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PROJECT DOCUMENT
Bosnia and Herzegovina

Project Title: Response to COVID-19 pandemic in Federation of Bosnia and Herzegovina
Project (Award) Number: BIH10/00131766, Output ID: 00124684
Implementing Partner: UNDP
Start Date: 1 January 2021 **End Date:** 31 December 2021 **LPAC Meeting date:** 11 November 2020
Implementation modality: Direct Implementation (DIM)

Brief Description

In response to COVID-19 pandemic, the International Bank for Reconstruction and Development has approved financing for Bosnia and Herzegovina (BiH) in its efforts to help the country prevent, detect and react to threats caused by the COVID-19 outbreak.

The project objective is to support prevention, detection and response to threats posed by the COVID-19 pandemic in Bosnia and Herzegovina.

The overall project consists of three components, whereby the Component 2 is relevant for this particular project:


- Component 2 - Response to COVID-19 pandemic in Federation of Bosnia and Herzegovina (FBiH)
- Sub-component 2.1 - Health care delivery and health system strengthening
- Sub-component 2.2 - Social protection and assistance

The project will also contribute to the strengthening of health system preparedness, quality of medical care provided to COVID-19 patients and minimizing the risks for health personnel and patients. It will enable the government to mobilize surge response capacity through trained and well-equipped frontline health workers, by the financing of equipment and supplies for Intensive Care Units (ICUs) in selected hospitals, and the provision of Personal protection equipment (PPE) and infection control materials in hospitals and primary care facilities. ICU equipment and supplies will be procured to establish or renew ICUs in designated hospitals and include mechanical ventilators, cardiac defibrillators, mobile x-rays, oxygen concentrators, and other equipment essential to provision of critical care to patients with severe acute respiratory infection.

Linkage with SDGs: SDG 3 and 17
Linkage with EU accession agenda:
 Chapter 28 Consumer and Health Protection
Linkage with UNDP Strategic Plan:
 Related strategic plan outcomes 1, 2 and 3
Contributing Outcome (UNDAF/CPD):
Outcome 3: By 2025, people have access to better quality and inclusive health and social protection systems.
Output/s ID (with gender marker): 00124684; GEN2

Total resources required:	USD 12,654,424.76	
	Government (World Bank loan):	USD 12,654,424.76
Unfunded:		

Agreed by (signatures):

UNDP

Print Name: Steliana Nedera, Resident Representative
Date: 15 January 2021

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I. DEVELOPMENT CHALLENGE

In Bosnia and Herzegovina, a state of emergency due to COVID-19 pandemic was declared by both entity governments on 16 March 2020 and at the state level – on 17 March 2020. The current phase of pandemic is that of “community transition”, when larger outbreaks of transmission among the local population are possible.

Covid-19 pandemic has already put enormous strain on the healthcare system in BiH, revealing serious shortcomings in terms of coordination, contingency plans and protocols, as well as healthcare institutions’ preparedness, capacities and critical equipment. Further, the near-term economic impact in BiH is expected to be substantial, generating a rapid deterioration of external accounts and urgent balance of payment needs. According to the International Monetary Fund (IMF), economic growth is expected to decline by 5% in 2020 and recover to around 3.5% in 2021. The main current challenge is to control the COVID-19 outbreak and prevent reoccurrence, while at the same time easing the effective, but restrictive, outbreak control measures. In addition, COVID-19 impacted negatively on local procurement and supply chain management in the health sector. The COVID-19 health crisis has placed an exceptional burden on the public health systems and health services delivery in general. This is especially true for the continuity of non-COVID-19 services. The health system is insufficiently prepared to ensure timely diagnosing and treatment of patients due to poor health infrastructure and ICU facilities, insufficient medical supplies and equipment, including protective equipment. Purchase of medical supplies and equipment is extremely challenged by the high global demand and low supply, while even the available quantities are insufficient to ensure protective equipment for non-health workers.

II. STRATEGY

UNDP will support the Federal Ministry of Health (FMoH) through emergency procurement of medical supplies and equipment in accordance with the Procurement and Supply Plan defined by the Federal Ministry of Health and directly related to the Component 2 (Sub-component 2.1 and Sub-component 2.2) of the loan agreed between the Government of the Federation of Bosnia and Herzegovina (FBiH) and the World Bank (WB). With the internal capacities, and engagement of external expert capacities, UNDP will undertake procurement and delivery of the most needed personal protective equipment (PPE), laboratory and hospital equipment, devices, supplies and tests for identification of COVID-19.

