

# Closure Stage Quality Assurance Report

**Form Status: Approved**

<b>Overall Rating:</b>	Satisfactory
<b>Decision:</b>	
<b>Portfolio/Project Number:</b>	00090474
<b>Portfolio/Project Title:</b>	Procurement Support Services to Ministry of Health
<b>Portfolio/Project Date:</b>	2015-11-01 / 2022-12-31

## Strategic

**Quality Rating: Satisfactory**

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

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

**Evidence:**

The project board meeting was conducted as planned where main achievements, lessons learned and AWP's were discussed and the plan approved. The project progress was frequently discussed at regular meetings with the MoH and other stakeholders, CO staff meetings, annual and semi-annual project reviews, etc.

**List of Uploaded Documents**

#	File Name	Modified By	Modified On
1	AWP2019_MOH_2079_201_6465_301 ( <a href="https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/AWP2019_MOH_2079_201_6465_301.docx">https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/AWP2019_MOH_2079_201_6465_301.docx</a> )	ihor.matviichuk@undp.org	12/10/2020 8:11:00 AM
2	Lessons-LearnedReport_6465_301 ( <a href="https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/Lessons-LearnedReport_6465_301.doc">https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/Lessons-LearnedReport_6465_301.doc</a> )	ihor.matviichuk@undp.org	12/10/2020 8:31:00 PM

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

- ☐ 3: The project responded to at least one of the development settings as specified in the Strategic Plan (SP) and adopted at least one Signature Solution. The project's RRF included all the relevant SP output indicators. (all must be true)
- ☒ 2: *The project responded to at least one of the developments settings<sup>1</sup> as specified in the Strategic Plan. The project's RRF included at least one SP output indicator, if relevant. (both must be true)*
- ☐ 1: While the project may have responded to a partner's identified need, this need falls outside of the UNDP Strategic Plan. Also select this option if none of the relevant SP indicators are included in the RRF.

**Evidence:**

The project responds to Development setting 1: Eradicate poverty in all its forms and dimensions and adopts Signature solution 2: Strengthen effective, inclusive and accountable governance.

The project contributes to SP Output 1.2.1 Capacities at national and sub-national levels strengthened to promote inclusive local economic development and deliver basic services including HIV and related services.

Indicator:

Number of countries where national and sub-national governments have improved capacities to plan, budget, manage and monitor basic services.

**List of Uploaded Documents**

#	File Name	Modified By	Modified On
No documents available.			

**Relevant****Quality Rating: Satisfactory**

3. Were the project's targeted groups systematically identified and engaged, with a priority focus on the discriminated and marginalized, to ensure the project remained relevant for them?

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

**Evidence:**

The targeted groups including patient organizations (NGOs), representatives of vulnerable groups (MSM/TG and HIV-positive women) have been actively involved in project implementation and monitoring work. Six patient NGOs participated in the small grants program "Public Monitoring of the Delivery, Availability and Use of Medicines at the Local Level." More than 13 patient NGOs across Ukraine worked with the UNDP team to prepare guidelines on medicines public monitoring based on the pilot work funded by UNDP. The project regularly conducts public events (training, conferences, etc.) with the target group representatives. Regular communications with the patient organization help to generate knowledge on the delivery of medicine and participate in the project board meetings. The patient organizations are able to monitor the medicines procurement delivery cycle on a monthly basis and provide timely feedback to strengthen the efficiency of the procurement.

As Ukraine has the second-largest HIV epidemic in Eastern Europe and Central Asia, the Project makes a range of actions to decrease stigma and discrimination toward HIV-positive, TB-affected, sexual minorities, transgenders, and other vulnerable groups. UNDP supported efforts of the Positive Women NGO to ensure sustainable resource mobilization by providing technical expertise with fundraising in February -March 2019. Besides, as a part of Positive Women Forum UNDP held a session on universal design thinking for health rights for women living with HIV (October 2019). The Project established a communication platform with judges on the topic of HIV, TB, and human rights, the role of judges in reducing stigma and discrimination. In cooperation with Ministry of Internal Affairs was developed the ToT Guide for the National Police "Human Rights and HIV/AIDS" to improve their knowledge on HIV, human rights, gender-based violence, and develop skills to provide gender tolerant services for most-at-risk populations

UNDP continues supporting the sustainability of healthcare and ensures the health rights of key populations (MSM/TG and HIV-positive women). Two workshops were organized with the support of UNDP: Medical Knowledge Hub "Leaders in Global Health" Workshop (MKH) for Physicians and medical interns and Self-Care, youth mental health, and HIV workshop for European Public Health Week at Kyiv-Mohyla Academy.

