ASM-15933 - Quality Assurance - Closure

Procedure Year: 2025

Procedure Rating: Satisfactory

Procedure Status: Approved

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Procedure Department: CO - Azerbaijan - Baku

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Portofolio/Project Type: Project

RELATED PORTFOLIOS/PROJECTS (1)

NAME	PORTOFOLIO/PROJECT NAME	DEPARTMENT	STATUS	ATLAS PROJECT NUMBER	START DATE	END DATE
00113610	Medicines procurement-UNDP-AZE-00113610	CO - Azerbaijan - Baku	Financially Closed	00116488	12/24/2018	12/31/2031

Approval Information

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APPROVAL HISTORY

STEP NAME	DATE	STATUS	ASSIGNED TO
Submitted for Approval	2025-05-21 10:09:55	Approved	Slobodan TADIC
Approval Request Submitted	2025-05-21 06:46:31	Started	Ayshan Ahmadova

QA Questionnaire:

Strategic | Status: Complete | 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 has identified relevant changes in the external environment that may present new opportunities or threats to the project's ability to achieve its objectives and the assumptions have been tested to determine if the project's strategy is still valid. There is evidence that the project board has considered the implications, and documented any changes needed to the project in response. (all must be true)
- ◉ 2: The project team has 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 may not have been fully integrated in the project. (both must be true)
- ○ 1: The project team may have considered relevant changes in the external environment since implementation began, but there is no evidence that the project team has considered changes to the project as a result.

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

Yes, the project proactively identified changes to the external environment and incorporated them into its strategy. Recognizing the phase-out of Global Fund support and the shift toward full government financing of the National HIV/AIDS Programme, the project strategically repositioned itself to ensure the uninterrupted procurement and supply of essential medicines. It also anticipated potential external risks - such as exchange rate fluctuations, registration delays for new medicines, and global shipping

costs - and embedded adaptive measures, including leveraging WHO approvals, proposing fast-track registration procedures, and clarifying customs and packaging requirements with national authorities. These actions demonstrate the project's forward-looking approach and alignment with evolving national and global dynamics.

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

- 3: The project responds at least one of the development settings as specified in the Strategic Plan (SP) and adopts at least one Signature Solution and the project's RRF includes at all the relevant SP output indicators. (all must be true)
- (●) 2: The project responds to one of the three areas of development work as specified in the Strategic Plan. The project's RRF includes at least one SP output indicator, if relevant. (both must be true)
- 1: While the project may respond to a partner's identified need, this need falls outside the UNDP Strategic Plan. Also select this option if none of the relevant SP indicators are included in the RRF.

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

Yes, the project was well aligned with the thematic focus of the UNDP Strategic Plan, particularly under the pillar of strengthening institutions to deliver universal access to basic services. By supporting the Ministry of Health in the procurement of essential HIV/AIDS medicines and building national capacity for transparent and effective healthcare procurement, the project contributed directly to improved health outcomes and institutional resilience. It also aligned with Sustainable Development Goal 3 (Good Health and Well-being) and UNAPF (CF) Outcome 2, which focuses on enhancing institutional capacities for transparent, evidence-based, and gender-sensitive policy formulation and implementation.

Relevant | Status: Complete | Quality Rating: Satisfactory

3. Are the project's targeted groups, and particularly those marginalized, vulnerable and left further behind (LNOB), being systematically engaged, with a priority focus on the discriminated and marginalized, to ensure the project leaves no one behind (LNOB) and remains 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 (Enter a short explanation or upload a document that provides evidence for your response)

Yes, the project's design inherently supports the Leave No One Behind (LNOB) principle by targeting access to essential HIV/AIDS services, which disproportionately affect marginalized and vulnerable populations. By ensuring uninterrupted procurement and distribution of life-saving medicines and diagnostics across the country, the project directly benefits people living with HIV/AIDS - a group often subject to stigma and exclusion. Although not explicitly framed under a dedicated LNOB strategy, the project's focus on equitable access to healthcare services, in coordination with the Ministry of Health and HIV/AIDS centers, demonstrates a clear commitment to reaching those most at risk and ensuring the project's continued relevance for vulnerable groups.

