ASM-03855 - Quality Assurance - Closure

Procedure Year: 2023

Procedure Rating: Satisfactory

Procedure Status: Approved

Procedure Name: ASM-03855

Procedure Department: CO - Cambodia - Phnom-Penh

Procedure Type: Closure

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Portofolio/Project Type: Project

RELATED PORTFOLIOS/PROJECTS (1)

NAME	PORTOFOLIO/PROJECT NAME	DEPARTMENT	STATUS	ATLAS PROJECT NUMBER	START DATE	END DATE
00125406	Medical Waste Management-UNDP-KHM-00125406	CO - Cambodia - Phnom-Penh	Financially Closed	00133431	1/1/2021	12/31/2025

Approval Information

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Approved By: Shakeel AHMAD <shakeel.ahmad@undp.org>

APPROVAL HISTORY

STEP NAME	DATE	STATUS	ASSIGNED TO
Submitted for Approval	2024-02-26 08:59:44	Approved	Shakeel AHMAD
Approval Request Submitted	2024-02-26 05:33:32	Started	Amara Bou

QA Questionnaire:

Strategic | Status: Complete | Quality Rating: Satisfactory

1. Did the project pro-actively identified changes to the external environment and incorporated them into the project strategy?

- ○ 3: The project team has identified relevant changes in the external environment that may present new opportunities or threats to the project's ability to achieve its objectives and the assumptions have been tested to determine if the project's strategy is still valid. There is evidence that the project board has considered the implications, and documented any changes needed to the project in response. (all must be true)
- ◉ 2: The project team has identified relevant changes in the external environment that may present new opportunities or threats to the project's ability to achieve its objectives. There is some evidence that the project board discussed this, but relevant changes may not have been fully integrated in the project. (both must be true)
- ○ 1: The project team may have considered relevant changes in the external environment since implementation began, but there is no evidence that the project team has considered changes to the project as a result.

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

The project was developed and implemented as a regional South-South Multi-Country project to respond to Covid-19 pandemic with overall governance by UNDP China. The adjustments of project implementation required consultation and endorsement by UNDP China and the Embassy of China in Cambodia. During evolving Covid-19 situation, the project had gone through two major adjustments of its implementation approaches and workplan to address the emerging issues. The adjustments were closely

consulted with respective hospital beneficiaries and the Embassy of China in Cambodia (See meeting notes). The final approval of the adjustment was made by the government of China through coordination of UNDP China (See approval letters of workplan adjustment from the government of China).

2. Was the project aligned with the thematic focus of the Strategic Plan?

- 3: The project responds at least one of the development settings as specified in the Strategic Plan (SP) and adopts at least one Signature Solution and the project's RRF includes at all the relevant SP output indicators. (all must be true)
- (●) 2: The project responds to one of the three areas of development work as specified in the Strategic Plan. The project's RRF includes at least one SP output indicator, if relevant. (both must be true)
- 1: While the project may respond to a partner's identified need, this need falls outside the UNDP Strategic Plan. Also select this option if none of the relevant SP indicators are included in the RRF.

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

The project responses to SP (2018-2021) development setting: c) Build resilience to shocks and crises and signature solution; specifically, contributed to SP Output 1.1.1

Relevant | Status: Complete | Quality Rating: Satisfactory

3. Are the project's targeted groups, and particularly those marginalized, vulnerable and left further behind (LNOB), being systematically engaged, with a priority focus on the discriminated and marginalized, to ensure the project leaves no one behind (LNOB) and remains relevant for them?