**List of Uploaded Documents**

#	File Name	Modified By	Modified On
1	DeliverySchedule2018-October_2079_203_6465_303 ( <a href="https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/DeliverySchedule2018-October_2079_203_6465_303.pdf">https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/DeliverySchedule2018-October_2079_203_6465_303.pdf</a> )	ihor.matviichuk@undp.org	12/10/2020 9:42:00 AM
2	ReportontheLegalEnvironmentAssessmentforTuberculosisinUkraine_2079_203_6465_303 ( <a href="https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/ReportontheLegalEnvironmentAssessmentforTuberculosisinUkraine_2079_203_6465_303.pdf">https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/ReportontheLegalEnvironmentAssessmentforTuberculosisinUkraine_2079_203_6465_303.pdf</a> )	ihor.matviichuk@undp.org	12/10/2020 9:43:00 AM
3	GuidelinesEn_29_10_2019_MOH_2079_203_6465_303 ( <a href="https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/GuidelinesEn_29_10_2019_MOH_2079_203_6465_303.pdf">https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/GuidelinesEn_29_10_2019_MOH_2079_203_6465_303.pdf</a> )	ihor.matviichuk@undp.org	12/10/2020 9:43:00 AM
4	SIVA_designed_ENG_2079_203_6465_303 ( <a href="https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/SIVA_designed_ENG_2079_203_6465_303.pdf">https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/SIVA_designed_ENG_2079_203_6465_303.pdf</a> )	ihor.matviichuk@undp.org	12/10/2020 9:43:00 AM
5	Summary_UNDP_Shevchenko_ENG_04_02_2018_final_2079_203_6465_303 ( <a href="https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/Summary_UNDP_Shevchenko_ENG_04_02_2018_final_2079_203_6465_303.docx">https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/Summary_UNDP_Shevchenko_ENG_04_02_2018_final_2079_203_6465_303.docx</a> )	ihor.matviichuk@undp.org	12/10/2020 9:43:00 AM
6	UNDP_report_Analysis_Shevchenko_14_01_2019_2079_203_6465_303 ( <a href="https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/UNDP_report_Analysis_Shevchenko_14_01_2019_2079_203_6465_303.docx">https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/UNDP_report_Analysis_Shevchenko_14_01_2019_2079_203_6465_303.docx</a> )	ihor.matviichuk@undp.org	12/10/2020 9:44:00 AM
7	ПосібникдлятренерівВІДСНІДтаправалюдини002_2079_203_6465_303 ( <a href="https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/ПосібникдлятренерівВІДСНІДтаправалюдини002_2079_203_6465_303.pdf">https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/ПосібникдлятренерівВІДСНІДтаправалюдини002_2079_203_6465_303.pdf</a> )	ihor.matviichuk@undp.org	12/10/2020 9:44:00 AM

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

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

#### Evidence:

The project has been generating significant knowledge and lessons learned products on a regular basis to inform management decision-making and ensure relevance, efficiency and effectiveness of the project.

The following lessons learned were identified during project evaluation (April 2020):

Procurement component:

- The handover of medical procurement to international organisations and UNDP, in particular, proved to be fully justified and showed positive results already in the first budget year. UNDP delivered around 40% reported savings against allocated budget procuring for the 2015 budget year, showed significant price decrease and savings against 2014 MoH prices making a real shift in medical procurement. The UNDP CO procurement team have reported around USD 66 million savings in state budget funds since the beginning of the MoH PSS project, allowing for the purchase of additional quantities of medicines every year and coming closer to matching 100% of need. This has become possible largely due to the direct involvement of manufacturers in biddings (around 80% of all medicines were procured directly from manufacturers), utilisation of long term agreements (over 40 LTAs signed for more than 200 medicines and medical products) and the entrance and registration of generics and biosimilars onto the Ukrainian market (more than 80 medicines were registered in Ukraine within UNDP-managed disease programmes).

