Draft Final Report

**Final Evaluation of the**

**Together Against COVID**

**Project**

Date submitted: 31 December 2022

Evaluator: Olivera Purić in cooperation with Dragoslav Popović

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List of used abbreviations

|  |  |
| --- | --- |
| **Artificial intelligence** | **AI** |
| **Government of Serbia** | **GoS** |
| **Institute of Molecular Genetics and Genetic Engineering** | **IMGGE** |
| **Institute for Application of Nuclear Energy** | **INEP** |
| **Ministry of Health** | **MOH** |
| **Ministry of Labor, Employment, Veteran and Social Affairs** | **MLEVSA** |
| **Monitoring, Evaluation and Learning Plan** | **MELP**  |
| **National Communications Center** | **NCC** |
| **National Public Health Institute “Dr Milan Jovanović Batut”** | **PHI Batut** |
| **National Public Health Communication**  | **NPHCC** |
| **Sustainable Development Goals** | **SDGs** |
| **Organisation for Economic Co-operation and Development Assistance Committee**  | **OECD/DAC** |
| **Terms of Reference** | **ToR** |
| **Theory of Change** | **ToC** |
| **United Nations Evaluation Group** | **UNEG** |
| **United Nations Development Programme** | **UNDP** |
| **United States Agency for International Development** | **USAID** |

Executive summary

Overall, the Together Against COVID project has delivered above and beyond what was originally planned and proven to be highly responsive to the ever-changing context posed by the pandemic.

The Project showcased unique features, such as a multisectoral approach in response to the multisectoral challenges posed by the COVID-19 pandemic; implementation in a horizontal manner; adaptative management facility and strong monitoring, evaluation and learning.

The Project has positioned itself as a strategic resource for national partners in the Republic of Serbia in the area of intervention.

Above all, the Project successfully delivered at both the systemic institutional level, and at the level of individuals. The project demonstrated comprehensive engagement with partners with multiple social effects potentials, such as line ministries, public health and social welfare institutions and science and research institutions.

The Project managed to be equally successful both at the systemic level (establishment of the National Communication Center for Public Health, management of excessive waste from administering the COVID-19 vaccines, establishment of serum Bank and INEP, upgrade of the biosafety laminar and INEP, etc.) and at the level of individual lives of people (assisting centres for the elderly at the local level by providing tablets, smart TVs and additional equipment to enable the residents, including those with sight and mobility issues to have easier communication with their families and friends via internet).

The Project tackled the multidimensional needs of the national partners by investing in efforts to connect cross-thematic programme interventions and provide synergies. This in turn helped the application of multidimensional and innovative solutions, resulting in improved public health and social welfare services.

Both the Project’s upstream policy and capacity-building work have made long-term contributions. The Project’s multi-pronged approach has brought significant results in systemic emergency response and resilience although the institutionalization of results should be further reinforced.

The Project model which includes an adaptive management facility with an agile management arrangement for decisions on allocation of funds based on learnings during project implementation has proven to be highly successful and conducive of a comprehensive buy-in on the part of national partners. This model should be carefully tailored and up-scaled in the future, in order to maximise synergies between the national partners with efficient utilisation of Project/donor funds.

This evaluation is an external, independent final evaluation of the Together Against COVID Project (23 March 2021 – 31 December 2022). The evaluation was commissioned by the Project and covers the entire implementation period.

The objective of the evaluation was to assess if and how the project outcomes were achieved, the efficiency with which outputs were achieved and contributed to outcome achievement, relevance for the national strategic framework and UNDP Country Programme outcome and sustainability of the results, and to provide recommendations for future engagement.

In terms of scope, the final evaluation assesses the relevance and coherence, effectiveness, efficiency, impact and sustainability of the project. It assesses what works and why, highlights results, and provides strategic lessons to guide decision-makers and inform stakeholders.

The evaluation was based on data available at the time of the evaluation, including project documents and other relevant reports, as well as on 21 stakeholder consultations with 12 women and 9 men, conducted over a period of one month. The primary audience for the evaluation is the Project itself and UNDP, its donor (USAID) and development partners. The methodology used a mixed-methods approach but was essentially qualitative.

The evaluator was asked to rate the Project in accordance with the rating scale as stipulated in the Terms of Reference. This is summarized below and a more detailed narrative is provided in Chapter 6.

Overall, the evaluator finds that the project was highly successful.

|  |  |  |
| --- | --- | --- |
| A: Assessment of Project Outcomes | Rating | **Weighting** |
| 1. **Project Effectiveness of achieving results**
 | Highly satisfactory (6) to Highly Unsatisfactory (1) | 6/6 |
| 1. **Project Efficiency in achieving results**
 | Highly satisfactory (6) to Highly Unsatisfactory (1) | 6/6 |
| 1. **Project Relevance**
 | Relevant or not relevant  | 6/6 |
| Output rating | **Averaged from above** | **30/30%** |
|  |  |  |
| B: Sustainability |  |  |
| 1. **Sustainability of Results**
 | Likely (4) to Unlikely (1) | 3/4 |
| 1. **Sustainability within the Socio-Political setting**
 | Likely (4) to Unlikely (1) | 3/4 |
| 1. **Sustainability of Institutional framework and governance**
 | Likely (4) to Unlikely (1) | 3/4 |
| Overall Likelihood of sustainability | **Averaged from above** | **15/20%** |
|  |  |  |
| C: Monitoring and evaluation |  |  |
| 1. **Project M&E design at entry**
 | Highly satisfactory (6) to Highly Unsatisfactory (1) | 6/6 |
| 1. **M&E plan implementation**
 | Highly satisfactory (6) to Highly Unsatisfactory (1) | 6/6 |
| M&E overall rating | **Averaged from above** | **20/20%** |
|  |  |  |
| D: Implementation |  |  |
| 1. **Quality of UNDP project implementation**
 | Highly satisfactory (6) to Highly Unsatisfactory (1) | 6/6 |
| 1. **Inclusion of relevant crosscutting issues (gender, environmental safeguards, Human rights etc.**
 | Highly satisfactory (6) to Highly Unsatisfactory (1) | 5/6 |
| **Overall Implementation rating** |  | **27.5/30%** |
|  |  |  |
| Overall project quality | **Based on weightings of above scores.**Highly satisfactory (6) to Highly Unsatisfactory (1) | **92.5/100%****6 – highly satisfactory** |

Acknowledgements

The evaluator would like to thank the Project team for their assistance during the evaluation and in preparing this report. The constructive comments received from the team have helped to shape the final recommendations in the report.

In addition, the evaluator would like to thank all persons interviewed during the evaluation, including representatives from national partners and donor agency for their openness and willingness to share information.

1. Introduction: Background and context of the programme

The Ministry of Health (MOH) confirmed and announced the first COVID-19 case in Serbia on March 6, 2020. On March 15, the state of emergency due to COVID-19 pandemic was declared. It included introduction of preventative hygiene and personal protective measures, lockdown for certain population groups, partial curfew, suspension of flights, public gatherings and some business. Elderly people were identified as the most at-risk groups, so their movement and contacts with other populations and family members was limited. The ban on all visits to health and social institutions was imposed. The schools were closed, and education moved to online. On May 6th, 2020the parliament dismissed the decision on the state of emergency, which meant that no curfew would be enforced, but measures of social distancing and wearing masks and gloves while using public transport and in some other situations remained throughout 2020.

The pandemic response in Serbia was coordinated by the National Crisis Committee for COVID-19 Pandemic. The composition of the Crisis Committee was multi-sectoral, and it was reporting to the Office of The Prime Minister of Serbia. The Ministry of Health and the National Institute for Public Health of Serbia “Milan Jovanovic Batut” were providing technical and operational support to the Crisis Committee. The pandemic response was largely in compliance with WHO Global Pandemic Recommendations and International Health Regulations. However, the coordination of the pandemic response was not fully transparent, especially when it comes to participation of communities, availability of data, public communication/information and information on the procurement and availability of equipment, some services and hygiene and disposable materials.

The legal basis for the pandemic response was the Law on Protection from Infectious Diseases and the Methodological Guidance for Mandatory and Recommended Immunizations of Population against certain diseases (from 2020), along with the Law on Health Protection of Population of Republic of Serbia. Several amendments and bylaws have been adopted since the beginning of the pandemics to facilitate introduction of pandemic response measures and new drugs, vaccines and medical equipment.

By December 1st, 2022, Serbia had tested 11,636,435 patients for COVID-19, ​​recorded 2,424,408 infections, and 17,392 COVID-19-related deaths. Most affected groups/priority populations include health care workers, people in long-term care facilities, older adults, and people with underlying health conditions. The prioritization of acute COVID-19 and long COVID patients for ICU and hospitalization resulted in limited access to health care of other patients, leaving as a result increased mortality and substantial backlogs of essential diagnostics and treatments for patients with chronic conditions. In 2020 and 2021, the number of pediatric services for children dropped by 23-25% compared to the pre-pandemic period.

On the other side, the prompt reaction of the research and development community to the urgent need for scaling up sophisticated COVID-19 testing, surveillance and research was exemplary.

When COVID-19 vaccines became available in December 2020, Serbia responded quickly, first administering vaccines to health care workers and high-risk elderly populations. As of June 8, 2022, Serbia had administered 7,006,137 vaccine doses (AstraZeneca, Sinopharm, Sputnik, Moderna, Pfizer BioNTech vaccines) with 47.8 percent of people completing the two-dose COVID-19 vaccine series and 49 percent of people with at least one dose of the vaccine. This includes full vaccination of 71 percent of the country’s health workers. The first booster dose was offered at the end of 2021, however with a much lower uptake. The introduction of the second booster dose took place mid-December 2022, starting with Moderna bivalent vaccine. However, the introduction of this new vaccine, was not followed with adequate information and social mobilisation campaign. Mass vaccination points in urban areas and public spaces were dismissed and booster dose (as well as primary series for those interested) will be available at local primary health care centres.

