

# Mid Term Evaluation Report

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## Support to effective, resilient and inclusive governance systems for health

UNDP PIMS ID: 00119180

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<b>Country:</b>	Uzbekistan
<b>Region:</b>	Central Asia
<b>Implementing Agency:</b>	United Nations Development Programme
<b>Executive:</b>	Ministry of Health of the Republic of Uzbekistan
<b>Implementation:</b>	UNDP NIM (Project Implementation Unit)
<b>Project Timeframe:</b>	December 2019 – December 2025

Prepared by:  
**Aisuluu Bolotbaeva**, International Consultant

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Special thanks to all those, who made themselves available for the interviews and shared their valuable, thoughtful feedback on design and implementation of the given programme, as well as shared additional information and materials related to the country context in which the Programme is being implemented.

## Acronyms and Abbreviations

ARV	Antiretroviral drugs
COVID-19	Coronavirus disease
CPD	UNDP Country Programme document
HIV	Human immunodeficiency virus
MARPs	Most at-risk populations
M&E	Monitoring and Evaluation
OECD	The Organization for Economic Co-operation and Development
OECD DAC	The OECD Development Assistance Committee
PLHIV	People living with HIV
PPP	Power point presentation
PUDR	Progress updates/Disbursement request
RRF	Results and Resource Framework
UN	The United Nations
UNDP	The United Nations Development Programme
UNSDCF	United Nations Sustainable Development Cooperation Framework
SDG	Sustainable Development Goals

## Executive Summary

### Project Description (brief)

Overall goal of the Project is to support the Government of Uzbekistan in strengthening the capacity of the national healthcare system on effective implementation of inclusive programmes and supply chain management. The Project is expected to contribute to the establishment of an effective system of provision of medicines and medical supplies to local population including key populations, improved access to prevention services, high quality medicines and health products for diagnostics and treatment of HIV, COVID-19, tuberculosis, non-communicable diseases and other social needs. The Project also aims to strengthen the capacity of the Ministry of Health, Service for Sanitary and Epidemiological Welfare and Public Health, Republican AIDS Center, Republican Specialized Scientific and Practical Medical Center for Phthysiology and Pulmonology, and other medical institutions in planning and managing health system.

The UNDP “Support to effective, resilient and inclusive governance systems for health” project contributes to the achievement of the Outcome 4 of the United Nations Sustainable Development Cooperation Framework 2021-2025 – By 2025, the most vulnerable will benefit from enhanced access to gender- sensitive quality health, education and social services (program outcome). To this end, assistance is provided to the Government of Uzbekistan in the development of effective, sustainable and inclusive health management systems, and the impact of COVID-19 on the successful implementation of health programs will be minimized (project outcome).

This project outcome is to be achieved by strengthening the national capacity of the health care system of the Republic of Uzbekistan in two key areas: (1) effective supply chain management and implementation of inclusive programs to fight HIV, tuberculosis and other diseases; (2) effective response to the COVID-19 pandemic and its negative impact on the implementation of health projects and programs.

### Objectives of the mid-term evaluation

The primary purpose of the given mid-term evaluation was to assess the Project performance against milestones and targets set out in the Project’s Logical Framework, as well as draw lessons that can both improve the sustainability of the benefits from this Project and help in the overall enhancement of UNDP programming. The main two objectives of the given exercise were: a) to provide evidence of results to meet accountability requirements, and b) to promote learning, feedback and knowledge sharing through results and lessons learned among UNDP and its national partners.

### Methodology

The given mid-term evaluation was conducted remotely. Thus, data collection was heavily tilted towards the compilation of existing data. The data collected during the desk review process was triangulated with the data collected during the interview with selected key informants both to develop a comprehensive

understanding of the Project performance as well as to test validity of the collected data through the convergence of information from different sources.

The interventions used in implementation of the Project were evaluated using five out of six OECD DAC Network on Development Evaluation criteria. Precisely, a) relevance b) effectiveness, c) efficiency, d) impact, e) sustainability.

The given exercise assessed both the implementation of the Project, design and implementation of a routine monitoring and evaluation system, as well as its achieved results and their sustainability to draw on main findings, conclusions, recommendations and lessons learned.

Outcomes, Effectiveness, Efficiency, M&E, Implementation/Oversight & Execution, Relevance were rated on a 6-point scale: 6=Highly Satisfactory (HS), 5=Satisfactory (S), 4=Moderately Satisfactory (MS), 3=Moderately Unsatisfactory (MU), 2=Unsatisfactory (U), 1=Highly Unsatisfactory (HU). Sustainability was rated on a 4-point scale: 4=Likely (L), 3=Moderately Likely (ML), 2=Moderately Unlikely (MU), 1=Unlikely (U) (See also [Annex 6](#) for mid-term evaluation rating scales)

### Data Collection & Analysis

Data collection for the given mid-term evaluation consisted of two parts: desk review and interviews with key informants. Active desk review was utilized for the compilation and processing of existing information. This included use of readily available resources, including but not limited to Project documents, annual work plans, minutes of the Project Board and Local Project Appraisal Committee, agreements with major funders of the projects, etc. Please see the [Annex 4](#) for full list of documents that were reviewed.

Quantitative data was captured alongside any information on reliability, and multiple data points were presented for a single indicator if available (accompanied by explanation for any diverging or inconsistent values). To complement the available quantitative data, qualitative data was sought for each output and selected five OECD DAC Network on Development Evaluation Criteria.

After comprehensive data mapping during the desk review process, key informant interviews (individuals or small groups) were conducted to fill strategic gaps in information. Given the time limitations associated with this exercise, and the level of information sought, focus groups with service beneficiaries were not part of this process. Rather, the consultant relied on the experience and perspective of the NGO representing the experiences of key populations during the reported period.

The Consultant conducted semi-structured online interviews with 12 key informants involved in the Programme implementation, including representatives of donor agencies, governmental organizations and a member of the civil society organization representing the PLHIV community in Uzbekistan. The Consultant strived to keep the balance between different key informants representing governmental organizations, donor agencies and civil society. The full list of key informants interviewed is attached in [Annex 3](#).

The consultant utilized the Appreciative Inquiry approach when collecting data from key informants. The preference was given to this approach, as it is a participatory form of inquiry. It puts a different focus on how information is collected, analysed and used, compared to traditional monitoring and evaluation methods. Appreciative Inquiry deliberately focuses attention on what is working well and how things could be made even better, instead of focusing on what is going wrong or needs to be fixed. Detailed list of qualitative questions used during the interviews with key informants can be found in [Annex 5](#).

The confirmatory data analysis approach was utilized to assess to what extent the project managed to achieve the project's milestones and targets set out in the Project's Logical Framework\Results Framework. The Consultant used gender-responsive methodologies and tools and ensured that gender

specific issues are addressed, as well as ensured that other cross-cutting issues and SDGs are incorporated into the mid-term evaluation report.

### Most important findings

Based on the collected information the Project was evaluated as Highly Satisfactory (6) and its further sustainability was rated as Likely (4). Please see the Evaluation Rating Table below:

### Evaluation Ratings Table

Monitoring & Evaluation (M&E)	Rating
M&E design at entry	5
M&E Plan Implementation	6
Overall Quality of M&E	6
Implementation & Execution	Rating
Quality of UNDP Implementation/Oversight	5
Quality of Implementing Partner Execution	6
Overall quality of Implementation/Execution	6
Assessment of Outcomes	Rating
Progress towards objectives and expected outcomes	5
Relevance	5
Effectiveness	6
Efficiency	6
Overall Project Outcome Rating	6
Sustainability	Rating
Financial resources	4
Socio-political/economic	4
Institutional framework and governance	4
Overall Likelihood of Sustainability	4

### Concise summary of findings, conclusions and recommendations

**Project design and formulation.** The Project actively involved the national stakeholders in designing the project activities, as well as remained flexible to the changing needs of the national stakeholders quickly adopting and adding new activities. As the result both the budget and scope of work increased significantly. To reflect this changes the Project Document was revised in April 2022. The Project document had a thorough risk analysis, which is a living document and continues to be updated on regular basis. Thanks to timely analysis of potential risks and measure taken to mitigate the negative effects, the Project managed to achieve good results during the period being assessed despite global challenges caused by COVID-19 pandemic and the war in Ukraine.

**Project implementation.** Overall quality of the Project Implementation and Execution is rated as **Highly Satisfactory (6)**. The Project staff demonstrated strong adaptive management skills in challenging environments. Despite the serious problems created by covid-19 pandemic in 2020 and 2021, and the new challenges created by the war in Ukraine in 2022, the Project managed to achieve exceptional results. Despite the deficit of ARV drugs and increased cost of both the medicines and the transportation, the Project managed to keep the second lowest overall cost of ARV treatment per patient per year in WHO Europe region, keeping the cost of the first line treatment at 70 USD and second line treatment at 372 USD per patient in 2021. It just slightly missed to meet the target output indicators related to coverage of PLHIV and pregnant HIV positive women with ARV treatment (by 4.4% and 1.1% respectively). The number of treatment regimens were increased from 15 to 22. All WHO-recommended ARV medicines were



included into the National Orphan medicines list, which in its turn shortened the in-country clearance process and waved the registration cost.

**Monitoring and Evaluation.** Overall quality of M&E is rated as **Highly Satisfactory (6)**. The output indicators were revised during the Project Document revision in April 2022. Unfortunately, Project reports for previous years didn't include information on new output indicators despite the fact that the Project document has clear target indicators for 2021, except for output indicators related to the building the capacity of the national health care system of the country to effectively counter the spread of COVID-19 pandemic. The last had output indicators for 2022 onwards and the Project was in process of rolling out activities related to COVID-19 diagnosis, treatment and prevention at the time the mid-term evaluation was conducted. **Recommendation:** The Project should collect information related to output indicators 5 and 6 for 2021 and include the progress towards achieving the intended targets for this output indicators in the Project report for 2022.

The Project assumed that availability of ARVs and quality medical services for PLHIV would be enough to support treatment adherence among PLHIV in the country. Unfortunately, the global practice proves that the treatment adherence can also be significantly affected by existing legal and human rights related barriers in accessing health services. At the same time, according to the Uzbekistan's legislation both sex work and consented same-sex relationships are criminalized, as well as all activities related to drug use (drug use itself is not criminalized). **Recommendation:** The Project should either reconsider the output indicator 5 on percentage of PLHIV on ART who have suppressed viral load or consider adding activities that would support creating enabling environment for HIV prevention and treatment programs among key populations.

Though the volume and type of medicines and medical supplies purchased through UNDP continued to grow over the period of Project implementation, the budget for administration and M&E of the Project remained unchanged. **Recommendation:** The Project should consider increasing the budget for M&E of the Project activities proportionally to the overall Project budget increase. The best practice is anything from 15-25% of the overall Project budget.

**Project results and impacts.** The first two output indicators of the Project depended on availability of additional funding. As the additional funding received by the Project was mainly to support the activities of IEC and for procurement of drugs and medical supplies, the efforts to achieve the intended targets were limited by the lack of funding. **Recommendation:** Consider revision of the Performance Framework and exclude indicators that have no budgetary back up. Continue fund mobilization and applying for funding for implementation of these two output indicators from the Uzbekistan Vision 2030 Trust Fund. Once funding is obtained indicators and respective targets can be set based on the scale of prospective activities.

**Relevance.** The Project is on right track directly contributing towards the achievement of outcome 4 of UNSDCF, and indirectly contributing to outcomes 1 and 2 of UNSDCF. It is also contributing towards one of two national priority development areas (health).

**Effectiveness.** Based on the information collected related to the Project Implementation, M&E, progress made towards achieving intended results, the effectiveness of the Project is rated as **Highly Satisfactory (6)**.

**Efficiency.** The Project managed to ensure the second lowest cost of ARV treatment per person per year in the WHO Europe region, without compromising the quality of treatment during the global deficit of ARV drugs and increased cost of medicines due to COVID-19 related restrictions and challenges. Furthermore, it also managed to gradually reduce the cost of the ARV treatment per person during the assessed period. Thus, the efficiency of the Project is rated as **Highly Satisfactory (6)**. Based on the above mentioned information the overall outcome of the Project is rated as **Highly Satisfactory (6)**.

**Sustainability.** During the assessed period, the Project attracted significant amount of additional funding. The Project team and national partners consider the likelihood of getting additional funding from the Uzbekistan Vision 2030 Trust Fund as quite likely. The Project staff is well respected by national stakeholders for their professional attitude and great adaptive management skills. Therefore, the overall sustainability of the Project is rated as **Likely (4)**.

**Gender equality and women's empowerment.** The Project used gender disaggregated data when reporting about the progress towards achieving intended targets, but not always. Eg., the Project reported about conducting on-job trainings for the governmental health service employees, but didn't provide actual number of trainees and women and men ratio among them. **Recommendation:** The Project should use gender disaggregated data when reporting about the Project activities and achieved progress, whenever feasible.

## Introduction

### Background information

UNDP is the Implementing Partner of the full-sized Joint Programme "Support to effective, resilient and inclusive governance systems for health" in Uzbekistan. The programme is being implemented in close partnership with the Ministry of Health of Uzbekistan. The Programme aims to improve the quality and efficiency of the national healthcare system's governance, including ensuring access to quality medicines and services for the most vulnerable segments of the population, as well as to minimize the negative impact of COVID-19 pandemic on the implementation of health programs. As the program reached its third year of implementation, UNDP hired an International Consultant to conduct mid-term review of the Programme.

### Scope and purpose of the mid-term evaluation

The primary purpose of the given mid-term evaluation was to assess the Project performance against milestone and targets set out in the Project's Logical Framework\Results Framework, and draw lessons that can both improve the sustainability of benefits from this project, and help in the overall enhancement of UNDP programming. The given mid-term evaluation had two primary objectives: a) to provide evidence of results to meet accountability requirements, and b) to promote learning, feedback, and knowledge sharing through results and lessons learned among UNDP and their national partners.

The broader objective of the mid-term evaluation was to build evidence for an improved quality of UNDP Joint program on health. The evidence generated from this exercise is expected to help to adjust/reshape current program, address gaps and provide important feedback for the improvement of the quality of the current UNDP program.

### Methodology

As the given mid-term evaluation was conducted remotely, data collection was heavily tilted towards the compilation of existing data. The data collected during the desk review process was triangulated with the data collected during the interview with selected key informants both to develop a comprehensive understanding of the Project performance as well as to test validity of the collected data through the convergence of information from different sources.

The interventions used in implementation of the Project were evaluated using five out of six OECD DAC Network on Development Evaluation criteria (See the Figure 1 below). Precisely, a) relevance b) effectiveness, c) efficiency, d) impact, e) sustainability.