By strengthening capacities of health system (mainly secondary and tertiary level) and procuring new equipment, testing reagents and personal protection equipment, health system in FBiH will increase the level and quality of response to pandemic caused by COVID-19. Local experts from the health sector will be engaged to advise on the best available equipment, devices and supplies to support high quality results in diagnostic of COVID-19, as well as in treatment of patients, which will increase quality, effectiveness and efficiency of services provided to citizens of FBiH.

Support to laboratories will enable further strengthening of the laboratory network for timely and proper diagnostic of COVID-19, as well as other similar diseases. High quality equipment will be used widely in the laboratories and inter alia ensure protection of laboratory staff.

Procurement of PPE for institutions from the Social protection system, will ensure the required level of protection of staff working in these institutions and therefore increase safety and quality of services provided to their beneficiaries.

III. RESULTS AND PARTNERSHIPS

➤ Expected Results

The expected Project output is '*Capacity of the health authorities in Federation of BiH to respond to the COVID-19 pandemic is improved through the procurement and delivery of equipment and medical supplies*'. UNDP will support the FBiH Government in procurement of the essential medical equipment, devices, supplies, tests and PPE with aim to strengthen capacities of health system preparedness, increase quality of

medical care provided to COVID-19 patients and minimize the risks for health personnel and patients. Procurement of equipment and supplies for Intensive Care Units (ICUs) in selected hospitals, and the provision of PPE and infection control materials in hospitals and primary care facilities will enable the FBiH Government to mobilize surge response capacity through trained and well-equipped frontline health workers. ICU equipment and supplies will be procured to establish or renew ICUs in designated hospitals and will include mechanical ventilators, cardiac defibrillators, mobile x-rays, oxygen concentrators, and other equipment essential for provision of critical care to patients with severe acute respiratory infection.

➤ ***Resources Required to Achieve the Expected Results***

Financial resources for implementation of the Project and delivering the results are ensured through the World Bank loan to the Federal Ministry of Health (FMOH).

Expert support and advice from the FMOH is required in terms of defining needs of beneficiaries formulated via Procurement plan, confirming technical criteria required for procurement of planned items and final confirmation of specifications of items prior to entering into contractual arrangements with suppliers.

Expert working groups will be established, consisting of health experts identified by the three main clinical centers/hospitals in the FBiH, to work on technical aspects related to specifications of planned items and procurement.

UNDP will establish Project implementation team for daily implementation of project activities. Additional technical and expert support will be provided by UNDP staff in the country office and regional UNDP Global Procurement Unit.

The total Project budget is EUR 10,427,246 (USD 12,654,424.76) provided by the Government of FBiH. Resources required for the Project team and quality assurance functions are allocated within Project budget.

➤ ***Partnerships***

Main Project partner is the FMOH and its Project Implementation Unit (PIU). Partnerships will be established with main clinical centers/hospitals in the FBiH with the aim of utilizing their expertise to achieve high quality results in procurement of planned items in the most effective and efficient manner. Cooperation will be established with end recipient health institutions in the FBiH to timely coordinate planned support and procurement. The Project will facilitate cooperation with and between the recipient health institutions thus enabling constant exchange of information as well as helping them see the “bigger picture” at all times, in order to be able to take additional, catalytic actions where possible that add value to the Project efforts.

➤ ***Stakeholder Engagement***

The main stakeholders are clinical centers/hospitals in the FBiH. Close coordination will be established with them directly and via FMOH with the aim to properly identify and plan essential procurement, as well as to coordinate procurement processes and delivery. Considering the importance of the swift implementation and preparation for the response to Covid-19, as well as the large number of stakeholders involved, coordination will be crucial to minimize overlap and maximize complementarity. Existing institutional emergency coordination mechanisms, such as the BiH Protection and Rescue Coordination Body and entity and cantonal Crisis Management Teams will also be involved to ensure regular and targeted information-sharing. UNDP in BiH is actively supporting Covid-19 response in the country in collaboration with the authorities and the international community and will ensure that the Project is closely synergetic and meaningfully complements investments and support by all other stakeholders.

