





## Mid term Evaluation Report

### **General Conclusions**

1. The MedPartnership project started in August 2009, some 15 months after approval by the GEF CEO, for a duration of 60 months and was extended at the end of the inception phase to reflect an expected closure date to August 2014. This mid-term evaluation of the regional component was undertaken just over three years into implementation of the project and two and half years after the adoption of the project Inception Report by the Steering Committee (SC).
2. The project is characterised by the large number of co-executing agencies and other partners that are working together in a concerted effort towards of SAP implementation. The evaluation has highlighted the advantages of this structure such as mobilisation of expertise and specialised networks and the long term commitment of partners but also some of the disadvantages, such as relatively high transaction costs. The terminal evaluation will provide an opportunity to look in more detail at lessons from this partnership approach. The project components were largely designed as stand-alone packages of work and there have been only limited efforts to develop linkages amongst themes and to combine the complementary approaches of NGOs and UN bodies. Good results are being achieved where such collaboration has occurred.
3. Coordination at country level has been less successful to date with little progress on the establishment of country support programmes and inter-ministerial committees pointing to limited appropriation of the project at national level despite engagement of a wide range of national stakeholders in project activities. This may be a result of inadequate consultation on coordination mechanisms during the design phase and is taken up under lessons.
4. The overall rating on attainment of project objectives and results is moderately satisfactory, with ratings on project sub-components, which are each managed by one or more co-executing partners, ranging from unsatisfactory for work on PCBs managed by MEDPOL to satisfactory for work on technology transfer and on MPAs managed respectively by UNIDO and WWF-MedPO. One underlying factor for this difference in performance is the varying level of preparedness including adequacy of project definition, while different ways of working have also played a role. The quality of reporting to the PMU has also varied and in general is not considered adequate for a project of this size.

### **Component 2 Recommendations**

5. Delivery of project sub-components 2.1 and 2.3 has been affected by a range of factors including poor design and preparedness and disruption of activities due to the Arab Spring. Document UNEP(DEPI) MED WG397/Inf.5 details the background to a set of twelve recommendations related to these sub-components that are summarised below as well as an outline of the cost implications of these recommendations, including cash expenditure by the project and in kind contributions by participating countries.
6. An approximate costing of additional activities suggests that these activities could be funded based on cost savings of approximately US\$ 600,000 on the 2012 project budget resulting from the revised and less ambitious target for destruction of PCBs (Recommendation 4.9).
7. The feasibility of these recommendations will need to be further considered in the light of possible reductions in MTF cash co-finance.

Component/ Activity	Recommendation	Responsibility
2.1.1 Phosphogypsum slurry management	4.1. It is recommended that the national authorities (Ministry of Environment / ANPE) should lead the phosphogypsum stakeholder group and facilitate procedures so as to implement the remaining activities without further delay, in particular: the development of proposals for policy reforms for the proper management of phosphogypsum wastes, and feasibility and economic studies for the construction of a landfill..	MEDPOL, National Tunisia MedPartnership Focal Point, MoE
2.1.3 Lubricating oil recycling and regeneration	4.2. It is recommended that actions are taken so that the agreement between the Algerian authorities and UNEP/MAP for this pilot is signed during the first part of 2013. In case of non-signature by 31 March, this activity should be cancelled and funds reallocated to other activities.	MEDPOL, Algeria MAP National Focal Point, UNEP/MAP
2.1.4 Lead batteries recycling in Syria	4.3. It is recommended that results generated in Syria are valorised by development of practical guidelines for ESM of lead batteries for the region based on the Syria experience (reports) and on Basel Convention guidelines for dissemination to the countries of the project.	SC, UNEP/MAP, MEDPOL
2.1.6 Setting Emission Limit Values (ELV) for industrial effluents and Establishment of Environmental Quality Standards	4.4. To ensure impact of this pilot project, it is recommended that the capacity of the relevant end-users (inspectors, authorities that deliver permits, etc,) be built to be able to use this software adequately	UNEP/MAP, MEDPOL, countries
2.3 Environmentally sound management of PCBs and disposal	4.5. To facilitate coordination activities at national level it is recommended that the NTA recruited in the context of Activity 2.3.4 also acts as national coordinator for the whole sub component 2.3.	SC, UNEP/MAP, MEDPOL, CP/RAC
	4.6. To facilitate the implementation of activities, in particular for PCB inventory, it is also recommended to constitute a national task team . The task team will be constituted by the National Coordinator, representatives of utilities, and representatives of relevant ministries.	UNEP/MAP, MEDPOL, CP/RAC, countries
	4.7. Given the delays that this sub-component has suffered and the severe time constraint, it is recommended that these reviews (activity 2.3.1) are cancelled. However, it is strongly recommended that practical guidelines for lifecycle ESM of PCBs are developed and put into practice in utilities, and that customs authorities are made aware of these guidelines.	UNEP/MAP, MEDPOL, CP/RAC,
	4.8. It is recommended that realistic target values for PCB destruction for all the countries including the new ones be discussed and agreed upon. It is not likely that this new figure be more than 500 tons as compared to the 870 tons planned in project document.	SC, UNEP/MAP, MEDPOL, CP/RAC, countries, PCB consultant

	4.9. Given the severe time constraint, in countries where PCB inventories have not started 12 months before closure of the project, it is recommended that inventories in those countries be cancelled. For these countries, only the amount of PCBs already identified will be exported for destruction. In the other countries, inventory activities should stop 12 months before closing date of the project even if PCB target values have not been reached.	PSC, UNEP/MAP, MEDPOL, CP/RAC, countries
	4.10. It is recommended that utilities ensure that only non PCB contaminated obsolete equipment is sold to metal recyclers. It is also recommended that identified PCB equipment should be adequately safeguarded.	UNEP/MAP, CP/RAC, MEDPOL, countries
	4.11. Given the outstanding tasks, it is recommended that an extension of at least one year be granted to this sub-component to allow for completion of activities.	SC, MEDPOL, UNEP/MAP, CP/RAC
	4.12. It is recommended that the capacity of customs authorities is built to prevent importation of PCBs	UNEP/MAP, CP/RAC, MEDPOL, countries
2.1 and 2.3	4.13. It is recommended that the position of task manager be filled by a full time staff with internal support of one full time administrative staff from MEDPOL until closure of activities to ensure successful implementation of remaining tasks. .	SC, MEDPOL, UNEP/MAP
	4.14. If sub-components 2.1 and 2.3 are to regain their momentum and the coming year will be an extremely active project phase and will place a significant workload on the already busy MEDPOL staff. If recommendation 4.13 does not materialise in the first quarter of 2013, it is recommended that cancellation of a number of activities of sub-components 2.1 and 2.3 should be considered at the next PSC meeting. Funds saved can be re-allocated to other components	SC, MEDPOL, UNEP/MAP
	4.15. In the case of cancellation of MEDPOL PCB activities, it is recommended that PCB activities implemented by CP/RAC be maintained.	SC, MEDPOL, UNEP/MAP