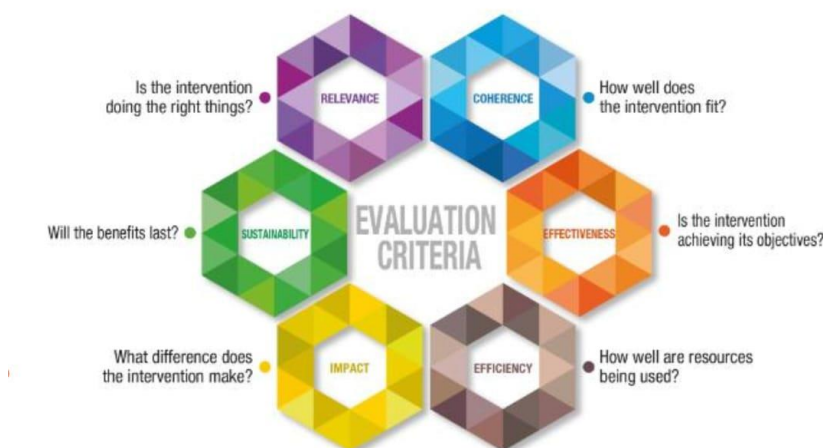
The given exercise assessed both the implementation of the Project, design and implementation of a routine monitoring and evaluation system, as well as its achieved results and their sustainability to draw on main findings, conclusions, recommendations and lessons learned. To do so, the mid-term evaluation utilized the following Rating table (See Table 1).

**Table 1. Evaluation Ratings Table**

Monitoring & Evaluation (M&E)	Rating
M&E design at entry	
M&E Plan Implementation	
Overall Quality of M&E	
Implementation & Execution	Rating
Quality of UNDP Implementation/Oversight	
Quality of Implementing Partner Execution	
Overall quality of Implementation/Execution	
Assessment of Outcomes	Rating
Relevance	
Effectiveness	
Efficiency	
Overall Project Outcome Rating	
Sustainability	Rating
Financial resources	
Socio-political/economic	
Institutional framework and governance	
Environmental	
Overall Likelihood of Sustainability	

Outcomes, Effectiveness, Efficiency, M&E, Implementation/Oversight & Execution, Relevance were rated on a 6-point scale: 6=Highly Satisfactory (HS), 5=Satisfactory (S), 4=Moderately Satisfactory (MS), 3=Moderately Unsatisfactory (MU), 2=Unsatisfactory (U), 1=Highly Unsatisfactory (HU). Sustainability was rated on a 4-point scale: 4=Likely (L), 3=Moderately Likely (ML), 2=Moderately Unlikely (MU), 1=Unlikely (U) (See also [Annex 6](#) for mid-term evaluation rating scales)

Figure 1. OECD DAC Network on Development Evaluation criteria



### Data Collection & Analysis

Data collection for the given mid-term evaluation consisted of two parts: desk review and interviews with key informants. Active desk review was utilized for the compilation and processing of existing information. This included use of readily available resources, including but not limited to Project documents, annual work plans, minutes of the Project Board and Local Project Appraisal Committee, agreements with major funders of the projects, etc. Please see the [Annex 4](#) for full list of documents that were reviewed.

The consultant undertook a comprehensive data mapping as a first step of the desk review, in order to identify clear gaps in available information. Then she actively solicited and searched for quantitative data sources to fill these gaps. Quantitative data was captured alongside any information on reliability, and multiple data points were presented for a single indicator if available (accompanied by explanation for any diverging or inconsistent values). To complement the available quantitative data, qualitative data was sought for each output and selected five OECD DAC Network on Development Evaluation Criteria. Data mining techniques were used during the desk review and the results of the desk review analysis were triangulated with the data collected during the interviews with key informants.

After comprehensive data mapping during the desk review process, key informant interviews (individuals or small groups) were conducted to fill strategic gaps in information. Given the time limitations associated with this exercise, and the level of information sought, focus groups with service beneficiaries were not part of this process. Rather, the consultant relied on the experience and perspective of the NGO representing the experiences of key populations during the reported period.

The Consultant conducted semi-structured online interviews with 12 key informants involved in the Programme implementation, including representatives of donor agencies, governmental organizations and a member of the civil society organization representing the PLHIV community in Uzbekistan. The Consultant strived to keep the balance between different key informants representing governmental organizations, donor agencies and civil society. The full list of key informants interviewed is attached in [Annex 3](#).

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The confirmatory data analysis approach was utilized to assess to what extent the project managed to achieve the project's milestones and targets set out in the Project's Logical Framework\Results Framework. The Consultant used gender-responsive methodologies and tools and ensured that gender specific issues are addressed, as well as ensured that other cross-cutting issues and SDGs are incorporated into the mid-term evaluation report. In other words, during the given assessment, the Consultant examined whether the activities of the Project were designed and implemented with respect to gender differences, whether or not the outcomes of the Project had different impact on women and men, etc.

### Ethics

The given evaluation did not involve the collection of any sensitive personal data that could be linked to individuals. Therefore, there were no security arrangements for the storage of data beyond the use of password protection on a web-based storage.

### Limitations to the evaluation

Due to the fact that the given mid-term evaluation was conducted remotely, the Consultant didn't had chance to conduct site visits. Therefore, the given exercise did not include an assessment of the condition of storage facilities for ARVs and other medical supplies.

Similarly, due to remote character of the exercise it was decided to substitute the focus group discussions with the final beneficiaries of the Project – PLHIV with the interview with the head of the NGO "Ishonch va Hayot", representing the interests of PLHIV community in the country.

The Project Document was revised in April 2022 to reflect the changes and expended scope of work and funding of the Project. As the result of this activity some initial output indicators were dropped, and the new ones were added. However, the annual reports produced so far by the Project team utilized the old output indicators to report about the progress towards intended outcomes. In addition, some of the Project activities were at their early stage of implementation, eg., procurement and distribution of the diagnostic kits, equipment and medical supplies for diagnosis, treatment and prevention of COVID-19. Thus during the mid-term evaluation, the Consultant focused mainly on the 1st and 2nd years of the Project Implementation, for which progress reports and data was readily made available. Where feasible the Consultant also tried to describe the achievements and challenges of the Project in 2022.

The Project planned to start implementation of the output indicator 3 in 2023, therefore the Consultant did not include assessment of its implementation in mid-term evaluation.

### Structure of the mid-term evaluation report

The given mid-term report consists of four main parts: Introduction, Project description, Findings, Conclusions and Recommendations. Introduction provides brief background information and describes the scope and purpose of the mid-term evaluation, methodology used during the given assessment, data collection and analysis processes, ethical issues. It also lists limitations faced during the mid-term evaluation process.

The second part of the mid-term evaluation report is Project Description. This part provides a brief overview of the Project - its start and duration, problems that the project sought to address, immediate and development objectives of the project, expected results and its main stakeholders.

The third part of the mid-term evaluation report is Findings. It talks about major findings discovered during the mid-term evaluation related to the Project design and formulation, implementation of the project, project results and impacts. Findings related to the Project implementation discuss key findings about actual stakeholder participation in the design, implementation and monitoring of the project, adaptive management, project funding and co-financing, UNDP implementation and oversight. It also provides overall assessment of the Project's M&E system. The findings related to Project results and impacts include information about progress made by the Project towards objectives and expected outcomes,

relevance, effectiveness, efficiency and sustainability of the Project. This part also covers findings related to country ownership, gender equality and women's empowerment and other cross-cutting issues.

The final part of the given mid-term evaluation report is Conclusions and Recommendations. This part summarizes the main findings and provides recommendations on what could be further improved. The report is complemented by several annexed documents, including the Term of Reference of the Consultant, itinerary of the mid-term evaluation, list of key informants interviewed, list of documents reviewed, detailed qualitative questionnaire, mid-term evaluation rating scales, signed evaluation consultant agreement form, signed UNEG Code of Conduct form, signed mid-term evaluation report clearance form.

## Project Description

### Development context

Uzbekistan is a lower middle income country in Eastern European and Central Asian region with overall population of 34,915,100<sup>1</sup> in 2021. Based on data from the State Committee of the Republic of Uzbekistan on Statistics, 82.2% of the population lived in poverty at at \$2.15 a day in 2003<sup>2</sup>, whereas GDP per capita growth in 2021 was 5.3%<sup>3</sup>. Life expectancy at birth in 2020 was 72 years<sup>4</sup>.

As of 1 Jan 2019, 40,376 people living with HIV were registered in Uzbekistan. Women made up 45% of PLHIV. The regions with highest HIV prevalence in Uzbekistan were Tashkent city (10,280 cases), Andijan (6,334 cases) and Tashkent regions (6,068 cases)<sup>5</sup>. The major route of HIV transmission was through sex (72%) and parenteral (17.5%), while the vertical HIV transmission decreased to 0.1%. Most HIV cases were registered among people of the following age groups - 30-39 years (30.2%) and 40-49 years (24.3%). In 2017 the highest HIV prevalence among key populations was among PWUD –5.1%, followed by LIHI –3.2% and MSM – 3.7%.

Non-communicable diseases in Uzbekistan caused 78% of all deaths every year<sup>6</sup>. In 2017, the diseases of the circulatory system (69%), including coronary heart disease, arterial hypertension and their complications (myocardial infarction, cerebral infarction), took first place in the overall structure of the indicators of mortality standardized by gender and age. They were followed by malignant neoplasms (8%), diabetes mellitus (3%) and chronic respiratory diseases (3%). Experts noted that 31% of premature mortality from non-communicable diseases in Uzbekistan could be prevented or delayed by addressing risk factors and improving the organization and provision of medical care for patients suffering from non-communicable diseases.

In addition, systemic shortcomings and problems that have accumulated in previous years in the organization of health care activities hindered the effective solution of tasks to further improve the system of public health protection. Moreover, a full-fledged concept defining strategic goals in planning and managing the healthcare sector was yet to be implemented. This is crucial to ensure that the ongoing reforms are not fragmented and allow to meet the expectations and demands of the population on the quality of healthcare<sup>7</sup>.

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<sup>1</sup> World Bank. "Uzbekistan Data". The World Bank. Accessed on Oct 12, 2022 <https://data.worldbank.org/country/UZ>

<sup>2</sup> The State Committee of the Republic of Uzbekistan on Statistics. "Household Budget Survey", 2003.

<sup>3</sup> World Bank. "Poverty and Inequality Platform". The World Bank. Accessed on Oct 12, 2022 <https://pip.worldbank.org/country-profiles/UZB>

<sup>4</sup> World Bank. "Uzbekistan Data". The World Bank. Accessed on Oct 12, 2022 <https://data.worldbank.org/country/UZ>

<sup>5</sup> UNDP. "Support to effective, resilient and inclusive governance systems for health" Project Document. 2022

<sup>6</sup> The concept for the prevention of noncommunicable diseases, supporting a healthy lifestyle and increasing the level of physical activity of the population for 2019 - 2022. <http://lex.uz/docs/4111360>

<sup>7</sup> UNDP. "Support to effective, resilient and inclusive governance systems for health" Project Document. 2022

The estimated health financing system was based on outdated mechanisms that were not in line with international practice, which led to inefficient use of financial resources and chronic underfunding of the sector, including procurement in the field of antiretroviral drugs<sup>8</sup>.

The low efficiency of work on the prevention and early detection of diseases, patronage and the formation of a healthy lifestyle resulted in the increase in citizens' requests for specialized medical care. The continuity between the different levels and stages of medical care for the population, including rehabilitation treatment and therapy, was poorly developed. The integration of medical practice with education and science against the background of the low innovative potential of specialized centers reflected the unsatisfactory level of introduction of advanced achievements of medicine in the treatment and diagnostic process. There were no uniform standards in the field of e-health, modern software products that provide integration and effective management of medical services have not been introduced, existing information systems and technologies were fragmented and narrowly targeted<sup>9</sup>.

Disadvantages and problems existed in HIV response among the population of Uzbekistan as well. Despite the decrease in the incidence of nosocomial infections, there were drawbacks in the prevention of infections transmitted through the blood in medical institutions. No proper measures were taken to ensure timely and complete provision of medical instruments and supplies to medical institutions, especially in primary health care<sup>10</sup>.

In some places, especially in remote areas, there were problems in the uninterrupted supply of medical facilities with electricity and clean drinking water, which negatively affected the quality of instrument sterilization and the safety of treatment and preventive services. The level of equipment of the sterilization departments of medical institutions did not meet the requirements when it came down to the necessary equipment and inventory, and there was no modern approach to the methods of organizing sterilization measures. The coverage of inpatient treatment of PLHIV in the regions and rural areas remained insufficient, the poor material and technical base of regional AIDS centers and inter-district HIV diagnostic laboratories had a negative impact on the quality of work.

The Global Agenda 2030 for Sustainable Development has set an ambitious target to end AIDS, tuberculosis and malaria as public health threats by 2030 (SDG 3). The achievement of this target requires effective, cost-efficient and sustainable national response to these three diseases designed and implemented with meaningful involvement of affected people and communities, and making sure that no one is left behind.

The formation of a healthy lifestyle among the population, the protection of motherhood and childhood are one of the main strategic policy directions of the Government of Uzbekistan. In this regard, over the past two years, the country has taken a number of serious measures to create a unified healthcare management system, develop the private sector in the healthcare system, improve the quality of medical services and create favorable conditions for the formation of a healthy generation.

As part of measures to reform the healthcare system implemented in the republic, it was possible to achieve certain results in the formation of a modern system of medical care for the population, including the prevention, diagnosis and treatment of the disease caused by the human immunodeficiency virus (HIV). Over the course of the last decade, Uzbekistan has made considerable steps to address the emerging HIV/AIDS problem. For example, in 2018 alone new leadership of Uzbekistan issued two President Resolutions 1) PR # 3493 dated 25/01/2018 "On steps required to further streamline the HIV response in Uzbekistan", and 2) #PR-3800 dated June 22, 2018 "On additional measures to contain the spread of the HIV and prevention of nosocomial infections". While this clearly demonstrates commitment of the

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<sup>8</sup> Ahmedov M, Azimov R, Mutalova Z, Huseynov S, Tsoyi E and Rechel B. Uzbekistan: Health System Review. Health Systems in Transition, 2014, 16(5):1–137

<sup>9</sup> UNDP. "Support to effective, resilient and inclusive governance systems for health" Project Document. 2022

<sup>10</sup> UNDP. "Support to effective, resilient and inclusive governance systems for health" Project Document. 2022



Government to scale up the HIV response in the country, Uzbekistan was unable to reach its IRRTR coverage targets set forth for 2020. As of January 1st, 2021 out of estimated 52 000 PLHIV (Spectrum, 2018)<sup>11</sup>, 43,706 HIV cases were identified (84%), 31,028 (71%) were linked to care, whereas only 20,168 (65%) were virally suppressed<sup>12</sup>.

Over the years, the country adopted the Concept of development of the healthcare system of the Republic of Uzbekistan for 2019-2025 in order to formulate new concept models of organizing and financing health care, providing a radical increase in the effectiveness, quality and accessibility of medical care to the population, introducing modern achievements of medical science and technology, as well as in accordance with the objectives of the Strategy of Action in five priority areas for the development of the Republic of Uzbekistan in 2017 – 2021. This concept has been developed in accordance with the regulatory legal acts of the Republic of Uzbekistan governing activities in the healthcare sector, as well as international treaties in the field of public health under the framework of the regional Health 2020 policy and Sustainable Development Goals 2030.