Some identified shortcomings within the pandemic response include the overall coordination, health workers capacity, uneven availability of ICU and diagnostics services in all municipalities, suboptimal disease surveillance, poor communication to promote and sustain individual preventative measures and behaviours and to address vaccine hesitancy. Those challenges will remain valid for the period after December 2022, as recent data indicate an increased number of COVID-19 infections and slightly increased mortality due to the circulation of the Omicron strain of the virus.

The COVID-19 Crisis Committee has been dismissed and the responsibility and leadership on the pandemic response will likely be shifted to the Ministry of Health and Institutes of Public Health. The Ministry of Health proposed the transfer of 3 newly built (2021/22) COVID-19 hospitals into Centres for palliative care.

On the other side, in November the new Government continued to prioritise Bioeconomy and Bioscience, including the establishment of the Bio4 campus. The Serbian Institute for Virology, Vaccines and Sera has become a participant in the WHO Project of transfer of technology for the production of mRNA COVID-19 vaccines.

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|  |
| 2. Description of the programmeTogether Against COVID (TAC) is a 21-month, US$2.75 million activity, funded by the United States Agency for International Development (USAID) that aims to provide a quick turnaround and address the immediate needs of the Serbian healthcare system in its pandemic response. The Project was developed as a response to the development challenge identified as: limited financial and operative means for COVID-19 prevention and control, including for undertaking a massive immunization process in as short a time-span as possible. The project was drawn up as a 12-month initiative in support of the Government of Serbia’s (GoS) identified priorities and focused on providing the necessary infrastructure and/or equipment to the identified set of counterparts at all levels of healthcare and social welfare in Serbia to effectively mitigate the situation that has been brought about by the COVID-19 pandemic and to lay a foundation for communication and action in times of crisis caused by other potential future pandemics.Initially, support was provided in three areas to the Serbian Ministry of Health (MoH), the National Public Health Institute “Dr Milan Jovanovic Batut” (PHI Batut) and Ministry of Labour, Employment, Veteran and Social Affairs (MLEVSA), through the following streams of support:* Establishment of a National Communications Center for Public Health (NCC)[[1]](#footnote-1)
* Assisting primary, secondary and tertiary health centers and centers for elderly at the local level to efficiently implement COVID-19 protection measures
* Management of excessive injection materials waste from administering the COVID-19 vaccines.

In December 2021 the project was extended with Outcome 4, the project’s budget has been increased by US$ 1.75 million and its duration extended to October 22, 2022. The number of supported national partners has been extended to include the Institute of Molecular Genetics and Genetic Engineering (IMGGE), the Institute for Application of Nuclear Energy (INEP); the Office for IT and e-Government and the Institute for Artificial Intelligence Research and Development (IAIRD).Consequently, the support included: * IMGGE genome profile laboratory equipping to enable it to develop a genomic and epigenomic based algorithm model for COVID19 infection spread
* Upgrade of storage capacities for the Serum Bank of COVID infected persons at INEP
* Upgrade of the biosafety level 3 laminar at INEP for COVID19 cell-based neutralization assays
* Improving (refurbishing and equipping) the National Institute for Public Health for online and hybrid forms of education related to COVID19 and other public health threats
* The upgrade/refurbishment and equipping of the Immunization Clinic for International Travellers
* Procurement of a body composition analyzer for monitoring links between obesity and COVID19 proliferation and severity, for PHI Batut.
* Development of a software solution and database for evaluation of risks related to entry requirements for travellers in the Republic of Serbia
* Institute for Artificial Intelligence Research and Development (IAIRD) in using sophisticated software and data science for addressing vaccine hesitancy

Further, the project was amended to address an additional specific need, namely the **Activity 4.1.9. Rapid Response Measures and M&E;** a part of the budget was allocated to this separate broader activity, with an estimated budget breakdown. This activity – facility aimed to enable quick plug-ins of support for unpredictable situations the authorities are often confronted with in their crisis management efforts. While the rest of the project design was quite specific, based on a needs assessment conducted by the Office of the Prime Minister, this activity was set to serve as an adaptive management facility, with an agile management arrangement for decisions on allocation of funds, based on learnings during project implementation and overall crisis management under the COVID-19 pandemic. It was envisaged that the funds may be allocated and delivered based on a written request from the Office of the Prime Minister submitted to the donor, through the implementing partner on a case-by-case basis, subject to final donor approval. Activities, supported through this facility, were those not covered by any other source of funding, nor planned through the Government budget; they ranged from engagement of short-term support or technical advisory, procurement of needed consumables to plug sudden shortages, covering costs of unforeseen events/workshops/consultations, additional procurement of ambulance vehicles, or equipping COVID pediatric clinics[[2]](#footnote-2) , upon written clearance by the donor.Finally, based on information obtained globally and locally, in order to enable proper risk management due to volatile exchange rate fluctuations affecting the project, the contract was amended on July 27, 2022. The project was granted a non-additional funding extension, and project activities were extended until December 31, 2022. The extension enabled the required time for the procurement processes to be completed. Together Against Covid was created, based on direct national counterpart requests, to provide immediate results and impact, and build Serbian capacities to effectively mitigate the situation that was brought about by the COVID-19 pandemic. Due to the cross-cutting nature of the project, the project was implemented in a horizontal manner, by various UNDP teams, coordinated by the SDG Integration Center. As requested by the GoS counterparts, the project focused on providing the necessary infrastructure and/or equipment to the identified set of counterparts at all levels of health care and social welfare in Serbia to effectively mitigate the situation.This was set to enable healthcare and social welfare institutions at local level to improve service delivery, heighten citizen satisfaction with the services delivered, safely manage medical waste and keep stakeholders and the public informed on the situation with COVID-19 in Serbia.The improvement of healthcare and social welfare infrastructure through refurbishment and purchase of equipment to facilitate the immunization process, improved healthcare/social welfare service delivery and overcoming the risks brought on by the COVID-19 pandemic was set to support authorities in overcoming this great challenge. Additionally, the Project was set to enable the research & development community to closely monitor the pandemic situation and contribute to the international efforts in sharing data and information on COVID virus in circulation and effectiveness of pandemic response measures. The Project was designed to do so by providing a high skilled team to manage and implement the project, as well as to contract the best available expertise and procure best value for money equipment. The Project was also intended to bolster the resilience of local municipalities to both current and future shocks, which are possible considering the changing nature of the crisis. Although the support provided by UNDP was emergency assistance focused on the immediate problems caused by the COVID-19 outbreak in Serbia, the activities implemented were expected to have long-term sustainable effects. *Together Against Covid* project was aimed to tackle four interlinked outcomes with associated outputs:**Outcome 1 - Establishment of a National Operative Center for Immunization at the Institute for Public Health** Output 1: A Communications Hub at the Institute for Public Health "Milan Jovanovic Batut" and regional centers equipped.**Outcome 2: Outcome 2 - Equipping primary, secondary and tertiary health centers and centers for elderly at local level for better COVID-19 response**Output 2.1. Ambulance vehicles for primary, secondary and tertiary health centers procuredOutput 2.2. Communications equipment provided to public centers for elderly to enable their users to communicate with their families during the period of strict lockdown**Outcome 3: Management of Excessive Injections Materials Waste from Administering the COVID-19 Vaccines**Output 3. Basic waste management equipment (autoclaves and shredders) for safe disposal of medical waste procured**Outcome 4: Capacities strengthened for detecting, treating and mitigating COVID19 and other infections**Output 4. Local R&D capacities related to the spread of COVID19 strengthened  |
| The project intervention is linked to the UNDP Country Program Document 2021-2025, namely Output 3.3: Natural and human-induced risks effectively addressed, and Outcome Strengthened resilience to shocks and crises, as is reflected in TAC’s Theory of Change. |
| Further, the TAC Monitoring Evaluation and Learning Plan (MELP) links activities and planned outcomes to USAID Indicators’ Results Framework, namely the direct objective **DO1: Resiliency of Democratic Actors Increased**. The activities will directly contribute to the intermediate result (IRs) area **IR 1.3: Responsiveness to External Stressors Improved,** whilecontributing to **Sub-IR 1.3.4: Pandemic Response Strengthened** |

3. Purpose of the evaluation

This evaluation covers the entire project implementation period from 23. March 2021 – 31. December 2022.

The objective of the evaluation is to assess the relevance, effectiveness of implemented activities, efficiency of implementation, sustainability of the results of the Together Against COVID project, and to incorporate the findings on the impact the project has had on national partners’ capacities to combat crisis healthcare situations. Further, with the incorporation of the assessment of the impact the activities have had on Serbia’s overall response to the COVID-19 pandemic a wider angle of project impact will be provided as well as a set of recommendations for future engagement.

The purpose of the final evaluation is to conduct an evaluation of the Together Against COVID project, against the planned outcomes, to analyse the project’s effectiveness, implementation efficiency and the sustainability of results.

4. Key questions and scope of the evaluation with information on limitations and de-limitations

In terms of scope, the final evaluation assesses the relevance, effectiveness, efficiency, impact and sustainability of the project. It assesses what works and why, highlights intended and unintended results, and provides strategic lessons to guide decision-makers and inform stakeholders.

