



Final Evaluation

Health portfolio of UNDP Turkmenistan (2021-2024)



Evaluation Team

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November, 2024

Acknowledgements

The evaluation team expresses his thanks to UNDP Turkmenistan for providing the opportunity to carry out the final evaluation of the *Health Portfolio* (2021 - 2024).

The evaluators especially thank the UNDP team for much appreciated guidance, all available information and timely logistical assistance in conducting the evaluation during the data collection in Turkmenistan.

The evaluation team also appreciated the opportunity to interact with the representatives of public authorities of Turkmenistan and donors and other stakeholders and to gain their insights.

Disclaimer

This evaluation report presents the view of the evaluators and does not necessarily fully correspond to the opinions of the UNDP or other stakeholders referred to in this report.

Every effort has been made to ensure that the information given here is correct. Any factual error that may appear is unintended and falls under the responsibility of the evaluators.

TABLE OF CONTENTS

| | |
|--|-----------|
| EXECUTIVE SUMMARY | 5 |
| I. INTRODUCTION | 9 |
| II. BACKGROUND | 9 |
| III. HEALTH PROJECTS PORTFOLIO | 10 |
| IV. EVALUATION APPROACH | 11 |
| 4.1 Evaluation scope, purpose, objectives and expected users | 11 |
| 4.2 Evaluation Methodology..... | 12 |
| 4.3 Limitations..... | 14 |
| V. EVALUATION FINDINGS | 15 |
| 5.1 RELEVANCE..... | 15 |
| 5.2 COHERENCE..... | 18 |
| 5.3 EFFECTIVENESS..... | 19 |
| 5.4 EFFICIENCY | 25 |
| 5.5 IMPACT..... | 27 |
| 5.6 SUSTAINABILITY | 29 |
| VI. CONCLUSIONS AND LESSONS LEARNT | 30 |
| 6.1 Conclusions | 30 |
| 6.2 Lessons Learnt..... | 32 |
| VII. RECOMMENDATIONS | 33 |
| 7.1 General framework of the recommendations..... | 33 |
| 7.2 Detailed recommendations | 33 |
| VIII. ANNEXES | 38 |
| 8.1 Evaluation Matrix..... | 38 |
| Annex 8.2 List of consulted stakeholders | 42 |
| Annex 8.3 The list of documents and sources reviewed | 44 |
| Annex 8.4 Evaluation Tools..... | 45 |
| Annex 8.5 Terms of References | 48 |

ACRONYMS

| | |
|----------------|--|
| CO | Country Office |
| CPD | Country Programme Document |
| CSO | Civil Society Organizations |
| FGDs | Focus Group Discussions |
| GF | Global Fund |
| GoT | Government of Turkmenistan |
| GPU | Global Procurement Unit |
| HIV | Human Immunodeficiency Virus |
| HRBA | Human Rights Based Approach |
| KII | Key Informant Interview |
| KPI | Key Performance Indicators |
| LNOB | Leave No One Behind |
| M&E | Monitoring & Evaluation |
| MFE | Ministry of Finance and Economy of Turkmenistan |
| MIA | Ministry of Internal Affairs of Turkmenistan |
| MoHMI | Ministry of Health and Medical Industry of Turkmenistan |
| NCD | Non-Communicable Diseases |
| NRCS | National Red Crescent Society of Turkmenistan |
| NPRP | National pandemic Response Plan |
| PCR | Polymerase Chain Reaction |
| RBM | Results Based Management |
| SDGs | Sustainable Development Goals |
| TB | Tuberculosis |
| TOR | Terms of Reference |
| TOC | Theory of Change |
| UFE | Utilization-focused evaluation |
| UNSDCF | United Nations Sustainable Development Cooperation Framework |
| UNDP | United Nations Development Programme |
| UNFPA | United Nations Fund for Population |
| UNICEF | United Nations Children Fund |
| WHO | World Health Organization |

EXECUTIVE SUMMARY

Introduction

This report is prepared based on a review of the documents and field mission consultations and direct observations in the projects' sites of Turkmenistan. It follows the outline provided in the Terms of Reference (ToR) for the final evaluation of the Health Portfolio (2021-2024) implemented by the United Nations Development Programme (UNDP) in Turkmenistan.

The portfolio¹ includes healthcare projects on communicable and non-communicable diseases:

- *TB grants from the Global Fund to Fight AIDS, TB and malaria* – focused ensuring the sustainability of universal access to TB prevention, diagnosis and treatment services of good quality and applying patient-centered interventions during the transition period.
- *COVID-19 response* aimed at supporting the Government of Turkmenistan (GoT) with efforts to prevent, detect, and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Turkmenistan.
- *Support to control of TB, HIV, viral hepatitis C, safe blood* is focused on technical support in the procurement of health products for the needs of the healthcare system to ensure qualitative healthcare services for the population.
- *Support to control of non-communicable diseases (NCD)* – aimed at providing the technical support to the Ministry of Health and Medical Industry (MoHMI) of Turkmenistan in the implementation of the National Programme for control of NCDs through procurement of medical products for prevention and treatment of cardiovascular/oncological/endocrinological/respirator/neurological and other NCDs;
- *Strengthening clinical laboratories* – aimed at strengthening the national health system's capacity for clinical laboratory diagnostic of diseases.

The direct beneficiaries are people at risk for TB, HIV, viral hepatitis C, blood recipients, patients with TB, viral hepatitis C, other communicable or NCDs, vulnerable people (prisoners, people with low income, people residing in remote areas, people with rare diseases).

The indirect beneficiaries are the healthcare workers, namely doctors, nurses, lab specialists and the healthcare system of Turkmenistan.

The total budget is about \$160 mln. The donors are: GoT, Global Fund and World Bank.

The *evaluation objectives* were to assess the achievements and impact of UNDP healthcare portfolio in line with OECD/DAC evaluation criteria and provide evidenced-based recommendations for future similar initiatives.

The *evaluation methodology* used mixed data collection methods such as:

- *Desk review* of the health portfolio documents and other written informational sources provided by UNDP Turkmenistan;
- *Individual key informants' interviews* and *focus group discussions* with the stakeholders: UNDP Senior team/Health portfolio team/other positions, representatives of the Ministry of Health and Medical Industry, Ministry of Internal Affairs, Ministry of Finance and Economy, National Red Crescent Society, UN entities, healthcare centers, international development partners and donors.

Conclusions

1. The healthcare projects are highly relevant to the national healthcare system needs and are strongly aligned to the healthcare development priorities and policies of Turkmenistan.

The healthcare projects are needs-based, aligned to the national public health priorities of Turkmenistan and State Health Programme 'Saglyk'. The projects directly contribute to

¹ All projects of the portfolio had of national coverage. The TB project from the Global Fund covers both civil and penitentiary sectors and engages the CSOs for TB control and for overall oversight by the Country Coordination Mechanism.

implementation of the nationalized Sustainable Development Goals (SDGs), especially SDG 3 'Health and Wellbeing' and some other SDGs described in the report. The healthcare projects have clear results-chains, but in two project documents (NCD and Lab) there are missing outcome level indicators and targets. This was because both projects: 1) initially were focused on covering urgent procurement needs and 2) targeted for short-term support². The Results-Based Management (RBM) elements, especially baselines-indicators-activities-targets are well interlinked.

The portfolio has two ToCs - one is for transition, phase-out and sustainability of National TB Programme and the second is for the other *health outcomes*. The ToCs have different structures and logics of change pathways and are partially integrated in the project cycle management, i.e. participatorily elaborated during the planning phase of the healthcare projects, but still to be analysed during the delivery and reporting phases.

The intervention logic combines *hard* (health infrastructure, equipment) and *soft* (capacity development, community information and engagement) interventions, which are complementarily and contribute to the main goal of the healthcare projects.

The projects incorporate the human rights-based approach (HRBA) focused mostly on the „*duty bearers*” or supply side to healthcare system of Turkmenistan, while the „*rights holders*” or demand side (people of Turkmenistan) are targeted by the informational actions and are engaged in some TB related activities, but also perceived as the final beneficiaries. The LNOB principle is well mainstreamed and the gender aspects are integrated in the projects management cycle, including in planning and results framework, delivery, data collection, and reporting design, unlike in the design of the results framework.

2. The healthcare portfolio is internally and externally coherent and illustrates good complementarity and synergetic effects with other similar initiatives focused on strengthening the healthcare system of Turkmenistan and increasing the functional capacities and access to the qualitative healthcare services.

Coherence (likewise the 'Relevance') is one of the main strengths of the health portfolio, which is internally and externally aligned. An important platform in this regard is the Country Coordination Mechanism (CCM), which is functional and includes the key actors from the different sectors: healthcare public authorities, international partners, civil society, academia, other healthcare entities. The portfolio is responsive to the persisting and changing national healthcare system needs and requests of the national partner, namely MoHMI. UNDP mostly promptly adjusted its delivery and type of assistance taking into consideration the national needs and request.

The health projects generated synergetic effects and complementarity and the projects were coherent and aligned to the strategic priorities of the UN in Turkmenistan, UNSDCF and UNDP Turkmenistan Country Programme and UNDP Strategic Plan.

3. Despite several influencing factors, which affected its implementation dynamics and timely performance, the healthcare projects were mostly effective and reached its short and mid-term targets, which positively influenced the operational capacity and the functionality of the healthcare system of Turkmenistan and the access of the population, including the most vulnerable one to the qualitative healthcare services.

The projects were and still are heavily influenced by mostly external factors, but overall performed well. The portfolio generated some positive effects for the healthcare system of Turkmenistan by: improving the healthcare infrastructure as the result of the medical

² For the next phase (2025 -2026) both projects have all level indicators and targets.

equipment; enhancing preparedness, functionality, diagnostic capacity and resilience; strengthening capacities of healthcare professionals; improving the quality of the healthcare services by providing the high quality medicines and products and increasing informational level, outreach and access of the people to the healthcare services.

The health portfolio made a tangible contribution to ensuring continuous and quality healthcare services and there were no stock-outs and interruptions of the healthcare services.

The joint UN partnership UNDP-WHO-UNICEF brought tangible benefits, particularly increased pandemic response and resilience of the healthcare system of Turkmenistan, with advances both at the institutional level and public awareness.

Cooperation with the NRCS was effective in strengthening the local capacities in TB homecare, public awareness and community mobilization.

4. Analyzing the healthcare projects fulfillment versus time consumed and use of financial resources, it can be concluded that, *overall, the projects management was flexible and adaptive and the projects operated mostly in an efficient manner reaching the majority of the targets within the (extended) durations and budgets.*

All healthcare projects were adequately staffed and the financial resources were used for the budget lines as planned without the significant deviations, except the approved reallocations and extensions.

The health projects were effectively clustered into a healthcare portfolio and this maximized the use of available human and financial resources and generated the expected results. It also facilitated analysis of the complementarity, synergetic effects and coherence, especially the internal dimension of it.

No information was found about misuse of financial resources or contra-productive partnerships. On contrary, the healthcare portfolio team promoted effective partnerships with other UN entities (WHO and UNICEF), and national organizations, which brought thematic added values based on their comparative advantages, which maximized the effects of the capacity development actions, information and healthcare literacy, as well as community awareness raising and engagement.

The evaluation team did not find any alternative solutions, which could be provided at fewer expenses and/ or would be more economical for the healthcare projects.

5. *The long-term changes generated with the healthcare projects contribution, i.e. the impact of the healthcare strengthening achievements is either difficult or is premature to be assessed, although there are some signs of positive impact* in the case of declining rate of mortality on TB and some early sign of positive trends on NDC related indicators.

There are some noticeable positive changes generated by the UNDP healthcare portfolio on strengthening the capacity and preparedness of national healthcare system of Turkmenistan, to respond against COVID-19 and SARI infections as the result of the essential medical equipment, medicines, consumables, lab inventory provided. Mobile healthcare services improved the universal healthcare outreach and increased the access of the population, especially from the remote areas, to the healthcare services.

6. *The sustainability perspectives of the achievements are mostly promising with strong national ownership and funding commitment of the Government to sustaining the results and continuing consolidation of the healthcare system of the country and increasing the access of the population to the qualitative healthcare services.*

The projects enhanced country's healthcare system resilience. The promising sustainability of the healthcare projects results are supported by the explicit political will and financial commitments of the Government as well as mostly well-developed normative and regulatory framework, institutionalized educational topics in the curricula, enhanced capacities of the healthcare specialists and workers and overall functional healthcare infrastructure.

Lessons Learnt

The evaluation suggests two lessons to be learned by UNDP, GoT and other stakeholders:

- *A change-oriented healthcare project needs a consistent results chain and a well-integrated Theory of Change approach throughout the entire project cycle management from project planning to progress reporting, which would reflect the desired change pathway, the causal if... then.... linkage, the key assumptions and illustrate what will change, for whom and how it is expected to happen. The results chain should contain short-term outputs, mid-term outcomes and, whenever feasible, long-term changes/impacts. Evidenced-based assumptions should consider both internal and external factors critical for achieving the expected changes. This represents a learning opportunity and area for further improvement. See Recommendations.*
- *In a complex, time consuming and depending on the several external factors supply chain, the well planned in advance, accurate financial estimations and quantification of the medical products are important. The prices for the medicines and freight cost change, the currency rate fluctuations, just like the cost for the transportation services are frequently changing and these should be taken into account while financial planning, otherwise it can put under the risk the procurement and supply of the necessary amount. Knowledge of the number of patients for each disease allows optimization of the necessary funds to increase efficiency and avoid stock outs of overstocks. The procurement, approvals and supply take significant time and given the complexity of the regional and international context, described in the report, there's a permanent need to plan well in advance the supply of the medical products, which is well done by UNDP.*

Recommendations

The evaluation provides the following recommendations prioritized explained in the report:

1. UNDP to capitalize on the achievements and keep further supporting the healthcare system of Turkmenistan and access to qualitative healthcare services of the population.
2. UNDP to maintain support of the national healthcare system's efforts to efficiently control the NCDs and infectious diseases in the country.
3. GoT and UNDP to further develop the national capacities of the healthcare professionals and use a systemic approach towards the capacity development.
4. UNDP to reinforce the sustained efforts for supporting the digitalization of the healthcare system planned by the GoT and for integration climate change considerations into health planning and improving disaster readiness.
5. GoT and UNDP to continue increasing the public awareness and healthcare literacy of the local actors and population.
6. UNDP to increase the consistency of the design and further mainstream change-oriented management approach.

I. INTRODUCTION

This report is prepared by the evaluation team following the outline provided in the Terms of Reference (ToR) for the final evaluation of the Health Portfolio (2021-2024) implemented by the United Nations Development Programme (UNDP) in Turkmenistan.

The report is prepared based on a review of the documents and field mission consultations and direct observations in the project sites of Turkmenistan. It provides a brief overview of the portfolio, defines the overall evaluation approach and methodology, describes the main findings, conclusions and lessons learned and provides a manageable number of recommendations.

II. BACKGROUND

Turkmenistan is a landlocked country in Central Asia bordered by Kazakhstan to the northwest, Uzbekistan to the north, east and northeast, Afghanistan to the southeast, Iran to the south and southwest and the Caspian Sea to the west.

Turkmenistan is an upper middle-income country with a population of 7.0 mln (2022 Census), of whom 50% are men and 50% - women; the proportion of people of working age is 57%; the proportion of urban population is 47%³. According to the 2023/24 Human Development Report, Turkmenistan ranks 94th out of 193 countries and territories and is categorized as a country with high human development⁴.

Map 1. Turkmenistan



*National Program of Social and Economic Development of Turkmenistan in 2022-2052*⁵ sets priorities, such as the improvement of the public administration system, economic diversification based on innovation and digital systems introduction, investment in the private sector and human capital, increasing Turkmenistan's export potential and its role in the global economy, while creating a favourable investment climate and addressing environmental and climate change issues.

The WHO data⁶ show that non communicable diseases (NCD) account for 76% of all death

in the country. Out of all death, 47% are due to the cardiovascular diseases, 11% - to cancer, 2% to diabetes; 1% - chronic respiratory and 15% - to other NCDs. Turkmenistan has made some good progress in control of communicable and non-communicable diseases.

Health and wellbeing of the population is the cornerstone of the national development agenda. The country implements State Health Programme (“Saglyk”), which aims to improve public health and well-being, increase average life expectancy, provide comprehensive equal opportunities and conditions for health protection to its citizens, to create an enhanced and highly efficient healthcare system. Life expectancy at birth in 2019 (last available) was 71.5, better among women (74.1 vs 68.9).

³ State Statistic Committee of Turkmenistan <https://www.stat.gov.tm/>

⁴ <https://hdr.undp.org/data-center/human-development-index#/indicies/HDI>

⁵ Preceded by the National Programme for Socio-Economic Development, 2011-2030, which aimed to accelerate growth with stronger institutions and policies, increased synergy between the public and private sectors, greater use of technology, and integration into the global economy. UNDP Turkmenistan Country Programme Document 2021-2025.

⁶ WHO data 2016.

III. HEALTH PROJECTS PORTFOLIO

Health projects portfolio, along with democratic governance and environment, is one of the three key priority areas of UNDP in Turkmenistan and is contributing to the signature solutions for keeping people out of poverty and strengthening gender equality, along with the global integrated offer for mitigating the socio-economic consequences of COVID-19.

The portfolio⁷ includes health system strengthening and healthcare projects on communicable and non-communicable diseases:

- *TB grants from the Global Fund to Fight AIDS, TB and malaria* – focused ensuring the sustainability of universal access to TB prevention, diagnosis and treatment services of good quality and applying patient-centered interventions during the transition period.
- *COVID-19 response* aimed at supporting the Government of Turkmenistan (GoT) with efforts to prevent, detect, and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Turkmenistan.
- *Support to control of TB, HIV, viral hepatitis C, safe blood* is focused on technical support in the procurement of health products for the needs of the healthcare system to ensure qualitative public services for the population.
- *Support to control of non-communicable diseases (NCD)* – aimed at providing the technical support to the Ministry of Health and Medical Industry (MoHMI) of Turkmenistan in the implementation of the National Programme for control of NCDs through procurement of medical products for prevention and treatment of cardiovascular / oncological / endocrinological / respirator / neurological as well as some other noncommunicable diseases;
- *Strengthening clinical laboratories* – aimed at strengthening the national health system’s capacity for clinical laboratory diagnostic of diseases.

The portfolio uses a **Theory of Change (ToC)** approach, which implies that inputs in the health programmes will improve coverage with the health services and increase people’s access to qualitative, available and affordable health services (Outputs), and will lead to long-term changes in the diseases epidemiology (Impact) through improved surveillance, service delivery, case detection and treatment across the country (Outcome).

In line with UNDP’s strategic direction and the Leaving No One Behind (LNOB) Principle, **the health portfolio aims** at reducing inequitable access to quality health services – the root and underlying cause for poor health outcomes for any disease. By tackling the roots and underlying causes the health portfolio projects are targeting improving the health outcomes for the respective diseases (e.g. TB, NCD) as detailed in the ToC and Monitoring and Evaluation (M&E) framework of each project.

The portfolio is focused on contribution to the achievement of the Sustainable Development Goals (SDG), particularly SDG 3 (Health and Wellbeing), SDG-5 (Gender Equality); SDG-10 (Reduced Inequalities) and; SDG-17 (Partnerships for the Goals)⁸ as well as United Nations Sustainable Development Cooperation Framework (UNSDCF) – Results Group 4 High quality and inclusive health and social protection services.⁹ The portfolio also contributes to transition from the Global Fund (GF) to full domestic funding of the National TB Programme.

The **main implementing partner** of the portfolio is the MoHMI and its central, regional and primary units responsible for public healthcare.

⁷ All projects of the portfolio had of national coverage. The TB project from the Global Fund covers both civil and penitentiary sectors and engages the CSOs for TB control and for overall oversight by the Country Coordination Mechanism.