### Immediate and development objectives of the Project

Overall goal of the Project is to support the Government of Uzbekistan in strengthening the capacity of the national healthcare system on effective implementation of inclusive programmes and supply chain management. The Project is expected to contribute to the establishment of an effective system of provision of medicines and medical supplies to local population including key populations, improved access to prevention services, high quality medicines and health products for diagnostics and treatment of HIV, COVID-19, tuberculosis, non-communicable diseases and other social needs. The Project also aims to strengthen the capacity of the Ministry of Health, Service for Sanitary and Epidemiological Welfare and Public Health, Republican AIDS Center, Republican Specialized Scientific and Practical Medical Center for Phthysiology and Pulmonology, and other medical institutions in planning and managing health system.

The UNDP “Support to effective, resilient and inclusive governance systems for health” project contributes to the achievement of the Outcome 4 of the United Nations Sustainable Development Cooperation Framework 2021-2025 – By 2025, the most vulnerable will benefit from enhanced access to gender- sensitive quality health, education and social services (program outcome). To this end, assistance is provided to the Government of Uzbekistan in the development of effective, sustainable and inclusive health management systems, and the impact of COVID-19 on the successful implementation of health programs will be minimized (project outcome).

This project outcome is to be achieved by strengthening the national capacity of the health care system of the Republic of Uzbekistan in two key areas: (1) effective supply chain management and implementation of inclusive programs to fight HIV, tuberculosis and other diseases; (2) effective response to the COVID-19 pandemic and its negative impact on the implementation of health projects and programs.

### Main stakeholders of the Project

UNDP Uzbekistan in its effort to build effective, resilient and inclusive governance system for health through its health and other programs maintains active cooperation with the Government of Uzbekistan, UN organizations and international organizations, it also encourages fruitful collaboration and development of partnerships among government organizations and civil society institutions, including the involvement of people living with HIV and representatives of Key population groups (KP) in the fight against AIDS.

<sup>11</sup> According to UNADS estimations in 2021 there were 58,600 PLHIV in Uzbekistan. UNAIDS. “Key Population Atlas”. UNAIDS. Accessed on October 20, 2022 <https://kpatlas.unaids.org/dashboard>

<sup>12</sup> UNDP. “Support to effective, resilient and inclusive governance systems for health” Project Document. 2022



Within the framework of the project, UNDP works closely with a wide range of national partners, such as the Cabinet of Ministers of the Republic of Uzbekistan, the Ministry of Finance, the Agency for Sanitary and Epidemiological Well-being and public health of the Republic of Uzbekistan, the Republican AIDS Center, the Women's Committee of the Republic of Uzbekistan and other ministries and departments.

The project also takes part as an observer and an auxiliary team of the UNDP Resident Representative in Uzbekistan within the framework of the Interagency Expert Council (IEC), which reviews the implementation of grants from the Global Fund to Fight HIV / AIDS, Tuberculosis and Malaria.

As part of the WHO-led Health Coordination Platform in Uzbekistan, the project participates in regular meetings of international partners and potential donors, including UN agencies, USAID and the World Bank. This allows eliminating duplication in the activities of international organizations, projects and increases the coordination of efforts of partners in this area of development.

In the process of implementation, the project also utilized the accumulated experience of the UNDP Regional Hub in Istanbul (HIV / AIDS Development, Health and Development Division), UNDP Geneva and Copenhagen units towards ensuring quality and drug compliance, organizing procurement and solving operational problems.

#### Project start and duration

The UNDP "Support to effective, resilient and inclusive governance systems for health" Project started on 1.12.2019 and will end on 31.12.2025. The first Local Project Appraisal Committee meeting is dated by December 12, 2019.

#### Expected results

By the end of 2022 the Project aimed to achieve the following mid-term targets:

Table 2. Planned progress by the end of 2021

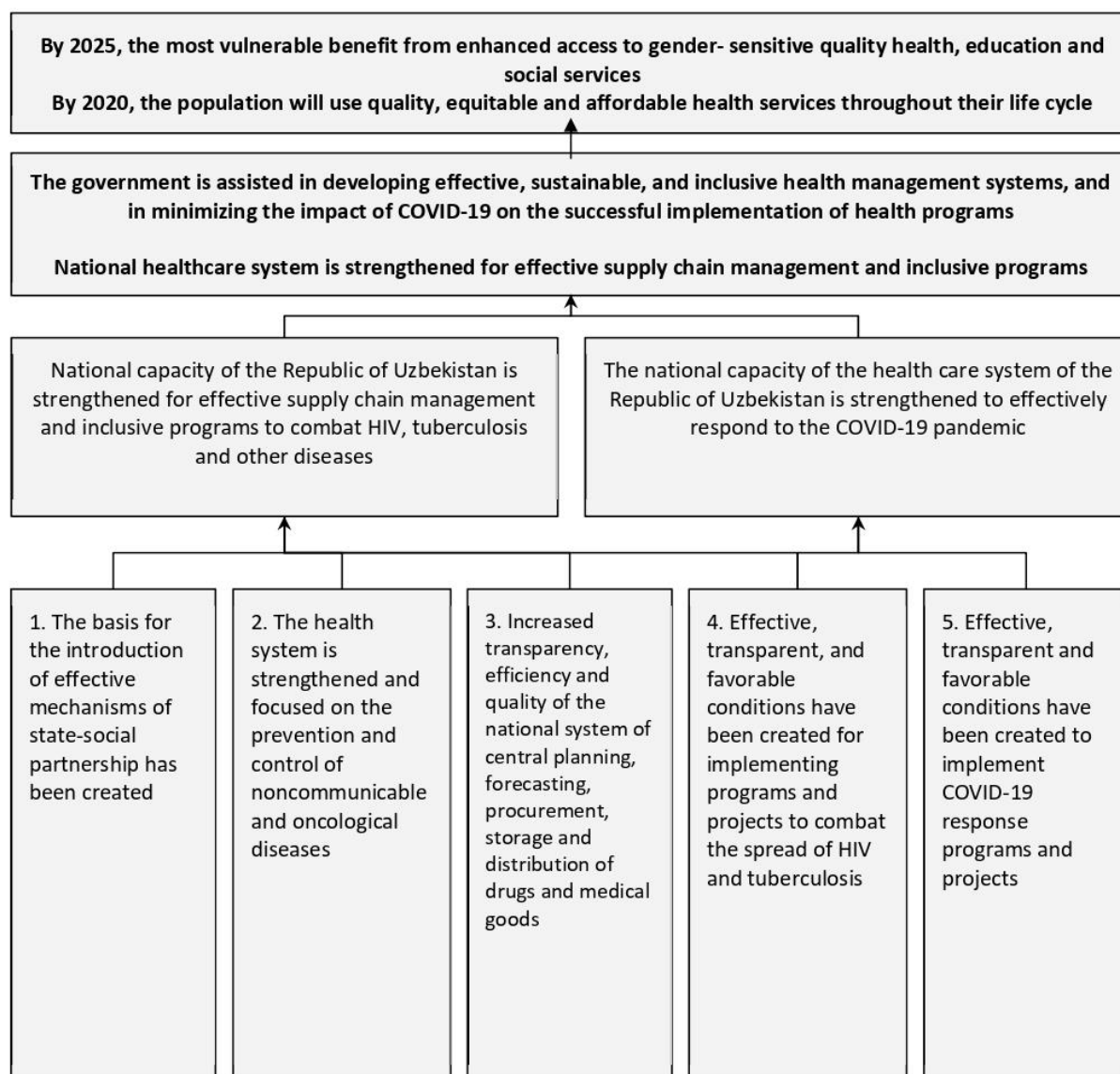
Output indicators	Baseline			Target by the end of 2021
	Data source	value	Year	
Output 1. The national capacity of the health care system of the Republic of Uzbekistan is strengthened for effective supply chain management and inclusive programs to combat HIV, tuberculosis and other diseases				
Availability of effective mechanism for social contracting (at least at pilot level) in health, including service standards using social contracting frameworks	Concept of Healthcare Development	no	2019	No
Availability of national strategy on NCD and oncological diseases prevention with use of underlying social determinants through needs-based primary health care and universal health coverage	Presidential Decree on NCD prevention	No	2019	Partially
Percentage of people on ART among all people living with HIV at the end of the reporting period (men 50%, women 50%)	Project reports	42,4	2017	36,500 (68.3%)
Percentage of people living with HIV on ART who have suppressed viral loads (the actual values for this indicator were planned to be reported in gender disaggregated format)	Project reports	81.5%	2020	81.7%
Percentage of new HIV positive and relapsing TB patients on ART during TB treatment (the actual values for this indicator were planned to be reported in gender disaggregated format)	Project reports	84%	2020	85%

Output 2. The national capacity of the health care system of the Republic of Uzbekistan is strengthened to effectively counter the spread of the COVID-19 pandemic				
Number of vulnerable populations in need who received COVID-19 diagnostic services (the actual values for this indicator were planned to be reported in gender disaggregated format)	Project reports	0	2021	-
Number of medical institutions supported with equipment and medical supplies for the prevention, diagnosis and treatment of COVID-19	Project reports	0	2021	-

### Theory of Change

Based on the situational analysis during the Project design and in accordance with the national priorities for health development, the Project proposed following strategy to address the above-mentioned problems and challenges:

Figure 2. Theory of Change



## Main Findings

### Project Design/Formulation

The Project Results Framework is well-designed and shows a clear linkage of the Project outcomes with the intended outcome 4 of UNSDCF – By 2025, the most vulnerable will benefit from increased access to gender-sensitive quality health care, education and social services. In addition the Project also contributes to outcomes 1 and 2 of UNSDCF by assisting in digitalization of the governmental health services, mainstreaming SDGs into national policies and strengthening the capacity of national stakeholders on evidence-based decision-making and financing, supporting statistical and analytical capacity building. Output indicators used in the Results Framework meet SMART criteria. The program planned to collect the data disaggregated by gender where feasible.

The Project Document had clear vision on planned stakeholders participation and partnerships, and effectively cooperated with wide range of governmental, donor and civil society organizations during the reported period. The Partnership and cooperation with other stakeholders was implemented as planned in the Project Document. Furthermore, the Project staff works closely with all national stakeholders and is well respected by local partners for their high professional skills.

Annex 3 of the Project Document discusses in great detail potential risks the Project may face during the implementation. Each potential risk factor is briefly described with indication of its levels of impact and probability, categorized according to the risk's nature (organizational, financial, operational, social and environmental, strategic or political) and has a responsible person for monitoring it. In addition, each potential risk has its own mitigation/prevention plan. Thanks to a well-thought risk analysis during the Project design phase, the Project managed to take effective measures to avoid the negative affect of the risks related to unexpected global ARV medicine shortage and price increase during COVID-19 lockdown. The Project document does not mention any lessons learned incorporated into the project design from other relevant projects.

### Project Implementation

The Project staff demonstrated strong adaptive management skills in challenging environments. The initial Project Document was approved in late 2019 and focused mainly on strengthening national health care system's capacity for effective supply chain management and inclusive programs. As the Covid-19 pandemic started, the Project adapted to the pressing needs of the national partners and included a component on strengthening the capacity of national health care system for effective response to the COVID-19 pandemic. Also, as the trust in UNDP Health Project as a reliable and highly professional partner increased, so did demand for procurement of bigger amounts of medicines and medical supplies through UNDP Health Project. The Project team managed to effectively increase the volume of medical supplies and medicines purchased via UNDP, manage a budget four times bigger than the initial budget of the Project with the same staff composition. Furthermore, when the war in Ukraine started and majority of logistical companies stopped transportation services via the territory of Russian Federation, the Project team managed to ensure timely delivery of goods to Uzbekistan in accordance with initially planned volume and budget. Therefore, the Project team proved high adaptive management skills and applaudable professionalism.

Within the framework of the Project, UNDP closely collaborated with wide range of Governmental stakeholders, including the Cabinet of Ministers of the Republic of Uzbekistan, the Ministry of Finance, the Agency for Sanitary and Epidemiological Well-being and public health of the Republic of Uzbekistan, the Republican AIDS Center, the Women's Committee of the Republic of Uzbekistan and other ministries and departments. The project also participates as an observer and an auxiliary team of the UNDP Resident Representative in Uzbekistan within the framework of the Interagency Expert Council, which reviews the implementation of grants from the Global Fund to Fight HIV / AIDS, Tuberculosis and Malaria. As part of the WHO-led Health Coordination Platform in Uzbekistan, the project actively participates in regular meetings of international partners and potential donors, including UN agencies, USAID and the World Bank. This allows partners to avoid duplication in the activities of international organizations, projects and increases the coordination of efforts of partners in the area of health care system development. In the process of implementation, the project also utilized the accumulated experience of the UNDP Regional Hub in Istanbul (HIV / AIDS Development, Health and Development Division), UNDP Geneva and Copenhagen units towards ensuring quality and drug compliance, organizing procurement and solving operational problems. The Project staff meet regularly with the main national partners, such as RAC and MoH.

Initial Project budget was 10,060,000 USD, and the two main funders were UNDP and MoH. In 2021, after a year of Project implementation the national partner of the Project, MoH doubled its share of Project funding increasing it from 2,660,000 USD up to 5,467,947. Starting from 2021, the Project also plays the fiduciary role for Interagency Expert Council, which is funded by the Global Fund. In 2022, the Republican AIDS Center, which is also a Primary recipient of the Global Fund grant in Uzbekistan, joined the list of Project funders. As both the scope of work and the budget of the Project increased significantly, the Project document was revised in April 2022 to reflect these changes. By the time the given mid-term evaluation was conducted the Project budget had 443% increase from initial 10,060,000 USD up to

44,603,829 USD. The more detailed information on changes in financing and co-financing of the Project is available in [Annex 7](#).

The implementation of the output indicators 1 and 2 of the Project depended on availability of the additional funding or successful fundraising for these activities. To the date the Project was evaluated no additional funds were fundraised to support these two output indicators. However, both the Project team and the Project Assurance were hopeful that they would be able to attract some funds out of 131 million USD which belonged to the daughter of the former President of the country and planned to be restituted through the Uzbekistan Vision 2030 Trust Fund. Given the fact that the planned restitution does not have strict deadlines and there is already growing competition for this funds among educational and health projects, the Project is strongly recommended to remove these two output indicators from the Project Results Framework and include them when the actual funds become available.