- 3: Systematic and structured feedback was collected over the project duration from a representative sample of beneficiaries, with a priority focus on the discriminated and marginalized, as part of the project's monitoring system. Representatives from the targeted groups were active members of the project's governance mechanism (i.e., the project board or equivalent) and there is credible evidence that their feedback informs project decision making. (all must be true)
- (●) 2: Targeted groups were engaged in implementation and monitoring, with a priority focus on the discriminated and marginalized. Beneficiary feedback, which may be anecdotal, was collected regularly to ensure the project addressed local priorities. This information was used to inform project decision making. (all must be true to select this option)
- 1: Some beneficiary feedback may have been collected, but this information did not inform project decision making. This option should also be selected if no beneficiary feedback was collected
- Not Applicable

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

The project clearly identified the target beneficiaries which are the healthcare workers and waste collectors. The target beneficiaries were engaged in the initial capacity need assessments and followed by capacity development trainings. Post-training evaluations were also conducted to assess changes in target group knowledge and practice (See assessment report and training report).

4. Did the project generate knowledge, and lessons learned (i.e., what has worked and what has not) and has this knowledge informed management decisions to ensure the continued relevance of the project towards its stated objectives, the quality of its outputs and the management of risk?

- 3: Knowledge and lessons learned from internal or external sources (gained, for example, from Peer Assists, After Action Reviews or Lessons Learned Workshops) backed by credible evidence from evaluation, corporate policies/strategies, analysis and monitoring were discussed in project board meetings and reflected in the minutes. There is clear evidence that changes were made to the project to ensure its continued relevance. (both must be true)
- (●) 2: Knowledge and lessons learned backed by relatively limited evidence, drawn mainly from within the project, were considered by the project team. There is some evidence that changes were made to the project as a result to ensure its continued relevance. (both must be true)
- 1: There is limited or no evidence that knowledge and lessons learned were collected by the project team. There is little or no evidence that this informed project decision making.

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

The project consistently seeks to improve the implementation of medical waste management through a regular meeting with concerned stakeholders (See meeting notes). For instance, the encountered a challenge that the wastewater component was not

implementable to due high complexity of hospital sewage system in which required high investment of resource and times which was beyond the resource/time availability of the project. This challenge was identified through a structure feasibility study conducted by Independent Expert (See wastewater assessment report). The project took steps to discuss these challenges with all concerned stakeholders including the hospital management, UNDP China and Embassy of China resulting in the adjustment of workplan and budget to focus more on the solid waste intervention (See approval letter of Goverment of China).

5. Was the project sufficiently at scale, or is there potential to scale up in the future, to meaningfully contribute to development change?

- 3: There was credible evidence that the project reached sufficient number of beneficiaries (either directly through significant coverage of target groups, or indirectly, through policy change) to meaningfully contribute to development change.
- (●) 2: While the project was not considered at scale, there are explicit plans in place to scale up the project in the future (e.g. by extending its coverage or using project results to advocate for policy change).
- 1: The project was not at scale, and there are no plans to scale up the project in the future.

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

The project was originally designed for Covid-19 emergency response with implementation period of 12 months. Hence, there was no scale up plan. However, based on the project lesson learns drawing from the project implementation, there were potential areas of expansion. For instance, in the last 6 months of project implementation, the project made effort to scale up medical solid waste management in additional four provincial hospital namely Battambang, Svay Rieng, Koh Kong and Phreah Vihear provinces (See project operational closure report).

Principled | Status: Complete | Quality Rating: Satisfactory

6. Were the project's measures (through outputs, activities, indicators) to address gender inequalities and empower women relevant and produced the intended effect? If not, evidence-based adjustments and changes were made.

- 3: The project team has systematically gathered data and evidence through project monitoring on the relevance of the measures to address gender inequalities and empower women. Analysis of data and evidence were used to inform adjustments and changes, as appropriate. (both must be true)
- (●) 2: The project team had some data and evidence on the relevance of the measures to address gender inequalities and empower women. There is evidence that at least some adjustments were made, as appropriate. (both must be true)
- 1: The project team had limited or no evidence on the relevance of measures to address gender inequalities and empowering women. No evidence of adjustments and/or changes made. This option should also be selected if the project has no measures to address gender inequalities and empower women relevant to the project results and activities.

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

Despite the project design didn't explicitly address gender equality, during the course of implementation there were evidences that project made efforts to address gender issues in its relevant capacity assessment of male and female beneficiaries. The project further reflected the gender inclusion in their training delivery (See training report).