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 (Enter a short explanation or upload a document that provides evidence for your response)

Yes, the project generated knowledge and lessons learned through regular monitoring, reporting, and coordination with the Ministry of Health and other stakeholders. Capacity-building activities, including training sessions and workshops, supported institutional learning and informed improvements in procurement and supply chain practices. However, as the project primarily focused on the procurement and timely delivery of essential HIV/AIDS medicines, knowledge generation was not an ultimate objective. Despite this, the project applied implementation insights to inform management decisions - such as adjusting planning for customs procedures, forecasting needs, and navigating product registration - thereby ensuring the project's continued relevance, output quality, and effective risk management.

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 (Enter a short explanation or upload a document that provides evidence for your response)

Yes, the project was successfully implemented and contributed meaningfully to strengthening the national healthcare procurement system, particularly in ensuring uninterrupted access to HIV/AIDS-related medicines and diagnostics. It demonstrated strong potential for scale-up through planned capacity-building and system reform components, which were designed to institutionalize transparent and efficient procurement practices. However, due to the unexpected closure of the UNDP Country Office, the subsequent planned phases of the project could not be actualized. As a result, while the project laid a solid foundation for long-term impact, its full scaling potential remains unrealized.

Principled | Status: Complete | 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 has systematically 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 (Enter a short explanation or upload a document that provides evidence for your response)

While the project did not include stand-alone gender-specific outputs or indicators, its alignment with national healthcare priorities and focus on equitable access to essential HIV/AIDS services inherently supported gender-responsive outcomes. Given that women and girls are among the vulnerable groups disproportionately affected by limited access to healthcare, the project's efforts to ensure the uninterrupted supply of life-saving medicines contributed to reducing gender-related disparities in health. Although gender empowerment was not a core objective due to the technical nature of the project, the inclusive approach to service provision helped maintain relevance to UNDP's commitment to gender equality. Future phases could further benefit from integrating explicit gender markers and disaggregated data to strengthen impact and accountability.

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 were conducted where required (i.e., Environmental and Social Impact Assessment (ESIA) for high/substantial-risk projects and targeted assessments for moderate risk projects as identified through SESP). Relevant management plan(s) developed, implemented, and monitored for identified risks. Select this option for SESP exempted projects and/or 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 (Enter a short explanation or upload a document that provides evidence for your response)

The project was categorized as low risk through the Social and Environmental Screening Procedure (SESP) and was therefore exempt from a full Environmental and Social Impact Assessment. Nevertheless, social and environmental considerations were integrated into project implementation through the application of UNDP's risk management standards. The risk log was regularly updated, and relevant mitigation measures were monitored in coordination with the Ministry of Health to ensure that any emerging risks - particularly those related to the storage, handling, and distribution of medical products - were appropriately managed.

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 have been informed of UNDP's Corporate Accountability Mechanism and how to access it. If the project is categorized as High Risk through the SESP, a project -level grievance mechanism is in place and project affected people informed. If grievances have been received they are responded to but face challenges in arriving at a resolution. Select this option for SESP Exempted projects.

○ 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 (Enter a short explanation or upload a document that provides evidence for your response)

The project was categorized as low risk under UNDP's Social and Environmental Screening Procedure (SESP), and while not mandatory, the development of a project-level grievance mechanism was initially planned to strengthen accountability and engagement with affected communities. However, due to the closure of the UNDP Country Office, this mechanism could not be established. Despite this, stakeholders were informed of UNDP's Corporate Accountability Mechanism and how to access it, although a dedicated channel for project-specific grievances could not be operationalized.

