Closure Stage Quality Assurance Report

Form Status: Approved

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<th>Overall Rating:</th>
<th>Highly Satisfactory</th>
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<td>Portfolio/Project Number:</td>
<td>00103144</td>
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<td>Portfolio/Project Title:</td>
<td>Global Fund Transitional Funding</td>
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<tr>
<td>Portfolio/Project Date:</td>
<td>2018-07-01 / 2021-12-31</td>
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Strategic Quality Rating: Exemplary

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:

During the project implementation, it was revealed that the burden of XDR-TB is higher than projected, and hence more medicines are required. This was discussed with the CCM, the project requested more funding from the donor. There were two additional allocations of funding, and the project funds increased from initial 3,956,665 USD to 6,644,165 USD.

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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 development settings 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 the area of development work: Inclusive and effective democratic governance; it addresses the proposed new and emerging area: social protection. Implementation of the project is consistent with the issues-based analysis incorporated into the Funding Request for the Global Fund, including a comprehensive programmatic and financial gap analysis. The project outputs were created under the new National Programme to Fight TB (2016-2020) and contribute to the UNDP SP results.
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 project engages and ensures the participation of ex-TB patients in the project board - Country Coordination Mechanism.
- The project has activities in all geographic areas (TB diagnosis and treatment, and patient support).
- The regional TB doctors participate in the project implementation, monitoring visits, and decision-making (e.g., re-programming of the project activities, voting on project board).

The feedback from the target groups was used for development of the next funding request to the Global Fund in 2020.
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?

**Evidence:**

- The lessons learned and changes made to the project include:
  1) the burden of drug-resistant TB has been revised in the course of the implementation, based on the conducted Drug Resistance Survey.
  2) the situation with the USD exchange rate and inflation. Based on the actual situation the budget for some activities that are paid in the national currency has been revised.
  3) findings of monitoring visits conducted by the project team and national M&E staff. the findings were discussed during a round table, and recommendations for improvement were agreed on.
  4) the patient support activities identified the need in a mobile app to improve patient adherence to treatment. Following this, the project has initiated a pilot app.
  5) the impact of COVID-19 restriction measures and the socio-economic consequences have been analyzed and used to adapt patient support activities, change the approaches to monitoring visits.
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:**

The project supported enrollment on treatment of about 200 patients with XDR-TB per year vs. the target 100.

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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.

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**Principled**

**Quality Rating: Satisfactory**
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:
The project collects the gender-disaggregated data on the number of patients enrolled on treatment. Based on that, the approaches to improve case funding among women were discussed with the national counterparts. Patient support activities are also discussed with the national counterpart Red Crescent Society on how to identify and address the needs of women patients with TB.

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 was categorized as low risk. However, in 2020-2021 due to pandemic caused socio-economic hardships, the project monitored the social impact on TB patients, and addressed this through provision of additional support, as well through provision of PPE to patients and their families.

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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-affected people are aware of UNDP’s Corporate Accountability Mechanism. As the project is of Low risk for SES, it does not require a separate grievance mechanisms. All complaints are addressed through the state grievance mechanisms.
Management & Monitoring

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 had a comprehensive and costed M&E plan. Baselines, targets and milestones were fully populated. - See attached.

Progress data against indicators in the project’s RRF was reported annually to the Global Fund using the formal data from MoH, and collected according to the frequency stated in the Plan, including sex and age disaggregated data.

In 2019 there was evaluation of national TB program by the WHO experts. The recommendations and findings of the evaluation, as well other WHO missions, were used to correct the project activities.
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 Country Coordination Mechanism (CCM) met annually in 2018, 2019 and 2021. In 2020 there were more meetings due to development of the new funding request. The CCM was presented with the reports on project implementation, risks etc. The project corrective actions were implemented based on the CCM decision.

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 the risks on regular basis, particularly in 2020 due to the pandemic related issues. The updates to the project budget and activities were introduced subsequently.

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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.

Evidence:

The project resources were adequate, and even increased by 70% in the course of implementation.
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 completes the procurement plans as required by the country office, the HPAP as required by the HIST and the list of health products as required by the donor.

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 costs against relevant comparators (e.g., other health procurement projects) to ensure the project maximized results delivered with given resources. The project actively coordinated with other health procurement projects to achieve complementarity and sought efficiencies wherever possible - for example, joining the cargos for cost-efficiency savings of freight, or of staff costs.

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Effective  

Quality Rating: Exemplary

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

- [ ] Yes
- [ ] No

Evidence:
The project achieved all set targets, and received A1 rating from the Global Fund.

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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 receives quarterly progress data from the National TB Programme, and two sub-recipients (WHO and National Red Crescent Society), and analyzed this to ensure the project is on track. The quarterly data and lessons learned, recommendations from the WHO missions were used to inform course corrections, as needed. The necessary budget revisions were made.

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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 targeted TB patients in all geographic regions of the country, and in civil and penitentiary sector, as beneficiaries of the project. The targeted people were reached, e.g. by the testing, treatment services and patient support programme. The project engaged regularly with targeted groups (as represented by the CCM) to receive their feedback and make any adjustments as necessary.

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Sustainability & National Ownership

Quality Rating: Highly 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 project uses national systems (for collecting TB data, for customs procedures, for local services). The project uses the UNDP systems for procurement and finance management. All national and international stakeholders are engaged through the CCM into the decision making, designing and oversight of the project.

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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 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 made capacity assessment of the national institutions in 2012 using the tools designed by UNDP for the implementers of the Global Fund grants (https://undphealthimplementation.org/functional-areas/sub-recipient-management/capacity-assessment-and-approval-process/assessing-sub-recipient-capacity/) Since then, the project completes annual performance evaluation of the sub-recipients. For National Red Crescent Society, the project completes an annual value-for-money assessment before signing the contract. The annual performance evaluations and the value-for-money assessment have questions/recommendations on capacity of the implementers.

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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:

Transition Plan uploaded
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QA Summary/Final Project Board Comments

The CCM on 30 March 2021 approved closure of the project.