7. Were social and environmental impacts and risks successfully managed and monitored?

- 3: Social and environmental risks were tracked in the risk log. Appropriate assessments conducted where required (i.e., Environmental and Social Impact Assessment (ESIA) for High risk projects and some level of social and environmental assessment for Moderate risk projects as identified through SESP). Relevant management plan(s) developed for identified risks through consultative process and implemented, resourced, and monitored. Risks effectively managed or mitigated. If there is a substantive change to the project or change in context that affects risk levels, the SESP was updated to reflect these changes. (all must be true)
- (●) 2: Social and environmental risks were tracked in the risk log. Appropriate assessments were conducted where required (i.e., Environmental and Social Impact Assessment (ESIA) for high/substantial-risk projects and targeted assessments for moderate risk projects as identified through SESP). Relevant management plan(s) developed, implemented, and monitored for identified risks. Select this option for SESP exempted projects and/or categorized as low risk through the SESP.
- 1: Social and environmental risks were tracked in the risk log. For projects categorized as High or Moderate Risk, there was no evidence that social and environmental assessments completed and/or management plans or measures development, implemented or monitored. There are substantive changes to the project or changes in the context but SESP was not updated. (any may be true)

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

SES was traced in risk logs and monitored on quarterly basis (See quaterly risk logs).

8. Were grievance mechanisms available to project-affected people and were grievances (if any) addressed to ensure any perceived harm was effectively mitigated?

- 3: Project-affected people actively informed of UNDP's Corporate Accountability Mechanism (SRM/SECU) and how to access it. If the project was categorized as High or Moderate Risk through the SESP, a project -level grievance mechanism was in place and project affected people informed. If grievances were received, they were effectively addressed in accordance with SRM Guidance. (all must be true)
- (●) 2: Project-affected people have been informed of UNDP's Corporate Accountability Mechanism and how to access it. If the project is categorized as High Risk through the SESP, a project -level grievance mechanism is in place and project affected people informed. If grievances have been received they are responded to but face challenges in arriving at a resolution. Select this option for SESP Exempted projects.
- 1: Project-affected people was not informed of UNDP's Corporate Accountability Mechanism. If grievances were received, they were not responded to. (any may be true)

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

SES are tracked in project risk logs and regularly updated along on quarterly basis (See risk logs). There is no evidence of Corporate Grievance Mechanism being introduced to project beneficiaries. However, there were evidences of close engagement between project lead and target hospitals and concerned stakeholders which serve as a mechanism to receive feedback from the stakeholders (See meeting notes).

Management & Monitoring | Status: Complete | Quality Rating: Satisfactory

9. Was the project's M&E Plan adequately implemented?

- 3: The project had a comprehensive and costed M&E plan. Baselines, targets and milestones were fully populated. Progress data against indicators in the project's RRF was reported regularly using credible data sources and collected according to the frequency stated in the Plan, including sex disaggregated data as relevant. Any evaluations conducted, if relevant, fully meet decentralized evaluation standards, including gender UNEG standards. Lessons learned, included during evaluations and/or After-Action Reviews, were used to take corrective actions when necessary. (all must be true)
- (●) 2: The project costed M&E Plan, and most baselines and targets were populated. Progress data against indicators in the project's RRF was collected on a regular basis, although there was may be some slippage in following the frequency stated in the Plan and data sources was not always reliable. Any evaluations conducted, if relevant, met most decentralized evaluation standards. Lessons learned were captured but were used to take corrective actions. (all must be true)
- 1: The project had M&E Plan, but costs were not clearly planned and budgeted for, or were unrealistic. Progress data was not regularly collected against the indicators in the project's RRF. Evaluations did not meet decentralized evaluation standards. Lessons learned were rarely captured and used. Select this option also if the project did not have an M&E plan.