➤ ***Knowledge Management***

The Project will generate knowledge through regular project monitoring and lessons learnt captured and documented through Project monitoring tools and progress reports. At the end of the Project, Project team will prepare the report on best practices and lessons learnt and share it with the Federal Ministry of Health and its Project Implementation Unit as well as with the World Bank.

UNDP offers end-to-end support across the entire procurement cycle, including product selection, transparent contract award, freight and delivery. All specifications that will be developed, in cooperation with expert bodies, will serve as basis for future potential procurement of similar items by the Federal Ministry of Health.

Upon procurement and delivery of the equipment and devices, education of staff on its use and maintenance, as well as any specialized training will be ensured.

➤ ***Sustainability and Scaling Up***

Project ownership and sustainability is ensured from the design stage as the representatives of the Federal Ministry of Health and their PIU have been involved into all phases of project design, including identification of needs of the health institutions in FBiH. The Project will strengthen capacities of said health institutions by equipping them with the up-to-date medical equipment and devices and provision of specialized training for its use and maintenance. This is also relevant to post service support which will be provided to health institutions after delivery and installation of equipment, as the purchased equipment will be used after the COVID-19 crises in the daily work and provision of medical services to patients.

➤ ***Detailed description of output, activities and expected results, project duration***

Output 1: Capacity of the health authorities in the Federation of BiH to respond to the COVID-19 pandemic is improved through the procurement and delivery of equipment and medical supplies.

ACTIVITY 1.1 Microbiological laboratory – Procurement of COVID-19 detection kits, test and reagents identified by leading FBiH microbiologists as the essential to successfully respond to COVID-19 crises.

ACTIVITY 1.2 Microbiological laboratory – Procurement of laboratory diagnostic equipment to support detection of COVID-19.

ACTIVITY 1.2.2 Social Protection and assistance – Procurement of Personal Protective Equipment (PPE) and minor medical devices for social care and protection institutions.

ACTIVITY 1.3 Microbiological laboratory – Procurement of laboratory consumables and expendables.

ACTIVITY 1.4 Microbiological laboratory – Procurement of containers for microbiological samples and bags for microbiological waste.

ACTIVITY 2 Critical medical equipment – Procurement of medical equipment for health institutions to strengthen quality of patients' treatment.

ACTIVITY 3 Personal Protective Equipment (PPE) – Procurement of Personal Protective Equipment (PPE) for health institutions.

Project activities will be implemented during the period from January 2021 to December 2021.

➤ ***Methodological approach***

Items essential to fight the COVID-19 pandemic were identified by the Federal Ministry of Health during the project design phase, resulting in a Procurement and Supply Plan which will serve as a roadmap for implementation of Project activities. During the Project implementation, UNDP will establish expert groups consisting of specialists for procurement of medical equipment and tests. These specialists will be identified by 3 leading hospitals/clinics in the FBiH and will advise on the technical specifications of required items.

UNDP will conduct procurement led by the principle of cost effectiveness and according to specific needs of beneficiaries. Where applicable, procured items will be manufactured in accordance with the Good Manufacturing Practice established by the WHO. All activities, to the extent possible, will be implemented in environmental responsible and sustainable manner.

Prior to initiation of procurement activities, representatives of the Federal Ministry of Health will approve specifications and evaluation criteria designed for specific procurement. If necessary, technical specifications will also be confirmed by recipient health institutions prior to launch of procurement pertinent to their needs. Upon completion of any procurement process and before award of contracts, specifications/ models

and makes of positively evaluated items will be shared with and confirmed by Federal Ministry of Health and/ or recipient health institutions.

➤ ***Target groups, beneficiaries***

Direct beneficiaries of the Project will be hospitals/clinics within the FBiH health system, as well as public health institutions directly involved in detection and prevention of COVID-19. Furthermore, direct beneficiaries will be the FBiH institutions for social care and protection.

Indirect beneficiaries will be general population of the FBiH, as successful Project implementation will ensure overall high quality and efficient services in detection and treatment of COVID-19.

