

At the programme level, data reported by individual child projects demonstrate early signs of positive trends in some of the GEF core indicators such as increase in hectares of landscapes under improved management practices. Changes on the GEF core indicators at the regional level will help countries to reverse degradation trends and enhancing the sustainability of coastal environmental resources, and accordingly help communities to experience improved health conditions, more stable livelihoods, and increased resilience to climate change and variability. These involve, for example:

- Achieving measurable reduction of wastes and hazardous chemicals (POPs, Mercury) impacting human health and coastal habitats, through innovative practices, techniques and regulatory approaches
- Development of common environmental standards with regards to desalination.
- Enabling pollution reduction in priority coastal and catchments areas through the improvement of water and waste water management systems and the introduction of modern and efficient technologies and practices
- Adoption of comprehensive national ICZM strategies, coastal plans and instruments, and the introduction of sustainable consumption and production (SCP) technical, regulatory, economic and market-oriented measures and improving gender equality.
- Balancing of competing water uses improved through water, food, energy and ecosystems integrated
- governance through enhancing water, food, energy and ecosystems integrated governance, security and sharing of benefits
- Expansion of seascapes under protection and improving protected area management

11) How well are the Child Projects' M&E designs aligned with that of the Programme? How are the M&E arrangements of the Child Projects contributing to the programme level M&E and results reporting and are the monitoring arrangements generating relevant and high-quality information?

There is no programme-level M&E system in place, however, as part of the KM platform, the development of the data visualization tool is a key monitoring mechanism aimed to track the impact of the MedProgramme against the set indicators with input from all child projects. This tool has recently been developed as part of KM platform and supported with some datasets. This will provide

the opportunity to extract graphs, charts to monitor the success of implementation of the interventions/activities, and analysis to include both geospatial and statistical data.

The development of the Data visualization tools has recently been completed including the review of both geospatial and statistical indicators. Given the level of maturity of these tools, and the fact that these have just been launched, no impact reports generated so far. The MedBulletin, in its current format, doesn't showcase the progress of the Programme as a whole, and there are no aggregate data available on the GEF core indicators that help in presenting a whole of programme view. The MedBulletin is limited to highlights of activities from the field, success stories and relevant project events. It also captures examples and evidence of achievement of milestones for all Child Projects, based upon the corresponding results frameworks.

A Gender Monitoring Framework for a coordinated reporting on the Gender Mainstreaming Strategy at the programme level has been developed. The CP4.1 has integrated gender monitoring framework into the new KM platform, and has been undertaking annual assessments to measure progress on the implementation of the gender action plans developed for the Child Projects. The MedPCU conducted two annual gender assessments, the second one was conducted in 2023 with inputs from partners and other UNEP staff, as a stocktaking exercise to take stock of progress made so far, identify challenges and opportunities for enhanced gender mainstreaming through upcoming project activities.

The Child projects' contributions to the programme-level data visualisation tools and gender monitoring framework are still primitive at this stage with so much data gaps not filled. The absence of KM expert in MedPCU is deemed to be the main reason for not yet populating these tools with more data and information.

5.7 Annex I: Quality Assessment of the Report

	UNEP Evaluation Office Comments	Final Mid-Term Evaluation Report Rating
Report Quality Criteria		
Quality of the Executive Summary Purpose: acts as a stand alone and accurate summary of the main evaluation product, especially for senior management. To include: • concise overview of the evaluation object • clear summary of the evaluation objectives and scope • overall evaluation rating of the project and key features of performance (strengths and weaknesses) against exceptional criteria • reference to where the evaluation ratings table can be found within the report • summary response to key strategic evaluation questions • summary of the main findings of the exercise/synthesis of main conclusions • summary of lessons learned and recommendations.	Final report : The Executive summary provides a concise overview of the main findings. Reference is made to the complete performance ratings table in the Conclusions section and the Strategic Questions in Annex H. The institutional location of the project is provided in the Project Overview section.	5.5
Quality of the 'Project Overview' Section Purpose: introduces/situates the evaluand in its institutional context, establishes its main parameters (time, value, results, geography) and the purpose of the evaluation itself. To include: • its institutional context within UNEP (where managed from etc) • **implementation structure (with diagram)** • the problem/issue the project aims to address • project parameters for the evaluation (start and end date; geographic reach; total budget etc) • **project results framework - Theory of Change diagram [50] to be included under Evaluation findings below** *(justify any revisions to the formulation of results statements to conform to UNEP definitions and/or international standards)* • any major and agreed changes to the project (e.g. formal revisions, additional funding etc) • description of targeted groups/stakeholders and their relationship with the project **(including, stakeholder analysis diagram)** • any external challenges faced by the project (e.g. conflict, natural disaster, political upheaval etc	Final report: The report provides a clear and concise overview of the project and all elements are addressed. The section section 'scope of the evaluation' is best read in conjunction with the Evaluation Methods section, which follows.	5.5