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

The project progress was regularly tracked through a monthly tracking sheets developed by UNDP China who played the roles of oversight (See monthly tracking sheets). The project also contributed to a Regional Medical Waste Management study to assessment the overall performance of the CO in handling medical waste management.

10. Did the project's governance mechanism (i.e., the project board or equivalent) function as intended?

3: The project's governance mechanism operated well, and was a model for other projects. It met in the agreed frequency stated in the project document and the minutes of the meetings were all on file. There was regular (at least annual) progress reporting to the project board or equivalent on results, risks and opportunities. It is clear that the project board explicitly reviewed and used evidence, including progress data, knowledge, lessons and evaluations, as the basis for informing management decisions (e.g., change in strategy, approach, work plan.) (all must be true to select this option)

2: The project's governance mechanism met in the agreed frequency and minutes of the meeting are on file. A project progress report was submitted to the project board or equivalent at least once per year, covering results, risks and opportunities. (both must be true to select this option)

1: The project's governance mechanism did not meet in the frequency stated in the project document over the past year and/or the project board or equivalent was not functioning as a decision-making body for the project as intended.

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

Due to implementing modality is South-South Multi Country project, the governance mechanism is held with UNDP China who plays Administrator and Oversight role to the project (See governance arrange note by UNDP China). The project has closely consulted and engaged both UNDP China and the Embassy of China on project progress and issues. Any changes to the project were only done with approval from UNDP China.

11. Were risks to the project adequately monitored and managed?

3: The project monitored risks every quarter and consulted with the key stakeholders, security advisors, to identify continuing and emerging risks to assess if the main assumptions remained valid. There is clear evidence that relevant management plans and mitigating measures were fully implemented to address each key project risk and were updated to reflect the latest risk assessment. (all must be true)

2: The project monitored risks every year, as evidenced by an updated risk log. Some updates were made to management plans and mitigation measures.

1: The risk log was not updated as required. There was may be some evidence that the project monitored risks that may affected the project's achievement of results, but there is no explicit evidence that management actions were taken to mitigate risks.

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

The project risks are registered in risk logs and updated on a quarterly basis (See attached risk logs).

Efficient | Status: Complete | Quality Rating: Satisfactory

12. Adequate resources were mobilized to achieve intended results. If not, management decisions were taken to adjust expected results in the project's results framework.

Yes

No

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

The project managed to fulfill financial gaps with complimentary resources from UNDP core fund. The project was also able to repurpose the unutilized funds to expand the results of the medical solid waste managemnet component.

13. Were project inputs procured and delivered on time to efficiently contribute to results?

3: The project had a procurement plan and kept it updated. The project quarterly reviewed operational bottlenecks to procuring inputs in a timely manner and addressed them through appropriate management actions. (all must be true)

2: The project had updated procurement plan. The project annually reviewed operational bottlenecks to procuring inputs in a timely manner and addressed them through appropriate management actions. (all must be true)

1: The project did not have an updated procurement plan. The project team may or may not have reviewed operational bottlenecks to procuring inputs regularly, however management actions were not taken to address them.

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

Due the nature of the project was Covid-19 emergency response, the project timeline was very short which is only 12 months period. The project needed to accelerate the whole project implement including procurement execution. The project developed procurement plan annually (See procurement plan). However, due to technical complexity of the medical waste equipment namely

Steam Sterilizer with Shredders (which procured by UNDP China through a pool procurement process) the procurement process required longer timeline for identification of appropriate specification for each target hospital and sourcing of supplier. The project was then extended for additional 9 months regionally including Cambodia.

14. Was there regular monitoring and recording of cost efficiencies, taking into account the expected quality of results?

- 3: There is evidence that the project regularly reviewed costs against relevant comparators (e.g., other projects or country offices) or industry benchmarks to ensure the project maximized results delivered with given resources. The project actively coordinated with other relevant ongoing projects and initiatives (UNDP or other) to ensure complementarity and sought efficiencies wherever possible (e.g. joint activities.) (both must be true)
- (●) 2: The project monitored its own costs and gave anecdotal examples of cost efficiencies (e.g., spending less to get the same result,) but there was no systematic analysis of costs and no link to the expected quality of results delivered. The project coordinated activities with other projects to achieve cost efficiency gains.
- 1: There is little or no evidence that the project monitored its own costs and considered ways to save money beyond following standard procurement rules.

