Management Response: Implementation Plan for Evaluation Recommendations

UN environment programme | Evaluation Office

General Information

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Implementation Plan

No	Challenge/problem to be addressed by the recommendation	Recommendation	Priority level	Type of Recommendation	Responsibility	Proposed Implementation time-frame	Acceptance	Reason if not Accepted or Partially Accepted	Management Action(s) to be taken
1	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	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.	Critical	Project	UNEP/MAP	As soon as possible	Accepted		

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	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.								
2	The recommendation is to address the challenges identified in relation to the limited coordination and integrated programmatic approach	Strengthen the MedProgramme coordination and programmatic approach by implementing the following actions: 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	Critical	Project	MedPCU / UNEP MAP	Within 1 year from the time of this MTE report	Accepted		

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		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							

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		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							

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		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.							
3	To address the immaturity of the KM platform	Strengthen the MedProgramme's KM by implementing the following actions: 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	Important	Project	MedPCU /MAP	Starting asap and recommendations to be implemented within 1 year	Accepted		

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		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.							

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		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							
4	The sustainability of project outcomes has a high degree of dependency on institutional, financial, social and political factors that need to be strengthened.	To strengthen the MedProgramme sustainability by taking the following actions: 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	Opportunity for improvement	Project	MedPCU /MAP	Starting asap and recommendations to be implemented within 1 year	Accepted		

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		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.							
5	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.	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.	Critical	Partners	PSC	ASAP	Accepted		

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6	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.	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.	Important	Project	MedPCU	ASAP	Partially Accepted	Reason for partial acceptance is due to the fact that some Child Projects are being executed by several Executing Partners. As explained in the action to be taken, it is not possible to implement this recommendation particularly that only two SC Meetings remain including final SCM. For Child Projects executed by a single executing partner, this can be implemented and will be undertaken in the upcoming SCMs to be concluded by 30 June 2025	
7	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	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.	Critical	Project	MedPCU	ASAP	Accepted		

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	the co-financing targets by the end of the project.								
8	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.	Identify and connect with other GEF-funded Integrated Programmes implemented by UNEP and other GEF implementing agencies to exchange learnings and key lessons learned.	Important	Project	MedPCU	ASAP	Accepted		
9	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.	Review project indicators as proposed in table 4 in this document.	Important	Project	MedPCU	ASAP	Accepted		