### Monitoring and Evaluation of the Project

The Project had a well-designed Results Framework, Monitoring and Evaluation Plan. The selected indicators for measurement of the Project progress met SMART standards and were gender-sensitive. Initially the Project had five output indicators. First two output indicators dependent on availability of the additional funding and were supposed to be implemented after additional fundraising for their implementation. Unfortunately, the Project and UNDP Country team were not successful in fundraising for implementation of these two outputs yet. The third output indicator was planned to be implemented in 2023. The remaining two indicators were: Indicator 4. Number of PLHIV (men and women) receiving ARV treatment and Indicator 5. Percentage of HIV positive pregnant women receiving ARV treatment. The Results Framework utilized percentage of PLHIV receiving ARV in 2017 in Uzbekistan as the baseline for the given output indicator and planned to use numbers for future targets. Given the fact that the Project so far focused mainly on effective supply chain management of ARV medicines, test systems and other medical supplies, these two indicators measured well the effectiveness of the Project Implementation. In 2022 the Project Document was revised, and it resulted in changes of the output indicators as well. The percentage of HIV positive pregnant women receiving ARV treatment was removed from the Results Framework, which was complemented by four more output indicators:

- Indicator 5. Percentage of PLHIV on ART who have suppressed viral loads
- Indicator 6. Percentage of new HIV-positive and relapsing TB patients on ART during TB treatment
- Indicator 7. Number of vulnerable populations in need who received COVID-19 diagnostic services
- Indicator 8. Number of medical institutions supported with equipment and medical supplies for prevention, diagnosis and treatment of COVID-19.

In addition, the Indicator 4 of the Project was also changed. Starting from 2022, the Project planned to monitor not the number but the percentage of PLHIV on ART by the end of the reporting period. At the same time, the Results Framework provided targeted milestones both in numbers and percentages for the given indicator. This is a bit confusing, since the Project calculates the percentage of PLHIV on ART based on officially registered number of PLHIV in the country and not on UNAIDS population size estimations.

Also, the Project assumed that Indicator 5. Percentage of PLHIV on ART who have suppressed viral load is influenced only by availability of the ARVs in the country and the high quality of the medical assistance provided by relevant medical personnel. However, this Indicator can also be affected by the existing punitive legislation towards key population. Eg. Uzbekistan is the only remaining country except for Turkmenistan in Eastern Europe and Central Asia region that still criminalize consensual same-sex conduct. Thus, HIV positive MSM might be reluctant to seek medical assistance and their adherence to treatment can be negatively affected by fear of unwanted outing which may result in several years of imprisonment or blackmailing for them. Similarly, prostitution in Uzbekistan is illegal. Though drug use

itself is not considered a criminal offence, activities related to drug use, such as possession, transportation, purchase and growing drugs are criminalized.

The Project planned to collect and analyze the actual values for indicators 4, 5, 6 and 7 disaggregated by gender. Taking into account all of the above-mentioned information the Monitoring and Evaluation design at entry is rated as **Satisfactory (5)**, as it meets expectations with minor shortcomings.

According to the Project's Monitoring Plan, it was planned to track results progress, monitor and manage risks on quarterly basis. In fact the Project staff monitored and managed risks, and tracked the results on daily basis. This allowed to avoid both stockout and overstock during the period being evaluated, despite the unexpected challenges caused by COVID-19 and the war in Ukraine. The Project team captured lessons learned and used them to inform future management decisions and to refine the monitoring and evaluation tools used by the Project. The Project team prepared an annual progress report and shared it with the Project Board and key stakeholders on timely manner. Taking into account the above mentioned, the Implementation of the Monitoring and Evaluation is rated as **Highly Satisfactory (6)**. Similarly, overall Monitoring and Evaluation of the Project is rated **Highly Satisfactory (6)**.

### UNDP Implementation and Oversight

According to the Project's Monitoring Plan, it was expected that the Project's governance mechanism (Project Board) would meet regularly (at least once a year) to assess the performance of the Project, review its work plan and discuss the lessons learned, opportunities for scaling up the Project results. During the reported period Project Board held three (two offline and one online) meetings. The minutes of these meetings provide evidence of that the Project team provided timely reports about the project progress, challenges faced during the reported period and plans for future to the Project Board. At the same time the Project Board reviewed and approved the Project's progress reports, work plans and provided recommendations to the Project team. Thus the Project Oversight implementation is rated as **Satisfactory (5)**.

In 2020, the global COVID-19 pandemic erupted, bringing the challenges that no one could have predicted and taken into account when designing the Project. COVID-19 pandemic brought serious changes in the the pharmaceutical business, transportation and logistic companies. Closure of government borders for the ground transportation, compulsory quarantine measures in manufacturing countries, high numbers of patients with COVID-19 both slowed down the production of medicines and transportation of goods between countries. It also led to increased demand and higher prices for both medicines and transportation services. However, the Project team managed to effectively overcome these challenges and ensure an uninterrupted supply of drugs and laboratory test systems. The Project purchased and delivered in timely manner 95% of the planned amount of drugs and medical supplies in 2020. Despite the increase of the cost of drugs and medical devices, incensement of transportation up to 4-5 times, the Project team ensured efficient procurement without increasing the cost compared to previous years, as well as keeping transportation costs at the level of initially planned 10-15%.

Similarly despite the additional challenges caused by COVID-19 related quarantine measures, the project met all planned target for 2020 and was very close to meeting fully the targeted milestones for 2021. Eg., the project planned that by the end of 2021, 98.3% of HIV positive pregnant women would receive ARV treatment to prevent vertical transmission of HIV; the project ensured that 97.2% of all HIV positive pregnant women were covered with ARV treatment. Thus failing to meet the target only by 1.1%.

Then in February 2022 the war in Ukraine started. Many international companies quitted businesses in Russia in response to the military aggression of Russian Federation in Ukraine. This again created unexpected challenges for the ground transportation of medicines and medical supplies into Uzbekistan. However, the Project team again managed to adapt quickly and find effective solutions to ensure uninterrupted, timely delivery of medicines and other medical supplies at almost without significant



increase of transportation costs. Moreover, during the whole period of the Project implementation no stockout or overstock of ARVs occurred.

Furthermore, the Project managed to attract additional funding for procurement of medicines and medical supplies. To the moment the given mid-term evaluation was conducted the budget of the Project increased more than 400%. At the same time the cost of ARV treatment per person continued to decrease gradually over the period of Project implementation. Eg., the cost of first line treatment with TDF-3TC-EFV per person reduced from 80 USD in 2019 up to 70 USD in 2021, whereas the cost of second line treatment with ABC-3TC-Lpv/Rtv per person reduced from 372 USD in 2019 up to 360 USD in 2021. According to the latest ECDC data, Uzbekistan demonstrated the second best country result on mean cost of ARV treatment per patient per year in Europe and Central Asia region<sup>13</sup>. Therefore, the Implementing Partner execution is rated as **Highly Satisfactory (6)**. Taking into account all of the above mentioned information, the overall project implementation is rated as **Highly Satisfactory (6)**.

The Project conducts routine risk analysis and takes appropriate measures to mitigate the negative effects. According to the Project Document this exercise is planned to be conducted on quarterly basis. However, the Project team conducts risks assessment more frequently, which helped them to prevent some unwanted negative effects of the strategic and operational challenges.

### Project Results and Impacts

The table below shows the progress towards expected outcomes:

Table 3. Actual achieved results by the end of 2021

Output indicators	Baseline value (year)	Target by the end of 2021	Actual results achieved
Output 1. The national capacity of the health care system of the Republic of Uzbekistan is strengthened for effective supply chain management and inclusive programs to combat HIV, tuberculosis and other diseases			
Availability of effective mechanism for social contracting (at least at pilot level) in health, including service standards using social contracting frameworks	No (2019)	No	No
Availability of national strategy on NCD and oncological diseases prevention with use of underlying social determinants through needs-based primary health care and universal health coverage	No (2019)	Partially	No
Percentage of people on ART among all people living with HIV at the end of the reporting period (men 50%, women 50%)	42.4% (2017)	36,500 (68.3%)	34,187 (63.9%); 49% of those were HIV positive women.
Percentage of HIV positive pregnant women receiving ARV treatment	94.5% (2017)	98.3%	97.2%*
Percentage of people living with HIV on ART who have suppressed viral loads (the actual values for this indicator were planned to be reported in gender disaggregated format)	81.5% (2020)	81.7%	No data was available**

<sup>13</sup> European Centre for Disease Prevention and Control. HIV treatment and care. Monitoring implementation of the Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia: 2017 progress report Stockholm: ECDC; 2017

Percentage of new HIV positive and relapsing TB patients on ART during TB treatment (the actual values for this indicator were planned to be reported in gender disaggregated format)	84% (2020)	85%	No data was available**
Output 2. The national capacity of the health care system of the Republic of Uzbekistan is strengthened to effectively counter the spread of the COVID-19 pandemic			
Number of vulnerable populations in need who received COVID-19 diagnostic services (the actual values for this indicator were planned to be reported in gender disaggregated format)	0 (2021)	-	No data was available**
Number of medical institutions supported with equipment and medical supplies for the prevention, diagnosis and treatment of COVID-19	0 (2021)	-	No data was available**

\* old output indicator, which is not used anymore.

\*\* new output indicator, which was introduced after revision of the Project Document in April 2022.

The last four output indicators were introduced during the revision of the Project Document in April 2022. Thus the annual reports and other documents shared with the Consultant didn't have information on progress made towards these targets, as they used the initial results framework of the Project. Furthermore, the Project received funding for implementation of the last two outputs only in 2022 and to the time the mid-term evaluation was conducted the Project team was in process of rolling out the work on these components. The third output indicator was planned to be implemented in 2023, therefore it was not assessed during the mid-term evaluation.

First two output indicators of the Project dependent on availability of the additional funding and were supposed to be implemented after additional fundraising for their implementation. Unfortunately, the Project and UNDP Country team were not successful in fundraising for implementation of these two outputs yet. However, in August 2022 Switzerland confirmed the final restitution of \$131 million that belonged to Gulnara Karimova, the daughter of Uzbekistan's ex-President. Switzerland does not return money to Uzbekistan directly, but through the Uzbekistan Vision 2030 Trust Fund, controlled by the UN. One of the conditions for the return is the use of funds for the development of social projects in the areas of education and healthcare. Thus the chances of the Project to get funding from the money being returned for implementation of the Project activities is considered very likely.

Though the Project failed to meet the planned targets for 2021, given the circumstances in which the Project operated (COVID-19 related quarantine and other restrictive measures in the country and globally, deficit of ARV, increased cost of medicines and transportation costs globally), the slight difference between the targeted milestones and the actual results should be considered as minor shortcomings. In fact, the Project missed to meet the target output indicator related to ARV coverage of pregnant HIV positive women by 1.1% and coverage of PLHIV with ARV by 4.4% only.

Furthermore, the Project was successful in its efforts to play advisory role in diversifying ARV treatment regimens in the country, which in its turn led to better treatment and health outcomes as well as reduced side effects related with ARV treatment. The number of treatment regimens were increased from 15 to 22.

New directives issued by the Government of Uzbekistan required all medicines imported to the country to have instructions for use of medicines in local language. To ensure uninterrupted supply of ARVs and treatment, Project assisted NDRA in translation of ARV patient information leaflets. These efforts not only eased implementation of UNDP project but also other projects that are working on ARV supply in Uzbekistan such as MSF.



The Project also provided technical assistance in implementation of advocacy activities among the suppliers. As the result of this efforts, Ministry of Health included all new WHO pre-qualified ARV medicines into the national list of orphan medicines. Thus the ARV medicines procured by UNDP do not require registration and associated with it payment, allowing the Project and other national stakeholders involved in procurement of ARVs to cut the cost for registration of the drugs in the country and significantly shorten in-country clearance procedures. While this is an applaudable result, this achievement is quite fragile as the Government may reconsider its decision and enforce registration of ARV medicines in future based on scale of the treatment programs.

The Project developed an electronic system to manage the supply chain of medicines and medical goods purchased at the expense of the GF and the state budget. It also provided technical assistance in assessing the situation on procurement and supply chains of medicines and medical products. Routine monitoring and audit of the conditions of all warehouses (national and regional) that are involved in the storage of goods for treatment, diagnostics and prevention programs was carried out. The Project also provided technical assistance in conducting of the Sentinel Surveillance in 2021. Additional equipment, diagnostic kits and consumables to monitor the spread of HIV strains resistant to ARVs were purchased. Technical assistance was provided in conducting of an emergency purchase, as such within the framework of the Project, equipment and medical supplies were purchased in the amount of about 500 thousand USD for the National Pulmonology Service.

Based on all of above mentioned information, the Project's progress towards objective and expected outcomes rated as **Satisfactory (5)** with minor shortcomings.

The Project's objectives and expected outcomes contribute to successful implementation of the intended outcome 4 of UNSDCF – By 2025, the most vulnerable will benefit from increased access to gender-sensitive quality health care, education and social services. In addition the Project also contributes to outcomes 1 and 2 of UNSDCF by assisting in digitalization of the governmental health services, mainstreaming SDGs into national policies and strengthening the capacity of national stakeholders on evidence-based decision-making and financing, supporting statistical and analytical capacity building. Output indicators used in the Results Framework meet SMART criteria. Furthermore, access to quality health care services and quality education are the two priority development areas of the Government of Republic of Uzbekistan. Thus, the Project is in line with the development priorities of the country as well. Therefore, the Relevance of the Project rated as **Satisfactory (5)**.

Based on above mentioned information related to the Project Implementation, Monitoring and Evaluation, Project Oversight and the progress towards objective and expected outcomes of the Project, the effectiveness of the Project is rated as **Highly Satisfactory (6)**.

During the period being assessed the Project managed to attract significant additional funding for the procurement of drugs and other medical supplies. As the result the Project budget increased from 10,060,000 in 2019 up to 44,603,829 in 2022. This indicates the confidence of the national partners in the professionalism of the Project staff and high appreciation of the effectiveness of the UNDP Global Health Procurement Architecture. Furthermore, the Project managed not only to ensure the second lowest cost of ARV treatment per person per year in the WHO Europe region, without compromising the quality of purchased drugs during the global deficit of ARV drugs and increased cost of medicines due to COVID-19 related restrictions and challenges, it also managed to gradually reduce the cost of the ARV treatment per person during the assessed period. Thus, the efficiency of the Project is rated as **Highly Satisfactory (6)**.

Based on the above mentioned information the overall outcome of the Project is rated as **Highly Satisfactory (6)**.

## Sustainability

As mentioned above the Project managed to attract significant amount of additional funding. The national stakeholders consider the Project to be highly effective and efficient. Furthermore, in August 2022 Switzerland confirmed the final restitution of \$131 million that belonged to the daughter of Uzbekistan's ex-President. The money will not be returned directly to Uzbekistan, but through the Uzbekistan Vision 2030 Trust Fund, which is controlled by the UN. The money is being returned on condition that it will be used to support development of social projects in the areas of healthcare and education. UNDP team considers the chances for the Project to get funding from the money being returned as quite likely. Given the above mentioned information the financial, socio-economic and institutional framework and governance related sustainability of the Project are rated as **Likely (4)**. Similarly the overall likelihood of the Project sustainability is also rated as **Likely (4)**.