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

The project regularly monitored its own cost on a monthly basis through a monthly tracker tool which tracking both activities and procurement progress as well as expenditure against deliverables (See attached monthly tracking sheets). The adjustment of the budget was also closely consulted with UNDP China and the Embassy of China if budget adjustments are needed to reflect the market prices.

Effective | Status: Complete | Quality Rating: Satisfactory

15. Was the project on track and delivered its expected outputs?

- (●) Yes
- No

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

The project has fully delivered the all the expected outputs, though there were some adjustments of the wastewater component in which repurposed to expand the solid medical waste instead. The repurposed output was discussed and agreed upon with target hospitals, Ministry of Health, Embassy of China and UNDP China.

16. Were there regular reviews of the work plan to ensure that the project was on track to achieve the desired results, and to inform course corrections if needed?

- 3: Quarterly progress data informed regular reviews of the project work plan to ensure that the activities implemented were most likely to achieve the desired results. There is evidence that data and lessons learned (including from evaluations /or After-Action Reviews) were used to inform course corrections, as needed. Any necessary budget revisions were made. (both must be true)
- (●) 2: There was at least one review of the work plan per year with a view to assessing if project activities were on track to achieving the desired development results (i.e., outputs.) There may or may not be evidence that data or lessons learned were used to inform the review(s). Any necessary budget revisions have been made.
- 1: While the project team may have reviewed the work plan at least once over the past year to ensure outputs were delivered on time, no link was made to the delivery of desired development results. Select this option also if no review of the work plan by management took place.

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

The project workplan is being reviewed and tracked on a monthly basis using monthly tracker template developed by UNDP China. The workplan was constantly discussed with target hospitals and UNDP China with necessary adjustments as needed (see meeting notes).

17. Were the targeted groups, and particularly those marginalized, vulnerable and left further behind (LNOB), systematically identified and engaged, prioritizing the marginalized and excluded, to ensure results were achieved as expected?

- 3: The project targeted specific groups and/or geographic areas, identified by using credible data sources on their capacity needs, deprivation and/or exclusion from development opportunities relevant to the project's area of work. There is clear evidence that the targeted

groups were reached as intended. The project engaged regularly with targeted groups over the past year to assess whether they benefited as expected and adjustments were made if necessary, to refine targeting. (all must be true)

(●) 2: The project targeted specific groups and/or geographic areas, based on some evidence of their capacity needs, deprivation and/or exclusion from development opportunities relevant to the project's area of work. Some evidence is provided to confirm that project beneficiaries are members of the targeted groups. There was some engagement with beneficiaries in the past year to assess whether they were benefiting as expected. (all must be true)

( ) 1: The project did not report on specific targeted groups. There is no evidence to confirm that project beneficiaries are populations have capacity needs or are deprived and/or excluded from development opportunities relevant to the project area of work. There is some engagement with beneficiaries to assess whether they benefited as expected, but it was limited or did not occurred in the past year.

( ) Not Applicable

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

The project target groups were engaged at the initial assessment stage and provision of capacity building stage (See survey report and training report).

18. If there is a digital or data technology solution in the project: have technology and data risks been addressed specifically for closure, or continued use by partners or UNDP?

( ) 3: Yes, a) the implementation and closure followed good practices, such as UNDP's digital standards and data principles; b) technology sustainability risks are addressed: hosting, licenses, intellectual property, data ownership, code documentation, or partner capacity (operations, maintenance and continued improvement); and c) post project scalability has been considered: digital public goods or reusability for other UNDP units. (All must be true)

(●) 2: Specific technology and data risks have been partially addressed for project closure, next to Standard UNDP sustainability practices and project risk management.