- Delivery delays remain one of the biggest issues in terms of the procurement part of the Project. Although supplier performance has improved compared to the 2015 budget year, when the majority of the deliveries were significantly delayed, it still remained inconsistent and difficult to manage with some delays exceeding 90 days. There are few efficient management

t levers available to ensure on-time deliveries, while the situation is aggravated by further delays in the distribution of procured medicines and medical devices to end recipients by the MoH.

- Quantification, budgeting and delivery planning are key areas requiring improvement. Although all of these are beyond the direct responsibility of UNDP, they have a significant impact on project consistency and efficiency. The smoothness of the procurement cycle is disrupted by continuous review of quantities to be procured, budget reallocations, incorrect price budgeting, unrealistic delivery timings requested by the MoH and an inconsistent approach to regular tracking of the remaining stock levels, their distribution and delivery planning.

- Lack of process ownership by UNDP which comes as a result of the initial project set-up creates inefficiencies in decision-making. Acting as a procurement agent, UNDP is required to seek approvals and advice from the MoH on such issues as winning bidders and contract award (cost-estimates), (re)allocation of savings, and shelf-life or cold chain violations on delivered medicines etc., which often delays the process for weeks or months.

- There is no open resource where full information on procurement status is available to the public. Neither the MoH, nor UNDP offer a user-friendly resource/data source where anyone interested can find the necessary details on the progress of procurement. Although UNDP procurement has a positive image overall and UNDP does publish delivery schedules on its website, finding up-to-date information on procurement and delivery status, with data from the bidding stage onwards, requires significant effort, and this is likely to downgrade the Project's achievements.

#### Development/programme component

- Investing in the development of institutional mechanisms is key to sustainability in health procurement. UNDP's impact in the field of anti-corruption and transparency in public health procurement in Ukraine in 2015-2019 was mainly achieved due to outsourcing of the procurement function to UNDP and its performance in line with best international practice rather than building sustainability mechanisms at the MoH that would ensure the sustainability of the benefits created as a result of UNDP's capacity building and other health interventions. The changes to senior management at the MoH led to an immediate interruption of the public procurement process, put at risk conti

nued treatment of vulnerable groups of patients and increased the risk of corrupt practice returning to the MoH.

Ministerial changes, a lack of strong leadership and changes to the political environment meant that UNDP and other organisations (UNICEF and Crown Agents) were unable to deliver all of the assistance necessary to help MoH implement several key initiatives vital for ensuring sustainability in health procurement and for real improvement of the lives of patients, i.e. proper assessment of patients' needs, forecasting and planning, and on-line monitoring of delivery of medicines to end-users in various regions of Ukraine.

- Active engagement of the MoH in the formulation, planning, monitoring and evaluation of the results and resources framework of UNDP's development activity would contribute to its efficiency, national ownership and sustainability of the benefits of UNDP's health interventions.

- It has been difficult to evaluate various health interventions because there is no tracking system to monitor them along with all relevant inputs (people, resources, funds, etc.) and because they are not yet fully integrated and interlinked within the Health & Transparency Programme.

- UNDP is still perceived as a procurement agency in the health sector in Ukraine rather than a development partner, and technical adviser. A strong communication strategy is required to change this view.



## List of Uploaded Documents

#	File Name	Modified By	Modified On
1	IPandTRIPS_2079_204_6465_304 ( <a href="https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/IPandTRIPS_2079_204_6465_304.docx">https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/IPandTRIPS_2079_204_6465_304.docx</a> )	ihor.matviichuk@undp.org	12/10/2020 8:20:00 AM
2	JSCFarmakCaseStudy_2079_204_6465_304 ( <a href="https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/JSCFarmakCaseStudy_2079_204_6465_304.pptx">https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/JSCFarmakCaseStudy_2079_204_6465_304.pptx</a> )	ihor.matviichuk@undp.org	12/10/2020 8:20:00 AM
3	LCACaseStudy_2079_204_6465_304 ( <a href="https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/LCACaseStudy_2079_204_6465_304.docx">https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/LCACaseStudy_2079_204_6465_304.docx</a> )	ihor.matviichuk@undp.org	12/10/2020 8:20:00 AM
4	SustainableHealthinProcurement_2079_204_6465_304 ( <a href="https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/SustainableHealthinProcurement_2079_204_6465_304.docx">https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/SustainableHealthinProcurement_2079_204_6465_304.docx</a> )	ihor.matviichuk@undp.org	12/10/2020 8:20:00 AM
5	Webinar_CNdraft_2079_204_6465_304 ( <a href="https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/Webinar_CNdraft_2079_204_6465_304.docx">https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/Webinar_CNdraft_2079_204_6465_304.docx</a> )	ihor.matviichuk@undp.org	12/10/2020 8:21:00 AM
6	Lessons-LearnedReport_6465_304 ( <a href="https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/Lessons-LearnedReport_6465_304.doc">https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/Lessons-LearnedReport_6465_304.doc</a> )	ihor.matviichuk@undp.org	12/10/2020 8:33:00 PM