## Country ownership

As mentioned above the Project actively involved national stakeholders in the design, implementation, and oversight of the Project. All key informants from the governmental organizations that were interviewed mentioned that they feel meaningfully involved in the Project implementation. All interviewed key informants had an impression that the Project team was adapting well to the changing needs of the national stakeholders and ensuring meaningful involvement of all key national stakeholders, including governmental organizations, other UN agencies and civil society members in design and revision of the Project document.

## Gender equality and women's empowerment

Three out of four Project team members are men, all leading positions in within the Project team are held by men. However, the gender balance is restored in overall Project administration structure, which includes the Project Board, Project team, Project Assurance and Project Support.

The Project used gender disaggregated data when reporting on progress towards achievement of the Project objectives and intended outcomes. In implementation of the output indicator 4 related to coverage of PLHIV with ARV treatment services, the Project reported good men and women ratio among final beneficiaries of the Project. As such, 49% of all PLHIV who received ARV treatment were female and the remaining 51% were male. The Project also reported about conducting on-job trainings for the representatives of Republican and Oblast level AIDS centers. However, the reports shared with the Consultant didn't provide neither actual numbers of those who received such trainings, nor the information about number of men and women ratio of trainees. Though the Project did not make any direct contribution into removing existing human rights related barriers in accessing HIV services in the country, the Project team implemented all activities with due respect to human rights of final beneficiaries and often conducted informal HIV and Human Rights sensitization among national stakeholders.

## Progress to Impact

In general, based on the information presented above, the Project is on the right track in achieving its goals and objectives. Recommendations on how the Project could further improve and achieve its intended goals and objectives are discussed in the next chapter of the given report.

## Conclusions and Recommendations

### 1. Project design and formulation.

- 1.1. The Project actively involved the national stakeholders in designing the project activities, as well as remained flexible to the changing needs of the national stakeholders quickly adopting and adding new activities. As the result both the budget and scope of work increased significantly. To reflect this changes the Project Document was revised in April 2022.

- 1.2.** The Project document had a thorough risk analysis, which is a living document and continues to be updated on regular basis. Thanks to timely analysis of potential risks and measure taken to mitigate the negative effects, the Project managed to achieve good results during the period being assessed despite global challenges caused by COVID-19 pandemic and the war in Ukraine.
- 2. Project implementation.**
- 2.1.** Overall quality of the Project Implementation and Execution is rated as **Highly Satisfactory (6)**. The Project staff demonstrated strong adaptive management skills in challenging environments. Despite the serious problems created by covid-19 pandemic in 2020 and 2021, and the new challenges created by the war in Ukraine in 2022, the Project managed to achieve exceptional results.
- 2.2.** Despite the deficit of ARV drugs and increased cost of both the medicines and the transportation, the Project managed to keep the second lowest overall cost of ARV treatment per patient per year in WHO Europe region, keeping the cost of the first line treatment at 70 USD and second line treatment at 372 USD per patient in 2021.
- 2.3.** It just slightly missed to meet the target output indicators related to coverage of PLHIV and pregnant HIV positive women with ARV treatment (by 4.4% and 1.1% respectively).
- 2.4.** The number of treatment regimens were increased from 15 to 22.
- 2.5.** All WHO-recommended ARV medicines were included into the National Orphan medicines list, which in its turn shortened the in-country clearance process and waved the registration cost.
- 2.6.** Despite the fact that staff in place demonstrating exceptional commitment and performance, individual interviews with staff members showed that work and life balance can hardly be exercised due to the workload. Current staffing of the project assume dual responsibilities for the head of the project that performs both managerial, programmatic and M&E functions.  
**Recommendation:** In light of the scale up and diversification of project activities and interventions and substantial budget increase, management should consider re-visiting organizational structure of the project and increase number of staff to respond to the emerging needs to required talents.
- 3. Monitoring and Evaluation.**
- 3.1.** Overall quality of M&E is rated as **Highly Satisfactory (6)**.
- 3.2.** The output indicators were revised during the Project Document revision in April 2022. Unfortunately, Project reports for previous years didn't include information on new output indicators despite the fact that the Project document has clear target indicators for 2021, except for output indicators related to the building the capacity of the national health care system of the country to effectively counter the spread of COVID-19 pandemic. The last had output indicators for 2022 onwards and the Project was in process of rolling out activities related to COVID-19 diagnosis, treatment and prevention at the time the mid-term evaluation was conducted.  
**Recommendation:** The Project should collect information related to output indicators 5 and 6 for 2021 and include the progress towards achieving the intended targets for this output indicators in the Project report for 2022.
- 3.3.** The Project assumed that availability of ARVs and quality medical services for PLHIV would be enough to support treatment adherence among PLHIV in the country. Unfortunately, the global practice proves that the treatment adherence can also be significantly affected by existing legal and human rights related barriers in accessing health services. At the same time, according to the Uzbekistan's legislation both sex work and consented same-sex relationships are criminalized, as well as all activities related to drug use (drug use itself is not criminalized).  
**Recommendation:** The Project should either reconsider the output indicator 5 on percentage

of PLHIV on ART who have suppressed viral load or consider adding activities that would support creating enabling environment for HIV prevention and treatment programs among key populations.

- 3.4.** Though the volume and type of medicines and medical supplies purchased through UNDP continued to grow over the period of Project implementation, the budget for administration and M&E of the Project remained unchanged.

**Recommendation:** The Project should consider increasing the budget for M&E of the Project activities proportionally to the overall Project budget increase. The best practice is anything from 15-25% of the overall Project budget.

**4. Project results and impacts.**

- 4.1.** The first two output indicators of the Project depended on availability of additional funding. As the additional funding received by the Project was mainly to support the activities of IEC and for procurement of drugs and medical supplies, the efforts to achieve the intended targets were limited by the lack of funding.

**Recommendation:** Consider revision of the Performance Framework and exclude indicators that have no budgetary back up. Continue fund mobilization and applying for funding for implementation of these two output indicators from the Uzbekistan Vision 2030 Trust Fund. Once funding is obtained, indicators and respective targets can be set based on the scale of prospective activities.

**5. Relevance.**

- 5.1.** The Project is on right track directly contributing towards the achievement of outcome 4 of UNSDCF, and indirectly contributing to outcomes 1 and 2 of UNSDCF. It is also contributing towards one of two national priority development areas (health).

**6. Effectiveness.**

- 6.1.** Based on the information collected related to the Project Implementation, M&E, progress made towards achieving intended results, the effectiveness of the Project is rated as **Highly Satisfactory (6)**.

**7. Efficiency.**

- 7.1.** The Project managed to ensure the second lowest cost of ARV treatment per person per year in the WHO Europe region, without compromising the quality of treatment during the global deficit of ARV drugs and increased cost of medicines due to COVID-19 related restrictions and challenges. Furthermore, it also managed to gradually reduce the cost of the ARV treatment per person during the assessed period. Thus, the efficiency of the Project is rated as **Highly Satisfactory (6)**.

**8. Overall rating of the Project.**

- 8.1.** Based on the above mentioned information the overall outcome of the Project is rated as **Highly Satisfactory (6)**.

**9. Sustainability.**

- 9.1.** During the assessed period, the Project attracted significant amount of additional funding.  
**9.2.** The Project team and national partners consider the likelihood of getting additional funding from the Uzbekistan Vision 2030 Trust Fund as quite likely.  
**9.3.** The Project staff is well respected by national stakeholders for their professional attitude and great adaptive management skills.  
**9.4.** Therefore, the overall sustainability of the Project is rated as **Likely (4)**.

**10. Gender equality and women's empowerment.**

- 10.1.** The Project used gender disaggregated data when reporting about the progress towards achieving intended targets, but not always. Eg., the Project reported about conducting on-job trainings for the governmental health service employees, but didn't provide actual number of trainees and women and men ratio among them.

**Recommendation:** The Project should use gender disaggregated data when reporting about the Project activities and achieved progress, whenever feasible.

## Annexes

### Annex 1 Terms of reference (excluding ToR annexes)



## UNITED NATIONS DEVELOPMENT PROGRAMME TERMS OF REFERENCE / INDIVIDUAL CONTRACT

### I. Job Information

Job title:	International Consultant/Evaluator for Mid-term Evaluation of the Project
Type:	Individual Contract
Project Title/Department:	UNDP program "Support to effective, resilient and inclusive governance systems for health"
Duration of the service:	20 working/days during June-September, 2022
Work status (full time /part time):	N/A
Duty station:	Remote
Expected travel site:	No
Reports To:	Health Program Coordinator (Project Manager)

### II. Introduction

This Terms of Reference (ToR) sets out the expectations for the Mid Term Evaluation (MTR) of the full-sized Joint Programme titled "Support to effective, resilient and inclusive governance systems for health" implemented through the UNDP Uzbekistan as the Implementing Partner in partnership with the Ministry of Health of the Republic of Uzbekistan (MoH). The Programme started in December 2019 and is in its 3rd year of implementation. The MTR process must follow the guidance outlined in the document 'UNDP Evaluation Guidelines' ([United Nations Development Programme - Evaluation Guidelines \(undp.org\)](https://undp.org/evaluation-guidelines)).

### III. Background and context

The Global Agenda 2030 for Sustainable Development has set an ambitious target to end AIDS, tuberculosis and malaria as public health threats by 2030 (SDG 3). The achievement of this target

will be possible if effective, cost-efficient and sustainable national response to these three diseases are designed and implemented with meaningful involvement of affected people and communities, and making sure that no one is left behind.

The formation of a healthy lifestyle among the population, the protection of motherhood and childhood are one of the main strategic policy directions of the Government of Uzbekistan. In this regard, over the past three years, the country has taken a number of serious measures to create a unified healthcare management system, develop the private sector in the healthcare system, improve the quality of medical services and create favorable conditions for the formation of a healthy generation.

As part of measures to reform the healthcare system implemented in the republic, it was possible to achieve certain results in the formation of a modern system of medical care for the population, including the prevention, diagnosis and treatment of the disease caused by the human immunodeficiency virus (hereinafter - HIV infection). Over the course of the last decade, Uzbekistan has made considerable steps to address the emerging HIV/AIDS problem. For example, in 2018 alone new leadership of Uzbekistan issued two President Resolutions 1) PR # 3493 dated 25/01/2018 "On steps required to further streamline the HIV response in Uzbekistan", and 2) #PR-3800 dated June 22, 2018 "On additional measures to contain the spread of the HIV and prevention of nosocomial infections". While this clearly demonstrates commitment of the Government to scale up the HIV response in the country, Uzbekistan was unable to reach its IRRTR coverage targets set forth for 2020. As of January 1st, 2021 out of estimated 52 000 PLHIV (Spectrum, 2018), 43,706 HIV cases were identified (84%), 31,028 (71%) were linked to care, whereas only 20,168 (65%) were virally suppressed.

In addition, systemic shortcomings and problems that have accumulated in recent years in the organization of health care activities hinder the effective solution of tasks to further improve the system of public health protection. Moreover, a full-fledged concept defining strategic goals in planning and managing the healthcare sector is yet to be implemented. This is crucial to ensure that the ongoing reforms are not fragmented and allow to meet the expectations and demands of the population on the quality of healthcare.

Non-communicable diseases in Uzbekistan cause 78% of all deaths every year<sup>14</sup>. In 2017, the diseases of the circulatory system (69%), including coronary heart disease, arterial hypertension and their complications (myocardial infarction, cerebral infarction), took first place in the overall structure of the indicators of mortality standardized by gender and age. They are followed by malignant neoplasms (8%), diabetes mellitus (3%) and chronic respiratory diseases (3%).

UNDP Uzbekistan in its effort to build effective, resilient and inclusive governance system for health through its health and other programs maintains active cooperation with the Government of Uzbekistan, UN organizations and international organizations, it also encourages fruitful collaboration and development of partnerships among government organizations and civil society institutions, including the involvement of people living with HIV and representatives of Key population groups (KP) in the fight against AIDS.

<sup>14</sup> The concept for the prevention of noncommunicable diseases, supporting a healthy lifestyle and increasing the level of physical activity of the population for 2019 - 2022. <http://lex.uz/docs/4111360>

The UNDP “Support to effective, resilient and inclusive governance systems for health” project contributes to the achievement of the Outcome 4 of the United Nations Sustainable Development Cooperation Framework 2021-2025 – By 2025, the most vulnerable will benefit from enhanced access to gender- sensitive quality health, education and social services (program outcome). To this end, assistance will be provided to the Government of Uzbekistan in the development of effective, sustainable and inclusive health management systems, and the impact of COVID-19 on the successful implementation of health programs will be minimized (project outcome).

This project outcome will be achieved by strengthening the national capacity of the health care system of the Republic of Uzbekistan in two key areas: (1) effective supply chain management and implementation of inclusive programs to fight HIV, tuberculosis and other diseases; (2) effective response to the COVID-19 pandemic and its negative impact on the implementation of health projects and programs.

In particular, the project envisages the following interventions (components):

- Create foundations for the introduction of effective mechanisms of state-social partnership to expand access to healthcare services and improve their quality, ensure the involvement of citizens and NGOs, and increase the efficiency of the use of public funds.
- Strengthen the health system and focus on the prevention and control of noncommunicable and oncological diseases and their underlying social determinants through needs-based primary health care and universal health coverage.
- Increase transparency, efficiency and quality of the national system of centralized planning, forecasting, procurement, storage and distribution of drugs and medical goods.
- Create effective, transparent and favorable conditions for the implementation of programs and projects to counteract the spread of HIV and tuberculosis, access of MARPs and PLHIV to the prevention and antiretroviral therapy programs based on the UN standard 90-90-90, Treatment for all.
- Create effective, transparent and favorable conditions for the implementation of programs and projects to combat the spread of COVID-19 and reduce the negative impact of the COVID-19 pandemic on the successful implementation of health programs.

#### **IV. MTR Evaluation purpose, scope and objectives**

The MTR report will assess the achievement of the UNDP program results against what was expected to be achieved, and draw lessons that can both improve the sustainability of benefits from this project, and help in the overall enhancement of UNDP programming. The MTR report will promote accountability and transparency, and assesses the extent of project accomplishments.

The MTR will assess the Programme performance (in terms of relevance, effectiveness and efficiency), and determine outcomes and impacts (actual and potential) stemming from the project, including their sustainability. The MTR will have two primary purposes: (i) to provide evidence of results to meet accountability requirements, and (ii) to promote learning, feedback, and knowledge sharing through results and lessons learned among UNDP and their national partners such as the Service for Sanitary and Epidemiological Welfare and Public Health, Republican Center for



Combating AIDS, Republican Specialized Scientific and program' targeted population communities of the republic of Uzbekistan.

The broader objective of the MTR is to build evidence for an improved quality of UNDP Joint program on health. The evidence generated from the MTR is expected to help to adjust/reshape current program, address gaps, if any, and provide important feedback for the improvement of the quality of the current UNDP program.

### III. Evaluation criteria and key guiding questions

Evaluation questions define the information that the evaluation will generate. This section proposes the questions that, when answered, will give intended users of the evaluation the information they seek in order to make decisions, take actions or increase knowledge.