⁸ <https://sdgs.un.org/goals>

⁹ UNSDCF for Turkmenistan (2021-2025). Output 4.1. National health services provide quality treatment for tuberculosis and other infectious diseases; Output 4.2. National health services provide high-quality treatment for major NCDs.

Other **national and international partners** are:

- *Medical Department of the Ministry of Internal Affairs of Turkmenistan (MIA)* – public authority responsible for health of the detained people.
- *National Red Crescent Society of Turkmenistan (NRCS)* - civil society organization with nationwide social and healthcare expertise, including on advocacy and prevention of various diseases, including TB.
- *Ministry of Finance and Economy of Turkmenistan (MFE)* – responsible for registration of any project funded by an external donor and earmarking of state funding and payments for the Government-funded projects, financial monitoring the funded projects, including reviewing financial reports from UNDP.
- *World Health Organization (WHO)* - provided technical assistance, capacity development, surveys and research in the Global Fund, NCD and World Bank projects.
- *United Nations Children Fund (UNICEF)* - implemented risk communication and community engagement component of the COVID-19 response project.
- *UNDP Health Implementation Support Team (HIST)* based at HIV, Health and Development Group within Bureau for Policy and Programme Support based in HQs in New York, Geneva, Copenhagen and Istanbul, provides support to UNDP Country Office (CO) in implementation of the health projects.
- *UNDP Global Procurement Unit (GPU)* in Copenhagen supported UNDP CO in procurement of medical equipment, reagents, consumables.

The **direct beneficiaries** of the health programme are people at risk for TB, HIV, viral hepatitis C, blood recipients, patients with TB, viral hepatitis C, other communicable or NCDs, specifically people from vulnerable and socially disadvantaged groups (prisoners, people with low income, people residing in remote areas, people with rare diseases).

The **indirect beneficiaries** are the healthcare workers (doctors, nurses, lab specialists), the healthcare system overall due to upgrading to international standards, TA, capacity building, improved working conditions, improved work satisfaction due to better patient outcomes.

The total **funding of the portfolio** in 2021-2024 reached more than \$160 mln (increase from \$28.7 in 2016-2020). The major donors of the portfolio are the Government of Turkmenistan, the Global Fund, and the World Bank.

IV. EVALUATION APPROACH

This section presents an overview on the structure and guiding principles informing the evaluation design and conduct. It also outlines the methodology and limitations encountered.

4.1 Evaluation scope, purpose, objectives and expected users

The evaluation covers the entire duration of the portfolio and is scheduled for October - November 2024.

The purpose of the portfolio evaluation is to assess the achievements and the impact of UNDP interventions within the on-going country programme documents, that is spanning from 2021 to 2024. The evaluation will assess the impact of COVID-19 to the portfolio results and make actionable recommendations.

The specific objectives of the portfolio evaluation are to:

- Assess whether the projects are the appropriate solution to the identified problems;
- Assess the alignment of the portfolio to national priorities and UN/UNDP documents¹⁰;

¹⁰ UNSDCF 2021-2025; UNDP CPD 2021-2025; UNDP Strategic Plan (2022-2025); UNDP HIV and Health Strategy 2022-2025.

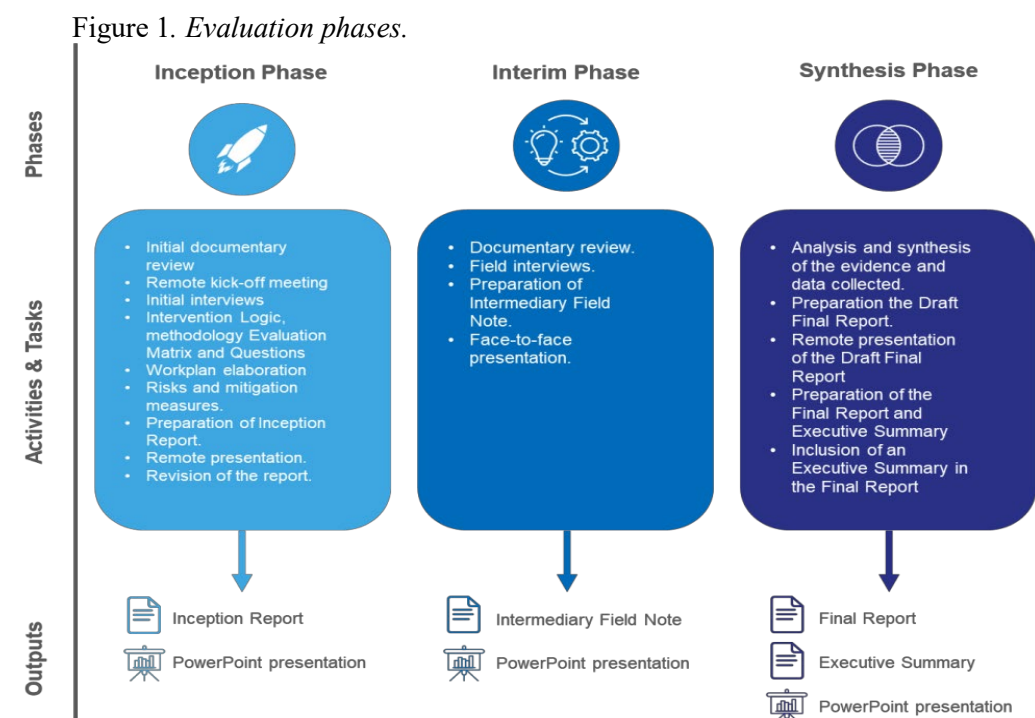
- Assess the coherence of the health portfolio and alternative approaches;
- Assess the progress towards the targets and the influencing *factors and constraints*;
- Identify any unintended results that emerged during implementation;
- Reflect on the efficient use of available resources;
- Identify the lessons to be learned and best practices generated;
- Ascertain whether UNDP's partnership strategy has been appropriate and effective;
- Assess the human rights- based approach (HRBA) to programming and the level of integration of the cross-cutting issues (gender, disability inclusion, human rights).
- Provide recommendations to ensure sustainability of the results and the national ownership over the TB Program in view of transition from the Global Fund to domestic funding;
- Identify potential areas for future health programmes/projects.

It is expected that the evaluation will stimulate learning and further improvement within the UNDP Turkmenistan and will contribute to effective programming, refining or reinforcement of the approaches, if any. The findings of the evaluation will be also used by UNDP and its core partners to further engage in the public healthcare actions in evidence-based dialogues and to advocate for gender-responsive and inclusive

4.2 Evaluation Methodology

The evaluation adopted a participatory approach, engaging a wide and diverse range of stakeholders. Participation of the main partners is a necessary condition to ensure accountability, stimulate learning, promote inclusiveness and ownership, facilitate future buy-in and arrive at comprehensive recommendations for UNDP, healthcare and other public authorities Turkmenistan, donors and other stakeholders.

The evaluation approach included three phases as illustrated below and used the utilization-focused evaluation approach (UFE)¹¹, which is based on the principle that an evaluation should be judged according to how useful it is. This means identifying the primary users of an evaluation and ensuring that they are engaged in decision-making throughout the process.

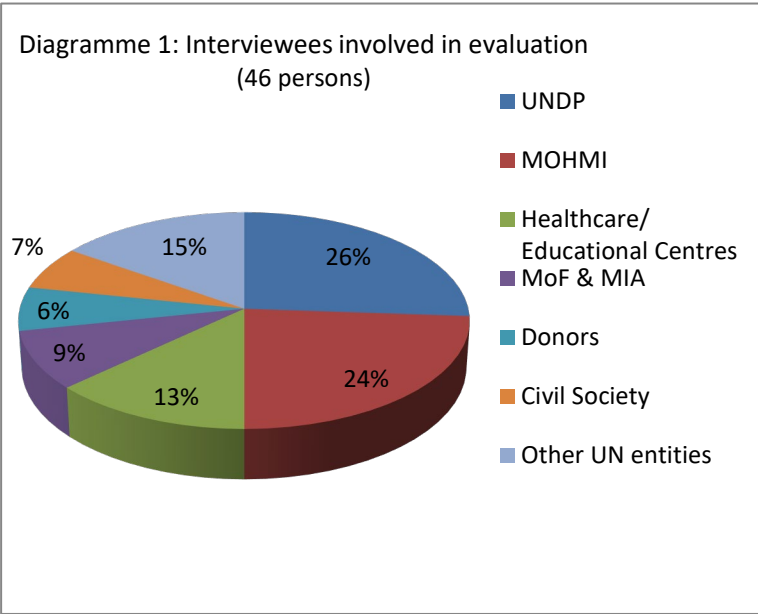


¹¹ See: https://www.betterevaluation.org/en/plan/approach/utilization_focused_evaluation

The evaluation process had three phases as illustrated below and was based on a *Human Rights Based Approach*¹² (HRBA) and *Leave No One Behind* (LNOB).¹³ It also took in consideration the gender principles.¹⁴ The key evaluation questions were in line with those reflected in the ToR and are integrated in the Evaluation Matrix and tools.

The following mixed data collection methods were applied:

- *Desk review* of the health portfolio documents and other written informational sources provided by UNDP Turkmenistan background documentation, including project documents, progress and donors reports, annual workplans, etc. (See Annex 3)
- *Individual key informants’ interviews (KII) and focus group discussions (FGD)* with the stakeholders representing: UNDP Senior team/Health portfolio team/other positions, representatives of the MoHMI, MIA, Ministry of Finance and Economy, NRCS, UN entities, healthcare centers, international development partners and donors. See diagramme 1. The evaluators consulted 46 persons, including 30 women. See Annex 2.



Primary information was collected through the face-to-face semi-structured KII and FGD.

The evaluation questions (Annex 1 – Evaluation Matrix) were tailored for each type of stakeholder.

The transparency of the evaluation process was ensured by the evaluators by the availability of and the agreement on the methodology (inception phase) and by clear communication through the process with the

stakeholders, including UNDP Turkmenistan team.

The secondary information was gathered through a desk-review of written project documents, guiding documents, progress and donor reports, annual workplans, and other documents provided by UNDP Turkmenistan. See Annex 3.

¹² HRBA requires human rights principles to guide UN development cooperation, and focus on developing the capacities of both ‘*duty-bearers*’ to meet their obligations, and ‘*rights-holders*’ to claim their rights. <https://unsdg.un.org/2030-agenda/universal-values/human-rights-based-approach>

¹³ LNOB entails reaching the poorest of the poor and requires combating discrimination and rising inequalities and their root causes. For additional information: <https://open.unwomen.org/LNOB>

¹⁴ Integrating Human Rights and Gender Equality in Evaluation – towards UNEG Guidance: www.uneval.org/document/detail/980 UNEG Guidance Integrating Human Rights and Gender into Evaluation: www.uneval.org/document/detail/1616

The following methodologies in data analysis were used:

Table 1: *Analysis methodologies applied*

| <i>Method</i> | <i>Rationale</i> |
|-----------------------|--|
| Change analysis | Collected data were systematized and compared against the achievements and expected changes described in the projects documents. This helped reaching conclusions on progress of the projects towards the targets and most effective approaches and recommendations for the next similar actions. |
| Contribution analysis | Contribution analysis proved to be the most appropriate method used in understanding the causes of achieved results, results' chain, influencing factors, including both enablers and barriers. That enabled drawing conclusions around the identification of the main contributors or key driving forces. |

The evaluation was carried out according to the UNEG norms and standards¹⁵, and Code of Conduct for Evaluation.¹⁶

- *Independence, Impartiality and Incorruptibility.* These three interdependent elements were necessary for credibility and prevention of conflicts of interest, bias or influence of others, which may compromise the evaluation. The evaluation team remained independent from UNDP Turkmenistan, donor and other stakeholders at all times. Clear reasons for evaluative judgments, and the acceptance or rejection of comments on the deliverables were given. The evaluation report is making clear that it is the view of the evaluation team, and not necessarily that of UNDP, public authorities on donors or other stakeholders, which may articulate their insights in a management response.
- *Respect and accessibility.* The evaluation team provided access to the evaluation process and deliverables¹⁷ without any discrimination based on sex, race, language, religion, ability etc. To secure the accessibility, the data collection was done in Russian and English languages.
- *Anonymity and confidentiality.* The evaluation respected the rights of individuals who provided information, ensuring their anonymity and confidentiality. The evaluators informed the stakeholders about the principles of the evaluation at the beginning of the consultations and asked orally the permission for notes taking.
- *Responsibility and validity of information.* The evaluation team is responsible for the accuracy of the information collected and presented in the evaluation report.

4.3 Limitations

UNDP provided access to all available data and the evaluation team did not encounter significant data limitation issues with one exception describe below. Diverse sources of information were used, and types of information gathered during the assignment. The data obtained from the desk review and face-to-face and remote interviews and FGDs ensured sufficient information for triangulation and synthesis of objective conclusions about the project implementation.

Some questions on the impact level changes generated by the health portfolio were difficult to be assessed, because of the unavailability of the data or short projects duration.

¹⁵ United Nations Evaluation Group Norms and Standards for evaluation can be found at: = <http://www.unevaluation.org/document/detail/1914>

¹⁶ UNEG Code of Conduct to Evaluations in the UN system: <http://www.unevaluation.org/document/detail/100>

¹⁷ Inception report, draft and final evaluation report.

V. EVALUATION FINDINGS

This part of the report presents the key findings and analysis of the final evaluation of the health portfolio (hereinafter portfolio) organized to highlight the *Relevance, Coherence, Effectiveness, Efficiency, Impact* and *Sustainability* criteria.

5.1 RELEVANCE

The relevance is assessed mostly by the extent to which the health portfolio is in line with the priorities of the Turkmenistan. It takes into account the degree to which the portfolio is aligned to the healthcare system needs, and the degree to which the logic of intervention is results-oriented and consistent for achieving the expected results as well as the design aspects. The alignment to the UN/UNDP strategic documents, HRBA, cross-cutting issues particularly gender and the LNOB Principle are also analyzed.

5.1.1 Consistency between the portfolio and national healthcare priorities and needs.

The evaluation found that *the portfolio is highly relevant to the needs of the healthcare system and needs of the targeted people and is strongly aligned to the healthcare priorities and national development strategies of Turkmenistan and directly contributes to implementation of the Sustainable Development Goals (SDGs).*

Relevance is one of the key strengths of the healthcare portfolio, which contributes to the implementation SDG 3 (Health and Wellbeing), which is targeting: Ensuring sustainable financing and improving the health economy (SDG 3c)¹⁸; Reduce by one third premature mortality from noncommunicable diseases through prevention and treatment, and promote mental health and well-being (SDG 3.4); Strengthen the capacity for early warning, risk reduction and management of national health risks (SDG 3d – emergency preparedness); Increasing the coverage of the population with preventive vaccines and increasing of provision of high quality medicines to the population (SDG 3.8); Reduction of premature mortality (SDG 3.1, 3.2., 3.3, 3.4) etc.

The portfolio also contributes to implementation of three other nationalized SDGs, particularly SDG-5 Gender Equality; SDG-10 Reduced Inequalities and SDG-17 Partnerships for the Goals¹⁹, which are explicitly reflected in the healthcare projects.²⁰

The portfolio is fully in line with and directly contributes to the State Health Programme “Saglyk”²¹, which aims improving public health and well-being of the people, increasing average life expectancy, providing comprehensive equal opportunities and conditions for health protection, creation and enhancing and highly efficient healthcare system in Turkmenistan.

The interviewed stakeholders,²² including the representatives of the public authorities repeatedly remarked the relevance of the portfolio and appreciated that besides the consistent logistical support in the procurement of health products for the needs of the healthcare system, it also provides much-needed technical assistance and capacity development support as well as outreach and information and community engagement interventions.

¹⁸ The GoT is allocating over 10% of the national budget to the economy. See State Programme “Saglyk”.

¹⁹ <https://sdgs.un.org/goals>

²⁰ See project proposals of the portfolio.

²¹ State Programme “Saglyk” of the President of Turkmenistan: <https://saglykhm.gov.tm/en/dowlet-maksatnamalary-we-strategiyalary/turkmenistanyn-prezidentinin-saglyk-dowlet-maksatnamasy-rejelenen-gornusi>

²² Key informants interviews.

5.1.2 Consistence of the portfolio design and intervention logic.

In terms of the intervention logic, the healthcare projects are well-structured and uses a Theory of Change (ToC) approach. The TB component of the GF grant and MOHMI-funded project have two ToCs - one is for transition and sustainability of National TB Programme and second is *for health outcomes*, to ensure phase out from the Global Fund support.

The ToCs have different structures and logics of change pathways. Thus, the first ToC highlights the stages of the TB programme, namely transition preparedness, transition, institutionalisation and outcome. The second TOC, linked to other healthcare projects, shows an interconnected results chain (output-outcomes-impact) and states that inputs in the health programmes will improve coverage with the health services and increase people's access to qualitative, available and affordable health services (Outputs), and will lead to long-term changes in the diseases epidemiology (Impact) through improved surveillance, service delivery, case detection and treatment across the country (Outcome). The healthcare projects (NCD, Infectious diseases) have clear assumptions²³, which are valid and need to be reflected in the respective ToC of the healthcare projects, likewise ToC of *Strengthening clinical laboratories Project*, which has a clear *if... then...* and five interlinked assumptions under the 'if' package.²⁴

The ToCs of the healthcare projects are partially integrated in the programming cycle, particularly in the planning and evaluation phases, and not in the monitoring and reporting phases, i.e. progress and final narrative reports. There are a few gaps between the results chains of some of the health projects and the respective ToCs, which include some expected changes not reflected in the respective projects' results chains, for instance: increased access of the people of Turkmenistan to the improved healthcare services and reduced health disparities. This represents an area for further improvement. See *Lessons Learnt* and *Recommendations*.

The healthcare portfolio includes the Results-Based Management (RBM) elements, particularly baselines, indicators, targets and types of results. The health projects have different levels of results chains. Thus, the largest healthcare project on TB has the entire results chain, i.e. outputs-outcomes-impact and the respective key performance indicators (KPIs) and targets, while other healthcare projects, particularly both phases of the NCD project and Clinical Laboratory project have just process-based indicators and impact indicator, without the outcomes. This was explained by 1) urgent and mostly procurement nature of both projects; 2) initially expected short-term duration of the projects with no continuation; 3) absence of any data from the MOHMI. In other words, the results-chain is consisting of the short-term process-oriented results/outputs and long-term impact, without the mid-term outcomes, which represents a results' chain gap, which should be addressed in the future similar interventions. See *Recommendations*.

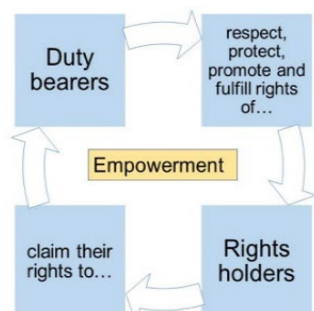
Analysis of the KPIs reveals that the core indicators are logically linked to the healthcare projects' results, particularly outputs, impact and (in the case of TB project) outcomes without the major gaps, which is commendable.

²³ Both projects are based on the assumption that a high quality and uninterrupted supply of medical: 1) products for the NCDs (NCD project) and services for TB, HIV, reproductive health, safe blood transfusion and control of viral hepatitis (Infectious diseases project) is a priority for the MoHMI of Turkmenistan. The implementation of the projects and their success depends on the continued support of the MoHMI through timely obtaining of state approvals and allocation of the necessary financial resources.

²⁴ *If* all labs supplies are available; *If* lab services are accessible; *If* lab supplies are appropriate; *If* labs supplies are affordable; *If* lab services are reliable - *Then* everyone has equal opportunity to timely and reliable diagnosis and get the correct effective treatment; Everyone has equal opportunity to attain best health potential; Reduced health disparities; Sustainable healthcare system

In terms of HRBA²⁵, as reflected in the Figure 2, the portfolio is focused on the strengthening healthcare system of the country, enhancing the functional and thematic capacities of the public institutions and creating enabling environment (infrastructure development, providing necessary equipment and medicines) of the „*duty bearers*”, particularly public healthcare centers and laboratories of Turkmenistan, but also is focused on the “rights holders” (especially in the TB project) information and increasing the healthcare literacy of the general population of Turkmenistan as well as the most vulnerable ones as: elderly people, children, women, people living with disabilities etc.