[50] During the Inception Phase of the evaluation process a *TOC at Evaluation Inception* is created based on the information contained in the approved project documents (these may include either logical framework or a TOC or narrative descriptions), formal revisions and annual reports, etc. Revisions to results may be formalized through official communication between the project team and the funding partner (e.g. Steering Committee minutes; email exchange with the donor; GEF Project Implementation Review report; email confirming adoption of revisions after a mid-term review etc.)

	UNEP Evaluation Office Comments	Final Mid-Term Evaluation Report Rating
• financial tables ((a) budget at design and expenditure by components (b) planned and actual sources of funding/co-financing		
Quality of the 'Evaluation Methods' Section Purpose: provides reader with clear and comprehensive description of evaluation methods, demonstrates the credibility of the findings and performance ratings. To include: • description of evaluation data collection methods and information sources • justification for methods used (e.g. qualitative/ quantitative; electronic/face-to-face) • number and type of respondents *(see table template)* • selection criteria used to identify respondents, case studies or sites/countries visited • strategies used to increase stakeholder engagement and consultation • methods to include the voices/experiences of different and potentially excluded groups (e.g. vulnerable, gender, marginalised etc) • details of how data were verified (e.g. triangulation, evaluation by stakeholders etc.) • methods used to analyse data (scoring, coding, thematic analysis etc) • evaluation limitations (e.g. low/ imbalanced response rates across different groups; gaps in documentation; language barriers etc) • ethics and human rights issues should be highlighted including: how anonymity and confidentiality were protected. Is there an ethics statement? E.g. *'Throughout the evaluation process and in the compilation of the Final Evaluation Report efforts have been made to represent the views of both mainstream and more marginalised groups. All efforts to provide respondents with anonymity have been made.*	Final report: The report provides the necessary methods information, albeit drawing on some general material. UNEP's standard table of possible/actual respondents is not provided. The complexity of the evaluand (Child Coordinating Project of a GEF Programme) and any challenges that posed, could have been mentioned here.	4
Quality of the Theory of Change Purpose: to set out the TOC at Evaluation in diagrammatic and narrative forms to support consistent project performance; to articulate the causal pathways with drivers and assumptions and justify any reconstruction necessary to assess the project's performance. To include: • description of how the *TOC at Evaluation*[51] was designed (who was involved etc)	Final report: A thorough narrative and detailed TOC is provided.	5.5

[51] During the Inception Phase of the evaluation process a *TOC at Evaluation Inception* is created based on the information contained in the approved project documents (these may include either logical framework or a TOC or narrative descriptions), formal revisions and annual reports etc. During the evaluation process this TOC is revised based on changes made during project intervention and becomes the *TOC at Evaluation*.

	UNEP Evaluation Office Comments	Final Mid-Term Evaluation Report Rating
• confirmation/reconstruction of results in accordance with UNEP definitions • articulation of causal pathways • identification of drivers and assumptions • identification of key actors in the change process • summary of the reconstruction/results re-formulation in tabular form. *The two results hierarchies (original/formal revision and reconstructed) should be presented as a two-column table to show clearly that, although wording and placement may have changed, the results 'goal posts' have not been 'moved'.* This table may have initially been presented in the Inception Report and should appear somewhere in the Main Evaluation report.		
Quality of Key Findings within the Report Presentation of evidence: nature of evidence should be clear (interview, document, survey, observation, online resources etc) and evidence should be explicitly triangulated unless noted as having a single source. Consistency within the report: all parts of the report should form consistent support for findings and performance ratings, which should be in line with UNEP's Criteria Ratings Matrix. Findings Statements (where applicable): The frame of reference for a finding should be an individual evaluation criterion or a strategic question from the TOR. **A finding should go beyond description and uses analysis to provide insights that aid learning specific to the evaluand.** In some cases a findings statement may articulate a key element that has determined the performance rating of a criterion. Findings will frequently provide insight into 'how' and/or 'why' questions.	Final report: The report addresses the performance of a complex evaluand clearly and with justification of the findings.	5.5
Quality of 'Strategic Relevance' Section Purpose: to present evidence and analysis of project strategic relevance with respect to UNEP, partner and geographic policies and strategies at the time of project approval. To include: Assessment of the evaluand's relevance vis-à-vis: • Alignment to the UNEP Medium Term Strategy (MTS), Programme of Work (POW) and Strategic Priorities • Alignment to Donor/GEF/Partners Strategic Priorities • Relevance to Regional, Sub-regional and National Environmental Priorities • Complementarity with Existing Interventions: complementarity of the project at design (or	Final report: Covered with helpful detail.	5.5