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

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

**Evidence:**

Starting from 2015 the Project has been implementing 111 State Medicines Procurement Programmes with a total budget of over \$515 million. The efficient procurement process allowed to increase the treatment coverage for patients of Ukraine by 68%. On September 19, the Parliament approved bill No. 1076 in the second reading, which extended medicines procurement through international organizations for another two years. This means Ukrainian patients will keep their access to quality medicines and medical services and UNDP will perform the procurement service for the Government of Ukraine for the next two years.

The project contributed significantly to establishing the state-owned enterprise (SOE) Medical Procurements of Ukraine (endorsed by the Government in September 2018), which is expected to pick up the procurement services from the project in the next two years. The project also contributed meaningfully to reforms in the field of anti-corruption, intellectual property rights, efficient public and sustainable procurement, fighting the HIV/AIDS epidemic, as well as transparency and digitalization of the health sector in Ukraine. Therefore, there is credible evidence to state that the project is reaching its objectives as stated in the ProDoc, AWP and relevant CSAs. Additionally, the Project is working with the new Government to identify new ways to support the people of Ukraine particularly in the area of reforming the health sector and digitalization of health services.

**List of Uploaded Documents**

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No documents available.			

**Principled****Quality Rating: Satisfactory**

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

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

#### Evidence:

Aiming to implement the UNDP Ukraine Gender Strategy 2018-2022, the Project conducted a thorough analysis of gender aspects of the procured medicine which concluded that women in Ukraine are primary caregivers for the children and especially mothers of children with certain conditions, diseases or disabilities. Therefore, all the medicines and medical products procured by the Project, that are related to children health, significantly contribute to promoting gender equality and women's empowerment.

#### List of Uploaded Documents

#	File Name	Modified By	Modified On
1	Positivewomenworkshopfinal_2079_206_6465_306 ( <a href="https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/Positivewomenworkshopfinal_2079_206_6465_306.docx">https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/Positivewomenworkshopfinal_2079_206_6465_306.docx</a> )	ihor.matviichuk@undp.org	12/10/2020 8:26:00 AM
2	ENGSelf-CareConceptNotefinal_HIV_2079_206_6465_306 ( <a href="https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/ENGSelf-CareConceptNotefinal_HIV_2079_206_6465_306.docx">https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/ENGSelf-CareConceptNotefinal_HIV_2079_206_6465_306.docx</a> )	ihor.matviichuk@undp.org	12/10/2020 8:26:00 AM

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

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

#### Evidence:

The project is categorized as Low risk through the SESP. Social and environmental risks are dully tracke d in the risk log.

#### List of Uploaded Documents

#	File Name	Modified By	Modified On
1	NewRiskAnalysisFormat_MOH_2079_207_6465_307 ( <a href="https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/NewRiskAnalysisFormat_MOH_2079_207_6465_307.docx">https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/NewRiskAnalysisFormat_MOH_2079_207_6465_307.docx</a> )	ihor.matviichuk@undp.org	12/10/2020 8:34:00 AM

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

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

**Evidence:**

Project design does not provide separate informing on UNDP's Corporate Accountability Mechanism, therefore it is made by means of UNDP communication resources.

**List of Uploaded Documents**

#	File Name	Modified By	Modified On
No documents available.			

**Management & Monitoring****Quality Rating: Satisfactory**

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

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

**Evidence:**

The project has a comprehensive and costed M&E plan reflected in the project RRF. Costs are properly budgeted.

Baselines, targets and milestones are fully populated. Progress data against indicators in the project's RRF is being reported regularly using credible data sources and collected according to the frequency stated in the Plan, including sex-disaggregated data as relevant. Lessons learned were used to take corrective actions. External project evaluation conducted in early 2020.