Figure 2: The core concept of HRBA



In other healthcare projects of the portfolio, the „*rights holders*”, i.e. population of Turkmenistan, are perceived as the end-beneficiaries, who are benefitting from increased access to and quality of the healthcare services provided by the healthcare system of the country.

The portfolio incorporated the cross-cutting issues, including the *Leave No One Behind*²⁶ (LNOB) Principle targeting the most vulnerable people, especially children and women.

The projects provide equal access healthcare opportunities for men and women, regardless of gender, age or other considerations. The portfolio supports implementation of the National Action Plan on Gender Equality on Turkmenistan (2012-2025) through raising awareness among stakeholders on the importance of inclusion on gender considerations into the healthcare projects. The gender considerations are mostly integrated in the project cycle, especially in the implementation, monitoring, sex-disaggregated data collection and regularly described in the narrative reporting. The portfolio has some gender specific initiatives, for instance: 1) medical products for maternal health, which apriori are targeting the healthcare needs of the women and girls; 2) hygiene sets and 3) psychological support to women – patients with drug-resistant TB. The evaluation team also noted that the UNDP health portfolio elaborated and widely disseminated one thematic informational booklet entitled: “Integration of gender-oriented approach into healthcare projects” for TB healthcare workers and specialists around the country.

Still, the evaluation found that the gender aspects are insufficiently integrated in the results chain of the healthcare project and some KPIs and the respective targets illustrated in the *Effectiveness* part of the report are mostly gender neutral.

As mentioned, the gender aspects are sensitive in Turkmenistan and, as revealed the field mission consultations with the stakeholders, to a certain extent influenced the genders sensitiveness of the healthcare projects.

²⁵ HRBA is one of the six Guiding Principles of the UN Sustainable Development Cooperation Framework of human development. HRBA has two dimensions: 1) it contributes to the strengthening of the capacities of ‘duty-bearers’ to meet their obligations and 2) of ‘rights-holders’ to claim their rights. See: <https://unsdg.un.org/2030-agenda/universal-values/human-rights-based-approach>

²⁶ LNOB is the central, transformative promise of the 2030 Agenda for SDGs to eradicate poverty in all its forms, end discrimination and exclusion, and reduce the inequalities and vulnerabilities that leave people behind and undermine the potential of individuals and of humanity as a whole. <https://unsdg.un.org/2030-agenda/universal-values/leave-no-one-behind>

5.2 COHERENCE

The evaluation assessed both dimensions of the coherence *external*²⁷ and *internal*²⁸.

Both dimensions of the coherence are strong and the healthcare projects mostly exhibits good complementarity and synergetic effects with other similar initiatives focused on enhancing the healthcare system and increasing access to the qualitative healthcare services in Turkmenistan.

In terms of *external coherence*, UNDP cooperates well with the national and international thematic actors. The core national stakeholders, including public authorities of Turkmenistan and civil society representatives have been consulted or engaged in the planning and delivery processes.

The main national engagement platform, Country Coordination Mechanism (CCM), is functional and includes over 20 representatives of the line ministries, other healthcare entities, academia, civil society (particularly NRCS) and international development partners (Global Fund, USAID, Stop TB Partnership, UNOPS, WHO). The CCM, besides overview of the implementation of the National Healthcare programme and respective strategic plan, also oversaw the healthcare projects implementation process, strategic monitoring and resources mobilization.

The *internal coherence* is also consistent both de-jure and de-facto. It is evidenced by the fact that the portfolio is aligned to the strategic priorities of the United Nations (UN)/UNDP in Turkmenistan. Thus, the portfolio is linked to the United Nations Sustainable Development Cooperation Framework (UNSDCF) for Turkmenistan (2021-2025), particularly Output 4.1. “National health services provide quality treatment for tuberculosis and other infectious diseases” and Output 4.2. “National health services provide high-quality treatment for major NCDs” within the – Results Group 4 *High quality and inclusive health and social protection services*.²⁹

The portfolio is aligned to UNDP Strategic Plan (2022-2025), which states - ‘Accelerating structural transformations for sustainable development’ (Outcome 2) and ‘Working with governments and partners to support COVID-19 vaccine preparedness and deployment’.³⁰

Similarly, the portfolio is linked to the UNDP Country Programme Document Turkmenistan (2021-2025), which states within priority 4 - ”By 2025, the population of Turkmenistan enjoys higher quality and inclusive health and social protection services”.³¹

The same document describes: a) ”UNDP will work with the ministries of health and internal affairs to strengthen standards, guidelines, and outreach for the effective treatment of multi-drug-resistant tuberculosis and other infectious diseases, and pandemic prevention and preparedness. b) UNDP will support the health system to better manage non-communicable diseases with evidence-based standards and guidelines through a primary-care approach, enhanced training and supervisory systems. In its integrator role, UNDP will support the health system to better understand and respond to co-morbidities related to non-communicable diseases, air pollution, climate and health.”

²⁷ *External coherence* considers alignment with projects/programmes implemented by other actors. See: Ibidem. For additional information: https://www.oecd-ilibrary.org/sites/543e84ed-en/1/3/4/index.html?itemId=/content/publication/543e84ed-en&_csp_=535d2f2a848b7727d35502d7f36e4885&itemIGO=oecd&itemContentType=book#section-d1e2935

²⁸ *Internal coherence* considers alignment with other interventions implemented by the entity, as well as the consistency of the programme with the relevant international norms and standards to which that institution/government adheres. For additional information: Ibidem.

²⁹ UNSDCF for Turkmenistan (2021-2025). <https://turkmenistan.un.org/en/about/about-the-un>

³⁰ See: <https://www.undp.org/turkmenistan/publications/undp-strategic-plan-2022-2025>

³¹ UNDP Country Programme Turkmenistan (2021-2025).

The evaluation found several examples, which illustrates good complementarity and synergetic effects of UNDP Turkmenistan during the health portfolio implementation. Thus, after initiating the procurement of the medical (MCH) products, in addition to communication with the MoHMI, UNDP communicated with UNFPA, which also was engaged in procurement of the similar medicines for the same ministry and synergized the respective procurements, by handing over the procurement of those type of medicines to UNFPA, given its mandate focused among others on the respective issues. This avoided further duplication and enhanced efficiency of use of available financial, human and material resources of both UN entities.

Perhaps the most illustrative example of jointness, complementarity and coherence is the COVID 19 Response project, which showcased the practical implementation of the UN to UN Agreement of UNDP with the UNICEF and WHO. Despite some unclarities between UNDP and UNICEF regarding the management and reporting related aspects at the inception phase of the cooperation, the partnership went smoothly and the jointness of the UN approach proved to be efficient, all three UN entities, namely, UNDP, UNICEF and WHO successfully implemented their components, which brought added value to the project.

Thus, UNICEF used its comparative advantage and was productive in delivering its informational and educational materials and activities in cooperation with a wide range of national stakeholders, including: MoHMI, Ministry of Education, Ministry of Sports & Youth Policy; Youth organization of Turkmenistan, NRCS and some other NGOs.

Engagement of the WHO brought complementary benefits for the targeted groups as the result and thematic and high-level expertise in capacity development trainings for healthcare workers; drafting, operationalization and update of the National pandemic Response Plan (NPRP); development and launch of a new education curriculum for students, which includes a section on COVID-19 aspects. Good complementarity was achieved during the development of the clinical protocols.

The next chapter, *Effectiveness*, describes the core achievements.

5.3 EFFECTIVENESS

The effectiveness of the UNDP healthcare projects was assessed preponderantly by analysis of its achievements and progress towards the planned targets of the expected results.

The key supportive factors and challenges, which influenced the results and the portfolio adaptability are also analyzed.

As illustrated in the table 2, the *effectiveness of the healthcare projects, i.e. achievements at the outputs and outcomes levels are well and preponderantly there is clear positive development dynamic (progress). The portfolio contributed to some tangible results linked to the healthcare system of Turkmenistan: 1) Developed the necessary infrastructure; 2) Enhanced preparedness, functionality, diagnostic capacity & resilience of the healthcare system; 3) Strengthened capacities of healthcare professionals and other actors such as NRCS; 4) Improved the quality of the healthcare services and 5) Increased informational level, outreach and access of the people, incl. vulnerable ones to the healthcare services.*

Some (limited) progress is made on digitalization of health services and promotion of remote accessibility of healthcare and better management of health infrastructure. Digitalization is heavily influenced by the political will and different IT procedures and solutions and needs reinforcement and advocacy.

Table 2. Healthcare portfolio short and mid-term achievements

| 00123301 NCD Project -1 | | | | | |
|---|---|----------|------|--------|---------------|
| Level | Indicators | Baseline | | 2024 | |
| | | Value | Year | Target | Actual |
| Process indicators | Percentage of medicines/medical products purchased & delivered to health facilities during the project period, out of total quantity planned for the same period. | N/a | | 90% | 100% |
| 01000234 NCD Project -2 | | | | | |
| Level | Indicators | Baseline | | 2024 | |
| | | Value | Year | Target | Actual |
| Process indicators | Percentage of medicines/medical products purchased & delivered to health facilities during the project period, out of total quantity planned for the same period. | 84,7% | 2022 | 90% | 100% |
| Process indicators | Percentage of health facilities that have the medicines procured by the project, during monitoring visits. | 90% | 2022 | 100% | 100% |
| 00104976 TB Project | | | | | |
| Level | Indicators | Baseline | | 2023 | |
| | | Value | Year | Target | Actual |
| Outcome indicators | Treatment Success Rate among DR/TB and MDR/TB: percentage of successful treatment among DR/MDR-TB | 68% | 2014 | 66% | 67,50% |
| | Treatment coverage: the percentage of new and relapse TB cases which were detected and reported among the estimated number of TB cases in the same year. | 62% | 2016 | 90% | 85,40% |
| Process indicators | Nr of RR/MDR-TB cases enrolled on second-line therapy | 387 | 2018 | 787 | 777 |
| 00123302 Support to control of TB and other infectious diseases Project (INF-1) | | | | | |
| Level | Indicators | Baseline | | 2024 | |
| | | Value | Year | Target | Actual |
| Outcome indicators | Treatment Success Rate among DR/TB and MDR/TB: percentage of successful treatment among DR/MDR-TB | 63,4 | 2017 | 67% | 67,50% (2023) |
| Process indicators | Nr of RR/MDR-TB cases enrolled on second-line therapy | 838 | 2019 | 769 | 777 (2023) |
| 01002078 INF-2 Project | | | | | |
| Level | Indicators | Baseline | | 2024 | |
| | | Value | Year | Target | Actual |
| Outcome indicators | Treatment Success Rate among DR/TB and MDR/TB: percentage of successful treatment among DR/MDR-TB | 60% | 2020 | 61% | * |
| Output indicators | Nr of RR/MDR-TB cases enrolled on second-line therapy | 827 | 2022 | 980 | * |
| * Data would be available in Jan 2025. | | | | | |
| 1000292 Strengthening clinical laboratory services in Turkmenistan Project | | | | | |
| Level | Indicators | Baseline | | 2024 | |
| | | Value | Year | Target | Actual |
| Process indicators | Percentage of laboratory supplies actually purchased and delivered to health facilities during the project, out of total quantity planned for the same period. | 100% | 2022 | 100% | 100% |
| | Nr of PHC laboratories that have stock-out of lab reagents during the reporting year. | n/a | n/a | 0 | 0 |

| | | | | | |
|--|--|-----|------|----|-----|
| | Nr of labs participating in External Quality Assurance certification | 1 | 2022 | 5 | ** |
| | Nr of lab specialists trained on various lab technics in the project | n/a | n/a | 30 | 234 |

** External assurance is planned after completion of all laboratories and SOPs.

| 128383 Turkmenistan COVID-19 Response Project | | | | | |
|---|---|-----------------------|-----------|-----------|--------|
| Level | Indicators | Baseline | | 2023 | |
| | | Value | Year | Target | Actual |
| PDO Indicators | Development/periodic update of a comprehensive national COVID-19 risk communication plan, including standardized, evidence-based information targeted to different population group | n/a | n/a | completed | |
| | Nr of COVID-19 designated laboratories with verified diagnostic equipment and test kits. | 0 | 2021 | 5 | 18 |
| | Nr of designated beds for COVID-19 patients with access to continuous oxygen supply | 0 | 2021 | 600 | 1000 |
| | A National Pandemic Preparedness and Response Plan is regularly updated | National plan exists | 2021 | completed | |
| | Nr of health staff (physicians and nurses) trained in infection prevention and control in accordance with approved protocols | 0 | 2021 | 4000 | 4001 |
| | Clinical protocols, including a referral system, to care for COVID-19 patients | Established | 2021 | completed | |
| | Nr of COVID-19 designated laboratories with staff trained to conduct COVID-19 diagnosis | 0 | 2021 | 13 | 13 |
| | Electronic program for tracking and monitoring contacts developed and set up in Sanitary and Epidemiological Safety & Control offices in Ashgabat and in 5 velayats | No electronic program | 2021 | completed | |
| | Hospital preparedness plans on COVID-19 are prepared in 5 infectious disease hospitals in 5 districts and health workers trained | 0 | 2021 | 5 | 5 |
| | Nr of focus groups conducted to engage communities, understand their needs and receive feedback on the project | 0 | 2021 | 16 | 16 |
| | Nr of risk communication messages targeted to different population groups developed | 0 | 2021 | 4 | 4 |
| | Nr of gender-specific information campaigns delivered | 0 | 2021 | 2 | 2 |
| | Percentage of participants in community meetings reporting that the outreach & community engagement process is effective | 0 | 2021 | 75% | 75% |
| | Nr of verified functional intensive care beds in designated hospital facilities | 0 | 2021 | 500 | 500 |
| | Nr of hospital and primary care physicians trained in the management of SARI patients & adherence to COVID-19 protocols | 0 | 2021 | 2000 | 2000 |
| List of equipment/consumables/medications for resuscitation & management of SARI patients with lung function disorders is defined and updated | No verified list | 2021 | completed | | |

Analysis of the data reflected in the table showcases that majority of the targets are achieved or are likely to be achieved given the positive development dynamics, which evidences the effectiveness of the healthcare projects implemented by UNDP in close partnership with other thematic national and international actors.

The target of one indicator (External Quality Assurance certification of Labs) is unlikely to be achieved, although the work is still going on.

Below is briefly described and analysed the performance of each healthcare project.

The GoT, particularly the MoHMI has a multi-year cooperation experience with UNDP in procurement of medical products for infectious diseases, such as: TB, HIV, hepatitis C, different diseases transmitted through blood. The TB grants from the Global Fund to Fight AIDS, TB and malaria/Support to control of TB, HIV, viral hepatitis C, safe blood (NTP project) supported the GoT in the national policies for prevention and control of TB. It was done by facilitating procurement of high quality anti-TB medicines, reagents and consumables for ensuring the qualitative and continuous diagnostic services and treatment of the respective patients, including the most vulnerable ones and those living in the remote areas of country. Treatment Success Rate among DR/TB and MDR/TB increased from 63.4% in 2019 to 67.5% in 2023 while the number of RR/MDR-TB cases enrolled on second-line therapy decreased from 838 (2019) to 777 (2023).³²

Besides the technical support in supply of medical products, UNDP and its partners contributed to enhancement of the national capacities of the healthcare specialists, primary healthcare staff and penitentiary system doctors in: detection, treatment, side effects, drug management etc. The NTP and TB services staff enhanced their competences in M&E, tracking and reporting, while the laboratory specialists learned a wide variety of lab technologies and innovations. The end-beneficiaries benefited from the dedicated activities implemented by the nurses and volunteers of the NRCS in its patient-oriented programme. It is important to mention that the interaction with the end-beneficiaries continued even during the pandemic restrictions with some adjustments of the ‘modus operandi’, particularly switching from the group activities to the individual home-based sessions.

The detection rate of TB and TB drug-resistant was improved by provision of the respective laboratories at the national and local level adequately equipped and with necessary agents. Based on the available data, in 2023, all patients, including those from the penitentiary system were covered with the treatment with second-line drugs. The diagnostic capacity was ensured by provision the necessary units with Hepatitis B and C cartridges.

The evaluation also found that that obtaining of the TB related data by an international organization, including donor remains difficult in Turkmenistan. Therefore, the annual TB statistics submitted by WHO was delayed and incomplete, which impeded timely and adequately verification of the reported data.³³

The field consultation revealed the insufficient and outdated state social and psychological support to people with TB due to low engagement of the community based and/or non-governmental organizations in TB control. Although there is a progress since the inception phase of the Global Fund support (2010), community engagement in TB control is still weak. The main reasons are: underdeveloped civil society sector; lack of funding opportunities and absences of a social contracting mechanism.

The support to control of NCD Project is effective in providing the technical support to the MoHMI in implementation of the National Programme for control of NCD through procurement of medical products for prevention and treatment of cardio-vascular / oncological / endocrinological / respirator / neurological diseases as well as some other NCDs.

As mentioned above, the NCDs are the main cause of ill health for both women and men and are the main reason of mortality in the world including in Turkmenistan. The NCD project positively influenced the functionality of the healthcare system and the quality of the respective service by supplying all planned high-quality and affordable medicines.

The monitoring visits evidenced that all health facilities have the necessary medicines procured by UNDP within the NCD project.

³² Progres report. TB Granting project. 2023.

³³ Progres report. TB Granting project. 2021.

Again, just like in the case with the TB project, UNDP was instrumental in procurement of the qualitative medical products to treat different types of cancer, diabetes, cardiovascular diseases, mental disorders, endocrine diseases. As showcased the field consultations with the stakeholders, those medicines are strictly necessary for the healthcare system of Turkmenistan for improving the health condition of the envisaged population and in some case allowed medical specialists to render assistance in controlling and in some cases in overcoming potential diseases. The consultations also revealed that some medicines, for instance those needed for treatment of the neurological diseases are provided with delays of several months and up to one year, which in the near future may affect the continuity of the respective treatment.

“We are very satisfied with our cooperation with UNDP, which is a professional and internationally well recognized organization. It provides much needed support in procurement and registration of the medicines. Our public authorities perhaps wouldn’t be able to perform similarly on procurements and supply. Still, we would recommend to increase promptness of supply of some medicines as we are waiting for them since the beginning of the year. This does not affect our functionality, but our stocks may run out”.³⁴

It is important to underline that besides procurements, UNDP, through the national coordinators, is monitoring distribution, storage and dispensing of NCDs medicines, as well as tracking the validity of the medicines and reporting on usage of the procured medicines.

The digitalization of the stock management/warehouse management and electronic patient register has a strategic importance for the healthcare system of Turkmenistan. It was initiated and the digital platform and technology expert were hired, who works closely with the MoHMI. However, the digitalization process takes more time and encounter greater challenges than anticipated, because of some hesitance of the public authorities and different technical, procedural and IT-related issues.

The field mission consultations with the stakeholders from Turkmenistan showcased that the healthcare specialists, particularly clinicians, family doctors, ambulance specialists, endocrinologists, ophthalmologists increased their thematic competences as the result of the trainings provided by the WHO experts, which positively influences the healthcare system strengthening related to the NCDs.

Turkmenistan has some good cases of enhancing laboratory capacities for certain diseases. The most notable one is strengthening TB lab network within the TB grant from the Global Fund. Besides TB labs, during the evaluation period (2021-2024), UNDP cooperated with the GoT and covered clinical laboratories diagnostics of diseases in line with the *National Policy for Development of Laboratory Service by 2025*. Again, UNDP performed well in procurement and supplying the necessary laboratory supplies, which resulted in the fact that none of the primary healthcare laboratories had stock-out. Still, as mentioned, the target regarding the labs participating in External Quality Assurance certification is unlikely to be achieved, because of the unclarity on the EQA approach yet to be agreed with the national counterparts.