To this end, the evaluator has reviewed, analysed and provided conclusions and recommendations on the following:

* The contribution of the project to the implementation of relevant national strategic frameworks and UNDP’s Country Programme Document;
* Linkages to the SDGs and relevant targets and indicators for the area being evaluated;
* The degree to which the project activities listed in the Project Document have been successfully implemented and desired outputs achieved;
* The areas where the project had greatest achievements - Why and what were the supporting factors - How the project can build on or expand these achievements;
* What factors contributed to effectiveness or ineffectiveness;
* The efficiency of the project approach in delivering outputs;
* Assessment of external factors affecting the project, and the extent to which the project has been able to adapt and/or mitigate the effects of such factors;
* The approach to project management, including the role of stakeholders and coordination with other development projects in the same area;
* To what extent were partnership modalities conducive to the delivery of country programme outputs;
* The extent to which the target beneficiaries have benefited from the project activities, including women and vulnerable groups;
* To what extent were the resources used to address inequalities in general, and gender issues in particular;
* The extent to which the project recognized the changing context in which it was operating and provided tailor-made activities in order to satisfy the new context and map opportunity spaces;
* The level of beneficiaries’ and partners satisfaction with programme implementation and results;
* How have the interventions in the larger scale impacted Serbia’s response to COVID -19, based on provided inputs?
* The potential for continuation or up scaling of the initiative and its sustainability.
* To what extent have partners committed to providing continuing support?
* To what extent will targeted men, women and vulnerable people benefit from the project interventions in the long term?

The evaluation matrix sets out the relevant evaluation criteria, key questions and sub-questions, data sources, data collection methods/tools, indicators and methods for data analysis. The evaluation matrix has been divided into each of the 5 evaluation criteria – relevance & coherence, effectiveness, efficiency, impact and sustainability. (see Annex I). In addition to the evaluation matrix, the Questions for interview partners (adjusted to the level of partnership/engagement) were developed (see Annex II).

**Limitations**

The key challenge and limitation confronting the evaluation relates to biases. Each bias and the corresponding mitigation efforts are described below.

● Recall bias: The Project conducted many activities to date, and it is quite possible that key informants may not accurately remember particular specific project intervention activities. A similar problem is that participants in multiple UNDP activities – may have blended their experiences into a composite memory or response and, subsequently, did not distinguish between them as separate activities in their responses.

The consultant mitigated this bias primarily through a semi-structured interview protocol that called for questioning about specific activities; through gentle reminders and nudging about the activities of the Project. Triangulation of data also mitigated this bias.

● Response bias: Informants may have given the consultant positive remarks about the project because they would like to stay involved with the intervention in the future and they think that a negative evaluation could mean the end of project opportunities.

The evaluator adopted two main strategies for mitigating this bias. First, it reiterated for each informant the maintenance of confidentiality and anonymity and then explained the evaluation’s independence from both UNDP and the Project. Second, as with recall bias, questions designed to elicit specific examples helped to identify response bias.

● Selection bias: Stakeholders supported by UNDP could mean that the consultant hears only from people who had positive experiences. As with the other forms of bias, multiple sources of data and questions eliciting specific examples helped to mitigate the risk of this bias.

5. Evaluation approach and methodology

The Final evaluation was guided by the basic methodology as set out in the ToR, in line with the UNEG and OECD-DAC evaluation criteria – relevance, effectiveness, efficiency, impact and sustainability, keeping in mind the Paris Declaration on Aid Effectiveness. The ToR specified the steps to be taken in conducting the evaluation, as follows:

* Review of project documentation, monitoring records and progress and other relevant reports;
* Initial meeting with Project Team to agree the specific design and methods for the evaluation, what is appropriate and feasible to meet the evaluation purpose and objectives. Agree on the evaluation questions that will need to be answered, given limitations of time and extant data;
* Preparing inception report with reconstructed Theory of change and evaluation matrix and interview guides for the primary data collection\*
* Organization of interviews with key staff involved in the project implementation;
* Discussions with members of the project team and project beneficiaries (government institutions, citizens, associations) to assess project's relevance and effectiveness of project implementation in order to take note of their perceptions of accomplishments and potentials for further development and provide suggestions for management response to evaluation findings. Objectively verifiable data should be collected whenever available to supplement evidence obtained through interviews and focus group discussions;
* Preparing Draft Evaluation Report and present it to the Project Team, Donor, Implementing Partner and beneficiaries;
* Incorporating received feedback into the Final Evaluation Report;
* Preparing the Final Evaluation Report with the Executive Summary;

Each evaluation criterion was scored using the evaluations rating scale: Highly Satisfactory (HS), Satisfactory (S), Moderately Satisfactory (MS), Moderately Unsatisfactory (MU), Unsatisfactory (U) and Highly Unsatisfactory (HU), as follows:

|  |  |  |
| --- | --- | --- |
| A: Assessment of Project Outcomes | Rating | Weighting |
| Project Effectiveness of achieving results | Highly satisfactory (6) to Highly Unsatisfactory (1) |  |
| Project Efficiency in achieving results | Highly satisfactory (6) to Highly Unsatisfactory (1) |  |
| Project Relevance | Relevant or not relevant  |  |
| Output rating | Averaged from above | 30% |
|  |  |  |
| B: Sustainability |  |  |
| Sustainability of Results | Likely (4) to Unlikely (1) |  |
| Sustainability within the Socio-Political setting | Likely (4) to Unlikely (1) |  |
| Sustainability of Institutional framework and governance | Likely (4) to Unlikely (1) |  |
| Overall Likelihood of sustainability | Averaged from above | 20% |
|  |  |  |
| C: Monitoring and evaluation |  |  |
| Project M&E design at entry | Highly satisfactory (6) to Highly Unsatisfactory (1) |  |
| M&E plan implementation | Highly satisfactory (6) to Highly Unsatisfactory (1) |  |
| M&E overall rating | Averaged from above | 20% |
|  |  |  |
| D: Implementation |  |  |
| Quality of UNDP project implementation | Highly satisfactory (6) to Highly Unsatisfactory (1) |  |
| Inclusion of relevant crosscutting issues (gender, environmental safeguards, Human rights etc. | Highly satisfactory (6) to Highly Unsatisfactory (1) |  |
| Overall Implementation rating |  | 30% |
|  |  |  |
| Overall project quality | Based on weightings of above scores.Highly satisfactory (6) to Highly Unsatisfactory (1) |  |

The evaluation was multi-faceted and the methodological approach used mixed (qualitative and quantitative) methods; however the focus of the evaluation was on obtaining qualitative data through interviews with relevant stakeholders and beneficiaries, as per the stakeholder list provided below. The consultant ensured that the evaluation was conducted through a participatory and consultative process. Wherever possible, data gathered, both qualitative and quantitative, was triangulated, through cross-verification from more than two sources. For interviews, this was done by posing a similar set of questions to the multiple interviewees and respondents. For the document review, it was accomplished by crosschecking data and information from multiple sources to increase the credibility and validity of the material.

The methodological approach was synthesized into an Evaluation Matrix (see Annex I), which guided the consultant and provided an analytical framework for conducting the evaluation. The evaluation matrix sets out the relevant evaluation criteria, key questions and sub-questions, data sources, data collection methods/tools, indicators and methods for data analysis. The evaluation matrix has been divided into each of the 4 evaluation criteria – relevance, effectiveness, efficiency and sustainability.

The evaluation’s principal guide was the project document for the Together Against COVID project and in particular the Results Framework containing its logframe which contains indicators, targets and “means of verification” (i.e. data source) for the project’s outputs, as well as through the Monitoring Evaluation and Learning Plan (MELP).

To this end, including the project team, a total of 19 stakeholders and beneficiaries were consulted during the course of the evaluation in 21 meetings. Participants included the Project team, representatives of government and line ministries, public health institutions, science and research organisations, WHO and the donor. A total of 10 women and 9 men were consulted. A full list of stakeholders who were consulted is provided in Annex III including the organisation or institution that they represented.

As stipulated in the ToR, gender, environmental safeguards and the human-rights based approach aspects have been integrated into the evaluation methodology and incorporated into the evaluation matrix. In addition to being participatory and inclusive, the consultant’s approach was based on the principles of gender equality. All data gathered were disaggregated to the largest extent possible and efforts were made for positive sampling in terms of aiming at a 50 per cent gender balance during informant interviews with project beneficiaries.

**Data analysis**

In order to analyse the collected data, the following analytical methods were applied:

• Political economy analysis;

• Quantitative and qualitative data analysis;

• Data synthesis;

• Triangulation; and

• Verification and validation.

Political Economy Analysis

A political economy analysis helped the evaluator to understand who seeks to gain and lose from the project’s interventions, as well as to identify who has vested interests and the social and cultural norms that need to be taken into account.

Quantitative and Qualitative Data Analysis

The Primary data collection method used (interviews) collected qualitative data. These were analysed using a code structure, which was aligned to the key evaluation questions, sub-questions and indicators. The qualitative data from the primary data collection methods was cross-referenced with other sources such as documents. The quantitative data produced descriptive analysis (rather than more complex regressions).

Triangulation

Triangulation is the process of using multiple data sources, data collection methods, and/or theories to validate research findings. The evaluator used more than one approach (data collection method) to address the evaluation questions in order to reduce the risk of bias and increase the chances of detecting errors or anomalies. The evaluator applied three approaches to triangulation: methods triangulation (checking the consistency of findings generated by different data collection methods); interrogating data where diverging results arise; and analyst triangulation (discussion and validation of findings, allowing for a consistent approach to interpretive analysis).

Data Synthesis

The process of bringing all the evidence together to synthesise the data and formulate findings and conclusions took place in two ways. The first was the process of articulating the key findings and cross-checking the strength of the evidence for each. Based on this, the conclusions were then developed and cross-checked for their relevance to the findings.