Questions should be grouped according to the four or five OECD-DAC evaluation criteria: (a) impact (b) relevance; (c) coherence; (d) effectiveness; (e) efficiency; and (f) sustainability (and any other criteria used).

#### Impact:

- To what extent were the objectives of the project achieved?
- **To what extent and degree were the lives of vulnerable, underrepresented, rural women, women/men with disabilities, youth were improved?**
- What indicators demonstrate that?
- What were the major factors influencing the achievement or non-achievement of the objectives?
- To what extent were the project's approach and implementation mechanisms to promote sustainable livelihood and improved resilience of communities impactful? What is the evidence?
- What has happened as a result of the project?
- What real difference has the project made to the beneficiaries?
- What were the most significant changes that this project has helped to generate?
- Include perception and behavior of communities who generate income from inputs of the project activities
- How many people have been affected? What types/kinds/groups of people have been affected and may be impacted after the project?
- **To what extent has the project promoted positive changes in gender equality and the empowerment of women? Did any unintended effects emerge for women, men or vulnerable groups?**

#### Relevance:

- To what extent was the project in line with the national development priorities, the country programme's outputs and outcomes, **the Gender Equality Strategy of UNDP**, the UNDP Strategic Plan and the SDGs?
- To what extent does the project contribute to the theory of change for the relevant country programme outcome?
- To what extent were lessons learned from other relevant projects considered in the project's design?

- **Has the project been screened for gender equality and the gender marker assigned to this project representative of reality?**
- To what extent were perspectives of those who could affect the outcomes, and those who could contribute information or other resources to the attainment of stated results, taken into account during the project design processes?
- **To what extent does the project contribute to gender equality, the empowerment of women and the human rights-based approach?**
- To what extent has the project been appropriately responsive to political, legal, economic, institutional, etc., changes in the country?
- To what extent has the project contributed to covid-19 response?

### **Effectiveness**

- To what extent were the project outputs achieved?
- What factors have contributed to achieving or not achieving intended country programme outputs and outcomes?
- To what extent has the UNDP partnership strategy been appropriate and effective?
- What factors contributed to effectiveness or ineffectiveness?
- In which areas does the project have the greatest achievements? Why and what have been the supporting factors? How can the project build on or expand these achievements?
- In which areas does the project have the fewest achievements? What have been the constraining factors and why? How can or could they be overcome?
- What, if any, alternative strategies would have been more effective in achieving the project's objectives?
- Are the projects objectives and outputs clear, practical and feasible within its frame?
- **To what extent have gender equality and the empowerment of women been addressed in the design, implementation and monitoring of the project?**
- To what extent have stakeholders been involved in project implementation?
- To what extent are project management and implementation participatory and is this participation contributing towards achievement of the project objectives?
- To what extent has the project been appropriately responsive to the needs of the national constituents, female and male beneficiaries and changing partner priorities?
- How effective was the project's strategy to involve women, marginalized, disadvantaged and poor in the realization of its activities?

### **Efficiency**

- To what extent was the project management structure as outlined in the project document efficient in generating the expected results?
- To what extent have the UNDP project implementation strategy and execution been efficient and cost-effective? **To what extent was the UNDP project implementation structure gender balanced?**
- To what extent has there been an economical use of financial and human resources? Have resources (funds, human resources, time, expertise, etc.) been allocated strategically to achieve outcomes?
- To what extent have resources been used efficiently? Have activities supporting the strategy been cost-effective?
- To what extent have project funds and activities been delivered in a timely manner?

- To what extent have the M&E systems utilized ensure effective and efficient project management?

### **Sustainability**

- Are/ have there {been} any financial risks that may jeopardize the sustainability of project outputs?
- To what extent will/ have financial and economic resources be {been} available to sustain the benefits achieved by the project?
- Are/ have there any {been} social or political risks that may/ could jeopardize sustainability of project outputs and the project's contributions to country programme outputs and outcomes?
- Did the legal frameworks, policies and governance structures and processes within which the project operated pose risks that could jeopardize sustainability of project benefits?
- To what extent did UNDP actions pose an environmental threat to the sustainability of project outputs?
- **To what extent did UNDP actions pose a social (including human rights, women's rights) threat to the sustainability of project outputs?**
- To what extent has the stakeholders' ownership been sufficient to allow for the project benefits to be sustained?
- **To what extent have the mechanisms, procedures and policies been in place to allow primary stakeholders to carry forward the results attained on gender equality, empowerment of women, human rights and human development?**
- To what extent do stakeholders support the project's long-term objectives?
- To what extent are lessons learned being documented by the project team (on a continual basis) and shared with appropriate parties who could learn from the project?
- To what extent do project interventions have well-designed and well-planned exit strategies?
- What could be done to strengthen exit strategies and sustainability?

### **V. MTR Approach & Methodology**

The MTR report must provide evidence-based information that is credible, reliable and useful and comply with UNDG Evaluations Standards.

The MTR consultant will review all relevant sources of information including the Project Document, Project Board meeting minutes, Financial and Administration guidelines (SOP), project budget revisions, national strategic and legal documents, and any other materials that the team considers useful for this evidence-based evaluation.

The MTR consultant is expected to follow a participatory and consultative approach ensuring close engagement with the Programme Team, government counterparts, national partner agencies, the UNDP Country Office(s), direct beneficiaries and other stakeholders.

Engagement of stakeholders is vital to a successful MTR. Stakeholder involvement should include online interviews with stakeholders who have project responsibilities, including but not limited to the Ministry of Health, Service for Sanitary and Epidemiological Welfare and Public Health, Republican Center for Combating AIDS, Republican Specialized Scientific Institute of Psychiatry and

Pulmonology, GF PMU management and staff members, key experts and consultants in the subject area, Project Board, programme beneficiaries and CSOs, etc.

Although since the March 1<sup>st</sup> and up to date, Uzbekistan remain safe in terms of the COVID 19, with no cases recorded since the April 1st 2022, MTR consultant is advised to develop a methodology that assumes use of virtual and remote methodology. Latter should take into account use of remote interview methods and extended desk reviews, data analysis, surveys and evaluation questionnaires. This should be detailed in the MTR Inception Report and agreed with the Commissioning Unit.

If all or part of the MTR is to be carried out virtually then consideration should be taken for stakeholder availability, ability or willingness to be interviewed remotely. In addition, their accessibility to the internet/computer may be an issue as some government and national counterparts may not possess required skills and facilities. These limitations must be reflected in the final MTR report.

The specific design and methodology for the MTR should emerge from online consultations between the MTR team and the above-mentioned parties regarding what is appropriate and feasible for meeting the MTR purpose and objectives and answering the evaluation questions, given limitations of budget, time and data. The MTR consultant must use gender-responsive methodologies and tools and ensure that gender specific issues are addressed, also, other cross-cutting issues and SDGs should be incorporated into the MTR report.

The final methodological approach including online interview schedule and data to be used in the evaluation must be clearly outlined in the MTR Inception Report and be fully discussed and agreed between UNDP, stakeholders and the MTR consultant. The MTR consultant will work closely with the UNDP Program Analyst, to determine the best methods and tools for collecting and analysis of data, e.g. questionnaires. However, the approach for the MTR may be revised after consultation with the evaluation manager and key stakeholders. Thus, revised approach should be agreed and reflected in the MTR Inception Report.

The final report must describe the full MTR approach used and the rationale for the approach making explicit the underlying assumptions, challenges, strengths and weaknesses about the methods and approach of the evaluation.

## **VI. Detailed Scope of the MTR**

The MTR will assess project performance against expectations set out in the project's Logical Framework/Results Framework (see ToR Annex A). The MTR will assess results according to the criteria outlined in the Guidance for MTR of UNDP projects ([United Nations Development Programme - Evaluation Guidelines \(undp.org\)](https://undp.org/publications/evaluation-guidelines)).

The Findings section of the MTR report will cover the topics listed below. A full outline of the MTR report's content is provided in ToR Annex C.

The asterisk "(\*)" indicates criteria for which a rating is required.

### **Findings**

#### **i. Project Design/Formulation**

- National priorities and country drivenness
- Theory of Change
- Gender equality and women's empowerment
- Social and Environmental Standards (Safeguards)
- Analysis of Results Framework: project logic and strategy, indicators
- Assumptions and Risks
- Lessons from other relevant projects (e.g. same focal area) incorporated into project design
- Planned stakeholder participation
- Linkages between project and other interventions within the sector
- Management arrangements

ii. Project Implementation

- Adaptive management (changes to the project design and project outputs during implementation)
- Actual stakeholder participation and partnership arrangements
- Project Finance and Co-finance
- Monitoring & Evaluation: design at entry (\*), implementation (\*), and overall assessment of M&E (\*)
- Implementing Agency (UNDP) (\*) and Executing Agency (\*), overall project oversight/implementation and execution (\*)
- Risk Management, including Social and Environmental Standards (Safeguards)

iii. Project Results

- Assess the achievement of outcomes against indicators by reporting on the level of progress for each objective and outcome indicator at the time of the FE and noting final achievements
- Relevance (\*), Effectiveness (\*), Efficiency (\*) and overall project outcome (\*)
- Sustainability: financial (\*), socio-political (\*), institutional framework and governance (\*), environmental (\*), overall likelihood of sustainability (\*)
- Country ownership
- Gender equality and women's empowerment
- Cross-cutting issues (poverty alleviation, improved governance, climate change mitigation and adaptation, capacity development, South-South cooperation, knowledge management, etc., as relevant)
- Catalytic Role / Replication Effect
- Progress to impact

Main Findings, Conclusions, Recommendations and Lessons Learned

- The MTR consultant will include a summary of the main findings of the MTR report. Findings should be presented as statements of fact that are based on analysis of the data.
- The section on conclusions will be written in light of the findings. Conclusions should be comprehensive and balanced statements that are well substantiated by evidence and logically connected to the MTR findings. They should highlight the strengths, weaknesses and results of the project, respond to key evaluation questions and provide insights into the identification of and/or solutions to important problems or issues pertinent to project beneficiaries and UNDP, including issues in relation to gender equality and women's empowerment.
- Recommendations should provide concrete, practical, feasible and targeted recommendations directed to the intended users of the evaluation about what actions to take and decisions to

make. The recommendations should be specifically supported by the evidence and linked to the findings and conclusions around key questions addressed by the evaluation.

- The MTR report should also include consultations with key partners and FGDs with end beneficiaries of the project e.g. PLHIV and their co-dependents. Reach pout to end beneficiares is required to understand their perception of quality of services and how they experience the outcomes of the program.
- The MTR report should also include lessons that can be taken from the review, including best practices in addressing issues relating to relevance, performance and success that can provide knowledge gained from the particular circumstance (programmatic and evaluation methods used, partnerships, financial leveraging, etc.) that are applicable to other UNDP interventions. When possible, the FE team should include examples of good practices in project design and implementation.
- It is important for the conclusions, recommendations and lessons learned of the MTR report to incorporate gender equality and empowerment of women.

The quality of the evaluation report will be assessed based an Evaluation Ratings Table, as shown below:

**ToR Table 2: Evaluation Ratings Table for the full-sized project titled “Building the Resilience of Local Communities Against Health, Environmental and Economic Insecurities in the Aral Sea Region”**

Monitoring & Evaluation (M&E)	Rating <sup>15</sup>
M&E design at entry	
M&E Plan Implementation	
Overall Quality of M&E	
Implementation & Execution	Rating
Quality of UNDP Implementation/Oversight	
Quality of Implementing Partner Execution	
Overall quality of Implementation/Execution	
Assessment of Outcomes	Rating
Relevance	
Effectiveness	
Efficiency	
Overall Project Outcome Rating	
Sustainability	Rating
Financial resources	
Socio-political/economic	
Institutional framework and governance	
Environmental	
Overall Likelihood of Sustainability	

## VIII. Timeframe

<sup>15</sup> Outcomes, Effectiveness, Efficiency, M&E, Implementation/Oversight & Execution, Relevance are rated on a 6-point scale: 6=Highly Satisfactory (HS), 5=Satisfactory (S), 4=Moderately Satisfactory (MS), 3=Moderately Unsatisfactory (MU), 2=Unsatisfactory (U), 1=Highly Unsatisfactory (HU). Sustainability is rated on a 4-point scale: 4=Likely (L), 3=Moderately Likely (ML), 2=Moderately Unlikely (MU), 1=Unlikely (U)

The total duration of the FE will be approximately 20 working days over a time period of 12 weeks starting in June 2022. The tentative FE timeframe is as follows:

Timeframe	Activity
July 10, 2022	Selection of MTR consultant
July 20, 2022	Preparation period for MTR consultant (handover of documentation)
July 25, 2022	Document review and preparation of the Inception Report
July 30, 2022	Finalization and Validation of MTR Inception Report based on the feedback received from UNDP
August 10, 2022	Stakeholder online meetings, interviews, etc.
November 05, 2022	Circulation of draft MTR report for comments
November 08, 2022	Incorporation of comments on draft MTR report into Audit Trail & finalization of MTR report
November 10, 2022	Preparation and Issuance of Management Response
November 15, 2022	Expected date of full MTR completion

Options for stakeholder online meetings, interviews, etc. should be provided in the FE Inception Report.

## IX. MTR Deliverables

#	Deliverable	Description	Timing	Responsibilities
1	MTR Inception Report	MTR consultant clarifies objectives, methodology and timing of the MTR	No later than 1 week before stakeholder online meetings, interviews, etc., by July 25, 2022	MTR consultant submits Inception Report to Commissioning Unit and project management
2	Presentation	Initial Findings	End of stakeholder online meetings, interviews, etc., by August 10, 2022	MTR consultant presents to Commissioning Unit and project management
3	Surveys and consultations	Consultations with key partners (35 in total) and survey rollout using Kobo toolbox and sharing data with UNDP upon completion and reflection in the final report as the full package	Consultations and Surveys with beneficiaries by August 10, 2022	MTR team presents to SPIU and project management
4	Draft MTR Report	Full draft report <i>(using guidelines on report)</i>	Within 2 weeks of end of stakeholder online meetings,	MTR consultant submits to Commissioning Unit;

		<i>content in ToR Annex C) with annexes</i>	interviews, etc., by November 5, 2022	reviewed by RTA, Project Coordinating Unit, GEF OFP
5	Final FE Report* + Audit Trail	Revised final report and MTR Audit trail in which the MTR details how all received comments have (and have not) been addressed in the final MTR report (See <i>template in ToR Annex H</i> )	Within 1 week of receiving comments on draft report by November 08, 2022	MTR consultant submits both documents to the Commissioning Unit

\*All final MTR reports will be quality assessed by the UNDP Independent Evaluation Office (IEO). Details of the IEO's quality assessment of decentralized evaluations can be found in Section 6 of the UNDP Evaluation Guidelines.<sup>16</sup>

## X. MTR Arrangements

The principal responsibility for managing the MTR resides with the Commissioning Unit. The Commissioning Unit for this project's MTR is the UNDP Country Office.