Management & Monitoring | Status: Complete | 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 (Enter a short explanation or upload a document that provides evidence for your response)

Yes, the project's M&E Plan was adequately implemented in line with UNDP policies and procedures. Regular monitoring was conducted through quarterly and annual reporting, risk log updates, and coordination meetings with the Ministry of Health. Progress was tracked against agreed results indicators in the Results Framework, and lessons learned were integrated into ongoing implementation. Despite the project's technical focus on procurement, M&E efforts ensured timely decision-making, accountability, and adaptive management to support the achievement of intended results.

10. Did 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 (Enter a short explanation or upload a document that provides evidence for your response)

Yes, the project's governance mechanism functioned as intended. The Project Board, comprising UNDP, the Ministry of Health, and other key stakeholders, provided strategic guidance, oversight, and decision-making support throughout implementation. Regular coordination and reporting ensured that roles and responsibilities were clearly defined, enabling timely approvals, risk mitigation, and alignment with project objectives. This structure contributed to effective project delivery and reinforced national ownership and accountability.

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 (Enter a short explanation or upload a document that provides evidence for your response)

Yes, risks to the project were adequately monitored and managed in accordance with UNDP's risk management framework. A risk log was maintained and regularly updated, capturing financial, operational, and contextual risks such as currency fluctuations, customs delays, and procurement-related challenges. Mitigation measures were implemented in coordination with the Ministry of Health, ensuring that identified risks did not impede progress toward the project's objectives. The proactive management of risks supported timely delivery, safeguarded resources, and contributed to the overall effectiveness of project implementation.

Efficient | Status: Complete | Quality Rating: 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 (Enter a short explanation or upload a document that provides evidence for your response)

Yes, adequate resources were mobilized to achieve the intended results, with strong financial contributions from the Government of Azerbaijan and complementary support from UNDP. The government's full financing of HIV/AIDS medicine procurement reflected a high level of national ownership and commitment to sustainability. UNDP's technical and operational support ensured efficient use of resources, timely delivery, and transparent procurement processes. The Ministry of Health expressed strong satisfaction with the partnership and outcomes, viewing the project as a successful model of international cooperation and capacity strengthening.

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 (Enter a short explanation or upload a document that provides evidence for your response)

Yes, project inputs were procured and delivered on time, contributing efficiently to the achievement of results. UNDP leveraged its global procurement mechanisms and long-term agreements with pre-qualified suppliers to ensure timely delivery of high-quality HIV/AIDS medicines and medical products. Close coordination with the Ministry of Health allowed for effective planning, customs clearance, and distribution, minimizing delays and ensuring uninterrupted service provision. This timely delivery was critical to maintaining the continuity of care and was positively acknowledged by government counterparts.

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 (Enter a short explanation or upload a document that provides evidence for your response)

Yes, there was regular monitoring of financial performance to ensure cost efficiencies, aligned with the expected quality of results. UNDP's global procurement systems enabled competitive pricing through consolidated orders and long-term agreements, which contributed to significant cost savings. While cost efficiencies were not tracked as standalone indicators, expenditure was closely monitored, and any savings identified during procurement were communicated to the Ministry of Health and reinvested where appropriate. This approach ensured value for money without compromising the quality or timeliness of delivered products.

Effective | Status: Complete | Quality Rating: Satisfactory

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

Yes
No

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

Yes, the project was on track and successfully delivered its expected outputs. All medicines and medical products requested by the Ministry of Health were procured and delivered within the agreed timeframes, ensuring uninterrupted access to HIV/AIDS-related services. The project met its key targets, including maintaining zero stock-outs and achieving over 90% of planned procurement volumes. The strong collaboration between UNDP and the Ministry of Health, combined with efficient operational and financial management, ensured the timely and effective achievement of results.

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 (Enter a short explanation or upload a document that provides evidence for your response)

Yes, regular reviews of the work plan were conducted to ensure the project remained on track to achieve its intended results. Progress was closely monitored through quarterly and annual reporting, coordination meetings with the Ministry of Health, and regular updates to the risk and procurement plans. These reviews enabled timely identification of implementation challenges and informed necessary adjustments, such as revisions in delivery schedules or procurement specifications. This adaptive approach supported effective decision-making and contributed to the successful delivery of project outputs.