Verification and Validation

The above steps incorporate verification and validation of evidence during the data collection and data analysis processes. In addition, the evaluator presented the preliminary findings and recommendations to the Project team, allowing for review and comments. These processes provided an opportunity to share key findings, offer mutual challenges, and discuss the feasibility of and receptiveness to draft recommendations. It also provided an important opportunity to foster buy-in to the evaluation process particularly for the stakeholders who will have responsibility for implementing recommendations.

6. Findings

6.1. Evaluation Analysis

The following section presents an analysis of the Together Against COVID project by looking at the evaluation ranking matrix provided above and stipulated in the ToR. It contains a narrative section as well as key findings and an overall rating towards achievement of the evaluation criteria.

**6.A Assessment of project outcomes/outputs (Highly satisfactory (6) to highly unsatisfactory (1))**

**6.A.1 Project effectiveness of achieving results**

|  |  |
| --- | --- |
| **Key finding** | **Rating** |
| **The evaluator finds that the project’s 4 outcomes, with corresponding outputs, were effectively implemented to achieve a high level of results.**  | **Highly satisfactory – 6** |

**Outcome 1: Establishment of a** **Central Communications Hub for Immunization at the Institute for Public Health**

The evaluator finds that the project successfully supported the establishment of a Central Communications Hub for Immunization at the Institute for Public Health. As reported, in July 2021, the refurbishment and equipping of the National Communications Center at the National Institute for Public Health was finalized, while all 23 District level public health institutes across the country received audio-visual equipment, enabling them to communicate effectively amongst themselves and with the Center located in the country’s capital, Belgrade.

The single indicator “NPHCC sharing information in a quick and efficient manner” for this outcome was successfully met.

**Output 1.1. A National Communications Center at the Institute for Public Health “Milan Jovanovic Batut” and regional centres equipped**

This output centred on facilitating the establishment of the NCC, by refurbishing the premises and procuring and installing the equipment in the NCC at the Institute for Public Health "Dr. Milan Jovanovic Batut", as well as providing 23 sets of equipment for communication with the regional centres. The provision of the premises were the in-kind contribution to the project by the Institute. The adaptation of the premises included all necessary construction, finishing and installation works that resulted in the facility that is ready for its intended use and in compliance with the laws, regulations and standards, applicable in the Republic of Serbia. The refurbishment and adaptation were performed in the period April – June 2021. UNDP technical experts and an independent engineer supervised the works performed to ensure quality control over built-in materials and works executed. The works were finalized at the end of June 2021 and the communications hub was fully equipped by mid-July 2021. The refurbished premises were officially opened on 24 September 2021.

In parallel to refurbishing of the premises for the NCC, UNDP procured the necessary media/visibility equipment for the NCC well as for the regional centers. Twenty-three sets of IT equipment were delivered to regional hubs as follows: Subotica, Zrenjanin, Kikinda, Pančevo, Sombor, Novi Sad, Sremska Mitrovica, Belgrade, Šabac, Valjevo, Požarevac, Kragujevac, Ćuprija, Zaječar, Užice, Čačak, Kraljevo, Kruševac, Niš, Pirot, Leskovac, Vranje and Novi Pazar, all with the purpose to facilitate real-time crisis communications and management meetings/information exchange.

The output had two indicators: Number of central communication hub refurbished and Number of regional centers equipped (23 regional plus NCC). Both indicators were met.

The evaluator finds that the Project successfully carried out systemic capacity-building activities. This is particularly visible through the improved coordination of the COVID response efforts.

**Outcome 2. Equipping** **primary, secondary and tertiary health centers, and centers for elderly at local level for better COVID-19 measures**

The evaluator finds that the Project has successfully equipped priority primary, secondary and tertiary health centers, and centers for elderly at the local level for better COVID-19 measures, as identified jointly by the MoH and MLEVSA.

The single indicator for this outcome was fully met.

**Output 2.1. Ambulance vehicles for primary, secondary, and tertiary health centres procured**

This output was based on the request of the Ministry of Health, particularly relevant as ambulance vehicles have not been renewed at scale for the Serbian healthcare for over 10 years. In addition, the demand for emergency transport and referrals increased as the number of COVID-19 infected patients requiring urgent medical care in hospital settings increased.

With USAID’s support, UNDP procured and delivered a total of 11 ambulance vehicles, which were provided to the following health centers across the country: hospitals in Jagodina, Sokobanja and Loznica; and primary health centers in Bogatic, Kraljevo, Vranje, Svrljig, Jagodina, Merosina, Ljig, and Veliko Gradiste. The first six were handed over in June 2021, while the remaining five were handed over in August 2021. The ambulance vehicles, fully equipped with modern medical equipment were provided to the Serbian healthcare institutions to help them effectively respond to the COVID-19 pandemic, as well as to be prepared to better face future health crises. Three additional ambulances were provided to the health centers in Smederevo, Požarevac and Petrovac na Mlavi following direct requests from one health centre and the Ministry of Health.

This output had one indicator, which was overachieved.

**Output 2.2. Communications equipment provided to public centres for elderly to enable their users to communicate with their families**

The evaluator finds that this output was fully met, as, based on the request of the Ministry of Labour, Employment, Veteran and Social Policy, the Project procured, and delivered communications equipment to 36 public centres for the elderly and enabled the users to communicate with their families. More specifically, the request for quotation for the provision of goods, works and/or services was published in April and the selection finalized in May. Specifications were developed in line with UNDP procedures and also in coordination with MLEVSP based on interviews and insight into direct user experience. TAC started the delivery of tablets, smart TVs and additional equipment to the centres in Serbia, to enable the residents, including those with sight and mobility issues, to have easier communication, via the internet, with their families and friends during the COVID-19 pandemic, particularly during the extended period of lockdown. The selection of the equipment was done carefully, taking into consideration factors such as accessibility for the elderly users, with tablets being connected to TV sets, enabling larger screens, but also being mobile, enabling immobilized users to access them.

All of 3 output indicators were met.

**Outcome 3: Management of Excessive Waste from Administering the COVID-19 Vaccines**

This outcome was set to address the request made by the Cabinet of the Prime Minister related to hazardous waste management system. Namely, the Serbian hazardous medical waste management system was under strong pressure due to the growing volume of medical waste (primarily injections materials) that was being accumulated during the period of intensive vaccination. In order to be able to process the excessive amounts of injections materials waste (estimated at a minimum of 400t in a period of 4-6 months) the Project successfully provided the needed additional support.

The single indicator for this outcome has been met.

**Output 3: Basic waste management equipment (autoclaves and shredders) for safe disposal of medical waste procured**

This output was focused on procuring and delivering medical waste management equipment, i.e. autoclaves and shredders, in cooperation with the National Institute for Public Health. The specifications were made in accordance with the rules and regulations governing medical waste management in Serbia.

This activity has been successfully completed, despite an overwhelming global demand for autoclaves and shredders, brought on by the pandemic. The official handover event of both the shredder and autoclave was organized in coordination with USAID, the Ministry of Health and PHI Batut on April 27, 2022, with media presence.

The evaluator finds that this output was successfully achieved by the Project.

The single indicator for this output was met.

**Outcome 4. Capacities Strengthened for Detecting Treating and Mitigating COVID-19 and other Infections**

Outcome 4 focused on the needs that have been further identified by the national partners in fighting the COVID-19 pandemic. It also aimed to sustainably build local capacities to be able to detect, treat and mitigate effects of other infections. The outcome also introduced new beneficiaries to the Project, extending to the Institute of Molecular Genetics and Genetic Engineering (IMGGE), the Institute for Application of Nuclear Energy (INEP); the Office for IT and e-Government and the Institute for Artificial Intelligence Research and Development (IAIRD).

The planned activities were also set to ensure effective communication of activities, results and overall support USAID was providing to Serbia in fighting COVID-19. While the target was set at 200 positive media reports, the Project managed to generate a total of 206 positive media reports[[3]](#footnote-3).

This evaluator finds that the Project has successfully achieved this outcome.

The single indicator for this outcome was overachieved.

**Output 4: R&D Capacities related to the spread of COVID-19 strengthened.**

Under this output, a diverse and complex set of activities was implemented aiming to strengthen the research and development capacities of national partners related to the spread of COVID-19. It included the development of a genomic and epigenomic-based algorithm model for COVID-19 infection spread (4.1.1.), upgrade of storage capacities for the Serum Bank at INEP (4.1.2.), upgrade of the biosafety level 3 laminar at INEP for COVID-19 cell-based neutralization assays (4.1.3.), equipping the National Institute for Public Health for online and hybrid forms of education related to COVID-19 and other public health threats (4.1.4.), refurbishment of the Immunization Clinic for travellers in international traffic (4.1.5.), procurement of a body composition analyser for monitoring links between obesity and COVID-19 proliferation and severity (4.1.6.), Development of a software solution and database for evaluation of risks related to entry requirements for travellers in the Republic of Serbia (4.1.7.), support to the Institute for AI Research and Development in using sophisticated software and data science for addressing vaccine hesitancy (4.1.8.) and rapid response measures and M&E (4.1.9.).

The evaluator finds that Activity 4.1.9. was particularly illustrative of the Project’s effectiveness, as it was set and implemented as an adaptive management facility, with an agile management arrangement for decisions on allocation of funds, based on learnings during project implementation and overall crisis management under the COVID-19 pandemic. This enabled the Project to provide support to a wide range of activities not covered by any other source of funding, nor planned through the Government budget, based on learnings during project implementation and overall crisis management, upon written clearance by the donor.

As one stakeholder pointed out:

“The Project assistance was always spot on - almost unrealistic from the perspective of the COVID 19 challenges”.

Out of the ten indicators for this output, eight were met, one target was surpassed by 100% (Number of rapid response measures implemented) and one (Software solution and database for evaluation of risks related to entry requirements for travellers developed) was not met, while the related funds were redirected.