The COVID 19 response project was a joint UN (UNDP, UNICEF, WHO) initiative, which strengthened the resilience of the national healthcare system and increased the capacity for early detection, adequate diagnostics, control and management of the respective infection cases. The laboratories were equipped with essential equipment and COVID-19 test-systems, and as mentioned during the field consultations, the laboratory services increased the total capacity testing countrywide. Supply of IT equipment and deployment of automated data management system for epidemiology surveillance has equipped the national healthcare system, to deal with the new and potential breakout of infectious diseases.

³⁴ Key informants’ interviews.

Procurement of essential medical equipment, clinical laboratory reagents and medicines, have increased the capacity of healthcare facilities for the diagnostic, medical treatment and monitoring of patients with the suspected infection cases. The customized mobile PCR Laboratory, procured within the project, works autonomously in the remote areas and conducts complex PCR Labs. It strengthened the diagnostic capacity of the healthcare system, improved the outreach and coverage and increased the access of the people from remote areas to the qualitative healthcare services.

UNDP and its partners were successful in community engagement. Thus, the SEP activities have engaged various social groups, such as velayat (regional) and etrap (district) administration representatives, education and healthcare facilities, public service officers and vulnerable groups, such as people with disabilities, families with low income, households headed by women, elderly people, etc.

UNICEF developed and widely disseminated dedicated posters targeting health professionals and parents. Information campaign was focused on women health during the pandemic vaccination of pregnant and breastfeeding women.

Factors, which influenced health projects implementation.

There are several key factors identified by the evaluation team, which to a different extent influenced positively or negatively the healthcare projects delivery and performance as such.

The key success factor, which positively influenced the implementation and achievements are:

- *The trust and political will and commitment* of the GoT, MoHMI and MIA, reiterated during the field consultations, to continue strengthening of the healthcare system, increasing the quality and accessibility of the respective public services and continue the multi-year cooperation with UNDP on healthcare projects.
- *Partnerships and active engagement* of the main implementing partners (WHO, UNICEF, Medical University, NRCS, etc), which facilitates using the comparative advantages of the partners and brings added value and the much-needed thematic expertise.
- *Dedication of the health portfolio team, especially Health Programme Specialist*, who was repeatedly mentioned by the stakeholders as one of the key driving forces in the smooth implementation of the health portfolio. As mentioned one of the external stakeholders - „UNDP Turkmenistan has one of the best healthcare team in the Central Asia and CIS region”³⁵. This explains the efficiency of planning and management, close and smooth cooperation with the public authorities, consistent funding provided by the state budget and satisfaction level of the public authorities with the cooperation results.
- *Procurement support of the UNDP GPU/HIST international teams*. UNDP, globally is familiar with the recommendations of WHO and has a consistent supply experience and chain, which ensures the quality, transparency and adequacy of the procurements. It worth mentioning that the GPU/HIST and the operational procedures (including procurements) are also perceived by the national stakeholders, i.e. public authorities as bottleneck in delivery of some medical products,

The evaluation team also identified some difficulties and constraints, which, to the different extent, bottlenecked the delivery dynamic of the projects.

- *Sometimes delays in supply of health products* (e.g. neurological medicines, blood bags, some tests, equipment) because of time consuming procurement/QA procedures as well as

³⁵ Key informants' interviews.

availability of the required medicines, outcomes of the biddings, changes in the prices of the medicines and short validity period of the medicines.

- *The needs of the MoH, sometimes are changing* during the implementation process because of the healthcare dynamics and needs, which creates difficulties in adjustment of the procurements and supply.
- *Economic sanctions and political situation in other countries* creates difficulties/delays in supply of the procurements. Additional documents/confirmations are required especially for IT equipment and software, whereas UNDP and the healthcare projects as such should ensure that the goods and software would not be used or for any other purposes than the medical needs of Turkmenistan. Transit of goods, including medical products through the countries under the economic sanctions is a challenge and this influences the promptness of the supply chain. Some suppliers are reluctant to deliver the medical products because of the hesitance to get the economic sanctions.
- *COVID-19 pandemic restrictions* affected ‘modus operandi’ of the healthcare projects and UNDP and Turkmenistan’s public services as well as the operational and absorption capacity, interaction with the end-beneficiaries and generated savings. The pandemic and post-pandemic consequences generated increase in the costs of construction materials, much higher than initially anticipated. It is important to highlight that the healthcare services were not interrupted throughout the pandemic also because the healthcare system was adequately equipped and supplied with medicines, reagents, respirators, masks. Subsequently, the access to the testing and treatment was permanent.

Still, the health portfolio showcased good flexibility and adaptability as described in the next chapter. See *Efficiency* chapter of the report.

5.4 EFFICIENCY

The efficiency was examined in terms of the implementation of the major activities and timeliness of the achievements, steering and response mechanisms, delivery methods and use of available resources. The aspects of project management, monitoring and evaluation system were also considered along the evaluation process.

The evaluation found that the ***efficiency is mostly well with the impressive amount of mobilized resources³⁶, overall efficient use of financial resources, attractive cost-efficiency and savings, adequate delivery methods, well steering and response mechanisms and adaptability, multidimensional monitoring and process and action-based planning and management.***

The resources allocations were adequate, and there were no ineligible expenses. The proportion of the other costs vs development activity costs are in line with the UNDP operational policies. The activities are implemented in a cost-effective way, which is also explained by the fact that UNDP used its internal learning and information sharing system and the similar international good practice sharing, which represents institutional comparative advantage.

The healthcare projects were adequately staffed and the financial resources were used for the budget lines as planned without the significant deviations, except the savings, which were reallocated upon close consultations with the donors and public authorities of Turkmenistan.

³⁶ About \$160 million mobilized versus \$28 million targeted.

No information was found about misuse of financial resources or contra-productive partnerships. The evaluation also did not find any alternative solutions, which could be provided at fewer expenses and/or would be more economical for the portfolio.

The COVID 19 response project had some procedural related delays at the inception phases with signing of the UN-UN Agreement with the UNICEF and WHO. Some delays were also noted in the case of the Clinical laboratory Project. In both cases UNDP and its partners were able to either to catch up or to get a non-cost extension for adequate delivery of the planned actions.

The M&E system of the healthcare projects is multidimensional and is detailed in the regularly updated M&E plans and the key elements are:

- Regular communication and bilateral and sometimes three-lateral consultations between the UNDP - MoHMI – Global Fund;
- Strategic monitoring by the Steering Committee (SC)³⁷ during its periodical meetings. The SC was functional and contributed to well steering, strategic decision-making evidenced by the respective minutes.
- Technical and quality assurance support provided by the healthcare project experts and ;
- Operational periodical monitoring visits (e.g. to TB and family medicine facilities, Central Prison hospital) undertaken by the UNDP health portfolio team and the implementing partners (e.g. NRCS);
- Independent monitoring and verification by the GF Local Fund Agent;
- Independent external final evaluation undertaken by UNDP Turkmenistan.

The M&E system of UNDP facilitated timely monitoring, identification of the risks and adjustments and well-informed project management decisions. The M&E system also contributed to the improvement of the sustained quality of the healthcare services, for instance detection and treatment of TB, tracking and drug management, as well as timely reporting and delivery of the envisaged outputs.

The healthcare portfolio exhibits a good adaptability as a management response to the influencing factors. The management of the projects was flexible and adaptive, evidenced for instance in the case of the adjusted ‘modus operandi’ during pandemic, extended durations of the projects, handed over the procurement of the maternal healthcare products to UNFPA, reallocation of savings for procurement of medicines for maternal and child health etc.

All these adjustments increased healthcare projects’ adaptability to the changed context, enhanced efficiency of use of available inputs and maintained relevance of the interventions given their needs-based nature. The evaluation team found that the projects management arrangements were adequate, receptive and facilitated regular communication, timely tracking of the progress, adjustments and reporting and informed decision-making integrated in the annual working plans.

Evaluation also identified two areas for efficiency improvement one linked to logistics and one to management, particularly reporting style. On the logistics - time consuming, lengthy and slow procedures of UNDP, which affects promptness and contributes to delays in supply; On the reporting - the progress reports are rather action-based describing what and how has been done than change-oriented highlighting what has been changed as the result of the undertaken interventions and the respective supporting evidences. This reveals the need for further integration of the RBM approach, particularly change management and change-oriented reporting. See *Recommendations*.

³⁷ The Steering Committee (SC) included representatives of: UNDP, MoHMI, UNICEF, WHO and other stakeholders.

5.5 IMPACT

Overall, the impact of the portfolio is difficult to be adequately assessed because of insufficient or lack of impact level national data against the impact indicators and targets set in the project documents and short duration (two years) of some projects, namely Clinical Laboratory project and COVID-19 response project. In the case of the both short-term projects, it is also difficult to establish the UNDP portfolio's contribution to those macro-level changes, e.g. national mortality rate; probability of dying age 30-70 from NCDs.

Identification of the long-term effects, i.e. impact of the medical products and healthcare services on the patients, as mentioned the interviewed healthcare specialists, often requires longer period than the duration of the healthcare projects, e.g. in the case of oncological diseases up to five years. Still, as reflected in the table 3 below, there is data showcasing **positive declining tendency of infectious diseases in Turkmenistan**, which, as repeatedly remarked the interviewed core stakeholders, is **directly linked with the multi-year/multiphase interventions of the TB programme implemented by UNDP**.

Table 3. Impact level achievement of the health portfolio

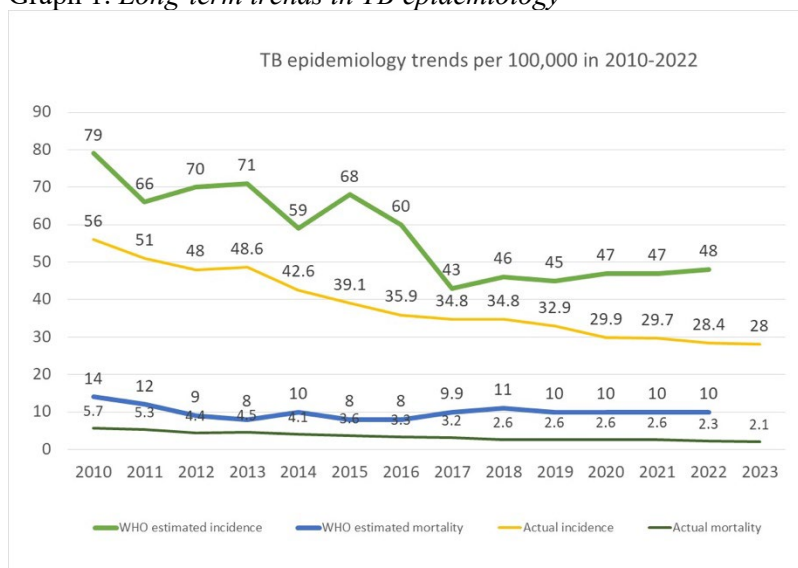
| 00123301 NCD-1 Project | | | | | |
|--|---|----------|------|-----------------------------|---------------|
| Level | Indicators | Baseline | | 2024 | |
| | | Value | Year | Target | Actual |
| Impact indicators | Mortality rate from cardio-vascular diseases, cancer, diabetes mellitus and chronic respiratory diseases, disaggregated by sex | 24,5 | 2017 | 1.5% annual reduction | 21,4% (2023) |
| 01000234 NCD-2 Project | | | | | |
| Level | Indicators | Baseline | | 2024 | |
| | | Value | Year | Target | Actual |
| Impact indicators | Probability (%) of dying between age 30 and exact age 70 from any of cardiovascular disease, cancer, diabetes, or chronic respiratory disease | 27,7 | 2019 | 21% (1.5% annual reduction) | 24.1%* (2023) |
| *As per UN RC CCA situation update for 2022: latest available is for 2020: 24.1% (male 28.9% / female 19.8%), no other data available. | | | | | |
| 00104976 TB Project | | | | | |
| Level | Indicators | Baseline | | 2023 | |
| | | Value | Year | Target | Actual |
| Impact indicators | TB mortality rate (per 100,000 population) | 3,2 | 2017 | 5,7 | 2,1 |
| | Prevalence of MDR-TB among new TB cases | 13,9% | 2013 | 27% | 16,85% |
| 00123302 INF-1 Project | | | | | |
| Level | Indicators | Baseline | | 2024 | |
| | | Value | Year | Target | Actual |
| Impact indicators | TB mortality rate (per 100,000 population) | 6,9 | 2019 | 5,4 | 2,1 (2023) |
| | TB incidence rate (per 100,000 population) | 36,9 | 2019 | 37,40% | 28% (2023) |
| 01002078 INF-2 Project | | | | | |
| Level | Indicators | Baseline | | 2024 | |
| | | Value | Year | Target | Actual |
| Impact indicators | TB mortality rate (per 100,000 population) | 2,3 | 2022 | 2,2 | * |
| | TB incidence rate (per 100,000 population) | 28,4 | 2022 | 31,40% | * |
| * Data would be available in January 2025 | | | | | |
| 1000292 Strengthening clinical laboratory services in Turkmenistan Project | | | | | |
| Level | Indicators | Baseline | | 2024 | |

| | | Value | Year | Target | Actual |
|------------------|---|--------|------|--------|--------|
| Impact indicator | Probability (%) of dying between age 30 and exact age 70 from any of cardiovascular disease, cancer, diabetes, or chronic respiratory disease | 27,70% | 2019 | 20% | * |

* Data would be available in January 2025.

The TB project positively impacted the people having TB/MDR-TB and their families providing patient-centered care for TB and free of charge access to quality diagnostic services, treatment and adherence support. Healthcare workers and specialists, including: TB doctors, family doctors, laboratory specialists in the civil healthcare institutions and prison enhanced their expertise as the result of the thematic trainings and confirmed during the field consultations improved the quality of their services and monitoring.

Graph 1: Long-term trends in TB epidemiology



The graph 1 illustrates the long-term trends in TB epidemiology, particularly WHO estimated incidence and mortality versus actual incidence and mortality. Although estimated values are different from the actual once, in both cases the tendencies are descendent, which illustrated positive trends.

The working environment in the TB facilities also improved as the result of the infection control measures

and provision of the individual protection means respirators, regular maintenance of the ventilation systems and lab equipment.

Although there is no available impact level data regarding the NCDs indicators (*'Mortality rate from cardio-vascular diseases, cancer, diabetes mellitus and chronic respiratory diseases'*; *Probability (%) of dying between age 30 and exact age 70 from any of cardiovascular disease, cancer, diabetes, or chronic respiratory disease*), the analysis of the data of the previous years, shows some positive development dynamics, i.e. declining rates.

Despite the fact that the COVID-19 response project has no formulated the impact as such due to short and urgent character of the project, evaluation found some noticeable positive changes on strengthening the capacity and preparedness of national healthcare system, to respond against COVID-19 and SARI infections. Thus, the healthcare facilities are adequately equipped with the essential medical equipment, medicines, consumables, lab inventory; SES facilities are well equipped with PCR Lab equipment and test systems, disinfection equipment; healthcare workers are prepared to promptly and adequately respond against COVID-19 and SARI suspected medical incidents; communities and stakeholder groups are better informed and engaged in risk communication activities.

Overall, the project had a positive effect on the healthcare system, through strengthening the potential infection early detection, diagnostics and management of COVID-19 cases.

There is also an early progress in digitalization of healthcare system, which facilitates the remote accessibility of the population of Turkmenistan to the healthcare services and better management of healthcare infrastructure. Still, digitalization of the healthcare services is at the inception phase, it encounters several difficulties and needs more consistent and reinforcement engagement from the public authorities.

5.6 SUSTAINABILITY

In terms of the likelihood of sustaining the benefits of the healthcare projects and the ownership perspectives over the achievements are particularly important. The evaluation assessed for dimensions of the sustainability perspectives: policy sustainability, institutional/organizational sustainability; financial sustainability and environmental sustainability.

The evaluation team found some *positive and promising sustainability perspectives, which evidences existence of the political will and financial commitment of the national public authorities of Turkmenistan.*

Policy sustainability perspectives are promising. The GoT demonstrates clear political commitment to continue efforts on strengthening the resilience and functionality as well as the services of national public healthcare system. Turkmenistan accepted WHO' thematic recommendations and the government is strongly committed to fight against TB and NCD, in line with the thematic normative acts, including National Program for Prevention and Control of TB in Turkmenistan (2021-2025). The healthcare policies and regulations are mostly in place. Still, there is a clear need for further adjust regulatory framework for reinforcing the digitalization of the healthcare system of the country.

Financial sustainability perspectives are consistent and promising given the clear financial commitments of the GoT to continue cooperation with UNDP and funding the healthcare projects. The GoT has increasingly taken the funding over the TB priority interventions that were previously funded by the Global Fund. Starting with 2017 the GoT fully covers thee needs for supplies for drug sensitive TB and from 2019 the GoT also has taken over the financing of the second line TB medicines and reagents in line with the Plan for Sustainability of the National TB Programme of Turkmenistan and preparedness for full domestic funding by 2021. The GoT is implementing the transitional grant of the Global Fund through progressive government co-funding of all key TB related interventions by 2027 and reaching sustainability and self-reliance on the National TB Programme.

In terms of *institutional and organizational sustainability* perspectives the health portfolio contributed to: enabled environment of the operational health infrastructure; enhanced capacities of the healthcare specialists and workers. The current implementation partners are willing and dedicated to continue cooperation. Periodically the are some issues with the technical service and maintenance of the medical equipment, but as stated the stakeholders, those operational issues are mostly solved. The current healthcare supply mechanism (with UNDP as the key supplier) is not reflected in the normative framework of Turkmenistan, but is functional, despite some delays in supply of some medical products as mentioned above.

Majority of the interviewed stakeholders consider that the current healthcare products supply format is the most adequate and sustainable one for Turkmenistan, because it ensures the functionality and is attractive from the cost-effectiveness point of view for the country. Still, some other stakeholders point out that, despite its functionality and financial attractiveness, the current supply mechanism of the healthcare system of Turkmenistan depends on the UNDP procedures, and therefore its long-terms sustainability perspective is questionable. The evaluation team considers that both insights are valid and cannot be ignored. Still, as long as UNDP has a long-term presence in Turkmenistan and it provides quite effectively much-needed supply of medical products, the current supply format can be further used and reinforced. The improved healthcare infrastructure seems to be functional, although there is a need to further enhance capacities and retention of the skilled engineers necessary for supporting the functionality of the medical equipment. See *Recommendations*.

The evaluation also identified some other positive institutionalized sustainability perspectives, such as operationalization and update of the National Pandemic Response Plan; launching of

the new education curriculum for students, which includes section on COVID-19 and was institutionalized in the educational system of the State Medical University in 2023.

The projects were designed as environmentally friendly intervention, although without a clear climate-health nexus. The evaluation did not find any actions, which would produce harm or affect the environment, on contrary - the environmental sustainability perspectives are promising. Service maintenance of the diagnostic equipment and environment friendly technologies, supported and strengthened national protocols and contributed to a systemic change in medical waste management.³⁸ The environmental-oriented approach of the COVID - 19 response project funded by the World Bank also contributed to consolidation of the environmental sustainability. Waste management component is being integrated into next phase of the Global Fund and Infectious diseases projects for 2024-2025 implementation and in the Lab project, which is commendable.

VI. CONCLUSIONS AND LESSONS LEARNT

This chapter of the final evaluation report summarizes key conclusions and lessons learnt based on the analyses of collected data and elaborations along the evaluation criteria.

6.1 Conclusions

The health portfolio made a tangible contribution to ensuring continuous and quality healthcare services and there were no stock-outs and interruptions of the healthcare services, despite the challenges described in the report, including challenges in the global supply chains.

Conclusion 1. The healthcare projects are highly relevant to the national healthcare system needs and are strongly aligned to the healthcare development priorities and policies of Turkmenistan.