The Commissioning Unit will contract the evaluators. An updated stakeholder list with contact details (phone and email) will be provided by the Commissioning Unit to the MTR consultant. The Project Team will be responsible for liaising with the MTR team to provide all relevant documents, set up online stakeholder interviews.

## XI. MTR Team Composition

An international consultant (with experience and exposure to projects and evaluations in other regions) recruited for purpose of MTR will conduct the mid term evaluation. UNDP Health Program Coordinator will assist international consultant in assessing emerging trends with respect to regulatory frameworks, budget allocations, work with the Project Team in arranging stakeholder online meetings, interviews, etc., providing translation to local language, collecting stakeholders' feedback, etc.)

UNDP will sign the contract with the International Consultant in accordance with the approved UNDP procurement procedures for an individual contract. Payment for services will be made from the Project funds with satisfactory discharge of duties and achievement of results. The results of the work shall be approved by the Health Program Coordinator through SPIU Associate/CO M&E focal point.

- The Consultant will work under the direct supervision of the UNDP Health Program Coordinator, with support from SPIU Associate/CO M&E focal point
- The Consultant is responsible for the quality and timely submission of the deliverables;

<sup>16</sup> Access at: <http://web.undp.org/evaluation/guideline/section-6.shtml>



- The Consultant ensures timely and rational planning, implementation of activities and achievement of results in accordance with the Terms of Reference;
- The Consultant provides the results of work in accordance with Deliverables;
- The Consultant shall provide reports in electronic form in MS Word format in English.

Prior to approval of the final report, UNDP Programme Manager, in close coordination with SPIU Associate/CO M&E focal point and EG Cluster Leader will circulate the draft for comments to government counterparts: the Ministry of Health of Republic of Uzbekistan, Republican AIDS center and Project Board key members. UNDP and the stakeholders will submit comments and suggestions within 10 working days after receiving the draft. The finalized Final Mid Term Evaluation Report, addressing all comments received shall be submitted by September 5, 2022.

If any discrepancies have emerged between the findings of the evaluation team and the aforementioned parties, these should be explained in an annex attached to the final report.

The evaluator cannot have participated in the project preparation, formulation and/or implementation (including the writing of the project document), must not have conducted this project's Mid-Term Review and should not have a conflict of interest with the project's related activities.

The selection of the Team Leader (international evaluator) will be aimed at maximizing the overall "team" qualities in the following areas:

#### Education

- Master's degree in public health or business and administration or epidemiology or other relevant fields;

#### Experience

- Extensive experience in working in HIV prevention, treatment, care and support area;
- Relevant experience with results-based management evaluation methodologies;
- Experience applying SMART indicators and reconstructing or validating baseline scenarios;
- Competence in adaptive management, as applied to climate change adaptation;
- Experience in evaluating projects, including remote evaluations;
- Experience working in Central Asian countries;
- Experience in relevant technical areas for at least 10 years;
- Demonstrated understanding of issues related to gender and climate change adaptation; experience in gender responsive evaluation and analysis;
- Excellent communication skills;
- Demonstrable analytical skills;
- Project evaluation/review experience within United Nations system will be considered an asset;
- Experience with implementing evaluations remotely will be considered an asset.

#### Language

- Fluency in written and spoken Russian and English.

## XII. Evaluator Ethics

The MTR consultant will be held to the highest ethical standards and is required to sign a code of conduct upon acceptance of the assignment. This evaluation will be conducted in accordance with the principles outlined in the UNEG 'Ethical Guidelines for Evaluation'. The evaluator must safeguard the rights and confidentiality of information providers, interviewees and stakeholders through measures to ensure compliance with legal and other relevant codes governing collection of data and reporting on data. The evaluator must also ensure security of collected information before and after the evaluation and protocols to ensure anonymity and confidentiality of sources of information where that is expected. The information knowledge and data gathered in the evaluation process must also be solely used for the evaluation and not for other uses without the express authorization of UNDP and partners.

## XIII. Payment Schedule

- 30% payment upon satisfactory delivery of the final MTR Inception Report and approval by the Commissioning Unit.
- 70% payment upon satisfactory delivery of the final MTR report and approval by the Commissioning Unit (via signatures on the Report Clearance Form) and delivery of completed MTR Audit Trail.
- Criteria for issuing the final payment of 70%:
- The final MTR report includes all requirements outlined in the MTR TOR and is in accordance with the MTR guidance.
- The final MTR report is clearly written, logically organized, and is specific for this project (i.e. text has not been cut & pasted from other MTR reports).
- The Audit Trail includes responses to and justification for each comment listed.

In line with the UNDP's financial regulations, when determined by the Commissioning Unit and/or the consultant that a deliverable or service cannot be satisfactorily completed due to the impact of COVID-19 and limitations to the MTR, that deliverable or service will not be paid.

Due to the current COVID-19 situation and its implications, a partial payment may be considered if the consultant invested time towards the deliverable, but was unable to complete to circumstances beyond his/her control.

## XIV. Application Process<sup>17</sup>

Recommended Presentation of Proposal:

- a) **Letter of Confirmation of Interest and Availability** using the [template](#)<sup>18</sup> provided by UNDP;

<sup>17</sup> Engagement of evaluators should be done in line with guidelines for hiring consultants in the POPP

<https://popp.undp.org/SitePages/POPPRoot.aspx>

<sup>18</sup><https://intranet.undp.org/unit/bom/psa/Support%20documents%20on%20IC%20Guidelines/Template%20for%20Confirmation%20of%20Interest%20and%20Submission%20of%20Financial%20Proposal.docx>

- b) **CV** and a **Personal History Form** ([P11 form](#)<sup>19</sup>);
- c) Brief description **of approach to work/technical proposal** of why the individual considers him/herself as the most suitable for the assignment, and a **proposed methodology** on how they will approach and complete the assignment; (max 1 page)
- d) **Financial Proposal** that indicates the all-inclusive fixed total contract price, supported by a breakdown of costs, as per template attached to the [Letter of Confirmation of Interest template](#). If an applicant is employed by an organization/company/institution, and he/she expects his/her employer to charge a management fee in the process of releasing him/her to UNDP under Reimbursable Loan Agreement (RLA), the applicant must indicate at this point, and ensure that all such costs are duly incorporated in the financial proposal submitted to UNDP.

Applicants are requested to apply online through the UNDP website at <http://www.undp.uz>. Application shall be submitted by indicated deadline. Incomplete applications will be excluded from further consideration. Application should contain a current and complete C.V. or PH, **methodology** with indication of the e-mail and phone contact. Shortlisted candidates will be requested to submit a price offer indicating the total cost of the assignment (including daily fee, per diem and travel costs). Incomplete applications will be excluded from further consideration.

**Criteria for Evaluation of Proposal:** Only those applications which are responsive and compliant will be evaluated. Offers will be evaluated according to the Combined Scoring method – where the educational background and experience on similar assignments will be weighted at 70% and the price proposal will weigh as 30% of the total scoring. The applicant receiving the Highest Combined Score that has also accepted UNDP's General Terms and Conditions will be awarded the contract.

#### **XV. TOR Annexes**

- ToR Annex A: Project Logical/Results Framework
- ToR Annex B: Project Information Package to be reviewed by FE team
- ToR Annex C: Content of the FE report
- ToR Annex D: Evaluation Criteria Matrix template
- ToR Annex E: UNEG Code of Conduct for Evaluators
- ToR Annex F: FE Rating Scales
- ToR Annex G: FE Report Clearance Form
- ToR Annex H: FE Audit Trail

UNDP is an equal opportunity employer. Qualified female candidates, people with disabilities, and minorities are highly encouraged to apply. UNDP Gender Balance in Management Policy promotes achievement of gender balance among its staff at all levels.

<sup>19</sup> [http://www.undp.org/content/dam/undp/library/corporate/Careers/P11\\_Personal\\_history\\_form.doc](http://www.undp.org/content/dam/undp/library/corporate/Careers/P11_Personal_history_form.doc)

XVI. Signatures - Post Description Certification	
Incumbent <i>(if applicable)</i>	
Name	Signature
Date	
Officer of Commissioning Unit	
Name / Title	
Mr. Akmal Makhamatov	Signature
Date	
Health Program Coordinator	
UNDP Uzbekistan	

## Annex 2 Mid-term evaluation itinerary, including schedule of meeting with the partners and beneficiary survey

### Mid-term evaluation itinerary

<b>Dates</b>	<b>Activity</b>
20.07-30.07, 2022	Desk review
20.07-30.07, 2022	Inception report writing
15.08 – 03.09, 2022	Interviews with key informants
03.09 – 08.11, 2022	Mid-term evaluation report writing

**Dates of the interviews:** August 15- September 3, 2022

**Venue:** Online

Aisuluu Bolotbaeva- International consultant

<b>Date/Time</b>	<b>Name and title of the person</b>
<b>15/08/2022</b> 10:30-12:00	<b>Akmal Makhmatov</b> , Health Program Specialist, UNDP <b>Zakir Kadirov</b> , Health Program Analyst, UNDP
<b>22/08/2022</b> 14:00-15:00	<b>Sergey Uchaev</b> , Board Chairperson, NGO “Ishonch va Hayot”
<b>23/08/2022</b> 14:00-15:00	<b>Doina Munteanu</b> , Deputy Resident Representative, UNDP
<b>23/08/2022</b> 10:00-11:00	<b>Charos Maksudova</b> , Country Manager, UNAIDS
<b>24/08/2022</b> 11:00-12:00	<b>Bobur Yuldashev</b> , Director, the GF PIU HIV&TB <b>Kargin Sergey</b> , M&E Coordinator, GF PIU/RAC <b>MustafaevaDildora</b> , Treatment expert/Deputy RAC Director on treatment, GF PIU/RAC
<b>24.08.2022</b> 15:00-16:00	<b>Kahrammon Yuldashev</b> , Director, the Republican AIDS center
<b>25.08.2022</b> 10:00-11:00	<b>Olga Kim</b> , Health Officer, UNICEF

31/08/2022 by email	<b>Atabekov Nurmat Satiniyazovich,</b> Deputy head of SES, COVID 19 G- focal point/official
<b>03/09/2022</b> 10:30-11:30	<b>Kamila Muhamedkhanova,</b> EGU Cluster Leader, UNDP

### Annex 3 List of key informants interviewed

#	Organization	Names and contact details of interviewees
1.	Sanitary Epidemiological Services	Atabekov Nurmat Satiniyazovich, Deputy head of SES, COVID 19 G- focal point/official
2.	Republican AIDS center	Dr. Kahramon Yuldashev, Director of the Republican AIDS center <a href="mailto:kyuldashev@gmail.com">kyuldashev@gmail.com</a>
3.	GF RAC PIU	Bobur Yuldashev, Director of the PIU for the GF program <a href="mailto:bobur.yuldashev@gfaids.uz">bobur.yuldashev@gfaids.uz</a> Kargin Sergey, M&E Coordinator <a href="mailto:sergey.kargin@gfaids.uz">sergey.kargin@gfaids.uz</a> Mustafaeva Dildora, Treatment expert/Deputy RAC Director on treatment
4.	NGO Ishonch va Hayot	Sergey Uchaev, Board Chairperson of the NGO “Ishonch va Hayot” <a href="mailto:sergey.uchayev@mail.ru">sergey.uchayev@mail.ru</a>
5.	UNAIDS	Charos Masudova, Country Manager <a href="mailto:MaksudovaC@unaid.org">MaksudovaC@unaid.org</a>
6.	UNICEF	Olga Kim, Health officer, <a href="mailto:okim@unicef.org">okim@unicef.org</a>
7.	UNDP	Doina Munteanu, Deputy Resident Representative <a href="mailto:doina.munteanu@undp.org">doina.munteanu@undp.org</a>

		<p>Kamila Mukhamedjanova, EGC cluster leader  <a href="mailto:kamila.mukhamedkhanova@undp.org">kamila.mukhamedkhanova@undp.org</a></p> <p>Akmal Makhamatov, Health Program Specialist  <a href="mailto:Akmal.makhamatov@undp.org">Akmal.makhamatov@undp.org</a></p> <p>Zakir Kadirov, Health Program Analyst  <a href="mailto:zakir.kadirov@undp.org">zakir.kadirov@undp.org</a></p>
8.	Oblast AIDS center in Samarkand	Zokir Umirzakov*, Head physician
9.	MEC Secretariat	<p>Dilnoza Avazova*, Head of the MEC secretariat  <a href="mailto:avazova.dilnoza@mail.ru">avazova.dilnoza@mail.ru</a></p>

\* Was not available for an interview during the data collection process

#### Annex 4 List of documents reviewed

- UNDAF 2016-2020
- UNSDCF 2021-2025
- UNDP CPD 2021-2025
- Initial and Revised Project Documents with all annexes
- Project Board and Local Project Appraisal Committee (LPAC) meeting minutes for 2020, 2021, 2022
- PSM Monitoring tool of the Project
- ARV Forecasting & Quantification tool of the Project
- Combined delivery reports of the Project for 2020, 2021
- Co-financing data with expected and actual contributions broken down by type of co-financing source
- Approved annual work plans for 2020, 2021 and 2022
- Agreements with RAC, GF, MoH
- Power point presentation on UNDP Global Health Procurement Architecture
- Program financing and co-financing for 2020, 2021 and 2022
- Power point presentation on progress made by UNDP Health Project for the Project Board meeting dated on 31.03.2022
- Annual Progress Report of the Project for 2021
- Order (приказ) of the Ministry of Health of Uzbekistan #206 dated by 19.08.2021 about ARV treatment protocol [in Uzbek]
- The law of the Republic of Uzbekistan about non-governmental non-commercial organizations [in Russian] available at a following link: <https://lex.uz/acts/10863>
- Dr. Annette Ittig, Ms. Regina Safarova. "The 2016-2020 Uzbekistan United Nations Development Assistance Framework. The final evaluation report". December 2019
- European Centre for Disease Prevention and Control. HIV treatment and care. Monitoring implementation of the Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia: 2017 progress report Stockholm: ECDC; 2017
- The State Committee of the Republic of Uzbekistan on Statistics. "Household Budget Survey", 2003
- The concept for the prevention of non-communicable diseases, supporting a healthy lifestyle and increasing the level of physical activity of the population for 2019-2022.



## Annex 5 Detailed Qualitative Questionnaire

Evaluation questions define the information that the evaluation will generate. This section proposes the questions that, when answered, will give intended users of the evaluation the information they seek in order to make decisions, take actions or increase knowledge.

Questions are be grouped according to the five out of six OECD-DAC evaluation criteria: a) impact; b) relevance; c) coherence; d) effectiveness; e) efficiency; and f) sustainability.