**6.A.2 Project efficiency in achieving results**

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| --- | --- |
| **Key finding** | **Rating** |
| **The evaluator finds that the project was implemented efficiently**  | **Highly Satisfactory - 6** |

The Project had a total budget of 2,75$, provided by USAID.

The project’s delivery rate was at a consistently high level, with a minimum of 96%. The total project delivery is at 97% because of the currency exchange rate differences accumulated throughout the project implementation. The project budget being in USD, while most large procurements were in EUR currency, the exchange rate fluctuations that occurred between the creation of a Purchase Order and payment dates caused a gain in the amount of approximately USD 50,000.

The budget overview is extracted from the preliminary financial report since year 2022 is still not officially closed in the UNDP system. The final numbers will be available from the certified financial report that will be submitted to USAID up to 90 days after the project closure.

The project was implemented with maximum efficiency resulting in “low-cost: high impact” results. The Project value for money coefficient remained high. Furthermore, the Project managed to deliver outputs in general in a timely manner and in line with the expected targets and effectively contributed to the achievement of the Project outcomes, which is a particularly important achievement in the context of the COVID-19 pandemic and limited resources worldwide. The donor who was interviewed consistently commented on their high level of satisfaction with the efficiency of the project.

The evaluator finds that the Project performed on a substantive level, both at the national and local level, ensuring long-lasting impact. Thus, in terms of partnerships, the evaluator finds that UNDP was successfully able to convene partners and bring together a broad range of actors and partners from the public health sector that were new to UNDP, including scientific and research institutions.

The evaluator finds that the Project team has proven to be highly instrumental to all project partners, providing both technical expertise and organizational support. National partners highly valued the project staff’s capacity, expertise, experience as well as commitment. The technical knowledge and skills of the project staff are assessed as excellent and fit for the task at hand. The project staff is also recognized as the ones that encourages innovative thinking and provide space for creative input and that value input from stakeholders and partners across the public health sector. In addition to the support provided in implementation of the project activities the national partners find that the project staff were always ready to assist above and beyond in responding to the partners’ needs and requirements. As commented by one stakeholder:

“*We (IMGGI) joined the COVID-19 Host Genetics Initiative (*[*www.covid19hg.org*](http://www.covid19hg.org/)*) project hoping that we will receive critical analyzer on time, having in mind the extremely high demand for such technology from bigger and much richer countries…however, UNDP managed to navigate through the “spider web’’ of the international market, shipping and logistics and procure and deliver the machinery on time. The day we received the equipment was a true celebration for us…*”

Another key informant commented

*“The most important thing is that we operated in the atmosphere of mutual trust.”*

**6.A.3 Project relevance**

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| --- | --- |
| **Key finding** | **Rating** |
| **The evaluator finds that the project was highly relevant in the national context.**  | **Highly Satisfactory - 6** |

Support to R&D Institutions had enormous impact on better understanding of the pandemic virus in circulation and on effectiveness of vaccinations and other pandemic response measures, which informed and guided the overall pandemic response. In addition, it provided opportunity to local R&D Institutions to contribute to the global knowledge on pandemic by sharing locally done research and collected information with international R&D and scientific community. Researchers from supported Institutions published several papers in international journals and participated in, at least, two important international scientific initiatives related to pandemic response. INEP has developed one of the first experimental serologic tests for COVID.

The evaluator finds that the project was aligned with the national strategic and policy framework, in particular the Strategy for Development of Biomedicine and Bio4 Campus and Research centre in Serbia.

The evaluator finds that the project was highly relevant for the improvement of healthcare and social welfare infrastructure through refurbishment and purchase of equipment to facilitate the immunization process, improvement of healthcare/social welfare service delivery and overcoming the risks brought on by the COVID-19 pandemic. Consequently, it was also relevant for building a post-pandemic resilient health system in Serbia.

Due to the cross-cutting nature of the project, the project was implemented in a horizontal manner by various UNDP teams and highly relevant for a multi-sectoral and inter-institutional cooperation and coordination to the challenges posed by the pandemic.

The Project scope and implementation was aligned with the UNDP Country Program Document 2021-2025, namely Output 3.3: Natural and human-induced risks effectively addressed, and Outcome Strengthened resilience to shocks and crises, as is reflected in TAC’s Theory of Change. Further, The TAC Monitoring Evaluation and Learning Plan (MELP) linked activities and planned outcomes to USAID Indicators’ Results Framework, namely the direct objective **DO1: Resiliency of Democratic Actors Increased**. The activities directly contributed to the intermediate result (IRs) area **IR 1.3: Responsiveness to External Stressors Improved,** whilecontributing to **Sub-IR 1.3.4: Pandemic Response Strengthened**.

The evaluator acknowledges that the achievement of the Sustainable Development Goals (SDGs) by 2030 was severely threatened by the COVID-19 pandemic. The Project took note of the global study[[4]](#footnote-4) which found that COVID could drive the number of people living in extreme poverty to over 1 billion by 2030, with a quarter of a billion pushed into extreme poverty as a direct result of the pandemic.

**6.B. Sustainability (Likely (4) to unlikely (1))**

**6. B.4 Sustainability of results**

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| --- | --- |
| **Key finding** | **Rating** |
| **The evaluator finds that the results that have been achieved are likely to be sustainable.**  | **Most likely – 3** |

With regards to the sustainability of the project results, the evaluator finds significant sustainability elements, considering the dynamic and complex implementation environment.

The evaluator finds that the Project generated systemic institutional buy-in and operationalisation of the public health sector resilience to multi-faceted emergency-related challenges, going beyond the COVID-19 response.

A particularly sustainable feature of the project results is the systemic inclusion of scientific and research institutions in the emergency response, fostering a knowledge-based approach and utilisation of the broad scientific knowledge base in the planning and delivery of public health services through inter-institutional cooperation.

The evaluator finds that the Project contributed to synchronisation of capacity development process with the Government strategic and planning processes, thus improving the consistency, coherence and impact of efforts.

One stakeholder commented:

*“The communication centre that was established within the network of public health institutes is the most important piece of infrastructure that was built for ages. We use it now to communicate on pandemics, but tomorrow we can use it for training, for prevention and health promotion and it will be critical for us in case we need to respond quickly to disasters such as floods or other emergencies.”*

Another key informant pointed out:

*“Our unit for travellers health and vaccinations is almost 100 years old and this was its first major reconstruction and overhaul. We are now equipped to continue providing services for another hundred years.”*

**6. B.5 Sustainability within the socio-political setting**

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| --- | --- |
| **Key finding** | **Rating** |
| **The evaluator finds that sustainability within the socio-political context very certain due continued threat posed by the COVID-19 and the need to ensure sound public health sector response to emergencies.**  |  **Most likely – 3**  |

As noted by the Project, COVID-19 is the worst global pandemic in 100 years, affecting all countries. It is having a disastrous socioeconomic impact, especially on poor and vulnerable populations, as well as causing major disruptions to health systems, and essential services more broadly. The COVID-19 pandemic has put national health systems in Europe and elsewhere under immense pressure. The crisis tested their resilience, i.e. the ability and capacity of health systems to absorb, effectively respond and adapt to shocks and structural changes while sustaining day-to-day operations.

While the Republic of Serbia managed to secure an appropriate response to the COVID-19 challenge, the pandemic revealed the need for further systemic capacity development within the public health sector, including a need for a more comprehensive inter-institutional cooperation and coordination. The Project has fostered this approach but this is only a base on which further efforts need to be built; as the immediate threat posed by the pandemic becomes less obvious, the pooling of efforts from different national partners in the primary, secondary and tertiary healthcare, social services and science and research institutions, including the line ministries, may subside due to the existing pressures of everyday operation.

There is therefore a need for further institutionalisation of rapid response measures and the tried and tested interdisciplinary, multi-sectoral approach, through public policy instruments and their consistent practical implementation. Investments in R&D is direct support to building capacity of IMGGI and INEP to become seed and driving force of future Bio4 Campus and Scientific Centre.

 As pointed out by one of key informant:

*“The Project understood the importance of the long-term perspective - that is critical if it wants to achieve sustainability.”*

**6. B.6 Sustainability of institutional framework and governance**

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| --- | --- |
| **Key finding** | **Rating** |
| **The evaluator finds that sustainability of the institutional framework and governance has gained recognizable traction with a high potential for long-term sustainability aspects in this context.**  | **Most likely – 3** |

The evaluator finds that institutional ownership has been secured among national project partners.

The establishment of the National Operative Center for Immunization in the Institute for Public Health is a major institutional development, as it will serve as a central communication point not only in the vaccine management process but also in communication with the field and branch offices, communication with media, contribution to general visibility and outreach action. Moreover, the Center will serve as the central meeting point of all involved decision-makers.

WHO sees this centre as critical infrastructure that will improve communication and operational capabilities of network of Institutes of Public Health to timely respond and more efficiently manage any emergency (public health-related, natural or man-made disasters) that falls under the direct authority of the National Public Health System or International Health Regulations.

Further to this, the Project also contributed to the capacity building of science and research institutions and public health institutions and fostering of innovative solutions. Namely, the Project supported IMGGE, INEP, PHI Batut and Institute for AI Research and Development, through development of a genomic and epigenomic based algorithm model for COVID19 infection spread, upgrade of storage capacities for the Serum Bank at INEP, upgrade of the biosafety level 3 laminar at INEP, equipping PHI Batut for online and hybrid forms of education related to COVID19 and other public health threats, and refurbishment of the Immunization Clinic for passengers in international traffic, procurement of a body composition analyzer for monitoring links between obesity and COVID19 proliferation and severity, development of a software solution and database for evaluation of risks related to entry requirements for travellers in the Republic of Serbia and support to the Institute for AI Research and Development in using sophisticated software and data science for addressing vaccine hesitancy.