The healthcare projects are needs-based and their design a clear results-chain, but with some gaps, particularly missing the outcomes, but with interlinked baselines-indicators-activities-targets. The intervention logic combines *hard* (infrastructural) and *soft* (capacity development and community information and engagement) interventions, which are complementarily and contribute to the main goal of the healthcare projects.

The projects incorporate the human rights-based approach focused mostly on the „*duty bearers*” or supply side to healthcare system of Turkmenistan, while the „*rights holders*” or demand side (people of Turkmenistan) are targeted by the informational actions, engaged in some TB related activities, but also perceived as the final beneficiaries. The LNOB principle is well mainstreamed and the gender aspects are mostly integrated in the project management cycle, including in delivery, data collection, and reporting phases.

Conclusion 2. The healthcare portfolio is internally and externally coherent and illustrates good complementarity and synergetic effects with other similar initiatives focused on strengthening the healthcare system of Turkmenistan and increasing the functional capacities and access to the qualitative healthcare services.

Coherence is one of the strengths of the health portfolio, which is internally and externally aligned with other initiatives. The portfolio is responsive to the persisting and changing national healthcare system needs and requests of the national partner, namely MoHMI. UNDP mostly promptly adjusted its delivery and type of assistance taking into consideration

³⁸ Quarterly Progress Report (Q4-2023). Project “Response to COVID-19 in Turkmenistan” funded by the World Bank.

the national needs and request. The healthcare projects are also well coherent and aligned to the strategic priorities of the UN in Turkmenistan, UNSDCF and UNDP Turkmenistan Country Programme and UNDP Strategic Plan.

Conclusion 3. Despite several influencing factors, which affected its implementation dynamics and timely performance, *the healthcare projects were mostly effective and reached its short and mid-term targets, which positively influenced the operational capacity and the functionality of the healthcare system of Turkmenistan and the access of the population, including the most vulnerable one to the qualitative healthcare services.*

The projects were and still are heavily influenced by mostly external factors, but overall performed well. The healthcare portfolio of UNDP generated some positive effects for the healthcare system of Turkmenistan by: improving the healthcare infrastructure as the result of the medical equipment; enhancing preparedness, functionality, diagnostic capacity and resilience; strengthening capacities of healthcare professionals; improving the quality of the healthcare services by providing the high quality medicines and products and increasing informational level, outreach and access of the people to the healthcare services.

The joint UN partnership UNDP-WHO-UNICEF brought tangible benefits, particularly increased pandemic response and resilience of the healthcare system of Turkmenistan, with advances both at the institutional level and public awareness.

Cooperation with the NRCS was effective in strengthening the local capacities in TB homecare, public awareness and community mobilization.

Conclusion 4. Analyzing the healthcare projects fulfillment versus time consumed and use of financial resources, it can be concluded that, *overall, the projects management was flexible and adaptive and the projects operated mostly in an efficient manner reaching the majority of the targets within the (extended) durations and budgets.*

All healthcare projects were adequately staffed and the financial resources were used for the budget lines as planned without the significant deviations, except the approved reallocations and extensions.

The health projects were effectively clustered into a healthcare portfolio and this maximized the use of available human and financial resources and generated the expected results. It also facilitated analysis of the complementarity, synergetic effects and coherence, especially the internal dimension of it.

No information was found about misuse of financial resources or contra-productive partnerships. On contrary, the healthcare portfolio team promoted effective partnerships with other UN and national organizations, which brought thematic added values based on their comparative advantages, which maximized the effects of the capacity development actions, information and healthcare literacy, as well as community awareness raising and engagement.

The evaluation team did not find any alternative solutions, which could be provided at fewer expenses and/ or would be more economical for the healthcare projects.

Conclusion 5. *The long-term changes generated with the projects contribution, i.e. the impact of the healthcare strengthening achievements is either difficult or is premature to be assessed, although there are some sings of positive impact* in the case of declining rate of mortality on TB and some early sing of positive trends on NCD related indicators.

There are some noticeable positive changes generated by the portfolio on strengthening the capacity and preparedness of national healthcare system of Turkmenistan, to respond against COVID-19 and SARI infections as the result of the essential medical equipment, medicines,

consumables, lab inventory provided. Mobile healthcare services improved the universal healthcare outreach and increased the access of the population, especially from the remote areas, to the healthcare services.

Conclusion 6. The sustainability perspectives of the achievements are mostly promising with strong national ownership and funding commitment of the Government to sustaining the results and continuing consolidation of the healthcare system of the country and increasing the access of the population to the qualitative healthcare services.

The projects enhanced country's healthcare system resilience. The promising sustainability of the healthcare projects results are supported by the explicit political will and financial commitments of the Government as well as mostly well-developed normative and regulatory framework, institutionalized educational topics in the curricula, enhanced capacities of the healthcare specialists and workers and overall functional healthcare infrastructure.

6.2 Lessons Learnt

Usually, any aspect or approach, which did not fully work as expected or functioned surprisingly well, represents a lesson, which normally should be learned and inform future projects. Thus, based on the evaluators' review of portfolio documents, consultations with the key informants, and analysis of the performance and logic of intervention, evaluation suggests the following two lessons that may be of value to engaged UNDP, public authorities of Turkmenistan and other stakeholders:

- *A change-oriented healthcare project needs a consistent results chain and a Theory of Change approach well integrated throughout the entire project cycle management from planning to reporting*, which would reflect the desired change, the causal *if... then....* link and would explain about what will change, for whom and how it will happen and analyse the key assumptions. The results chain should contain short-term outputs, mid-term outcomes and whenever feasible long-term impact changes. Evidenced-based assumptions should include consideration of internal factors (relating to project design and implementation) and external factors (relating to other partners, stakeholders and contexts) that will be critical for achieving expected changes. This represents a learning opportunity and area for further improvement.
- *In a complex, time consuming and depending on the several external factors supply chain, the well planned in advance, accurate financial estimations and quantification of the medical products are important*. The prices for the medicines and freight cost change, the currency rate fluctuations, just like the cost for the transportation services are frequently changing and these should be taken into account while financial planning, otherwise it can put under the risk the procurement and supply of the necessary amount. Knowledge of the number of patients for each disease allows optimization of the necessary funds to increase efficiency and avoid stock outs of overstocks. Finally, the procurement, approvals and supply take several months, sometimes up to 10 months. Given the complexity of the regional and international context, described in the report, there's a need to plan well in advance the supply of the medical products, which is well done by UNDP.

The evaluation team recognizes that it might be some additional specific lessons. Nonetheless, the evaluators have restricted themselves to the overarching lessons. As "basic" the lessons learned may be, their application offers the opportunity to future increase relevance, effectiveness, and efficiency of the interventions in other future similar actions.

VII. RECOMMENDATIONS

This part provides a manageable number of seven recommendations based on the conclusions and lessons learned. The recommendations are explained by the evaluation team to his best professional judgment following analysis of the gathered data, field visits and consultations.

7.1 General framework of the recommendations

The table presents the general framework of the final evaluation recommendations.

| <i>N</i> | <i>Recommendations</i> | <i>Priority</i> | <i>Time frame</i> |
|----------------|---|-----------------|-------------------|
| <i>Rec. 01</i> | <i>UNDP to capitalize on the achievements and keep further supporting the healthcare system of Turkmenistan and access to qualitative healthcare services of the population.</i> | High | Immediate |
| <i>Rec. 02</i> | <i>UNDP to maintain support of the national healthcare system's efforts to efficiently control the NCDs and infectious diseases in the country.</i> | High | Mid-term |
| <i>Rec. 03</i> | <i>GoT and UNDP to further develop the national capacities of the healthcare professionals and use a systemic approach towards the capacity development.</i> | High | Immediate |
| <i>Rec. 04</i> | <i>UNDP to reinforce the sustained efforts for supporting the digitalization of the healthcare system planned by the GoT and for integration climate change considerations into health planning and improving disaster readiness.</i> | High | Mid-term |
| <i>Rec. 05</i> | <i>GoT and UNDP to continue increasing the public awareness and healthcare literacy of the local actors and population.</i> | Medium | Mid-term |
| <i>Rec. 06</i> | <i>UNDP to increase the consistency of the design and further mainstream change- oriented management approach.</i> | Medium | Mid-term |

7.2 Detailed recommendations

Rec. 01 *UNDP to capitalize³⁹ on the achievements and keep further supporting the healthcare system of Turkmenistan and access to qualitative healthcare services of the population.*

This recommendation for UNDP is to continue supporting healthcare system of Turkmenistan. UNDP established effective partnerships with MoHMI, used its comparative advantage of global supply chain and gained valuable, specific and well-grounded experience on healthcare support of the country, which needs further similar support for continuing. It learned important medical products supply and other implementation-related lessons on what and how works and what and why affect the work.

Therefore, there is a need to ensure that this partnership with the GoT continues. UNDP is advised to make sure that those achievements described in the evaluation report have a continuity, are maximized and learnings and are used during the next follow up initiatives. There is a need for a sustained effort to capitalize on the achievements and to continue supporting implementation of the national commitments to further support the healthcare

³⁹ The term “capitalization” is not clearly defined in the international development. Still, according to subject-related guidelines, capitalization is a building and knowledge management process aimed at consolidation the capital (approaches, learnings, good practices, achievements) and making it accessible through the benchmarking, using the acquired knowledge, tools and experiences in future programming. For additional information: *Capitalization Management Guide. In the context of the European Territorial Cooperation Programmes.* January 2020

system and increase access of the population to affordable and qualitative healthcare services in line with the national policies. It is commendable that the Turkmenistan has a normative basis, particularly within the Law on *Non-communicable diseases*⁴⁰, which formalizes the international cooperation on the healthcare system development.

Rec. 02 *UNDP to maintain support of the national healthcare system's efforts to efficiently control the NCDs and infectious diseases in the country.*

The representatives of the GoT repeatedly mentioned their commitment to continue work on controlling of the envisaged diseases, especially TB, HIV, and viral hepatitis. Nevertheless, UNDP is advised to continue to advocate for consistent and sustained public funding for these healthcare projects, as they still remain critical public health issues in Turkmenistan.

Focus on ensuring the financial sustainability of the multi-phase TB project, which showcased positive impact on the fighting TB. Government support is particularly essential during the transition from the Global Fund, which will exit the country under the next programming cycle. Collaborate closely with the Global Fund to implement the Transition Action Plan to ensure smooth handover, i.e. phase-out of the Global Fund and phase-in of the GoT.

Rec. 03 *GoT and UNDP to further develop the national capacities of the healthcare professionals and use a systemic approach towards the capacity development.*

A resilient and functional public healthcare system is dependent not only on the healthcare infrastructure and availability of the medical products, but also on the national and local capacities of the health specialists and workers, which is a never-ending process and should be treated as such. Focus on capacity needs assessment and enhancement of the national capacities of the healthcare professionals, including to use the new medical equipment and technologies for improving health infrastructure. Whenever, feasible support the GoT in increasing the expertise of the technical staff and engineers on technical services of the medical equipment, it will consolidate the functionality and sustainability perspectives. Investing in the national and local capacity development will boost the healthcare sector's resilience and effectiveness and pandemic preparedness by building on the achievements of the COVID-19 response project.

Use a systemic and integrated approach towards the capacity development, in terms of capacity development levels, process and increasing the functional capacities, especially M&E and analytical capacities. The UNDP Capacity Development Primer might be useful for structuring the national healthcare capacity development process.⁴¹

One remark and cognitive recommendation regarding the design and using the terms. The health portfolio documents and informational sources (reports) use the terms „*capacity building*” and „*capacity development*” as similar, but they are not. Thus, the first term means building the capacity from the scratch, because we assume that there are no any knowledge and capacities, i.e. the baseline is “0”; while the second one recognizes that there are some

⁴⁰ Law on Non-communicable diseases (18.12.2021) article 17 (paragraphs 1-3) states: “International cooperation in the field of prevention and control of non-communicable diseases is carried out to facilitate: 1) the implementation of the National Program for the Prevention and Control of Non-communicable Diseases in Turkmenistan; 2) the authorized body in ensuring equal access to the established set of services for the prevention and control of non-communicable diseases, including through the procurement of medicines and medical devices on the basis of a direct government order; 3) in improving the qualifications and retraining of medical workers engaged in the prevention and control of non-communicable diseases;”.

⁴¹ The UNDP Capacity Development Primer explains the integrated approach towards capacity development and points out: three levels of sustainable capacity development (enabling environment, organizational/institutional level and individual level); five functional capacities, including capacity to evaluate capacity development and consecutiveness of the capacity development steps that determine UNDP process. For additional information: Capacity Development: A UNDP Primer. Chapter 1: Integrated System; Chapter 2: Elements of the UNDP approach to capacity development: <https://www.undp.org/publications/capacity-development-undp-primer>

knowledge and capacities already, i.e. the baseline is not “0” and it is about enhancing the knowledge and development of the capacities, which already exist.⁴²

Rec. 04 *UNDP to reinforce the sustained efforts for supporting the digitalization of the healthcare system planned by the GoT and for integration climate change considerations into health planning and improving disaster readiness.*

In a world of rapid advancements in technology, it is crucial for countries to leverage and scale up digital transformation for better public healthcare. High quality and timely availability of health information are important components of a responsive national healthcare system and are necessary for quick and informed decision-making.

Turkmenistan is not an exception in this case, where adoption of digital solutions has become pivotal in addressing challenges in health-care management.

Foster innovation and promote best practices involving WHO’s (Collaborating Centre on Health Information and Digital Systems and UNDP country offices from other CIS countries in leveraging digital technologies to enhance healthcare delivery and management. Focusing on digitalization of the health system will also contribute to improvement of the outreach and increases the health coverage and access to the healthcare system of the end-beneficiaries, i.e. population of Turkmenistan.

Boost digitalization of health services targeting initiatives, such as: the SOP apps for various diseases, AI-driven solutions, smart pill boxes, stock management systems. These efforts, aligned with the workplan can improve healthcare efficiency and accessibility, particularly in remote areas of the country increasing the access to the healthcare services. Target both healthcare professional but also the policy-makers.

Integrate climate change considerations and adaptive measures into the future health programming for mitigation the risks of food and water insecurity, and increased incidents of heat-related health issues (e.g., strokes, cardiovascular and respiratory diseases). Climate change heightens the risk of waterborne and vector-borne diseases.

Strengthen the health sector's resilience and capacity to anticipate, respond, and recover from climate impact. Support establishment of a modern nationally owned Multi-Hazard Early Warning System.

Rec. 05 *GoT and UNDP to continue increasing the public awareness and healthcare literacy of the local actors and population.*

The healthcare projects were mostly focused on capacitation and enabling environment of the ‘duty bearers’, particularly healthcare system and respective specialists and workers for increasing the efficiency and quality of the public services and decreasing the negative consequences of the infectious diseases and NCD percentage. The TB project and Covid-19 response project also targeted community engagement, which needs more consistent work and resources and revealed the importance for the public awareness related to the healthcare literacy of the population, especially during the pandemic period.

The decrease of the negative consequences of the diseases is depending not only on the promptness and quality of the healthcare interventions, but also on the healthcare literacy and awareness of the population. Therefore, it is important to continue to support increasing the

⁴² See: www.undp.org/content/undp/en/home/librarypage/capacity-building/capacity-development-a-undp-primer.html

public awareness and healthcare public culture and responsibility of the population for the own health. A more active involvement of the CSOs, media outlets and local PHC is needed. Community sensitization efforts should focus on reducing the stigma around infectious diseases like TB to foster more inclusive and effective health interventions.

Wide and well targeted public information campaigns in combination with the grass-roots level work can be a valuable solution.

The grass-roots experience of the Red Crescent is relevant in this regard and can be scale up. Implementation of this recommendation would contribute also to a more balanced HRBA, because would continue to further capacitate the national capacities of the ‘duty bearers’ (MoHMI and healthcare system as such), but would reinforce the efforts and increase awareness and responsibility of the ‘rights holders’ as well.

Rec. 06 ***UNDP to increase the consistency of the design and further mainstream the change-oriented management approach.***

Eliminate those a few gaps described in the *Relevance* part of the report regarding the consistency of the results chain and respective key performance indicators especially at the outcome level. Make sure that the long-term changes/impact is preceded by the mid-term outcomes and short-term/immediate outputs. Avoid the cases when the results framework of the project includes only the process-based immediate results and long-term impact and without the outcomes. UN thematic RBM guidelines might be useful in this regard.⁴³

Whenever feasible, focus on the qualitative changes and indicators for increased access of the population to the qualitative healthcare services. A qualitative or impact level indicator is useful only in case when there are chances that the relevant data will be available. Therefore, while designing the set of performance indicators it is important to further use the good practice of UNDP of reflecting on the questions: *Is there available data? Will we be able to gather the necessary data?* Gathering the qualitative data regarding the performance of the healthcare system of Turkmenistan may be a difficult task given the sensitiveness of the healthcare issues.

In addition to the provided explanations⁴⁴, as the name suggests, a ToC is a hypothesis of how we think change occurs. The ToC is essentially a description and illustration of how and why a desired change is expected to happen in the individual/organizational or country context. Therefore, beside the ToC introduce change-related questions in the periodical monitoring templates to boost change-oriented monitoring and progress reporting. Subsequently, there is a need to monitor to what extent the initial assumptions are still in place and analyse in the progress and final narrative reports to what extent the changes are generated by the healthcare project as predicted in the respective ToC. While analyzing the generated change, it is advisable to analyse also the aspects related to resistance to change, if any.

The reporting template of UNDP has results-based elements, which is commendable. The recommendation is to reflect in the progress reports changes at the *individual* (healthcare specialists and workers) and *institutional/organizational level* (healthcare institutions, NGOs). Changes might be for instance at the perception/awareness level, desire/will level, knowledge/information level, skills/capacities, organizational/institutional level or country/policy levels and population development trends. In other words, the challenge would be to shift the reporting style alongside with the format from the *action language* to *change language*. It is also recommendable to highlight changes in the progress reports that were captured by internal assessments/monitoring and the *voices* of the final beneficiaries.

⁴³ For additional information see: *Results-Based Management Handbook. Harmonizing RBM concepts and approaches for improved development results at country level*. United Nations Development Group. October 2011.

<https://unsdg.un.org/sites/default/files/UNDG-RBM-Handbook-2012.pdf>

⁴⁴ See the *Conclusions and Lessons Learnt* part of the evaluation report.