**List of Uploaded Documents**

#	File Name	Modified By	Modified On
1	MandEPlan_2019_MoH_Results_6465_309 ( <a href="https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/MandEPlan_2019_MoH_Results_6465_309.docx">https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/MandEPlan_2019_MoH_Results_6465_309.docx</a> )	ihor.matviichuk@undp.org	12/10/2020 9:48:00 AM
2	Lessons-LearnedReport_6465_309 ( <a href="https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/Lessons-LearnedReport_6465_309.doc">https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/Lessons-LearnedReport_6465_309.doc</a> )	ihor.matviichuk@undp.org	12/10/2020 8:34:00 PM

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

- ☐ 3: The project's governance mechanism operated well, and was a model for other projects. It met in the agreed frequency stated in the project document and the minutes of the meetings were all on file. There was regular (at least annual) progress reporting to the project board or equivalent on results, risks and opportunities. It is clear that the project board explicitly reviewed and used evidence, including progress data, knowledge, lessons and evaluations, as the basis for informing management decisions (e.g., change in strategy, approach, work plan.) (all must be true to select this option)
- ☒ 2: *The project's governance mechanism met in the agreed frequency and minutes of the meeting are on file. A project progress report was submitted to the project board or equivalent at least once per year, covering results, risks and opportunities. (both must be true to select this option)*
- ☐ 1: The project's governance mechanism did not meet in the frequency stated in the project document over the past year and/or the project board or equivalent was not functioning as a decision-making body for the project as intended.

**Evidence:**

The project's governance mechanism (board) is functioning as intended with the participation of MoH, UN DP, patients NGOs, other UN agencies. The board explicitly reviews the project progress, deals with implementation challenges, considers the opportunities and risks, and approves plans for the future.

**List of Uploaded Documents**

#	File Name	Modified By	Modified On
No documents available.			

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

- ☐ 3: The project monitored risks every quarter and consulted with the key stakeholders, security advisors, to identify continuing and emerging risks to assess if the main assumptions remained valid. There is clear evidence that relevant management plans and mitigating measures were fully implemented to address each key project risk and were updated to reflect the latest risk assessment. (all must be true)
- ☒ 2: *The project monitored risks every year, as evidenced by an updated risk log. Some updates were made to management plans and mitigation measures.*
- ☐ 1: The risk log was not updated as required. There was may be some evidence that the project monitored risks that may affected the project's achievement of results, but there is no explicit evidence that management actions were taken to mitigate risks.

**Evidence:**

The Project monitored risks on a regular basis as part of board meetings, annual and semiannual AWP reviews as well as on ad hoc basis. Some updates have been made to management plans and mitigation measures.

**List of Uploaded Documents**

#	File Name	Modified By	Modified On
1	NewRiskAnalysisFormat_MOH_2079_211_6465_311 ( <a href="https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/NewRiskAnalysisFormat_MOH_2079_211_6465_311.docx">https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/NewRiskAnalysisFormat_MOH_2079_211_6465_311.docx</a> )	ihor.matviichuk@undp.org	12/10/2020 8:35:00 AM

**Efficient****Quality Rating:** **Highly Satisfactory**

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

- ☒ Yes
- ☐ No

**Evidence:**

The project was designed adequately to achieve relevant results.

**List of Uploaded Documents**

#	File Name	Modified By	Modified On
No documents available.			

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

- ☐ 3: The project had a procurement plan and kept it updated. The project quarterly reviewed operational bottlenecks to procuring inputs in a timely manner and addressed them through appropriate management actions. (all must be true)
- ☒ 2: *The project had updated procurement plan. The project annually reviewed operational bottlenecks to procuring inputs in a timely manner and addressed them through appropriate management actions. (all must be true)*
- ☐ 1: The project did not have an updated procurement plan. The project team may or may not have reviewed operational bottlenecks to procuring inputs regularly, however management actions were not taken to address them.



**Evidence:**

The project reviewed the procurement plan on regular basis. The process was regularly monitored by the project and CO management.