	UNEP Evaluation Office Comments	Final Mid-Term Evaluation Report Rating
during inception/mobilisation[52]), with other interventions addressing the needs of the same target groups.		
Quality of the 'Quality and Revision of Project Design' Section Purpose: to present a summary of the strengths and weaknesses of the project design, on the basis that the detailed assessment was presented in the Inception Report.	Final report: A detailed assessment of project design quality is provided.	5.5
Quality of 'Effectiveness' Section **(i) Availability of Outputs:** Purpose: to present a well-reasoned, complete and evidence-based assessment of the outputs made available to the intended beneficiaries. To include: • a convincing, evidence-supported and clear presentation of the outputs made available by the project compared to its approved plans and budget • assessment of the nature and scale of outputs versus the project indicators and targets • assessment of the timeliness, quality and utility of outputs to intended beneficiaries • identification of positive or negative effects of the project on disadvantaged groups, including those with specific needs due to gender, vulnerability or marginalisation (e.g. through disability).	Final report: The report provides a detailed assessment of performance at output level, which should assist the project team to optimise the project's performance in the remainder of its implementation period.	5.5
ii) Progress Towards Project Outcomes: Purpose: to present a well-reasoned, complete and evidence-based assessment of the uptake, adoption and/or implementation of outputs by the intended beneficiaries. This may include behaviour changes at an individual or collective level. To include: • a convincing and evidence-supported analysis of the uptake of outputs by intended beneficiaries • assessment of the nature, depth and scale of outcomes versus the project indicators and targets • discussion of the contribution, credible association and/or attribution of outcome level changes to the work of the project itself • any constraints to attributing effects to the projects' work	Final report: The performance at outcome level is assessed in the context of the project's results indicators and provides detailed insights into the progress to date.	5.5

[52] A project's inception or mobilization period is understood as the time between project approval and first disbursement. Complementarity during project implementation is considered under Efficiency, see below.

	UNEP Evaluation Office Comments	Final Mid-Term Evaluation Report Rating
• identification of positive or negative effects of the project on disadvantaged groups, including those with specific needs due to gender, vulnerability or marginalisation (e.g. through disability).		
(iii) Likelihood of Impact: Purpose: to present an integrated analysis, guided by the causal pathways represented by the TOC, of all evidence relating to likelihood of impact, including an assessment of the extent to which drivers and assumptions necessary for change to happen, were seen to be holding. To include: • an explanation of how causal pathways emerged and change processes can be shown • an explanation of the roles played by key actors and change agents • explicit discussion of how drivers and assumptions played out • identification of any unintended negative effects of the project, especially on disadvantaged groups, including those with specific needs due to gender, vulnerability or marginalisation (e.g. through disability).	Final report: The report provides a structured assessment of the likelihood of impact, grounded in a discussion of the progression through the TOC expected change process.	5.5
Quality of 'Financial Management' Section Purpose: to assess a) whether the rate of spend is consistent with the project's length of implementation to-date, the agreed workplan and the delivery of outputs and b) whether financial reporting and/or auditing requirements are being met consistently and to adequate standards by all parties. Consider how well the report addresses the following: • *adherence* to UNEP's financial policies and procedures • *completeness* of financial information, including the actual project costs (total and per activity) and actual co-financing used • *highlights* any financial management issues that are affecting the timely delivery of the project or the quality of its performance	Final report: This section covers all three sub-categories of financial management.	5.5
Quality of 'Efficiency' Section Purpose: to present an integrated analysis of all dimensions evaluated under efficiency (i.e. the primary categories of cost-effectiveness and timeliness). To include: • time-saving measures put in place to maximise results within the secured budget and agreed project timeframe • discussion of making use, during project implementation, of/building on pre-existing institutions, agreements and partnerships, data sources, synergies and complementarities with other initiatives, programmes and projects etc. • implications of any delays and no cost extensions	Final report : This section provides helpful insights. Elements addressed under Efficiency include: cost-effectiveness, financial delivery, human resources, time-frame and co-financing.	5.5