The Project was initially designed as rapid response measures at the request of national partners and did not necessarily envisage support to the development of a specific policy and legislative framework. The achievements accomplished through project interventions are more reliant on good practice and high level of interest and understanding of the local needs rather than on a policy-level creation of a multi-sectoral platform to emergency response. If not institutionalised, the project results in the future may be viewed as ad hoc efforts rather than as efforts aimed at advancing the capacity of the entire public health sector to provide a systemic response.

**6. C. Monitoring and evaluation (Highly satisfactory (6) to highly unsatisfactory (1))**

**6.C.1 Project M&E design at entry**

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| --- | --- |
| **Key finding** | **Rating** |
| **The evaluator finds that the project document contained an admirable monitoring and evaluation framework.**  | **Highly Satisfactory – 6** |

Based on the document review and interviews with key project staff, the evaluator finds that the project design incorporated a comprehensive MELP. This approach is seldom seen, particularly given the relatively short time of project implementation.

The Project monitoring plan for each of the monitoring activities (track results progress, monitor and manage risk, learn, annual project quality assurance, review and make course corrections, project report, project review), defines the purpose, frequency, expected action, partners and cost.

The RRF demonstrates a right mix of qualitative and quantitative indicators at outcome and output level, set to measure results rather than activities.

The evaluator particularly commends the fact that TAC has recognised the need for continuous experiential learning through the duration of the project, set to foster efficient project management and planning, and allow for timely adaptive management. The Learning plan was based on the Collaborative Learning and Adapting (CLA) methodology. The learning was facilitated through monitoring, assessments, and evaluations, that were shared by staff implementing the activities in a series of after-action reviews (AARs), reviewing what was planned, and analyzing what actually happened, what worked well and what can be improved. The Learning plan underlines that the key assumptions underlying the TAC TOC will be regularly monitored and adjusted if needed, while the evidence synthesized from its analysis will be used as a basis for adaptive management. The Learning plan further emphasized collaboration (TAC Implementing Team will closely collaborate with the GoS counterpart institution (MoH, MLEVSA, PHI Batut), other implementing partners as well as other development agencies who are engaged in delivering support to Serbia, with the overarching objective of ensuring strategic and message alignment and sharing learning to minimize duplication and waste of resources) as well as the importance of a Learning agenda (the answers to a set of learning questions will provide a basis for performance reporting and adaptive management).

**6.C.2 M&E plan implementation**

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| --- | --- |
| **Key finding** | **Rating** |
| **The evaluator finds that the M&E systems utilised were able to ensure effective and efficient project management.**  | **Highly satisfactory – 6** |

The project document is accompanied by a MELP that was followed throughout the project implementation period.

The evaluator finds that both the project document and its MELP and RRF were well drafted with logical and inter-connected outcomes and outputs. Progress reports were well developed and submitted in a timely fashion, including the special reports on the MELP, which record in detail the lessons learned and challenges and risks tracked.

Monitoring of the project was implemented through the following mechanisms:

1. *Monitoring of indicators in the results framework*

Indicators from the results framework were monitored regularly and noted in the reports. The Project Manager assessed the progress against indicators. The evaluator finds that the practice of joint monitoring field missions of the Project team, national partners and donors is a particularly beneficial monitoring practice, which was highly appreciated by the donor.

1. *Monitoring of the risks*

The risk was monitored regularly, together with the mitigation strategy for each risk. Recognized potential risks didn’t influence the project implementation, the project is finished smoothly in the agreed timeline with the donor, which was a particular challenge given the COVID-19 pandemic and the complexity of the results to be achieved.

1. *Capturing of lessons learned*

The Monitoring officer with the project team captured lessons learned in the specific MELP reports. The TAC Implementing Team used a learning matrix for presenting the learning questions, the methodology to be used, the timelines of the leaning activities, the lead person responsible for implementing the learning activity and how the information generated from learning will be used. AARs and continuous listening and learning from key stakeholders were at the basis of the learning agenda. The TAC Implementing Team work to show that emergency assistance is far beyond static planning, as the nature of assistance demands constant communication, learning and adapting to the emergency situation at hand. The Project approach also monitored the project context to understand possible changes in the operating environment that may affect performance and the use of the learning agenda to improve knowledge and understanding. The Learning Sessions were a platform for the AARs, performed semi-annually by the UNDP team implementing TAC, headed by the SDG Integrating Team and Team Leader (TL). When necessary, counterparts and key stakeholders were involved in the reviews to provide insight and perspective. The Sessions enabled the UNDP TAC Implementing Team to identify and share lessons learned and best practices associated with the implementation of emergency assistance in the times of global pandemic. The results of the AAR were reported in TAC’s progress reports.

1. *Quality assurance*

The quality of the project was assured through regular monitoring and consultations with the senior management of the SDG Integration Center.

1. *Project Board*

The Project Board met once. However, the evaluator finds that the core decisions were made in structured and regular consultations with the Project Board members, and the most important documentation was approved by Project Board members.

As strong evidence of this regular structured communication, the evaluator would like to underline that the decisions taken under the adaptive management facility for the allocation of funds were implemented in close cooperation with the Office of the Prime Minister and the donor. Namely, funds were allocated and delivered based on a written request from the Office of the Prime Minister submitted to the donor, through the implementing partner on a case-by-case basis, subject to final donor approval.

**6. D. Implementation (Highly satisfactory (6) to highly unsatisfactory (1))**

**6.D.1 Quality of UNDP project implementation**

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| --- | --- |
| **Key finding** | **Rating** |
| **The evaluator finds that the quality of UNDP project implementation was highly satisfactory.**  | **Highly satisfactory – 6** |

The evaluator finds that the project was innovative and catalytic and ahead of the curve in terms of the impact achieved as a result of the high-quality project implementation. The project was particularly cognizant of the need for providing a timely response that fostered the effectiveness of support. TAC further fostered timely sharing of information, which was key to optimizing support. Finally, TAC was based on adaptive management – listening and learning and adapting while implementing activities enabled effective deployment of support to the beneficiary and assisting them to meet the desired outcome.

As one key informant commented:

*“This project cuts across many sectors and requires engagement of several sectoral Ministries – Health, Science and Education, Social Welfare. The project spread wide but is not thin, and UNDP managed it very well”.*

**6.D.2 Inclusion of relevant cross-cutting issues**

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| --- | --- |
| **Key finding** | **Rating** |
| **The evaluator finds that the project satisfactorily addressed aspects related to gender, environmental standards and human rights.** | **Satisfactory - 5** |

The evaluator finds that while the project was not focused on human development issues *per se*, it did address gender, environmental standards and human rights, as well as the core principles of good governance.

The evaluator finds the needs of both women and men were taken into consideration when modelling new approaches and developing tools.

The evaluator finds that the project sought to ensure equal participation of men and women in project interventions and to increase the participation of women and representatives of vulnerable groups (including people with disabilities)[[5]](#footnote-5).

The evaluator finds that project incorporated a human rights-based approach through working on top down, middle out and bottom-up solutions. All citizens of Serbia will benefit from the project results. As the vulnerable groups predominantly rely on the quality and accessibility of public services, which have the potential to become more accountable and transparent through the support to public health and social welfare system, the benefits of the project may have a greater effect on these groups.

6.2. General findings

**1. The Project added value for the public health and social welfare system highly outweighs the originally planned immediate rapid response to the COVID-19 pandemic**

The measures delivered through the Project were not only instrumental in allowing the GoS to adequately respond to the challenges posed by the COVID-19 pandemic, but have also supported the long-term systemic institutional capacity development for emergency response by the national partners.

That is particularly true when it comes to the increased capacity of the Network of the Institutes of Public Health for rapid response and coordination in emergency situations, while distribution of emergency vehicles increased capacity of the local health units (municipality level) to respond to the needs of populations for emergency care and referrals, The AI Institute contribution to social network listening could be major contribution to capacity of the IPHs to respond to Infodemia, whether it is related to COVID pandemic or any future threat to public health.

The evaluator finds that the partner appreciated the capacity development assistance during the project implementation. Although the Project did not have a dedicated capacity development component per se, on demand and hands-on capacity development support was available throughout the Project implementation.The Project has also showcased innovation and its transformational potential through establishing an enabling environment to support innovation. Example of that is collaboration between IMGGI and INEP on joint research projects and collaboration of both Institutions with the AI Institute – 3 Institutes will become the core of the future National Centre for Biotechnology and Biomedicine – BIO4. This project resulted in increasing engagement and HR capacity of the AI Institute in Biosciences and Biomedicine.

**2. The project successfully facilitated multi-sectoral (rapid) response**

Though the Project was designed to deliver rapid-response measures, it demonstrated a portfolio approach.[[6]](#footnote-6) The Project facilitated multi-sectoral and interdisciplinary rapid response to a variety of pandemic-related challenges, ranging from relatively straightforward interventions such as refurbishment and procurement of equipment to innovative and complex research and development tools. By making conscious efforts to ensure cross-thematic synergies, the Project interventions were consolidated. This in turn helped the application of multidimensional solutions and improved services.

As one stakeholder commented

“*Coordination is a challenging job – finding consensus among different institutions with different views, perspectives and experiences – the Project masters it.*”

**3. The project was able to respond effectively to the changes and demands, and proven to be responsive to the changing context**

When looking at the impressive set of results achieved by the project, it is important to remember that the project was operating primarily in the COVID-19 context. Further, there have been changes in Government, including the change in leadership of the key line ministries the Project partnered with, the project has had to adapt to.