VIII. ANNEXES

8.1 Evaluation Matrix

| Evaluation Criteria | Key evaluation questions | Sub-questions | Type of Indicators | Indicators related to EQs | Sources of data | Data collection Tools/Methods |
|---------------------|--|--|--|--|---|---|
| Relevance | To what extent was the Health portfolio aligned with the national and UN/UNDP strategies and supported Turkmenistan in achieving the SDGs ? | How the portfolio contributed to 2030 Agenda of Turkmenistan? | Mainly qualitative Partially quantitative | Alignment of the healthcare projects with the national priorities. | Projects and national and UN/UNDP policy documents, AWP. Progress/donors/ review reports, UNSDCF MTE Report. Core stakeholders | Mostly desk review, progress reports , thematic documents on the development priorities. KII, FGD. |
| | | To what extent the portfolio is linked to UN/UNDP strategies? | Mainly qualitative | The level of cooperation approach of the projects. | | |
| | To what extent were the projects relevant to the needs and priorities of the target groups? | To what extent the activities were in line with the needs of the target groups, including vulnerable ones ? | Mainly qualitative Partially quantitative | Evidences of integrated needs in programing; Evidences of the causality between actions /changes. | Projects documents and reports. Target groups of the healthcare projects. | Mostly KII and FGD with project stakeholders. |
| | To what extent was the overall health projects design consistent and adequate? | Are there major design gaps? To what extent was the ToC relevant / appropriate? Were the interventions /delivery methods relevant for addressing the identified healthcare challenges? | Qualitative Quantitative | Linkage of the result`s chain/performance framework. Use of RBM approach. | Mostly projects documents. Thematic guidelines on RBM. Core stakeholders | Desk review. KII with the programme team. |
| | To what extent the cross-cutting issues were considered? | To what extent gender, women empowerment and human rights aspects were integrated and targeted by the healthcare projects? | Qualitatively Quantitatively | Inclusiveness of the projects and implementation approaches. | Projects documents, logframes, results` framework, reports. Guidelines on LNOB Principle. | Mostly desk review. |
| | | To what extent the projects targets <i>duty bearers</i> and <i>rights holders (HRBA)</i> ? | Mainly qualitative | Consistency and focus of the project approach in terms of HRBA. | Projects document, logframes, results` framework, progress reports. Guidelines on HRBA. | Desk review. KII, FGD. |
| | Which areas are the most relevant and strategic to be scaled up or consider going forward? | Which areas are the most relevant/strategic to be scaled up or consider going forward? | Qualitatively Quantitatively | Recommendations for future programming | Mostly core stakeholders. Partially, projects documents and reports. | KII, FGD. Desk review |
| Coherence | To what extent has the healthcare projects been complementarily and synergetic? | To what extent the portfolio was complementary with the projects of other partners? To what extent the portfolio was in synergy with other projects implemented by UNDP Turkmenistan? | Mainly qualitative | External coherence of the health portfolio. Internal coherence of the health portfolio. | | |

| Evaluation Criteria | Key evaluation questions | Sub-questions | Type of Indicators | Indicators related to EQs | Sources of data | Data collection Tools/Methods |
|---------------------|---|--|--|--|---|---|
| | What is the comparative advantage in the healthcare of the UNDP Turkmenistan in comparison with other (UN) organizations? | What is the uniqueness of the health portfolio? What is the added value brought by UNDP? What are some areas for improvement? | | Advantages and areas for improvement regarding the strategic positioning of UNDP in Turkmenistan | Projects documents, logframe, results' framework, progress/donors/review reports. UNDP and other stakeholders. | Mostly desk review, progress reports. KII, FGD. |
| Effectiveness | To what extent has progress been made towards outcomes achievement? | To what extent: <i>Were strengthened Turkmenistan's healthcare system capacities?</i> <i>Have people access to quality services at all levels of healthcare?/</i> <i>Was improved deceases' detection & treatment?</i> To what extent was improved coverage with the health services (outcome)? | Quantitative Qualitative | Projects performance towards the outcomes. Evidences of the achievements. Unplanned achievements of the portfolio. | Progress reports. Informational materials/ documents. Key stakeholders, especially those contributing to outcomes. | KII, FGD. Desk review Field mission observations. |
| | What has been the UNDP contribution to the observed change? | To what extent has UNDP partnered with civil society and local communities? | Mainly qualitative | Contribution of the partnership and knowledge management to the achievements. | Progress reports. Informational materials/ documents. Key stakeholders. | KII, FGD. Desk review. |
| | How has delivery of UNDP country programme outputs led to outcome-level progress of the projects? | To what extent UNDP's country programme outputs led to outcome-level progress of the healthcare projects? | Mostly Qualitative | Contribution analysis. Interlinkage of the strategic and operational level achievements. | Projects documents and reports. Mostly UNDP. Partially, other stakeholders, especially those contributing to outcomes. | KII and FGD with the stakeholders Desk review. |
| | The what extent were the healthcare projects flexible and receptive? | What were the key factors, which influenced projects delivery ? How did the projects adapt? | Mostly Qualitative Mostly qualitative | Degree of influence of the internal / external factors. Degree of adaptability of the healthcare projects. | Project documents, Key stakeholders. | KII and FGD with the stakeholders. Desk review. Field mission observations |

| Evaluation Criteria | Key evaluation questions | Sub-questions | Type of Indicators | Indicators related to EQs | Sources of data | Data collection Tools/Methods |
|---------------------------------------|--|---|--|---|---|---|
| Efficiency | To what extent were the results delivered in a timely manner in line with the working plans? | Were resources used as planned? | Qualitative Quantitative | Timeliness and adequacy of the delivery. Benefits of the projects/ financial management. | Work plans, financial documents versus project achievements. Progress reports. Key stakeholders | Desk review. KII and FGD with the UNDP and other stakeholders. |
| | How efficient were the steering and the project's response mechanisms? | To what extent the SC was functional and contributed to steering? | Mostly Qualitative | Functionality of the SC and efficiency of the strategic steering. | SC minutes, progress reports, SC members. | Desk review. KII with UNDP, other stakeholders. |
| | To what extent were the projects management and M&E system efficient? | To what extent the project management arrangements were adequate and efficient? | Mostly Qualitative | The level of efficiency of the management arrangements. | Projects documents. Stakeholders of the projects. | Desk review. KII with UNDP, other stakeholders. |
| | | To what extent have M&E facilitated timely tracking of the progress, identification of the risks and opportunities, learning informed decisions? | Qualitative Quantitative | Efficiency of the M&E system. | Project documents. incl. M&E plans. UNDP team. | Desk review. KII with stakeholders. |
| Impact | What are the long-term changes generated by the health portfolio? | To what extent has improved healthcare performance and reduced: incidence and prevalence of diseases/ mortality & disability from diseases? | Mostly Qualitative | The impact level results achieved by the health portfolio. | Official and/or administrative statistics. Project documents. Stakeholders of the projects. | Desk review. KII with stakeholders. |
| Sustainability & Ownership | To what extent are the benefits of a projects likely to be sustained (nationally and locally) after the completion? | To what extent do partnerships exist with other national institutions, NGOs, UN agencies, the private sector and development partners to sustain the results? | Mostly Qualitative Partially Quantitative | Long-lasting character of the generated changes with the project support. Evidences of the sustainability signs. | Progress reports, visual adds. Financial plans, decisions or other commitments, MoU, Agreements and key stakeholders. Stakeholders of the projects. | Desk review. KII, FGD with the stakeholders. Field mission observations. |
| | How strong is the national/local ownership of the Government of Turkmenistan to sustaining the results and continuing initiatives? | To what extent are policy and regulatory frameworks in place that will support the continuation of benefits in the future? | Mostly Qualitative Partially Quantitative | Degree of national and local ownership perspectives and commitments | Financial plans, decisions/polices on commitments of the national and local partners. Stakeholders of the project. | Desk review. KII, FGD with the stakeholders. Field mission observations. |

Annex 8.2 List of consulted stakeholders

| <i>N</i> | <i>Name</i> | <i>Position</i> | <i>Organization</i> |
|----------|-----------------------|--|---|
| 1. | Narine Sahakyan | Resident Representative | UNDP Turkmenistan |
| 2. | Tomica Paovich | Deputy Resident Representative | UNDP Turkmenistan |
| 3. | Lale Chopanova | Health Programme Specialist | UNDP Turkmenistan |
| 4. | Muradgeldy Avlyakulov | Project Specialist, INF and NCD | UNDP Turkmenistan |
| 5. | Halmyrat Garayev | Project Manager, GF TB and C19RM | UNDP Turkmenistan |
| 6. | Merdan Tokgayev | Project Manager, LAB | UNDP Turkmenistan |
| 7. | Halil Veisov | Digitalization Analyst in Health Portfolio | UNDP Turkmenistan |
| 8. | Mary Risaeva | Assistant Resident Representative for Operations | UNDP Turkmenistan |
| 9. | Kira Satarova | Procurement Specialist | UNDP Turkmenistan |
| 10. | Sulgun Yazlyyeva | Monitoring and Evaluation Associate | UNDP Turkmenistan |
| 11. | Galina Romanova | Head of the Joint Directorate of Public Finance and Economic Policy | Ministry of Finance and Economy of Turkmenistan |
| 12. | Kumysh Soltanova | Senior Specialist of the Joint Directorate of Public Finance and Economic Policy | Ministry of Finance and Economy of Turkmenistan |
| 13. | Govher Shihiyeva | Head of Social System Department | Ministry of Finance and Economy of Turkmenistan |
| 14. | Mukhammet Ergeshov | Head of the Treatment and Disease Prevention Department | MoHMI |
| 15. | Gurbangul Ovlyakulova | Head of the Department of Particularly Dangerous Infections | MoHMI |
| 16. | Galina Durdyeva | Chief specialists of Finance Department | MoHMI |
| 17. | Svetlana Burykina | Chief specialists of Finance Department | MoHMI |
| 18. | Annamyrat Rejepov | General Director | Directorate of Infectious Disease Centers, MoHMI |
| 19. | Rovshen Djumaev | Head of the Center for the Prevention and Treatment of Tuberculosis | Directorate of Infectious Disease Centers, MoHMI |
| 20. | Myahri Durdyeva | Head of the Department of Tuberculosis, State Medical University of Turkmenistan | Directorate of Infectious Disease Centers, MoHMI |
| 21. | Gulnar Akhmedova | Head of the Blood Center | Directorate of Infectious Disease Centers, MoHMI |
| 22. | Ogulnur Ovezova | Head of the Centralized Laboratory | Directorate of Infectious Disease Centers, MoHMI |
| 23. | Ogulsheker Mommyeva | Head of the Centralized Laboratory (TB) | Directorate of Infectious Disease Centers, MoHMI |
| 24. | Merdan Nazargylyjov | Head of the AIDS Prevention Center | Directorate of Infectious Disease Centers, MoHMI |
| 25. | Elena Geldieva | Representative of the Medical Department | Ministry of Internal Affairs of Turkmenistan |
| 26. | Maral Achilova | Chairman | National Red Crescent Society of Turkmenistan |
| 27. | Maysa Atayeva | TB project coordinator | National Red Crescent Society of Turkmenistan |
| 28. | Muhabbat Akyyeva | GF project coordinator | National Red Crescent Society of Turkmenistan |
| 29. | Ainabat Seyitmedova | Director | International Education and Science Center, MoHMI |

| | | | |
|-----|-------------------------|---|---|
| 30. | Olga Atayeva | Head of the Scientific Department of Analysis and Forecasting | International Education and Science Center, MoHMI |
| 31. | Annadurdy Yagshymuradov | Head of the Clinical and Scientific Oncology Department | MoHMI |
| 32. | Guvanch Kerimov | Head of the Clinical and Scientific Neurology Department | MoHMI |
| 33. | Toyli Achilov | Head of the Clinical and Scientific Pulmonology Department | MoHMI |
| 34. | Maysa Kurbanova | Head of the Clinical and Scientific Cardiology Department | MoHMI |
| 35. | Askar Yedilbayev | Regional Tuberculosis Adviser | WHO |
| 36. | Leyla Shamuradova | Project Manager | WHO Turkmenistan |
| 37. | Guljemal Ovezmuradova | Project Manager | WHO Turkmenistan |
| 38. | Byashim Geldymuradov | Project Manager | WHO Turkmenistan |
| 39. | Sara Faroni | Procurement Specialist | HIST & GPU |
| 40. | Ganna Bolokhovets | Procurement Specialist | HIST & GPU |
| 41. | Oraz Sultanov | Senior Operations Officer | World Bank |
| 42. | Valeria Grischechkina | Portfolio Manager | Global Fund |
| 43. | Selbi Hanova | Head of Resident Coordinator's Office | UNICEF |
| 44. | Kemal Goshliyev | Acting Head of Office | UNFPA |
| 45. | Abadan Hayitova | Project Manager | UNOPS |
| 46. | Nargiza Metyakubova | Project Manager for TB and the Government | USAID |

Annex 8.3 The list of documents and sources reviewed

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2. Procurement of health products for Ministry of Health and Medical Industry of Turkmenistan, Final Annual progress report, 2021
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4. Procurement of health products for Ministry of Health and Medical Industry of Turkmenistan, Donor report, 2018, 2019, 2020, 2021
5. Procurement of health products for Ministry of Health and Medical Industry of Turkmenistan, Final Donor report, 2021
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7. Global Fund Transitional Funding, Final Progress Report for 1HY, 2021
8. Global Fund Transitional Funding, Progress Report for 1HY, 2021
9. Global Fund Transitional Funding, Progress Report for 2018, 2019, 2020
10. Global Fund Transitional Funding, Annual work plans for 2018-2021
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15. Global Fund Transitional Funding, TKM-T-UNDP Progress Report, 30Jun2021
16. Global Fund Transitional Funding, Project document
17. Global Fund Transitional Funding, Final Project Review Report
18. Health procurement 2019-2021, Annual Progress Report 2019, 2020, 2021
19. Health procurement 2019-2021, Final Annual Progress Report 2021
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21. Health procurement 2019-2021, AWP, 2019-2020
22. Health procurement 2019-2021, AWP and budget, 2019-2020, 2021, 2022
23. Health procurement 2019-2021, Donor Report, 2019, 2020, 2021
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25. Health procurement 2019-2021, Project Document
26. Health procurement 2019-2021, Project Document Extension till 2021
27. Health procurement 2019-2021, Project Document revision
28. Health procurement 2019-2021, Final Project Review Report
29. Exit of NTP Turkmenistan from the Global Fund support by 2024, 2021-2024, Annual Progress Report, 2022, 2023
30. Exit of NTP Turkmenistan from the Global Fund support by 2024, 2021-2024, IL No 4 dd 22.11.23 C19RM Budget re-allocation
31. Exit of NTP Turkmenistan from the Global Fund support by 2024, 2021-2024, IL No.1 dd 14.09.2021 for Grant Revisions
32. Exit of NTP Turkmenistan from the Global Fund support by 2024, 2021-2024, IL No.2 dd 10.05.2022 Deduction of Closing balance
33. Exit of NTP Turkmenistan from the Global Fund support by 2024, 2021-2024, IL No.3 dd 11.05.2023 Grant revision for 2023
34. Exit of NTP Turkmenistan from the Global Fund support by 2024, 2021-2024, TKM UNDP Reporting Period 31 Dec. 2023 Generate Progress Report
35. Exit of NTP Turkmenistan from the Global Fund support by 2024, 2021-2024, TKM UNDP Reporting Period 31 Dec. 2022 Generate Progress Report
36. Exit of NTP Turkmenistan from the Global Fund support by 2024, 2021-2024, UNDP Reporting Period 31 Dec. 2021 final
37. Exit of NTP Turkmenistan from the Global Fund support by 2024, 2021-2024, Project Document
38. Exit of NTP Turkmenistan from the Global Fund support by 2024, 2021-2024, Revision

39. NCD Project, PB minutes meeting (15.04.2022, 05.12.2023)
40. NCD Project, Donor report, 2021
41. NCD Project, NCD Project Document Extension till 31.12.2024
42. NCD Project, Annual Progress Report 2021, 2022, 2023
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45. NCD Project, Project Document
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53. Procurement of medicines necessary for prevention and treatment of NCDs 2023-2024, Donor Report, 2023
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60. CPD 2021-2025, CPD 2021-2025
61. Government of Turkmenistan's Digital Economy Development Program
62. National Action Plan on Gender Equality in Turkmenistan for 2021-2025
63. National Program for Socio Economic Development, 2022-2028
64. Turkmenistan Tuberculosis National Strategic Plan
65. TB National Lab Strategic Plan
66. Tuberculosis National Strategic Plan
67. Socio-Economic Response Plan with budget
68. Gender Equality Strategy Action Plan, 2023-2027
69. MTR UNSDCF Turkmenistan Final Report
70. UN Country Annual Results Report, 2023
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79. Norms for Evaluation in the UN System: www.uneval.org/document/detail/21
80. Integrating Human Rights and Gender Equality in Evaluation – towards UNEG Guidance: www.uneval.org/document/detail/980
81. UNEG Guidance Integrating Human Rights and Gender into Evaluation: www.uneval.org/document/detail/1616
82. UN SWAP Evaluation Performance Indicator: www.uneval.org/document/detail/1452
83. UNEG Quality Checklist for Evaluation Reports: www.uneval.org/document/detail/607
84. UNEG Ethical Guidelines: www.unevaluation.org/document/detail/102
85. UNEG Code of Conduct for Evaluation in the UN: www.unevaluation.org/document/detail/100

Annex 8.4 Evaluation Tools

The outlined evaluation tools will be used by the evaluator during the data collection. The evaluation will be guided by the questions and will probe and follow up with consultations in a fluid manner in response to answers.

In the triangulation purpose some of the questions will be addressed to more than one type of the stakeholder. The following logic of consultations will be used:

| | |
|--|---|
| <i>Intro/ Informed consent</i> | Purpose of the evaluation. Condition for cooperation with evaluator: anonymity, free to reject any answer, welcome to ask questions to evaluators. Clarification if there any time limitations that should be observed. |
| <i>Scope clarification</i> | In what ways have a person engaged with the project? Pay attention to components/activities. |
| <i>Recollection/ Actualization of experience</i> | Ask respondent to share the story of her/his engagement. Allow a person to talk, but manage the process. When necessary – support with questions to ensure that he/she covers key areas. |
| <i>Guided reflection</i> | Solicit open reflections-related to evaluation questions. |
| <i>Wrap up</i> | Acknowledge value of respondent’s contribution to evaluation. Remind when and how information about evaluation results will be made available, if any. Ask if respondent has any questions to the evaluation team. |

Annex 8.4.1: Semi-structured interview guide
for UNDP (health portfolio, senior management, operations, M&E)

Relevance

- To what extent was the healthcare projects consistent with national priorities and reflected the needs of the target groups?
- To what extent were gender and human rights principles integrated into the healthcare projects cycle management (PCM)?

Coherence

- To what extent healthcare projects were complementary & synergetic with other similar projects of UN/UNDP and non-UN actors?
- What is the comparative advantage/added value of brought of the UNDP?

Effectiveness

- To what extent the outputs were achieved, particularly:
 - Were strengthened Turkmenistan’s healthcare system capacities?
 - Have people access to quality services at all levels of healthcare?
 - Was improved detection and treatment of diseases?
- To what extent was improved coverage with the health services (outcome)?
- What were the key external/internal factors, which influenced health portfolio? How did the projects adapt?
- What are the positive or negative, (un)intended effects brought about by the projects interventions?

Efficiency

- To what extent were the results delivered in a timely manner in line with the working plans?
- How appropriate were the project budget and human resources to achieve the final results?
- How efficient were/are the portfolio’s response mechanisms in case of C-19?
- To what extent the Steering Committee was functional and contributed to strategic decision - making?
- To what extent M&E system was consistent and facilitated timely tracking of the progress, identification of the risks and opportunities and well-informed decisions?

Impact

To what extent has improved healthcare system performance and reduced: incidence and prevalence of diseases/mortality from diseases/disability from diseases?

Sustainability

- What are the sustainability prospects: 1) *Policy sustainability* - viability of the policies and regulations); 2) *Institutional and individual sustainability* – viability of the increased capacities of the healthcare system; 3) *Financial sustainability* – financial sources and commitments of the Government for maintenance? To what extent the National TB Programme was handed over from the Global Fund to full domestic funding?
- How has the project generated national/local ownership? What are the factors, which influence the sustainability?
- What are the key lessons learned for improving sustainability prospects?
- What is the area UNDP should increase its presence/work?

Annex 8.4.2: Semi-structured interview for public authorities of Turkmenistan, CSOs

Relevance

- What is your general impression about the cooperation with the healthcare portfolio of UNDP?
- What was the role of your institution/organization within the partnership with UNDP Turkmenistan?
- Have you been consulted during the planning phase? If *yes*, to what extent your suggestions were incorporated?
- To what extent were the healthcare projects aligned to the needs of your institution?

Coherence

- Did your institution benefit from other projects? If 'yes', to what extent were they coordinated?
- What is the comparative advantage (uniqueness) in this healthcare projects/UNDP in comparison with other projects/implementers?

Effectiveness

- What type of support your institution benefitted from?
- What has been changed as the result of that support?
- To what extent has the projects contributed to:
 - 1) Strengthening Turkmenistan's healthcare system?
 - 2) Increasing access of the people to qualitative healthcare services?
 - 3) Improvement of the detection and treatment of the diseases?
 - 4) Increasing coverage with the health services?

Efficiency

- Do you consider the planned time and resources adequate for reaching the expected results?
- What factors influenced your (healthcare projects-related) commitments or supported activities?
- On a scale of 1-5 (*1 not satisfied – 5 fully satisfied*), how satisfied are you with the relationship with UNDP?