( ) 1: Standard UNDP sustainability practices and project risk management are applied, but no specific practices to address technology or data risks are followed.

( ) The project did not utilize a data or digital technology solution.

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

The technology adoption is minimal in this project given the project focus was to put in place needful equipment to immediately handle Covid-19 related waste. The Steam Sterilizer with Shredder was considered the most technological material that imposed for the project, however, it doesn't concern human data. The target hospitals were well trained on the operation of that equipment with safety measure in place.

Sustainability & National Ownership

Status: Complete

Quality Rating: Satisfactory

19. Were stakeholders and national partners fully engaged in the decision-making, implementation and monitoring of the project?

( ) 3: Only national systems (i.e., procurement, monitoring, evaluation, etc.) were used to fully implement and monitor the project. All relevant stakeholders and partners were fully and actively engaged in the process, playing a lead role in project decision-making, implementation and monitoring. (both must be true)

(●) 2: National systems (i.e., procurement, monitoring, evaluation, etc.) were used to implement and monitor the project (such as country office support or project systems) were also used, if necessary. All relevant stakeholders and partners were actively engaged in the process, playing an active role in project decision-making, implementation and monitoring. (both must be true)

( ) 1: There was relatively limited or no engagement with national stakeholders and partners in the decision-making, implementation and/or monitoring of the project.

( ) Not Applicable

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

The project was implemented through DIM, hence, the national system was not applied. However, the target hospital, Ministry of Health and other relevant stakeholders in the field such WHO and WB were closely engaged since the project formulation and implementation stage to ensure national ownership. All medical equipment/supplier only purchased with agreement from the Ministry of Health and the target hospitals.

20. Were there regular monitoring of changes in capacities and performance of institutions and systems relevant to the project, as needed, and were the implementation arrangements8 adjusted according to changes in partner capacities?

- ( ) 3: Changes in capacities and performance of national institutions and systems were assessed/monitored using clear indicators, rigorous methods of data collection and credible data sources including relevant HACT assurance activities. Implementation arrangements were formally reviewed and adjusted, if needed, in agreement with partners according to changes in partner capacities. (all must be true)
- (•) 2: Aspects of changes in capacities and performance of relevant national institutions and systems were monitored by the project using indicators and reasonably credible data sources including relevant HACT assurance activities. Some adjustment was made to implementation arrangements if needed to reflect changes in partner capacities. (all must be true)
- ( ) 1: Some aspects of changes in capacities and performance of relevant national institutions and systems were monitored by the project, however changes to implementation arrangements were not considered. Also select this option if changes in capacities and performance of relevant national institutions and systems were not monitored by the project.
- ( ) Not Applicable

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

The changes in capacities of the trained institutions/target groups were monitored through a post-training (see training report). The main project component was the procurement of medical waste equipment, hence, the ability to operate the provided equipment following the practical guidelines were the immediate results of the project (See practical guide on MWM).

21. Were the transition and phase-out arrangements were reviewed and adjusted according to progress (including financial commitment and capacity).

- ( ) 3: The project's governance mechanism regularly reviewed the project's sustainability plan, including arrangements for transition and phase-out, to ensure the project remained on track in meeting the requirements set out by the plan. The plan was implemented as planned by the end of the project, taking into account any adjustments made during implementation. (both must be true)
- (•) 2: There was a review of the project's sustainability plan, including arrangements for transition and phase-out, to ensure the project remained on track in meeting the requirements set out by the plan.
- ( ) 1: The project may have had a sustainability plan but there was no review of this strategy after it was developed. Also select this option if the project did not have a sustainability strategy.

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

Even though the nature of the project is Covid-19 emergency response, where the intervention doesn't expect to yield long-term sustainability, the project has laid a good foundation could for the target hospitals and Ministry of Health to further strengthen the MWM system and expansion to other hospitals. The project had handed knowledge products such as guidelines for MWM, communication materials and assessment reports (these materials were note previously widely available) for sustaining the implementation of MWM.