➤ ***Geographical area of intervention and territorial demarcation with other relevant interventions***

Procured equipment and materials will be distributed at the territory of the FBiH. The Federal Ministry of Health undertook assessment of the essential equipment and items in all institutions involved in the process of detection, diagnostic and treatment related to COVID-19 and developed a list of beneficiary institutions in FBiH.

The same methodology is used for distribution of PPE to social protection and care institutions in the FBiH, with identification of beneficiary institutions by the Federal Ministry of Labor and Social Policy.

➤ ***Transversal themes***

The Project will contribute to creation of equal opportunities for men and women and to ensuring gender responsiveness in the provision of public essential services.

Social inclusion institutions are included in Project implementation under the Activity 1.2.2 with the aim to ensure protection of their staff and provision of safe and quality services.

➤ ***Synergies with other on-going or planned interventions***

Synergies will be established with other projects and activities within UNDP related to strengthening capacities of health system in FBiH to respond to COVID-19, including procurement of equipment for institutions in BiH. The Project will monitor other donors' efforts in supply and delivery of relevant equipment to the stakeholders in FBiH and suggest to the Federal Ministry of Health modification and adaptation of original Procurement and Supply Plan, if and as required.

➤ ***Risks and Assumptions***

A preliminary assessment shows that the Project is a low-risk intervention, given the substantive expertise and experience of the UNDP Country Office (CO) in implementation of this type of interventions, particularly during 2020 when the CO, under extreme circumstances, managed to procure and deliver over 9 million items of different medical supplies, devices and PPE, worth over 20 million of USD, for beneficiaries throughout Bosnia and Herzegovina. Risk might increase to moderate in case of global deterioration of the Covid-19 pandemic which might cause potential interruption of transport corridors and global supply chains, although the likelihood of this is low. However, in case of such development, the Project will deploy an active risk management and contingency planning strategy to ensure sound management and quality and timely delivery of envisaged results.

➤ ***Use of existing country systems, mechanisms and frameworks***

UNDP is actively engaged in and supporting the COVID-19 emergency response and management in BiH, together with authorities, public institutions, communities, the private sector and international community, as part of a wider and coordinated UN efforts guided by the World Health Organization (WHO) Strategic Preparedness Response Plan. Thus, the Project will reinforce the already established communication channels and partnership networks with health institutions, authorities and the international community to

address the crisis, particularly in terms of well-coordinated and at-scale procurement and delivery of health supplies and equipment in the country.

IV. PROJECT MANAGEMENT

➤ Cost Efficiency and Effectiveness

The Project will deploy several measures in order to achieve cost effectiveness.

Firstly, in terms of procurement and in recognition of the benefits of effective competition, outsourcing of services within the Project will be based on a competitive and transparent process. UNDP's policies and procedures in this process will ensure quality and consistency. The Project will also seek to achieve economy of scale in investments by combining, where possible, financial resources and directly coordinating with other on-going interventions related to strengthening capacities of health system to respond to COVID-19. This will require constant communication between the UNDP and its partners, as well as with other initiatives in the field.

➤ Project Monitoring, Evaluation and Reporting

UNDP will be responsible for monitoring the implementation of the Project, in line with the corporate standards, set targets and project indicators. The monitoring responsibilities (including data to be collected, tools and frequency of monitoring activities) will be managed by the Project team. Reports on project implementation will be prepared by the Project and submitted to the Federal Ministry of Health Project Implementation Unit in line with targets set within *the Agreement for delivery of outputs - Covid 19 WB Loan to MoH FBiH*.

➤ Visibility and communication

The Project will ensure the visibility of the WB funding, using communication to widely publicize and raise awareness on all conducted activities and results. The Project visibility will be based on contractual requirements and relevant guidelines in place between the World Bank, Federal Ministry of Health and UNDP BiH.