Impact

- To what extent has improved healthcare system performance and reduced: incidence and prevalence of diseases/mortality from diseases/disability from diseases?

Sustainability

- How the equipment, other facilities and competencies acquired and developed during the healthcare projects are and will be used?
- To what extent is the maintenance ensured?
- To what extent have public authorities (national and local) committed to providing continuing support?
- What are your good practices and lessons learned from the partnership with UNDP?
- What would you recommend to be adjusted, dropped off or reinforced for future projects?
- What is the area UNDP should increase its presence/work in Turkmenistan?

Annex 8.4.3 International partners/Donors

Introduction

- What are your overall impressions of the UNDP healthcare portfolio?

Coherence

- To what degree these healthcare projects were synergized with other similar projects, including those implemented by your institution/organization, if any? Can you provide some examples of complementarity of insufficient synergy/area for improvement?
- What is your experience with management and communication/information sharing with UNDP Turkmenistan?

Efficiency

- Do you think the project/s timeline and resources were sufficient to reach expected results?
- On a scale of 1-5 (*1 not satisfied – 5 fully satisfied*), how satisfied are you with the partnership with UNDP?
- Please comment on the flexibility of the project/s in responding to changes or unforeseen circumstances.
- How do you perceive the quality of reporting and the functionality of the M&E system?

Effectiveness

- From your perspective, what are the key achievements of the healthcare project/s implemented by UNDP?
- Are there any areas healthcare projects were less effective? Please explain
- How would you assess the visibility of the project/s?

Sustainability

- What is the national/local ownership prospects or concerns for the healthcare projects?
- Are there any project approaches or best practices that you believe might be replicated?
- What lessons do you think UNDP can learn from these healthcare projects?
- What is the area UNDP should increase its presence/work in Turkmenistan?

Annex 8.5 Terms of References

for evaluation of Health portfolio of UNDP Turkmenistan

| | |
|----------------------|-----------------------------|
| Evaluation Title | Health Portfolio Evaluation |
| Department/Unit | Health |
| Country | Turkmenistan |
| Duration | 40 working days |
| Type of Contract | 1 International Consultant |
| Location | Ashgabat, Turkmenistan |
| Application deadline | XX June 2024 |

1. Background and context

Turkmenistan is an upper middle-income country with a population of 7.0 mln (2022 Census), of whom 50% are men and 50% - women; the proportion of people of working age is 57%; the proportion of urban population is 47%⁴⁵. According to the 2023/24 Human Development Report, Turkmenistan ranks 94th out of 193 countries and territories and is categorized as a country with high human development⁴⁶. *National Program of Social and Economic Development of Turkmenistan in 2022-2052*⁴⁷ sets priorities, such as the improvement of the public administration system, economic diversification based on innovation and digital systems introduction, investment in the private sector and human capital, increasing Turkmenistan's export potential and its role in the global economy, while creating a favourable investment climate and addressing environmental and climate change issues.

Health and wellbeing of people is the cornerstone of the national development agenda. The country implements State Health Programme (“Saglyk”), which aims to improve public health and well-being, increase average life expectancy, provide comprehensive equal opportunities and conditions for health protection to its citizens, to create an enhanced and highly efficient healthcare system. [Annex 1](#) provides schematic interlinkages between SDG3 with the main state programmes. Life expectancy at birth in 2019 (last available) was 71.5, better among women (74.1 vs 68.9). Most of the SDG3 targets are on track or improving⁴⁸.

Health Portfolio

Health portfolio, along with democratic governance and environment, is one of the three key programmatic units of UNDP Turkmenistan and leads the work on health. Health portfolio contributes to the UNDP signature solutions for keeping people out of poverty and strengthening gender equality, along with the global integrated offer for mitigating the socio-economic consequences of COVID-19.

The portfolio is comprised of a range of projects on communicable and non-communicable diseases and overall health system strengthening ([Annex 2](#)):

- TB grants from the Global Fund to Fight AIDS, TB and malaria.
- COVID-19 response.
- Support to control of TB, HIV, viral hepatitis C, safe blood.
- Support to control of non-communicable diseases.
- Strengthening clinical laboratories.

⁴⁵ State Statistic Committee of Turkmenistan <https://www.stat.gov.tm/>

⁴⁶ <https://hdr.undp.org/data-center/human-development-index#/indicies/HDI>

⁴⁷ Preceded by the National Programme for Socio-Economic Development, 2011-2030, which aimed to accelerate growth with stronger institutions and policies, increased synergy between the public and private sectors, greater use of technology, and integration into the global economy. UNDP Turkmenistan Country Programme Document 2021-2025.

⁴⁸ UN in Turkmenistan, Common Country Analysis (CCA) 2023.

The total funding of the portfolio in **2021-2024** reached more than \$160 mln (increase from \$28.7 in 2016-2020). The major donors of the portfolio are the Government of Turkmenistan, the Global Fund, and the World Bank. For 2024-2025, UNDP is expecting to raise \$118 mln additional funds.

The **theory of change** for health programme is twofold:

Improved health of people of Turkmenistan. This theory of change is applicable to all health projects and implies that *investments in health programmes will improve people’s access to good quality, available, affordable health services, and hence, after some years, will lead to long-term changes in the diseases epidemiology (impact) through improved surveillance, service delivery, case detection and treatment across the country (Annex 3a)*. In line with UNDP’s strategic direction of change: leaving no one behind, *the portfolio aims at reducing inequitable access to quality health services – the root and underlying cause for poor health outcomes for any disease. By tackling the root and underlying causes the projects of the health portfolio improve health outcomes for their respective diseases (TB, NCD etc.) as shown in the detailed ToC and M&E framework for each project*. Overall, the health projects contribute to achievement of SDG3 – the ultimate goal of the health portfolio.

- Transition from the Global Fund to full domestic funding of the National TB Programme (NTP) by 2024. This theory of change is applicable to the Global Fund TB grant (Annex 3b).

Overall, the health portfolio of UNDP Turkmenistan contributes to UNSDSF Results Group 4 on higher quality and inclusive health and social protection service. The portfolio overall contributes to achieving the outputs 4.1 and 4.2 of Outcome 4:

| | |
|---|--|
| 1. Indicator 4.7. Tuberculosis case notification rate per 100,000 (SDG 3.3) | Output 4.1. National health services provide quality treatment for tuberculosis and other infectious diseases: Indicator 4.1.1. Number of laboratory-confirmed patients with drug resistant tuberculosis enrolled in 2 nd line treatment, annually |
| 2. Indicator 4.3. Mortality rate attributed to cardiovascular disease, cancer, diabetes, or chronic respiratory disease (SDG 3.4.1) | Output 4.2. National health services provide high-quality treatment for major non-communicable diseases (NCDs) Indicator 4.2.1. 80% availability of the affordable basic technologies and essential medicines to treat major NCDs in public facilities. |

Ultimately, the portfolio contributes to achieving the Sustainable Development Goal 3: Ensuring healthy lives and promoting well-being for all at all age. Annex 4 presents a summary of SDG3 achievement as of 31 December 2023⁴⁹ as collected by the UN. Most of the targets were on track or improving. The impact of the project will extend beyond SDG3 on health and wellbeing to SDGs: SDG-5 Gender equality; SDG-10 Reduced inequality; SDG-17 Partnerships for the goal.

In all its projects, the portfolio considers women as a vulnerable group and prioritizes their health and social support. Sex-disaggregated data are collected, where available, and assessed against the programme outcomes. At the same time, gender is a sensitive area for the Government, and the portfolio’s gender mainstreaming was constrained by the country context.

The main **implementing partner** of the projects is the **Ministry of Health and Medical Industry of Turkmenistan** (MoHMI) - the national government entity responsible for health of the population of the country. Through the joint projects, UNDP cooperates with various MoHMI subordinate health facilities at central, regional and primary levels.

Other national and international partners include:

- **Ministry of Internal Affairs of Turkmenistan** (Medical Department) the government entity responsible for health of detained people.
- **National Red Crescent Society of Turkmenistan (NRCS)** is a national civil society organization which has a unique mission and experience to carry out the health care related programmes, including public health advocacy campaigns, providing social support to the most vulnerable people, prevention of various diseases, including TB, in all regions of Turkmenistan.
- **Ministry of Finance and Economy of Turkmenistan** is responsible for earmarking of state funding for the projects, making payments for the Government-funded projects, monitoring of implementation of all projects, particularly reviewing financial reports from UNDP, and responsible for registration of any project funded by an external donor.

⁴⁹ UN Turkmenistan: Country Common Analysis. Results Group 4 report for 2023.

- **World Health Organization (WHO)** implemented technical assistance, training, surveys and research in the Global Fund, NCD and World Bank projects.
- **United Nations Children Fund (UNICEF)** implemented risk communication and community engagement component of the World Bank-funded COVID-19 response project.
- **UNDP Health Implementation Support Team (HIST)** based at HIV, Health and Development Group within Bureau for Policy and Programme Support based in HQs in New York, Geneva, Copenhagen and Istanbul, provides support to UNDP CO in implementation of the health projects.
- **UNDP Global Procurement Unit (GPU)** in Copenhagen supports UNDP Country Office in procurement of medical equipment, reagents, consumables.

A detailed list of partners and the focal points will be provided to the evaluators.

The **direct beneficiaries** of the health programme are people at risk for TB, HIV, viral hepatitis C, blood recipients, patients with TB, viral hepatitis C, other communicable or noncommunicable diseases, specifically people from vulnerable and socially disadvantaged groups (prisoners, people with low income, people residing in remote areas, people with rare diseases).

The **indirect beneficiaries** are the healthcare workers (doctors, nurses, lab specialists), the healthcare system overall due to upgrading to international standards, TA, capacity building, improved working conditions, improved work satisfaction due to better patient outcomes.

All projects of the portfolio were of national coverage. All regions were included, even the remote districts, at all levels of the healthcare system. The TB grant from the Global Fund is unique as it covers both civil and penitentiary sectors. The Global Fund is also an exemplary project for engaging with the civil society organizations for TB control and for overall oversight of the grant by the Country Coordination Mechanism (CCM).

2. Evaluation purpose, scope and objectives

- **Rationale and Purpose for a Health Portfolio Evaluation**

UNDP conducts outcomes, portfolio and programme/ projects evaluations at different stages of the Country programme to capture and demonstrate evaluative evidence of UNDP's contributions to development results at the country level. These are independent evaluations carried out within the overall provisions contained in the UNDP Evaluation Policy. In line with the UNDP Turkmenistan Evaluation Plan, the proposed health portfolio evaluation will be conducted to assess the status of Implementation of the different health projects.

- **Scope and objectives of evaluation**

The goal of the portfolio evaluation will be to assess the impact of programme interventions within the on-going CPD, that is spanning **from 2021 to 2024**. Moreover, the evaluation will assess the impact of Covid-19 to the portfolio results and make actionable recommendations. Specific objectives of the evaluation include:

The specific objectives of the portfolio evaluation are the following:

- To assess progress (what and how much) towards achieving health portfolio results (*including contributing factors and constraints*),
- To assess whether the projects are the appropriate solution to the identified problem(s);
- To assess the coherence of the health portfolio setup and whether there could be alternative approaches.
- To assess the relevance of and progress made in terms of the UNDP programme outputs and assess sustainability of results and benefits (*including an analysis of both programme/project activities and soft/technical-assistance activities*),
- To assess the alignment of the health portfolio to:
 - national development priorities
 - UNSDCF 2021-2025
 - UNDP CPD 2021-2025
 - UNDP Strategic Plan 2022-2025
 - UNDP HIV and Health Strategy 2022-2025
- To evaluate the contribution that UNDP has made/is making to the progress towards the achievement of the health outcome (4.1 and 4.2) and cross-cutting areas as applicable.
- To reflect on efficient use of available resources
- To document and provide feedback on lessons learned and best practices generated by the health portfolio during its implementation.
- To identify any unintended results that emerged during implementation (beyond what had initially been planned for)

- To ascertain whether UNDP's partnership strategy has been appropriate and effective.
- To provide feedback and recommendations for subsequent decision making and necessary steps that need to be taken by UNDP and national stakeholders to ensure sustainability of the health portfolio results, particularly of the sustainability of the National TB Program in view of transition from the Global Fund to fully domestic funding.
- To assess the level of gender mainstreaming, disability inclusion and human rights- based approach to programming and progress against gender equality and human rights expected results.
- To identify potential areas for future health programmes/projects.

3. Evaluation criteria and key guiding questions

The evaluation will consider the following:

a) *Relevance*

- To what extent is the portfolio in line with the UNDP mandate, national priorities and the requirements of targeting women, men and vulnerable groups?
- To what extent is UNDP support relevant to the achievement of the SDGs in the country?
- To what extent did UNDP adopt gender-sensitive and human rights-based approaches?
- To what extent is UNDP engagement a reflection of strategic considerations, including the role of UNDP in a particular development context and its comparative advantage?
- To what extent was the method of delivery selected by UNDP appropriate to the development context?
- To what extent was the theory of change presented in the outcome model a relevant and appropriate vision on which to base the initiatives?

b) *Coherence*

- To what extent was the method of delivery selected by UNDP appropriate to the development context?
- To what extent the projects of the health portfolio are appropriate and fit to the ToC;
- Could there be alternative approaches.
- To what extent was the theory of change presented in the outcome model a relevant and appropriate vision on which to base the initiatives?

c) *Effectiveness*

- To what extent has progress been made towards outcome achievement? What has been the UNDP contribution to the observed change?
- How has delivery of country programme outputs led to outcome-level progress?
- Have there been any unexpected outcome-level results achieved beyond the planned outcome?
- To what extent has UNDP partnered with civil society and local communities?
- To what extent have triangular and South-South cooperation and knowledge management contributed to the results attained?
- Which areas are the most relevant & strategic for UNDP to scale up or consider going forward?

d) *Efficiency*

- To what extent have the programme outputs resulted from economic use of resources?
- To what extent were resources used to address inequalities and gender issues?
- To what extent were quality country programme outputs delivered on time?
- To what extent were partnership modalities conducive to the delivery of programme outputs?
- To what extent did monitoring systems provide management with a stream of data, disaggregated by sex, that allowed it to learn and adjust implementation accordingly?
- To what extent have the UNDP practices, policies, processes and decision-making capabilities affected the achievement of the country programme outcomes?
- To what extent did UNDP engage or coordinate with different beneficiaries, implementing partners, other United Nations agencies and national counterparts to achieve outcome-level results?

e) *Sustainability*

- To what extent did UNDP establish mechanisms to ensure the sustainability of the programme outcomes?
- To what extent do national partners have the institutional capacities, including sustainability strategies, in place to sustain the outcome-level results?

- To what extent are policy and regulatory frameworks in place that will support the continuation of benefits in the future?
- To what extent have partners committed to providing continuing support (financial, staff, etc.)?
- To what extent do mechanisms, procedures and policies exist to carry forward the results attained on gender equality, empowerment of women, human rights, and human development by primary stakeholders?
- To what extent do partnerships exist with other national institutions, NGOs, UN agencies, the private sector and development partners to sustain the attained results?

f) *Cross-cutting issues (human rights, gender)*

- To what extent have vulnerable and physically challenged women, men and other disadvantaged groups benefited from the work of health portfolio?
- To what extent have gender equality and the empowerment of women been addressed in the design, implementation and monitoring of the project?
- Is the gender marker assigned to this project representative of reality?
- To what extent has the project promoted positive changes in gender equality and the empowerment of women? Did any unintended effects emerge for women, men or vulnerable groups?

The evaluation team is expected to add and refine these questions in consultation with UNDP and key stakeholders. Based on the above analysis, provide overall and specific recommendations on how UNDP Turkmenistan Country Office should adjust and orient its programming, partnership arrangements, resource mobilization strategies, monitoring and evaluation strategies, working methods, approaches and/or management structures and capacities to ensure that the health portfolio fully achieves its outcome by the end of the current UNCPD period and beyond.

4. Methodology

The Health portfolio evaluation will be conducted in accordance with the UNEG Evaluation Norms and Standards for evaluation. The following represents a summary of the key evaluation phases to be conducted:

Phase 1: Inception

In collaboration with the UNDP country office, evaluation team will collect and compile relevant background material. This will include a list of projects, financial data, and programme-/project-related documents and information. All material will be made available through a designated Teams channel and shared folders with the CO. During this phase, the team will develop a deeper understanding of country context and underlying programme (outcome level) theory of change. It will also collect additional information and data required for the evaluation planning.

Phase 2: Data collection and in-country mission

For all primary data collection, the evaluation team will use the most reliable and appropriate sources of information, respect the rights of individuals to provide information in confidence, and be sensitive to the beliefs and customs of local social and cultural environments. The team will uphold the ethical principles and code of conducts for conducting an evaluation.

The primary data and information collection will be done remotely and in-person. The evaluation team will conduct remote interviews with internal and external key informants and will undertake an in-country mission to engage in field-based data collection activities. The team will conduct semi-structured interviews, focus group discussions, and site visits to validate preliminary findings derived during the desk review and remote interview phase. The planned mission duration is about 5 days, during which the evaluation team should engage with key government and national stakeholders, partners and collaborators, as well as beneficiaries of the UNDP programmes. At the end of the mission, the evaluation team will organize a debriefing to the country office, presenting its emerging and preliminary findings, and highlighting any pending interviews, documents, and data sets still to be made available. The way to fill data gaps will be agreed upon, as necessary and feasible, between the evaluation team and the CO.

Phase 3: Analysis and evaluation report

Upon completion of data collection, the evaluation team will conduct the analysis of the health programme by triangulating data and information obtained through various sources and evidence lines. The “zero draft” of the report will be reviewed by the CO and other relevant colleagues. The evaluation team will prepare a revised draft report, reflecting feedback both from the internal and external review processes.

Phase 5: Publication and dissemination

The final report, including the management response and evaluation brief, will be published on the UNDP website and the Evaluation Resource Centre (ERC). The report and the management response will be widely distributed in electronic version, and the country office will be responsible for dissemination to stakeholders. Different communication products and channels will support the dissemination of the evaluation results within UNDP, as well as to the evaluation units of other international organizations, evaluation societies/ networks, and research institutions in the region.

The final methodological approach including interview schedule, field visits and data to be used in the evaluation should be clearly outlined in the inception report and fully discussed and agreed between UNDP, key stakeholders and the evaluators.

5. Evaluation products (deliverables)

1. **Inception Report** (10-15 pages): The inception report which details the evaluators understanding of the evaluation and how the evaluation questions will be addressed. This is to ensure that the evaluator and the stakeholders have a shared understanding of the evaluation. The inception report will include the evaluation matrix summarizing the evaluation design, methodology, evaluation questions, key informants, data sources and collection analysis tools for each data source and the measure by which each question will be evaluated, for the evaluated projects.
2. **Evaluation debriefings.** Immediately following an evaluation, UNDP may ask for a preliminary debriefing and findings.
3. **Draft Evaluation Report** for evaluated projects to be put forward during pre-validation workshop (40-60 pages). The report will be reviewed by UNDP to ensure that the evaluation meets quality criteria.
4. **Final Evaluation Report and Audit Trail**, integrating the CO comments on the draft report, and approved by the UNDP senior management.
5. **Evaluation brief and other knowledge products**

The deliverables will be drafted in English.

6. Evaluation team composition and required competencies

- **Corporate Competencies**
 - Displays cultural, gender, religion, race, nationality, and age sensitivity and adaptability.
 - Demonstrates diplomacy and tact in dealing with sensitive and complex situations.
- **Professionalism**
 - Effective communication, interpersonal skills.
 - Ability to analyze and triangulate information and write concisely.
 - Efficient in meeting commitments, observing deadlines, and achieving results.
 - Excellent understanding of international development issues and knowledge of the UN system.
 - Good understanding of gender and human right based approach.
- **Required qualifications:**

UNDP CO will hire two consultants: international and national. The international consultant will serve as lead evaluator and collaboratively working with the national consultant.