17. Were the targeted groups, and particularly those marginalized, vulnerable and left further behind (LNOB), 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 (Enter a short explanation or upload a document that provides evidence for your response)

Yes, the project prioritized the needs of marginalized and vulnerable groups, in line with the Leave No One Behind (LNOB) principle. While the project did not include a separate LNOB strategy, its core focus on ensuring uninterrupted access to HIV/AIDS-related medicines directly targeted populations at higher risk of exclusion and stigma, including people living with HIV. Through collaboration with the Ministry of Health and the HIV/AIDS Center, the project ensured equitable distribution of life-saving medicines across the country, thereby systematically reaching those most in need and supporting the achievement of inclusive health outcomes.

18. If there is a digital or data technology solution in the project: have technology and data risks been addressed specifically for closure, or continued use by partners or UNDP?

- ○ 3: Yes, a) the implementation and closure followed good practices, such as UNDP's digital standards and data principles; b) technology sustainability risks are addressed: hosting, licenses, intellectual property, data ownership, code documentation, or partner capacity (operations, maintenance and continued improvement); and c) post project scalability has been considered: digital public goods or reusability for other UNDP units. (All must be true)

2: Specific technology and data risks have been partially addressed for project closure, next to Standard UNDP sustainability practices and project risk management.

1: Standard UNDP sustainability practices and project risk management are applied, but no specific practices to address technology or data risks are followed.

The project did not utilize a data or digital technology solution.

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

The project did not incorporate a dedicated digital or data technology solution as part of its core activities, given its primary focus on procurement and delivery of medical products. However, data related to procurement, distribution, and stock management was handled through established systems in coordination with the Ministry of Health. While no specific technology or data risks were identified for closure, all relevant data has been shared with national counterparts to ensure continuity and accountability beyond the project's duration.

Sustainability & National Ownership | Status: Complete | Quality Rating: Satisfactory

19. 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 (Enter a short explanation or upload a document that provides evidence for your response)

Yes, stakeholders and national partners were fully engaged throughout the project's lifecycle. The Ministry of Health served as the key implementing partner, actively participating in decision-making, procurement planning, and monitoring processes. Regular coordination meetings, joint planning, and oversight mechanisms ensured strong national ownership and alignment with national priorities. This inclusive approach facilitated timely implementation, strengthened institutional capacities, and reinforced the sustainability of results achieved under the project.

20. Were there regular monitoring of changes in capacities and performance of institutions and systems relevant to the project, as needed, and were the implementation arrangements8 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 were monitored by the project, however changes to implementation arrangements were not considered. Also select this option if changes in capacities and performance of relevant national institutions and systems were not monitored by the project.

Not Applicable

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

Due to the technical and procurement-focused nature of the project, no HACT assurance activities were conducted. Procurement was centrally managed through UNDP's Copenhagen-based Global Fund Health Implementation Support Team, with operational support from the UNDP Country Office. While institutional capacity development was not the primary focus, the project maintained regular engagement with the Ministry of Health to ensure smooth coordination, timely delivery, and alignment with national systems. Implementation arrangements remained appropriate throughout the project, and adjustments were made as needed to accommodate operational realities and ensure effective service delivery.

21. 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 (Enter a short explanation or upload a document that provides evidence for your response)

Yes, transition and phase-out arrangements were reviewed and adjusted in line with project progress. While the original focus of the project was on procurement and service delivery, additional transition planning was initiated due to the unexpected closure of the UNDP CO. This included enhanced coordination with the Ministry of Health to ensure the continued use of procured supplies, the transfer of responsibilities, and proper handover of documentation and data. These measures were tailored to the evolving context to support continuity and sustainability beyond the project's operational closure.