The TAC has proven to be adaptive and responsive to changing contexts. This flexibility should continue to allow UNDP to shift to changing priorities and respond to needs and opportunities as they arise.

**4. The Project facilitated a strong partnership base**

The Project demonstrated a comprehensive engagement with partners with multiple social effects potentials such as line ministries, public health and social welfare institutions and science and research institutions. Thus, the Project showcased that the multiplying could be highly instrumental in connecting and amplifying stakeholder efforts, sharing best practices, incubating and testing innovative efforts. In doing so, Project has identified a niche receptive of assistance and worth exploring further as science and research institutions have proven to be instrumental in providing innovative and knowledge-based responses to emergency situations.

As one stakeholder informed the evaluator

“*The Project helped us to raise our profile, we are now seen as a partner of trust and gain more credibility within the system.”*

Additionally, the Project was highly successful in raising awareness of the Serbian general public of the USAID’s support to Serbia to combat COVID-19, generating a total of 206 positive media reports[[7]](#footnote-7). The Project fostered a comprehensive and continuous communication plan, utilising different media outlets and social platforms, while the approaches used ranged from official statements to first-hand personal accounts of the benefits brought through Project activities.

**5. Adaptive management facility allowed for agile management based on active learning during project implementation**

The adaptive management facility added to the Project aimed to enable quick plug-ins of support for unpredictable situations the authorities are often confronted with in their crisis management efforts. Activities supported through this facility were those not covered by any other source of funding, nor planned through the Government budget, but were requested from the Office of the Prime Minister, upon written clearance by the donor. The activities ranged from engagement of a short- and long-term expert support, procurement of unforeseen but needed medical and R&D equipment, covering the expenses of consumables for the beneficiaries to be able to provide services to the citizens. The facility proved to be successful and was highly commended by both national partners and the donor.

**6. The horizontal manner in which the Project was implemented has proven to be an adequate response to multi-sectoral and inter-institutional cooperation and coordination in the context of challenges posed by the pandemic**

The complexity of partnerships requires both individual tailor-made approaches towards certain project components but also a strategic overview of the entire intervention. There is a risk that although the project components are within the same framework they operate as silos. This challenge was successfully mitigated by the horizontal manner in which the Project was implemented by various UNDP teams, and effectively coordinated by the SDG Integration Center.

**7. The Project delivered both on a systemic level and at the level of individual beneficiaries**

The Project managed to be equally successful both at a systemic level (establishment of the National Communication Center for Public Health, management of excessive waste from administering the COVID-19 vaccines, establishment of serum Bank and INEP, upgrade of the biosafety laminar and INEP, etc.) and at the level of concrete lives people (assisting centres for the elderly at the local level by providing tablets, smart TVs and additional equipment to enable the residents, including those with sight and mobility issues to have easier communication with their families and friends via internet).

7. Conclusions

1. **The Project has positioned itself as a strategic resource for national partners in the Republic of Serbia in the area of intervention.** The Project/UNDP’s expertise, transparent procedures and adaptive approach are valued for tackling the development needs of partners at the national and local level. The Project tackled the multidimensional needs of the national partners by investing in efforts to connect cross-thematic programme interventions and provide synergies. This in turn helped the application of multidimensional and innovative solutions, resulting in improved public health and social welfare services.

2. **The Project upstream policy and capacity-building work has made long-term contributions.** The Project’s multi-pronged approach has brought some significant results in emergency response and resilience. The Project downstream work, has also brought positive output results, but the institutionalization of results should be further reinforced.

3. **The Project model which includes an adaptive management facility with an agile management arrangement for decisions on allocation of funds based on learnings during project implementation has proven to be highly successful and conducive of a comprehensive buy-in on the part of national partners.** This model should be carefully tailored and up-scaled in the future, in order to maximise synergies between the national partners and efficient utilisation of Project/donor funds.

8. Recommendations

The following section provides a set of five forward-looking recommendations for the UNDP (SDG Integration Centre), which are practical and actionable. The recommendations are provided in the same order as the evaluation questions, rather than in order of priority.

**1. Interdisciplinary multi-sectoral programming**

To optimize results for future programming, tailoring of capacity-building efforts at a system level requires integrated cross-sectoral and multi-dimensional programming. This will result in each partner implementing activities based on their expertise and will maximise resources.

UNDP should establish a comprehensive package of support for selected priority partners that includes practical guidance, advisory and technical support.

Interdisciplinary, multi-sectoral programming should be seen as a long‐term effort that needs to be embedded in broader change processes that are owned and driven by those involved and that are context‐specific. This will further contribute towards the long-term sustainability of the project results.

**2. Levelling up partnerships through a systemic approach**

UNDP is a partner in demand. Further, UNDP should maximise its partnership proposition value through systemic provision of access points to different types of partners. This would allow that partners engage at the level that is appropriate for both their expectations and capacity to mobilise, inspire and connect.

UNDP would benefit from a more systemic approach to broadening partnerships with different types on national partners, including scientific and research institutions. The broadening of the partnership base needs to be supported through creation of a partnership platform, through shared responsibility for the platform functioning with partners. The platform should be seen as a vehicle for more regular and active exchange of knowledge, experiences, tools and practices between partners. The curated facilitation by UNDP (SDG Integration Center) will provide informed feedback needed to scale up, broaden and sustain the further programming and engagement.

**3. Prioritize implementation in a horizontal manner**

The Project implementation in a horizontal manner by different UNDP teams provides for the needed technical knowledge and skills, experience as well as commitment. It also contributes to streamlined processes and procedures, improved client orientation, advancing its agility, flexibility and client satisfaction. Further, it is able to offer technical knowledge and expertise that can bring about transformative change. Additionally, it could also encourage innovative thinking and provide space for creative input.

Significantly, this approach could also invite more integration in UN/DP internal architecture (Bureaus, regional centres and hubs, including UN country team) while driving sustainable impact and results.

**4. Continue with a two-track approach in programming to maximise impact**

As pointed out before, TAC has provided assistance and consequently impact on both a systemic level and on the level of individual beneficiaries. Impact was witnessed on concrete lives of people and this is where its main value comes out. Such interventions should be scaled in the future programming, as well as the project’s overall multi-partner approach that clearly avails of UNDP’s integrator approach. There is ample room for scaling such approaches, which are obviously proving effective.

**5. Systemic Proactivity in Participatory Planning**

UNDP needs to be continuously and systematically involved in dialogue with the project partners proactively addressing the challenges and limitations. Regular and active exchange with partners, with transparent communication of both positive and negative experiences will lead to sustainable partnership relations. This particularly relates to the full understanding of the partners’ institutional mandates and limitations within the current national setting.

UNDP should emphasise inclusive and participatory planning and implementation that in return will result in more successful addressing of deeply rooted needs and priorities. The participatory planning will also enhance national ownership, increasing the potential of catalysing results.

Strategic planning informed by comprehensive feedback received from a variety of stakeholders supports the strategic relevance of interventions and enhances ownership and by-in from national partners, thus supporting sustainability.

9. Lessons Learnt

**Lesson learnt 1. Capacity-development of partners is long term investment**

Across the globe, UNDP interventions support plans and programmes to address the capacity development of both duty-bearers and rights-holders provided entry points for establishing strong partnerships leading to full uptake of the SDGs.

The capacity development of partners at the systemic, organisational and individual levels should be seen as an investment in both future programming and as a means of maximising partnerships. The capacity development should be seen as a long‐term effort that needs to be embedded in broader change processes that are owned and driven by those involved, that are context‐specific and that are as much about changing values and mindsets through incentives, as they are about acquiring new skills and knowledge. The exact mixture of capacities to be addressed through a capacity development response will depend on the outcome of a capacity assessment. This will further contribute towards the long-term sustainability of the project results.

Strong example of the successful partners capacity building can be found in the Institute for Artificial Intelligence. Through this project, the institute moved into two new areas – social networks listening and bioscience. The engagement of the Institute in monitoring social networks sentiment around vaccines and immunisation, particularly COVID-19 vaccines, was an important contribution to understanding the issues related to Infodemia and public trust in vaccines. The institute contributed to creating a pandemics response to rumours and false information, but also in developing communication capacities and mobilisation of society for vaccination. The second area was contribution of AI in reviewing x rays and cad scans of COVID-19 patients for not only COVID related pneumnonia, but for other possible pathologies. The use of AI in radiology and diagnostics has enormous potential to reduce gaps in diagnostics that are related to patient overload and shortage of specialists in the area. Finally, the AI Institute partied with IMGGE and INEP as a core Institution of future BIO4 Campus. To be able to respond to such challenge, the AI hired specialists in the field of use of AI in Biomedicine and launched joint scientific research, including research on virus genetic sequencing.

**Lesson Learned 2. A demand-driven approach and flexibility improve relevance, but the response needs to be embedded in a clear programmatic framework.**

The Project tends to be a very demand driven endeavour. A demand-driven approach has proven to increase partners ownership of the interventions and the continued relevance of UNDP’s work. In particular, responding to the needs of partners and being flexible has allowed the Project to show its added value in responding to the COVID-19 pandemic.

Hence, responding to demand is welcome, with the caveat that such approaches need to fit into the wider programmatic framework and vision.

UNDP should perceive a principled but pragmatic approach in its upcoming programmatic cycle. The already recognised flexible and adaptive ways of operating by the Project is definitely an advantage that should be maximised in order for UNDP to be recognised as a policy partner.

**Lesson learned 3. Active learning throughout project implementation improves programming and implementation**

The Project was designed to ensure that, throughout its implementation. It was understood that the Project would demand continuous experiential learning to foster efficient project management and planning, and importantly allow for timely adaptive management, when the situation necessitates. The MELP was based on the Collaborative Learning and Adapting methodology. The Project developed a systematic mechanism to capture lessons learned and preserve the project results to the extent possible. This includes liaising with the beneficiaries, continuing to understand the context in which the activities were implemented, fostering implementation and identifying potential inhibiting factors and risks.