Both consultants should be independent from any organization that has been involved in designing, executing, or advising any aspect of the interventions of the health portfolio of UNDP Turkmenistan that is subject of evaluation. The qualifications for the **international consultant**:

| | |
|--------------------|--|
| Education: | <ul style="list-style-type: none"> ▪ Advanced university degree in Business Administration, Development Studies, Monitoring and Evaluation, Policy Management, Social Sciences, and any related field of study ▪ Advanced University degree in Public Health will be a strong asset. |
| Experience: | <ul style="list-style-type: none"> ▪ At least 5 years of international development experience or at least 5 years of experience in project/programme design and implementation. ▪ Strong monitoring and evaluation background, sound methodological skills and knowledge of evaluation methods and techniques. ▪ Proven experience in evaluation of development projects or relevant programmes at all levels. Experience in evaluation of health projects or portfolios will be an asset. ▪ Extensive experience in working with the UN/multilateral development agencies and UNDP country offices. |

| | |
|-------------------------------|--|
| | <ul style="list-style-type: none"> ▪ Demonstrate experience in working with a variety of stakeholders. ▪ Technical knowledge and experience of inclusive evaluation and other cross-cutting areas such as gender equality, disability issues, rights-based approach, and capacity development. |
| Language Requirements: | <ul style="list-style-type: none"> ▪ Ability to communicate clearly and concisely in written and spoken English. ▪ Russian language is desirable. |

7. Evaluation ethics

This evaluation will be conducted in accordance with the principles outlined in the UNEG ‘Ethical Guidelines for Evaluation’. The consultant must safeguard the rights and confidentiality of information providers, interviewees, and stakeholders through measures to ensure compliance with legal and other relevant codes governing collection of data and reporting on data. The consultant must also ensure security of collected information before and after the evaluation and protocols to ensure anonymity and confidentiality of sources of information where that is expected. The information knowledge and data gathered in the evaluation process must also be solely used for the evaluation and not for other uses with the express authorization of UNDP and partners.

8. Implementation arrangements

The principal responsibility for managing this evaluation resides with the UNDP Country Office (UNDP CO) in Turkmenistan. The UNDP CO will contract the consultants and ensure the timely travel arrangements within the country. The portfolio team will be responsible for liaising with the consultants to set up stakeholder interviews, arrange field visits with missions.

The key responsibilities of the **UNDP country office** to the evaluation process will be:

- To appoint evaluation team for liaison with the Evaluation consultants and facilitate the data collection and evaluation process at the country level.
- To support the evaluation team to liaise with key partners and other stakeholders, make available to the team all necessary information regarding UNDP programme, projects and activities in the country, and provide factual verifications of the draft report on a timely basis.
- To provide support in kind (e.g., coordination and liaison for the arrangement of interviews with project staff, stakeholders and beneficiaries, etc.). To ensure the anonymity of interviewees, country office staff will not participate in the stakeholder interviews.
- Once a final draft report has been prepared, to prepare a management response to the evaluation recommendations, in consultation with the regional office.
- To support the use and dissemination of the final report at the country level.

The **UNDP RBEC and GF/HIST**:

- To provide the evaluation team with all necessary information regarding regional UNDP programming and Hub activities;
- To provide factual verifications to the draft report on a timely basis;
- To participate in the final debriefing; and
- To support the outreach and dissemination of the final report.

Evaluation Consultants: as per the deliverables table below:

- Conduct preliminary desk review research based on country specific reference material provided by the CO.
- Prepare and apply the evaluation design, methodology and tools, and data collection planning (remote and in-country), to be presented in the inception report.
- Prepare the desk analysis paper (based on the review of reference materials, questionnaire results and preliminary stakeholder discussions), with focus on emerging findings and data gaps, to feed into the preparation of an in-country data collection / validation mission.
- Carry out the data collection activities, both prior to and during the in-country mission. These include interviews / group discussions and meetings with relevant stakeholders and key informants (virtual, Skype/Zoom/telephone, and in-person).
- Elaborate and present the preliminary analysis of findings and conclusions and recommendations for the debriefing after the completion of the in-country mission. Integrate, where appropriate, feedback and additional data and information leading to the analysis and synthesis for the draft ICPE report.

- Draft the evaluation report, integrating the feedback, comments and suggestions from different reviewers.
- Prepare the final evaluation report.
- Engage and share information, where relevant and necessary.

9. Time frame for the evaluation process

| S/N | Deliverable | Timelines | Dates negotiable | Payments |
|--------------|--|----------------|------------------|-------------|
| 1 | Evaluation inception report (10-15 pages). The inception report should be carried out following and based on preliminary discussions with UNDP after the desk review and should be produced before the evaluation starts (before any formal evaluation interviews, survey distribution or field visits) and prior to the country visit in the case of international evaluators. | 5 Days | August 2024 | - |
| 2 | Country visit, collection of data, desk review etc. Debriefing: Immediately following an evaluation, the evaluation team will present the preliminary findings to the UNDO CO. | 10 Days | September 2024 | 25% |
| 3 | Draft report: 40-60 pages | 15 Days | October 2024 | 25% |
| 4 | Final evaluation report and Audit Trail prepared after the CO comments on the draft report, and approved by the UNDP senior management | 10 Days | November 2024 | 50% |
| Total | | 40 Days | | 100% |

10. Application submission process and criteria for selection

Qualified candidates are required to submit both technical and financial proposals through the link provided.

Technical proposal submission should include following:

- **Personal CV or P11**, indicating all experience from similar consultancy, as well as the contact details (email and telephone number) of the candidate and three (3) professional references.
- **Brief description** (max. 1 page) of why you consider yourself as the most suitable for the assignment, and a methodology (max. 1 page) for how you will approach and complete the assignment.
- **Proposal** containing a summary description of proposed strategy and how the strategy will ensure the achievement of the required tasks, proposed methodology, draft agenda for half-day session on discussing the findings of the evaluation (max 2-3 pages).
- **Example of works** demonstrating the individual past experiences working on evaluations for the UN system (please share the document's links).
- **Financial proposal:** Financial proposals are expected to be realistic indicating the all-inclusive, fixed total contract price, supported by a breakdown of costs. No adjustment thereafter would be allowed.

Evaluation criteria

Offers received will be evaluated using a combined scoring method, where the qualifications and proposed methodology will be weighted 70%, and combined with the price offer, which will be weighted 30%.

Criteria to be used for rating the qualifications and methodology Technical evaluation criteria (total 70 points)

| Criteria: | Scores |
|---|--------|
| Proposed methodology of approach to the consultancy [15 marks]. | 15 |
| Relevant education in the required field – 5 and additional 3 marks for degree in medicine/public health | 8 |
| 5 years of international development experience or at least 5 years of experience in project/programme design and implementation. | 10 |
| Proven professional experience in evaluation of public health, development or other relevant programmes at all levels. | 10 |
| Monitoring and evaluation background, sound methodological skills and knowledge of evaluation methods and techniques. | 8 |
| Experience in working with the UN/multilateral development agencies and UNDP country offices is desirable. | 4 |
| Demonstrate experience in working with a variety of stakeholders. | 3 |

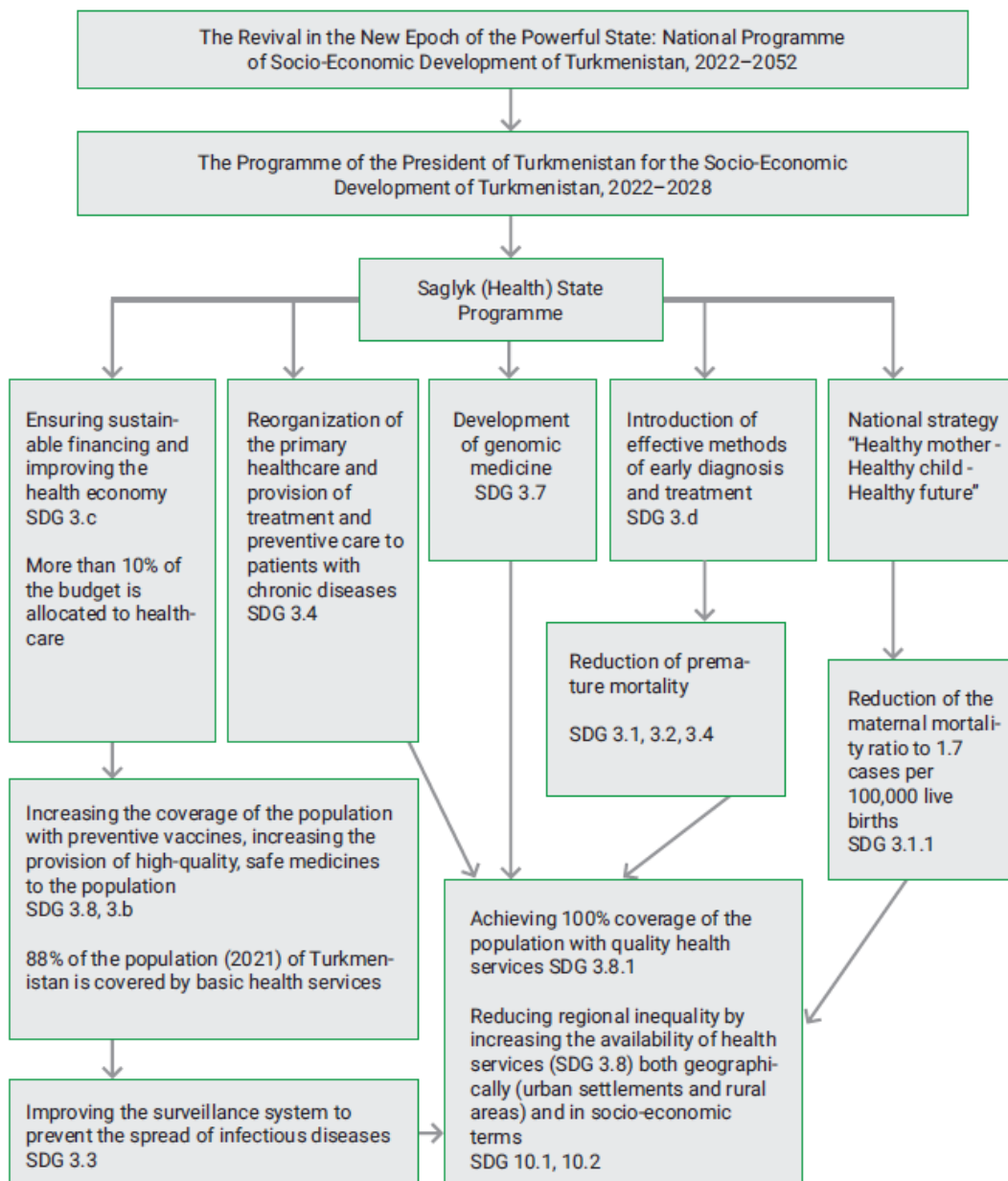
| | |
|---|-----------|
| Technical knowledge and experience of inclusive evaluation and other cross-cutting areas such as gender equality, disability issues, rights-based approach, and capacity development. | 4 |
| Knowledge of English, Russian for international consultant (4 points each) | 8 |
| Total: | 70 |

Only candidates obtaining a minimum of 50 points in the Technical Evaluation will be considered for the Financial Evaluation. Financial evaluation (total 30 points). All technically qualified proposals will be rated out of 30 points. The maximum points (30) will be assigned to the lowest financial proposal.

11. Annexes

1. Linkages of SDG3 with the state programmes
2. The list of health projects implemented by health portfolio in 2021-2024. *More details in excel.*
3. Theory of change for health outcomes (a) and for transition process (b).
4. UNSDCF Results Group 4: Inclusive health and social protection. Factsheet 2023.

Annex 1. Linkages of SDG3 with the state programmes:



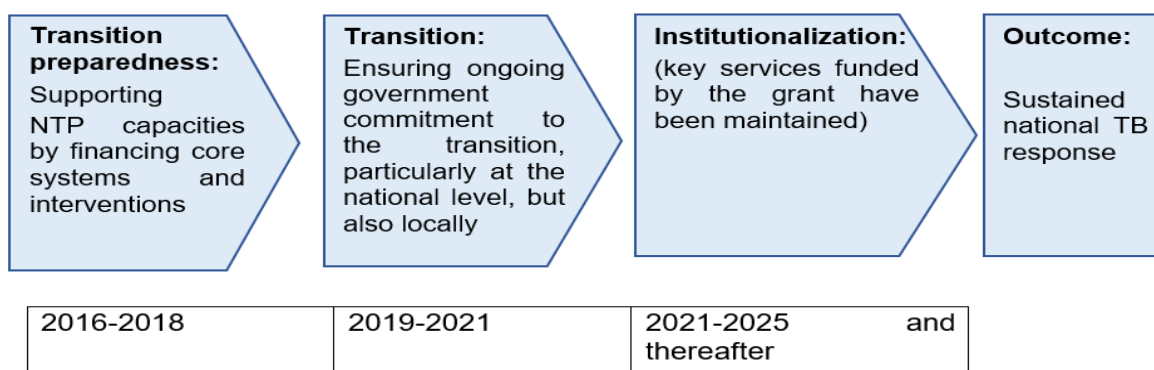
Annex 2. The list of health projects implemented by health portfolio in 2021-2024 (excel file).

| PROJECT/OUTCOME INFORMATION | | | | | | | | |
|---|---|---|---|--|----------------------------------|--|---|------------|
| Project/outcome title | Exit of NTP Turkmenistan from the Global Fund support by 2021 | Exit of NTP Turkmenistan from the Global Fund support by 2024 | Procurement of medicines and health products through UNDP for the control of noncommunicable diseases (NCD) in Turkmenistan | Procurement of health products for the control of infectious diseases in 2021-2023 for the Ministry of Health and Medical Industry of Turkmenistan | COVID19 Response in Turkmenistan | Strengthening Clinical Laboratory Services in Turkmenistan | Procurement of medicines necessary for prevention and treatment of NCD and protection of maternal and child health in Turkmenistan in 2023-2024 | |
| Atlas ID | 00103144 | 00129731 | 00129732 | 00129733 | 00138217 | N/A | N/A | |
| Quantum ID | 00105124 | 00123300, 00128678 | 00123301 | 00123302 | 00128383 | 01000292 | 01000234 | |
| Corporate outcome and output | 4.1 | 4.1 | 4.2 | 4.1 | 4.2 | 4.2 | 4.2 | |
| Country | Turkmenistan | Turkmenistan | Turkmenistan | Turkmenistan | Turkmenistan | Turkmenistan | Turkmenistan | |
| Region | RBEC | RBEC | RBEC | RBEC | RBEC | RBEC | RBEC | |
| Date project document signed | 07.06.2018 | 06.12.2020 | 06.12.2020 | 06.12.2020 | 15.09.2021 | 27.02.2023 | 27.02.2023 | |
| Project dates | Start | 01.01.2018 | 01.07.2021 | 01.01.2021 | 01.07.2021 | 15.09.2021 | 01.03.2023 | 01.03.2023 |
| | Planned end | 30.06.2021 | 31.12.2024 | 31.12.2024 | 31.12.2024 | 31.12.2023 | 31.12.2024 | 31.12.2024 |
| Project budget | 6,644,165.00 | 9,333,254.76 | 32,752,098.49 | 18,593,120.54 | 19,950,000.00 | 18,030,000.00 | 60,070,000.00 | |
| Project expenditure at the time of evaluation *numbers are taken from CDR reports. Last available numbers are as of 31.12.2023. Expenses amount will be updated upon receipt of next reports | 6,644,165.00 | 7,628,699.95 | 25,616,080.44 | 10,504,121.00 | 19,882,967.52 | 2,616,802.45 | 7,287,359.03 | |
| Funding source | Global Fund to fight AIDS, Tuberculosis and Malaria | Global Fund to fight AIDS, Tuberculosis and Malaria | Ministry of Health and Medical Industry of Turkmenistan | Ministry of Health and Medical Industry of Turkmenistan | Government of Turkmenistan | Government of Turkmenistan | Government of Turkmenistan | |
| Implementing party | UNDP | UNDP | Ministry of Health and Medical Industry of Turkmenistan and UNDP | Ministry of Health and Medical Industry of Turkmenistan and UNDP | UNDP | UNDP | UNDP | |

Annex 3a: Theory of change for health outcomes:

| Underlying and root causes | Interventions / Strategies: | | Theory of change: | | |
|---|--|--|---|---|---|
| | Inputs: | Activities: | Outputs: | Outcomes: | Impact: |
| Inequitable access to quality health services for detection and treatment of diseases lead to inadequate, low quality, or intermittent treatment, and therefore health outcomes are poor, mainly among the vulnerable groups (health inequity). | <ul style="list-style-type: none"> - Funding - Qualified personnel - Partnerships | <ul style="list-style-type: none"> - Procurement of health products (reagents, medicines, equipment, services) - Innovative digital solutions - Capacity building for healthcare workers - Updated national clinical protocols. - Monitoring and evaluation - Programme coordination | <ul style="list-style-type: none"> - People have access to quality services at all levels of health care. - Improved coverage with the health services. | Improved detection and treatment of diseases. | Everyone has equal opportunity to attain best health potential. Reduced health disparities Sustainable healthcare system. Universal health coverage. Improved health outcomes as measured by: <ul style="list-style-type: none"> • Reduced incidence and prevalence of diseases • Reduced mortality from diseases • Reduced disability from diseases |

Annex 3b: Theory of change for transition and sustainability of National TB Programme:



Ask how the co-sharing/co-funding by the government evolved

Annex 4. UNSDCF Results Group 4: Inclusive health and social protection. Factsheet 2023.

I. Developmental challenges at a glance

Note: SDG colour-coding

| | | Value | Year | Trend |
|------------------------------|---|----------------------|------|-------|
| 1 NO POVERTY | Poverty headcount ratio at \$2.15/day, % | 0.5 | 2023 | ↑ |
| | Number of people covered by social protection systems (including community-based social services), thsnd | 988.1 | 2021 | ● |
| | Households receive some kind of social transfers from the government, % | 67 | 2019 | ↔ |
| 2 ZERO HUNGER | Household out-of-pocket expenditure (of current health expenditure), % | 77.0 | 2020 | ↓ |
| | Children under-5 who are stunted, % | 7 | 2019 | ↔ |
| | Women of reproductive age (15-49 years) who have their need for family planning satisfied with modern method, % | 47.3 | 2019 | ↔ |
| 3 GOOD HEALTH AND WELL-BEING | Neonatal mortality rate (per 1K live births) | 23.5 | 2020 | ↓ |
| | Mortality rate, under-5 (per 1K live births) | 41.8 | 2020 | ↔ |
| | TB case notification rate (per 100K population) | 29.3 | 2021 | ● |
| | Extent to which primary health care facilities and children's hospitals have integrated the IMNCI approach | Score 2 | 2022 | ↔ |
| | Mortality rate attributed to cardiovascular disease, cancer, diabetes, or chronic respiratory disease, %: total, male, female | 24.1 28.9 19.8 | 2020 | ↔ |
| | Life expectancy at birth (M/F), years | 69.8 (65/72) | 2019 | ↔ |
| | Universal health coverage (UHC) index of service coverage (worst 0-100 best) | 73 | 2019 | ↔ |



| | Value | Year | Trend |
|--|--|------------------------------|------------------|
| 10 REDUCE INEQUALITIES | Share of e-traps providing early intervention services to children under-5, % | 18 | 2021 ↔ |
| | Human Development Index (HDI) | 0.745 | 2021 ↔ |
| | Inequality-adjusted HDI | 0.619 | 2021 ↔ |
| 11 SUSTAINABLE CITIES AND COMMUNITIES | Access to improved water source, piped (urban population), % | 77.4 | 2020 ↓ |
| 16 PEACE AND JUSTICE STRONGER INSTITUTIONS | Share in public expenditures spent in total, on education, health, social assistance and Pension Fund, % | 67.7 28.7 10.2 28.8 | ↔ ↔ ↔ ↔ |