### Impact:

- What were the most significant changes that this project has helped to generate?
- In your opinion, to what extent were the objectives of the project achieved?
- To what extent and degree were the lives of vulnerable, underrepresented, rural women, women/men with disabilities, youth were improved?
- What indicators demonstrate that?
- What were the major factors influencing the achievement or non-achievement of the objectives?
- What real difference has the project made to the beneficiaries?
- How many people have been affected? What types/kinds/groups of people have been affected and may be impacted after the project?
- To what extent has the project promoted positive changes in gender equality and the empowerment of women? Did any unintended effects emerge for women, men or vulnerable groups?

### Relevance:

- To what extent was the project in line with the national development priorities, the country programme's outputs and outcomes, the Gender Equality Strategy of UNDP, the UNDP Strategic Plan and the SDGs?
- To what extent does the project contribute to the theory of change for the relevant country programme outcome?
- How were lessons learned from other relevant projects considered in the project's design?
- How the project been screened for gender equality and the gender marker assigned to this project representative of reality?
- What measures were taken to include perspectives of those who could affect the outcomes, and those who could contribute information or other resources to the attainment of stated results during the project design processes?
- How does the project contribute to gender equality, the empowerment of women and the human rights-based approach?
- To what extent has the project been appropriately responsive to political, legal, economic, institutional, etc., changes in the country?
- How has the project contributed to covid-19 response?

### Effectiveness

- To what extent were the project outputs achieved?
- What factors have contributed to achieving or not achieving intended country programme outputs and outcomes?
- To what extent has the UNDP partnership strategy been appropriate and effective?
- What factors contributed to effectiveness or ineffectiveness?

- In which areas does the project have the greatest achievements? Why and what have been the supporting factors? How can the project build on or expand these achievements?
- In which areas does the project have the fewest achievements? What have been the constraining factors and why? How can or could they be overcome?
- What, if any, alternative strategies would have been more effective in achieving the project's objectives?
- Are the projects objectives and outputs clear, practical and feasible within its frame?
- To what extent have gender equality and the empowerment of women been addressed in the design, implementation and monitoring of the project?
- To what extent have stakeholders been involved in project implementation?
- To what extent are project management and implementation participatory and is this participation contributing towards achievement of the project objectives?
- To what extent has the project been appropriately responsive to the needs of the national constituents, female and male beneficiaries and changing partner priorities?
- How effective was the project's strategy to involve women, marginalized, disadvantaged and poor in the realization of its activities?

### **Efficiency**

- To what extent was the project management structure as outlined in the project document efficient in generating the expected results?
- To what extent have the UNDP project implementation strategy and execution been efficient and cost-effective? To what extent was the UNDP project implementation structure gender balanced?
- To what extent has there been an economical use of financial and human resources? Have resources (funds, human resources, time, expertise, etc.) been allocated strategically to achieve outcomes?
- To what extent have resources been used efficiently? Have activities supporting the strategy been cost-effective?
- To what extent have project funds and activities been delivered in a timely manner?
- To what extent have the M&E systems utilized ensure effective and efficient project management?

### **Sustainability**

- Are/ have there {been} any financial risks that may jeopardize the sustainability of project outputs?
- To what extent will/ have financial and economic resources be {been} available to sustain the benefits achieved by the project?
- Are/ have there any {been} social or political risks that may/ could jeopardize sustainability of project outputs and the project's contributions to country programme outputs and outcomes?
- Did the legal frameworks, policies and governance structures and processes within which the project operated pose risks that could jeopardize sustainability of project benefits?
- To what extent did UNDP actions pose a social (including human rights, women's rights) threat to the sustainability of project outputs?
- To what extent has the stakeholders' ownership been sufficient to allow for the project benefits to be sustained?
- To what extent have the mechanisms, procedures and policies been in place to allow primary stakeholders to carry forward the results attained on gender equality, empowerment of women, human rights and human development?

- To what extent do stakeholders support the project's long-term objectives?
- To what extent are lessons learned being documented by the project team (on a continual basis) and shared with appropriate parties who could learn from the project?
- To what extent do project interventions have well-designed and well-planned exit strategies?
- What could be done to strengthen exit strategies and sustainability?

## Annex 6 Mid-term evaluation rating scales

Ratings for Outcomes, Effectiveness, Efficiency, M&E, Implementation/Oversight, Execution, Relevance	Sustainability ratings:
<p>6 = Highly Satisfactory (HS): exceeds expectations and/or no shortcomings</p> <p>5 = Satisfactory (S): meets expectations and/or no or minor shortcomings</p> <p>4 = Moderately Satisfactory (MS): more or less meets expectations and/or some shortcomings</p> <p>3 = Moderately Unsatisfactory (MU): somewhat below expectations and/or significant shortcomings</p> <p>2 = Unsatisfactory (U): substantially below expectations and/or major shortcomings</p> <p>1 = Highly Unsatisfactory (HU): severe shortcomings</p> <p>Unable to Assess (U/A): available information does not allow an assessment</p>	<p>4 = Likely (L): negligible risks to sustainability</p> <p>3 = Moderately Likely (ML): moderate risks to sustainability</p> <p>2 = Moderately Unlikely (MU): significant risks to sustainability</p> <p>1 = Unlikely (U): severe risks to sustainability</p> <p>Unable to Assess (U/A): Unable to assess the expected incidence and magnitude of risks to sustainability</p>

## Annex 7. Co-financing table

Project budget	Co-funding in USD					Total budget in USD	Budget Increase in USD
	UNDP	MoH	GF	RAC	Fundraising needs		
Initial budget upon approval of the Project (2019)	100,000	2,660,000			7,300,000	<b>10,060,000</b>	<b>0</b>
2021	200,000	5,467,947	210,000		7,300,000	<b>13,177,947</b>	<b>3,117,947</b>
After revision of the Project Document (2022)	~533,000	8,446,570	256,300	14,566,097	16,714,750	<b>40,516,717</b>	<b>30,456,717</b>
At the moment the mid-term evaluation was conducted	~533,000	12,467,947	322,035	14,566,097	16,714,750	<b>44,603,829</b>	<b>34,543,829</b>

## Annex 8 Project Logical/Results Framework

<b>Intended outcome as specified in the UNSDCF Results and Resource Framework:</b>					
<b>Outcome 4</b> - By 2025, the most vulnerable will benefit from increased access to gender-sensitive quality health care, education and social services					
<b>Outcome indicators as stated in the UNSDCF RRF, including baseline and targets:</b>					
Indicator 1: Percentage of adults and children requiring antiretroviral treatment who are taking antiretroviral treatment					
Baseline data: 79.8% in 2014 (total number of people with HIV - 9588) Women - 49.9%, Men - 50.1%, Children under 15 years old inclusive - 36.7%					
Target data: 90% by 2025					
Indicator 2: Number of new HIV infections per 1,000 healthy people (NDS 3.3.1)					
Baseline: 0.132 - Men: 0.144 Women: 0.120 Under 17: 0.051 Over 18: 0.172 (2018)					
Target data: 0.1 by 2025					
Indicator 3: Incidence of tuberculosis per 100,000 of population (3.3.2.1)					
Initial data: people - 43 Men: 46.4 Women: 39.5 Under 14 years of age: 21.0 Ages from 15 to 17 years: 22.4 18 years and older: 53.9 (2018)					
Target data: 37 by 2025					
Indicator 4: Age-standardized mortality rate among the population aged 30-69 years from cardiovascular, malignant neoplasms, diabetes mellitus and chronic respiratory diseases (NCSD 3.4.1.)					
Baseline: 264.9 (2018)					
Target data: To be determined					
<b>Outcome indicators as stated in the UNDP Country Program Document RRF:</b>					
Indicator 1.2.3: Number of people (men and women) living with HIV who have access to antiretroviral treatment (IRRF 1.1.2.1)					
Baseline (2020): 33,000 (men 50%, women 50%)					
Target data (31.12.2024): 49,000 (men - 50%, women - 50%)					
<b>Applicable Output(s) from the UNDP Strategic Plan 2018-2021:</b>					
Outcome 1: Advance poverty eradication in all its forms and dimensions					
Output 1.2.1 Capacities at national and sub-national levels strengthened to promote inclusive local economic development and deliver basic services including HIV and related services.					
<b>Project title and Atlas Project Number:</b> Support to effective, resilient and inclusive governance systems for health, <b>Project ID:</b> 00119180, <b>Outputs ID:</b> 00115712, 00128573					
	<b>OUTPUT INDICATORS</b>		<b>BASELINE</b>	<b>TARGETS</b>	

EXPECTED OUTPUTS		DATA SOURCE	Value	Year	2020	2021	2022	2023	2024	FINAL (2025)	DATA COLLECTION METHODS & RISKS
<b>Output 1.</b> The national capacity of the health care system of the Republic of Uzbekistan is strengthened for effective supply chain management and inclusive programs to combat HIV, tuberculosis and other diseases	Availability of effective mechanism for social contracting (at least at pilot level) in health, including service standards using social contracting frameworks	<a href="#">Concept of Healthcare Development</a>	No	2019	No	No	Частично имеется	Yes	Yes	Yes	Project reports, legislation, Government resolutions, State budget
	Availability of national strategy on NCD and oncological diseases prevention with use of underlying social determinants through needs-based primary health care and universal health coverage	Presidential Decree on NCD prevention	No	2019	No	Partially	Partially	Yes	Yes	Yes	Project reports, legislation, Government resolutions
	National mechanism/strategy in place for quantity determination, demand forecasting, transparent and efficient procurement of medicines, medical supplies and equipment with central storage and logistics	Government report and resolutions	No	2019	No	No	No	Partially	Yes	Yes	Project reports, legislation, Government resolutions
	Percentage of people on ART among all people living with HIV at the end of the reporting period (men 50%, women 50%)	Project reports	42,4	2017	33000 (63,7%)	36500 (68,3%)	41500 (74,5%)	45700 (79,2%)	51200 (85,9%)	51200 (85,9%)	RAC reports
	Percentage of people living with HIV on ART who have suppressed viral loads (the actual values for this indicator will be reported in gender disaggregated format)	Project reports	81,5%	2020	No	81,7%	82,2%	83%	85%	85%	RAC reports
	Percentage of new HIV-positive and relapsing TB patients on ART during TB treatment (the actual values for this indicator will be reported in gender disaggregated format)	Project reports	84%	2020	-	85	85%	87%	89%	89%	Reports of the National Center for Pulmonology and Phthisiology, RAC
<b>Output 2.</b> The national capacity of	Number of vulnerable populations in need who received COVID-19 diagnostic services	Project reports	0	2021	-	-	8485	41790	44835	44835	Reports of the National Center for Pulmonology

the health care system of the Republic of Uzbekistan is strengthened to effectively counter the spread of the COVID-19 pandemic	(the actual values for this indicator will be reported in gender disaggregated format)											and Phthisiology / Republican AIDS Center
	Number of medical institutions supported with equipment and medical supplies for the prevention, diagnosis and treatment of COVID-19	Project reports	0	2021	-	-	28	42	28	28		Reports of the National Center for Pulmonology and Phthisiology / Republican AIDS Center



## Annex 9 Evaluation criteria matrix

Evaluative Criteria Questions	Indicators	Sources	Methodology
<b>Relevance</b>			
How does the project relate to the environment and development priorities at the local, regional and national level? Is the Project doing right things?	<i>Coherence between Project document and the UNDP Strategic priorities, coherence between Project goals and national strategic priority areas, level of coherence between project design and implementation approach, specific activities conducted, quality of risk mitigation strategies</i>	<i>Project documentation, national policies related to development, health, HIV, global strategic guidelines in the area of HIV, project staff, project partners, data collected throughout the mid term evaluation</i>	<i>Desk review, interviews with project staff, interviews with selected key informants</i>
<b>Effectiveness</b>			
To what extent have the expected outcomes and objectives of the project been achieved?	<i>Level of stakeholder satisfaction with the outputs and outcomes of the Project, quality of project outcomes; cost and schedule of the delivered activities against planned targets and timeframe</i>	<i>Project documentation, Project annual reports, Project Board and Local Project Appraisal Committee meeting minutes, project deliverables</i>	<i>Desk review, interviews with project staff, interviews with selected key informants</i>
<b>Efficiency</b>			
Was the project implemented efficiently, in line with international and national norms and standards? How well were the Project resources used?	<i>All-inclusive cost of ARV treatment per patient per year, coherence of procured goods with the global best practices and WHO recommendations, level of stakeholder satisfaction with the cost of the goods procured via UNDP, level of governmental funding for procurement of medical supplies and medicines via UNDP</i>	<i>Project documentation, Project annual reports, Project combined delivery reports, co-financing data with expected and actual contributions broken down by type of co-financing source, other related publications</i>	<i>Desk review, interviews with project staff, interviews with selected key informants</i>
<b>Sustainability</b>			
To what extent are there financial, institutional, socio-political, and/or environmental risks to sustaining long-term project results? Will the benefits of the Project last?	<i>Level of funding and commitment from the main national partners – MoH, RAC, existence of in-house institutional structures of support, such as UNDP Global Health Procurement Architecture, level of stakeholder satisfaction</i>	<i>Project documentation, Project annual reports, Project Board and Local Project Appraisal Committee meeting minutes, other related publications</i>	<i>Desk review, interviews with project staff, interviews with selected key informants</i>

	<i>with Project outcomes, availability of the exit strategy, level of socio-political support that the Project team receives from National Implementing Partners</i>		
<b>Gender equality and women's empowerment</b>			
How did the project contribute to gender equality and women's empowerment? Was the Project gender-sensitive? To what extent the Project collects and analyzes gender-disaggregated data related to Project implementation?	<i>Availability of gender disaggregated data in Project's Progress reports, availability of the gender-balanced Project Structure, knowledge of Project Team of specific health-related needs of women and men, level of understanding of gender-related barriers in accessing health services among Project team</i>	<i>Project documentation, Project annual reports, Project Board and Local Project Appraisal Committee meeting minutes, other related publications</i>	<i>Desk review, interviews with project staff, interviews with selected key informants</i>
<b>Impact</b>			
What differences did the Project make? Were they of negative or positive character? Did the Project have same impact on women and men?	<i>level of stakeholder satisfaction with Project outcomes, cost savings that become possible thanks to the Project activities, increase of Project budget</i>	<i>Project documentation, Project annual reports, Project Board and Local Project Appraisal Committee meeting minutes, other related publications</i>	<i>Desk review, interviews with project staff, interviews with selected key informants</i>

[Annex 10 Signed Evaluation Consultant Agreement form](#)

PDF version attached

[Annex 11 Signed UNEG Code of Conduct form](#)

PDF version attached

[Annex 12 Audit Trial Form](#)

Word version attached

Annex 13 Signed Mid-Term Evaluation Report Clearance form

**Terminal Evaluation Report for** *(Support to effective, resilient and inclusive governance systems for health, UNDP PIMS ID 00119180 )*

**Reviewed and Cleared By:**

**Commissioning Unit (UNDP DRR)**

DM

Name: \_\_\_\_\_

DocuSigned by:

Doina Munteanu

EB96ADB348874A0...

Signature: \_\_\_\_\_

Date: 26-Dec-2022

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