The implementation of the Learning Plan proved instrumental for smooth and efficient project implementation.

ANNEXES

Annex I EVALUATION CRITERIA MATRIX

The evaluation matrix was developed as per the Evaluation Matrix Template provided in Annex IV of the TOR, and reads as follows:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Criteria/Sub-criteria**  | **Questions to be addressed by evaluation**  | **What to look for**  | **Data sources** | **Data collection methods**  |
| **Relevance/Coherence** | To what extent was the project in line with country programme outputs and outcomes, UNDP Strategic Plan and the SDGs?To what extent was the theory of change presented in the outcome model a relevant and appropriate vision on which to base the initiatives?To what extent were the objectives of the project consistent with the national priorities of Serbia with the needs and interests of citizens? | Alignment with national strategies/policiesDegree of participatory consultation in design stageThe level of acceptance for and support to the Project by relevant stakeholders? | \*National policy documents, reports and official statistical data \*UN/DP Strategic Documents\*Together Against Covid Project Document\*Together Against Covid Progress Reports\*Minutes of the Project Board meetings\*Project stakeholders | Desk research and document reviewKey informant interviews |
| What is the degree to which the project activities were overlapping with and/or complementing other interventions in the domain? | Other initiatives and projects in the fieldDonor complementarity and overlap |
| To what extent was the project appropriately responsive to political, legal, economic, institutional, etc., changes in Serbia throughout the project period?  | Degree of context analysis in design stage and throughout projectDesign and implementation of M&E&Learning frameworkIdentification of risks and update of risk log throughout project  |
| **Effectiveness**  | To what extent did the Project contribute to the attainment of outputs and outcomes (initially) expected in project Document? | The direct and indirect results (at outcome level) of the project implementation and their sustainabilityLevel of progress against indicators | \* Together Against Covid Document and RRF \* Together Against Covid Progress Reports\*Minutes of the Project Board meetings\*Project stakeholders | Desk research and document reviewKey informant interviews |
| To what extent were the Project’s outputs and outcomes synergetic and coherent to produce development results? What kinds of results were reached?In which areas has the project had greatest achievements? Why and what have been the supporting factors? How can the project build on or expand these achievements? | Expected and unexpected results of the project – any additional results achieved or any results not met – why/why not?In what way have the project activities contributed to achievement of the outcomes? |
| What were the constraining and facilitating factors and the influence of the context on the achievement of results? | Was the project modified during the course of the implementation – why?In what way did the Project come up with innovative measures for problem solving?What good practices or successful experiences or transferable examples were identified? |
| **Efficiency**  | Were the implementation modalities appropriate and cost-effective?  | Were project resources focused on the set of activities that were expected to provide significant results?Was the project implemented within deadline and cost estimates?Were the resources allocated sufficient/too much? | \*National policy documents, reports and official statistical data \*\*UN/DP Strategic Documents\*Together Against Covid Document\* Together Against Covid Progress Reports\*Minutes of the Project Board meetings | Desk research and document reviewKey informant interviews |
| Did the staffing structure and management arrangements ensure cost-efficiency, value-for-money, and effectiveness of implementation strategies and overall delivery of results? | Was the project fully staffed and were the staffing/management arrangements efficient?Were procurements processed in a timely manner? |
| Was there good coordination and communication between partners in the project?To what extent were partnership modalities conducive to the delivery of country programme outputs? | Did UNDP choose the best implementing partners? Were there any institutions that should have been included in the project but weren’t?How often did the project board meet? Were there any issues raised regarding implementation? If so, how and to what extent were these addressed by UNDP?Did UNDP and its partners solve any implementation issues promptly? |
| **Impact** | What difference does the intervention make? The extent to which the intervention has generated or is expected to generate significant positive or negative, intended or unintended, higher-level effects. | Did the Together Against Covid produce or contribute to the intended outcomes in the short, medium and long term? Can we reasonably argue specific contributions?For whom, in what ways and in what circumstances? To what extent can changes be attributed to the Together Against Covid? What were the particular features of the project and context that made a difference?What was the influence of other factors? | \*National policy documents, reports and official statistical data \*UN/DP Strategic Documents\* Together Against Covid Project Document\* Together Against Covid Progress Reports\*Responsible partners’ progress reports \*Minutes of the Project Board meetings |  |
| **Sustainability**  | Was the Project supported by national institutions? | What is the level of national ownership of the project interventions? Did the project provide for the handover of any activities? | \*National policy documents, reports and official statistical data \*UN/DP Strategic Documents\* Together Against Covid Project Document\* Together Against Covid Progress Reports\*Minutes of the Project Board meetings | Desk research and document reviewKey informant interviews |
| To what extent have partners committed to providing continuing support?Do the partners have sufficient financial capacity to keep up the benefits produced by the Project? | Were initiatives designed to have sustainable results given the identifiable risks? |
| Did Project design take into account strategies to ensure sustainability? Were strategies used in from the beginning of Project implementation? Was there an adequate strategy for capacity building? To what extent will targeted men, women and vulnerable people benefit from the project interventions in the long term?To what extent are policy and regulatory frameworks in place that will support the continuation of benefits for men and women in the future? | Was there an exit strategy for the Project? Did it take into account political, financial, technical and environmental factors?How did UNDP address the challenge of building national capacities? What are the perceived capacities of the relevant institutions for taking the initiatives forward? |
| **PROMOTION OF UN VALUES FROM A HUMAN DEVELOPMENT PERSPECTIVE** |
| **Criteria/Sub-criteria**  | **Questions to be addressed by evaluation**  | **What to look for**  | **Data sources**  | **Data collection methods**  |
| **Supporting policy dialogue on human development issues**  | To what extent does the project contribute to human development?  | Did the project address inequalities in opportunities and outcomes | \*National policy documents, reports and official statistical data \*UN/DP Strategic Documents\* Together Against Covid Project Document\* Together Against Covid Progress Reports\*Minutes of the Project Board meetings | Desk research and document reviewKey informant interviews |
| How did the project address the human development needs of intended beneficiaries? | Did the project expand citizen’s opportunities and choice?Did the project increase citizen’s access to quality services? |
| To what extent did the project mainstream gender, environmental safeguards, and human rights based approach?  | Did the project include interventions that addressed top down and bottom up approaches?Were activities sufficiently balanced between raising capacities of service providers and awareness of rights holders? |
| **Contribution to gender equality**  | How well were gender aspects taken into account into project design and concretely and effectively implemented?To what extent were the resources used to address inequalities in general, and gender issues in particular | Were the needs of both men and women taken into consideration in the project design and project implementation?Did the project ensure equal participation of men and women in the project activities – how?Did the project disaggregate all data by gender? | \*National policy documents, reports and official statistical data \*UN/DP Strategic Documents\* Together Against Covid Project Document\* Together Against Covid Progress Reports\*Responsible partners’ progress reports \*Minutes of the Project Board meetings | Desk research and document reviewKey informant interviews |
| **Addressing equity issues (social inclusion)**  | How did the project address the need to “leave no one behind” and advance the 2030 Agenda? | Were the needs of marginalized and vulnerable groups addressed in the project? If so, how? | \*National policy documents, reports and official statistical data \*UN/DP Strategic Documents\* Together Against Covid Project Document\* Together Against Covid Progress Reports\*Responsible partners’ progress reports \*Minutes of the Project Board meetings | Desk research and document reviewKey informant interviews |
| How did the project contribute to social inclusion of marginalized groups | Did the project ensure participation of marginalized and vulnerable groups in the project implementation?How do the project results benefit vulnerable and marginalized groups? |

1. This body was initially envisaged by Serbian counterparts to be the National Operational Center for Immunization (NOCI). With the lessons learned from the pandemic internationally and having analyzed best practices, PHI Batut has informed the UNDP that the original idea has been expanded and NOCI will become the National Public Health Communication Center (NCC), which will have a wider range of duties regarding public health and safety crisis communication. [↑](#footnote-ref-1)
2. This part of the Report was updated in March 2023, since the formal handover of support in the form of refurbishment and equipment of the COVID pediatric ward in Belgrade, at primary Health Care Center Zvezdara, Mali Mokri Lug Health Station, was in February. [↑](#footnote-ref-2)
3. This part of the Report was updated in March 2023, as media reports were carried on after the project end, since the formal handover of support in the form of refurbishment and equipment of the COVID pediatric ward in Belgrade, at primary Health Care Center Zvezdara, Mali Mokri Lug Health Station. [↑](#footnote-ref-3)
4. https://sdgintegration.undp.org/accelerating-development-progressduring-covid-19 [↑](#footnote-ref-4)
5. The disaggregated data was not available at the time of the finalisation of the evaluation. [↑](#footnote-ref-5)
6. The portfolio approach is part of the system transformation framework for addressing highly complex, structural, interconnected, and increasingly unpredictable modern challenges. It represents an ambitious shift in delivering development - from single-point solutions fit for short time frames and clearly definable problems, to a holistic approach to human development that supports innovative policies and builds capacity for ongoing adaptation to fast-changing environments. With this approach, the premium is placed on learning about a system, rather than executing linear plans perfectly. It assumes and anticipates changes in the external environment, adopting dynamic management and constant adaptation. [↑](#footnote-ref-6)
7. This part of the Report was updated in March 2023, as media reports were carried on after the project end, since the formal handover of support in the form of refurbishment and equipment of the COVID pediatric ward in Belgrade, at primary Health Care Center Zvezdara, Mali Mokri Lug Health Station. [↑](#footnote-ref-7)