**List of Uploaded Documents**

#	File Name	Modified By	Modified On
No documents available.			

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

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

**Evidence:**

The project regularly reviewed the cost of procured medicines and other services against other procurement agencies and industry benchmarks. The regular cost review exercises were undertaken on a monthly basis as well as part of the annual and seminal AWP reviews. The Project actively coordinated with other projects and CO offices. Specifically, as part of the combined procurement approach, the Project secured a long term agreement representing a breakthrough reduction in the cost of hepatitis C treatment in Ukraine and Kazakhstan (sofosbuvir+daclatasvir, sofosbuvir/ledipasvir) in close cooperation between COs of Ukraine and Kazakhstan, GF HIST and BPPS.

**List of Uploaded Documents**

#	File Name	Modified By	Modified On
1	UNDPProjectTrendsandOpportunitiesforBusinessDevelopment_2079_214_6465_314 (https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/UNDPProjectTrendsandOpportunitiesforBusinessDevelopment_2079_214_6465_314.pptx)	ihor.matviichuk@undp.org	12/10/2020 8:37:00 AM

**Effective****Quality Rating:** Satisfactory

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

- ☒ Yes  
☐ No

**Evidence:**

Notwithstanding political turmoil and continuous changes of the MOH teams, the Project was able to deliver the expected outputs.

**List of Uploaded Documents**

#	File Name	Modified By	Modified On
1	AWP_Review_2079_215_6465_315 (https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/AWP_Review_2079_215_6465_315.xlsx)	ihor.matviichuk@undp.org	12/10/2020 8:39:00 AM

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

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

**Evidence:**

The project's work plan was monitored on monthly basis with regular reviews undertaken as part of the semi-annual AWP reviews and by the project Board. As part of the regular reviews, the project used data and lessons learned to inform quality decision-making.

**List of Uploaded Documents**

#	File Name	Modified By	Modified On
1	AWP2019_MOH_2079_216_6465_316 ( <a href="https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/AWP2019_MOH_2079_216_6465_316.docx">https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/AWP2019_MOH_2079_216_6465_316.docx</a> )	ihor.matviichuk@undp.org	12/10/2020 8:41:00 AM
2	AWP_Review_2079_216_6465_316 ( <a href="https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/AWP_Review_2079_216_6465_316.xlsx">https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/AWP_Review_2079_216_6465_316.xlsx</a> )	ihor.matviichuk@undp.org	12/10/2020 8:41:00 AM
3	MoH-Midterm_review-2019_final-AP_2079_216_6465_316 ( <a href="https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/MoH-Midterm_review-2019_final-AP_2079_216_6465_316.pptx">https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/MoH-Midterm_review-2019_final-AP_2079_216_6465_316.pptx</a> )	ihor.matviichuk@undp.org	12/10/2020 8:41:00 AM

17. Were the targeted groups systematically identified and engaged, prioritizing the marginalized and excluded, to ensure results were achieved as expected?

- ☐ 3: The project targeted specific groups and/or geographic areas, identified by using credible data sources on their capacity needs, deprivation and/or exclusion from development opportunities relevant to the project's area of work. There is clear evidence that the targeted groups were reached as intended. The project engaged regularly with targeted groups over the past year to assess whether they benefited as expected and adjustments were made if necessary, to refine targeting. (all must be true)
- ☒ 2: *The project targeted specific groups and/or geographic areas, based on some evidence of their capacity needs, deprivation and/or exclusion from development opportunities relevant to the project's area of work. Some evidence is provided to confirm that project beneficiaries are members of the targeted groups. There was some engagement with beneficiaries in the past year to assess whether they were benefiting as expected. (all must be true)*
- ☐ 1: The project did not report on specific targeted groups. There is no evidence to confirm that project beneficiaries are populations have capacity needs or are deprived and/or excluded from development opportunities relevant to the project area of work. There is some engagement with beneficiaries to assess whether they benefited as expected, but it was limited or did not occurred in the past year.
- ☐ Not Applicable

#### Evidence:

The Project worked systematically to engage in its work targeted groups including patient organizations (NGOs), representatives of vulnerable groups (MS M/TG and HIV-positive women) and others. As part of the small grants programme "Public Monitoring of the Delivery, Availability and Use of Medicines at the Local Level" six patient organizations strengthened their capacity to manage grants and conduct monitoring of medicine delivery and patients' satisfaction. As part of the preparation of medicines delivery, public monitoring more than 13 patient NGOs across Ukraine strengthened their capacity in public monitoring. UNDP supported the efforts of Positive Women NGO to ensure sustainable resource mobilization by providing technical expertise with fundraising.