	UNEP Evaluation Office Comments	Final Mid-Term Evaluation Report Rating
• the extent to which the management of the project minimised UNEP's environmental footprint.		
Quality of 'Monitoring and Reporting' Section Purpose: to present well-reasoned, complete and evidence-based assessment of the evaluand's monitoring and reporting. Each project should be supported by a sound monitoring plan that is designed to track progress against SMART results. Consider how well the report addresses the following: • quality of monitoring of project implementation *(including use of monitoring data for adaptive management)* • quality of project reporting *(e.g. UNEP and donor reports)*	Final report: All elements of this section are addressed.	5
Quality of Sustainability Section Purpose: to present an integrated analysis of all dimensions evaluated under sustainability (i.e. the endurance of benefits achieved at outcome level given the socio-political, financial and institutional context). Consider how well the report addresses the following: • likelihood of enduring benefits from the project • existence of an appropriate exit strategy	Final report : The report provides a detailed discussion of likely sustainability.	5.5
Quality of Factors Affecting Performance Section Purpose: These factors are not always discussed in stand-alone sections and may be integrated in the other performance criteria as appropriate. However, if not addressed substantively in this section, a cross reference must be given to where the topic is addressed and that entry must be sufficient to justify the performance rating for these factors. Consider how well the evaluation report, either in this section or in cross-referenced sections, covers the following cross-cutting themes: • quality of project management and supervision[53] • stakeholder participation and co-operation • responsiveness to human rights and gender equality • environmental and social safeguards • country ownership and driven-ness • communication and public awareness	Final report : All sub-categories are addressed substantively.	5.5
Quality of the Conclusions Section	Final report :	5.5

[53] In some cases 'project management and supervision' will refer to the supervision and guidance provided by UNEP to implementing partners and national governments while in others, specifically for GEF funded projects, it will refer to the project management performance of the executing agency and the technical backstopping provided by UNEP. This includes providing the answers to the questions on Core Indicator Targets, stakeholder engagement, gender responsiveness, safeguards and knowledge management, required for the GEF portal.

	UNEP Evaluation Office Comments	Final Mid-Term Evaluation Report Rating
(i) Conclusions Narrative: Purpose: to present summative statements reflecting on prominent aspects of the performance of the evaluand as a whole, they should be derived from the synthesized analysis of evidence gathered during the evaluation process. To include: • compelling narrative providing an integrated summary of the strengths and weakness in overall performance to-date (achievements and limitations) of the project • clear and succinct response to any key strategic questions • human rights and gender dimensions of the intervention should be discussed explicitly (e.g. how these dimensions are being considered, addressed or impacted on)	The conclusions provide a well-rounded and readable overview of the performance of the project to-date.	
ii) Utility of the Lessons: Purpose: to present both positive and negative lessons that have potential for use during the remainder of the project (replication and generalization) Consider how well the lessons achieve the following: • are rooted in real project experiences (i.e. derived from explicit evaluation findings or from problems encountered and mistakes made that should be avoided in the future) • briefly describe the context from which they are derived and those contexts in which they may be useful • do not duplicate recommendations	Final report: The lessons are thoughtful and should be of help to the project team and others working in a similar area.	5.5
(iii) Utility and Actionability of the Recommendations: Purpose: to present proposals for specific action to be taken by identified people/position-holders to resolve concrete problems affecting the project or the sustainability of its results. Consider how well the lessons achieve the following: • are feasible to implement within the timeframe and resources available (including local capacities) and specific in terms of who would do what and when • include at least one recommendation relating to strengthening the human rights and gender dimensions of UNEP interventions • represent a measurable performance target in order that the UNEP Unit/Branch can monitor and assess compliance with the recommendations.	Final report : The recommendations are relevant and practical and should be addressed by the project team in its management response/recommendations implementation plan.	5.5
Quality of Report Structure and Presentation **(i) Structure and completeness of the report:** To what extent does the report follow the UNEP Evaluation Office structure and formatting guidelines? Are all requested Annexes included and complete?	Final report : The report is well-structured and all annexes that were requested are provided. Mid Term Evaluations provide for some flexibility in the presentation of the report.	5.5
(ii) Writing and formatting:	Final report :	

	UNEP Evaluation Office Comments	Final Mid-Term Evaluation Report Rating
Consider whether the report is well written (clear English language and grammar) with language that is adequate in quality and tone for an official document? Do visual aids, such as maps and graphs convey key information?	The report is well-written to a high standard.	5.5
OVERALL REPORT QUALITY RATING		**5.5**

A number rating 1-6 is used for each criterion: Highly Satisfactory = 6, Satisfactory = 5, Moderately Satisfactory = 4, Moderately Unsatisfactory = 3, Unsatisfactory = 2, Highly Unsatisfactory = 1. The overall quality of the evaluation report is calculated by taking the mean score of all rated quality criteria.