### List of Uploaded Documents

#	File Name	Modified By	Modified On
1	GuidelinesEn_29_10_2019_MOH_2079_217_6465_317 (https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/GuidelinesEn_29_10_2019_MOH_2079_217_6465_317.pdf)	ihor.matviichuk@undp.org	12/10/2020 8:42:00 AM
2	AgendaUNDPmonitoringguidepressbreakfast_2079_217_6465_317 (https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/AgendaUNDPmonitoringguidepressbreakfast_2079_217_6465_317.docx)	ihor.matviichuk@undp.org	12/10/2020 8:43:00 AM
3	AgendaUNDPPatientsOrgsmeeting22_04_19_2079_217_6465_317 (https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/AgendaUNDPPatientsOrgsmeeting22_04_19_2079_217_6465_317.pdf)	ihor.matviichuk@undp.org	12/10/2020 8:43:00 AM

### Sustainability & National Ownership

Quality Rating: **Satisfactory**

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

- ☐ 3: Only national systems (i.e., procurement, monitoring, evaluation, etc.) were used to fully implement and monitor the project. All relevant stakeholders and partners were fully and actively engaged in the process, playing a lead role in project decision-making, implementation and monitoring. (both must be true)
- ☒ 2: *National systems (i.e., procurement, monitoring, evaluation, etc.) were used to implement and monitor the project (such as country office support or project systems) were also used, if necessary. All relevant stakeholders and partners were actively engaged in the process, playing an active role in project decision-making, implementation and monitoring. (both must be true)*
- ☐ 1: There was relatively limited or no engagement with national stakeholders and partners in the decision-making, implementation and/or monitoring of the project.
- ☐ Not Applicable

**Evidence:**

The national partners are fully engaged in the decision-making, implementation and monitoring of the project. The Ministry of Health and local patients NGOs participate in the project board and other planning meetings, patients' organizations participate in the project activities and monitor the process of procurement and delivery.

**List of Uploaded Documents**

#	File Name	Modified By	Modified On
1	Minutes_of_project_board_meeting_8.02.2019_NL-SK_2079_218_6465_318 ( <a href="https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/Minutes_of_project_board_meeting_8.02.2019_NL-SK_2079_218_6465_318.pdf">https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/Minutes_of_project_board_meeting_8.02.2019_NL-SK_2079_218_6465_318.pdf</a> )	ihor.matviichuk@undp.org	12/10/2020 8:44:00 AM
2	AgendaUNDPPatientsOrgsmeeting22_04_19_2079_218_6465_318 ( <a href="https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/AgendaUNDPPatientsOrgsmeeting22_04_19_2079_218_6465_318.pdf">https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/AgendaUNDPPatientsOrgsmeeting22_04_19_2079_218_6465_318.pdf</a> )	ihor.matviichuk@undp.org	12/10/2020 8:44:00 AM

19. Were there regular monitoring of changes in capacities and performance of institutions and systems relevant to the project, as needed, and were the implementation arrangements<sup>8</sup> adjusted according to changes in partner capacities?

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

**Evidence:**

The Project regularly monitored capacities and performance of MOH and the SOE "Medical procurement of Ukraine" (MPU). CIPS procurement certification was conducted for employees of the MPU in order to strengthen the capacity of the state procurement entity for efficiently performing medicine procurement based on international standards. To enable the efficient and sustainable development of the state procurement entity, the Project launched a capacity assessment of the MPU to enable the MPU staff and managers to formulate a shared image of capacity constraints and capacity development opportunities and to prepare an action plan for ongoing MPU capacity development.

H&T Programme works closely with MOH in building capacity to effectively tackle various diseases. Thus, as per request from MOH, the analysis and projections for the nomenclature within the programmes "Medicines for citizens with Gaucher disease" and "Medical products for children with autistic spectrum mental and behaviour disorders with schizophrenia, affective disorders, hyperkinetic disorders" was prepared.

**List of Uploaded Documents**

#	File Name	Modified By	Modified On
1	E-likygrantForannouncement_2079_219_6465_319 ( <a href="https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/E-likygrantForannouncement_2079_219_6465_319.pdf">https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/E-likygrantForannouncement_2079_219_6465_319.pdf</a> )	ihor.matviichuk@undp.org	12/10/2020 8:50:00 AM
2	H__proc_notices_notices_060_k_notice_doc_58919_216053602_2079_219_6465_319 ( <a href="https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/H__proc_notices_notices_060_k_notice_doc_58919_216053602_2079_219_6465_319.pdf">https://intranet.undp.org/apps/ProjectQA/QAFormDocuments/H__proc_notices_notices_060_k_notice_doc_58919_216053602_2079_219_6465_319.pdf</a> )	ihor.matviichuk@undp.org	12/10/2020 8:50:00 AM

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

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

**Evidence:**

In 2019 the Project together with the national stakeholders prepared the transition, phase-out plan. In September 2019, the Verkhovna Rada approved bill No. 1076 in the second reading, which extended medicines procurement through international organizations for another two years, the project continues to work with the national stakeholders to strengthen their capacity to procure the quality medicine and reform the health sector in general. Specifically, the project actively supports MOH in building a new national health procurement system and the new state SOE "Medical procurement of Ukraine" (MPU) which is gradually taking up medicine procurement functions from UNDP. The final exit strategy to be prepared with operational closure of all project outputs under the award.

**List of Uploaded Documents**

#	File Name	Modified By	Modified On
1	Exitstrategy_MoH_2079_220_6465_320 ( <a href="https://intranet.undp.org/apps/ProjectQA/QAFormsDocuments/Exitstrategy_MoH_2079_220_6465_320.docx">https://intranet.undp.org/apps/ProjectQA/QAFormsDocuments/Exitstrategy_MoH_2079_220_6465_320.docx</a> )	ihor.matviichuk@undp.org	12/10/2020 8:51:00 AM

**QA Summary/Final Project Board Comments**

This form is generated for the operational closure of project outputs funded from 2015-2017 state budget programmes:

00103275      Project Implementation 2016  
 00103334      Transplantation Medicine 2016



00103335	Adult Cancer Medicine 2016
00103336	Neonatal Screening Reag 2016
00103337	Cystic Fibrosis Medicine 2016
00103338	Immunodeficiency Medicine 2016
00103339	Cerebral Palsy Medicine 2016
00103340	Dwarfism Treatment Med 2016
00103341	Autism Treatment Medicine 2016
00103342	Juvenile Arthritis Med 2016
00103343	Gaucher Treatment Med 2016
00103344	Mucopolysaccharidosis Med 2016
00103345	Epidermolysis Bullosa Med 2016
00103346	Arterial Hypertension Med 2016
00103348	Anti-D Treatment Med 2016
00103349	Laboratory Equipment 2016
00103350	Adult Hemophilia Med 2016
00103351	Sclerosis Treatment Med 2016
00103352	Orphan Diseases Medicine 2015
00103353	Child Hepatitis Medicine 2015
00103354	TB Diagnostics 2015
00103355	Anti TB Treatment Med 2015
00103356	Child Cancer Medicine 2016
00103357	Child Hemophilia Medicine 2015
00106654	Emergency med care med 2017
00106655	Epidermolysis bullosa med 2017
00106656	Dwarfism Treatment Med 2017
00106657	Laboratory Equipment 2017
00106658	Cerebral Palsy Medicine 2017
00106659	Cystic Fibrosis Medicine 2017
00106660	Orphan Diseases Medicine 2017
00106661	Mucopolysaccharidoses med 2017
00106662	Juvenile Arthritis Med 2017
00106664	Anti-D Treatment Med 2017
00106665	Adult Cancer Medicine 2017
00106666	Adult Hemophilia Medicine 2017
00106667	Child Hemophilia Medicine 2017
00106668	Sclerosis Treatment Med 2017
00106669	Gaucher Treatment Med 2017
00106670	Transplantation Medicine 2017
00106671	Neonatal screening Reag 2017
00106672	Immunodeficiency Med 2017
00106673	Autism Treatment Medicine 2017
00106674	Viral Hepatitis B and C 2017
00106675	Child Cancer Medicine 2017
00106676	Child Hepatitis Medicine 2017
00106677	Arterial Hypertension Med 2017
00106678	Cystic Fibrosis Medicine 2017
00106679	Anti TB Treatment Med 2017
00106680	TB Diagnostics 2017
00106683	Project Management 2017

The Project implementation had provided for adequate quality.