V. RESULTS FRAMEWORK

Intended Outcome as stated in the UNDAF/Country [or Global/Regional] Programme Results and Resource Framework:							
Outcome 4. By 2025, people contribute to, and benefit from more accountable and transparent governance systems that deliver quality public services and ensure rule of law.							
Outcome indicators as stated in the Country Programme [or Global/Regional] Results and Resources Framework, including baseline and targets:							
Indicator 2.2d: Number of medical facilities with improved health treatment conditions.							
Baseline (2019): 0.							
Target (2025): 6.							
Applicable Output(s) from the UNDP Strategic Plan: 1.2.1.1 National and sub-national governments have improved capacities to plan, budget, manage and monitor basic services							
Project title and Atlas Project Number: Response to COVID-19 pandemic in Federation of Bosnia and Herzegovina 00131766							
EXPECTED OUTPUT	OUTPUT INDICATORS	DATA SOURCE	BASELINE		DATA COLLECTION METHODS & RISKS		
			Value	Year	Year 2021	FINAL	
Output 1 Capacity of the health authorities in Federation of BiH to respond to the COVID-19 pandemic is improved through the procurement and delivery of equipment and medical supplies.	1. Number of Covid-19 diagnostic kits, test and reagents delivered to the relevant health institutions.	UNDP, FMoH	0	2020	290,000 pcs	290,000 pcs	Project records and records of recipient health institutions
	1.2 Number of laboratory diagnostic equipment delivered to health institutions.	UNDP, FMoH	0	2020	299	299	Project records and records of recipient health institutions
	1.3 Number of laboratory consumables and expendables delivered to health institutions.	UNDP, FMoH	0	2020	Lump-sum (TBC)	Lump-sum (TBC)	Project records and records of recipient health institutions
	1.4 Number of containers for microbiological samples and bags for microbiological waste delivered to health institutions.	UNDP, FMoH	0	2020	103,100	103,100	Project records and records of recipient health institutions
	2 Number of medical equipment delivered to health institutions.	UNDP, FMoH	0	2020	316	316	Project records and records of recipient health institutions
	3 Number of PPE items delivered to health institutions.	UNDP, FMoH	0	2020	921.000	921.000	Project records and records of recipient health institutions
	1.2.2 Number of PPE items and minor medical devices delivered to social care and protection institutions.	UNDP, FMoH	0	2020	782,000	782,000	Project records and records of recipient health institutions

VI. MONITORING AND EVALUATION

In accordance with UNDP's programming policies and procedures, the project will be monitored through the following monitoring and evaluation plans:

Monitoring Plan

Monitoring Activity	Purpose	Frequency	Expected Action	Partners (if joint)	Cost (if any)
Track results progress	Progress data against the results indicators in the RRF will be collected and analyzed to assess the progress of the project in achieving the agreed outputs.	Quarterly, or in the frequency required for each indicator.	Slower than expected progress will be addressed by project management.	Federal Ministry of Health	/
Verify progress	Verify output progress and/or completion	Quarterly, or in the frequency of the Project Board review	Slower than expected progress will be addressed by project management or the Project Board.	Federal Ministry of Health	/
Monitor and Manage Risk	Identify specific risks that may threaten achievement of intended results. Identify and monitor risk management actions using a risk log. This includes monitoring measures and plans that may have been required as per UNDP's Social and Environmental Standards. Audits will be conducted in accordance with UNDP's audit policy to manage financial risk.	At least semi-annually	Risks are identified by project management and actions are taken to manage risk. The risk log is actively maintained to keep track of identified risks and actions taken.		/
Learn	Knowledge, good practices and lessons will be captured regularly, as well as actively sourced from other projects and partners and integrated back into the project.	Annually	Relevant lessons are captured by the project team and used to inform management decisions.	Federal Ministry of Health	/
Review and Make Course Corrections	Internal review of data and evidence from all monitoring actions to inform decision making.	At least semi-annually	Performance data, risks, lessons and quality will be discussed by the project board and used to make course corrections.	Federal Ministry of Health	/
Project Report	A progress report will be presented to the Project Board and key stakeholders, consisting of progress data showing the results achieved against pre-	Semi-annually, and at the end of the project (final report)			/

	defined annual targets at the output level, the annual project quality rating summary, an updated risk long with mitigation measures, and any evaluation or review reports prepared over the period.				
Project Review (Project Board)	The project's governance mechanism (i.e., project board) will hold regular project reviews to assess the performance of the project and review the Work Plan. In the end of the Project, the Project Board shall hold an end-of project review to capture lessons learned and discuss opportunities for scaling up and to socialize project results and lessons learned with relevant audiences.	Semi-annually, and at the end of the project	Any quality concerns or slower than expected progress should be discussed by the project board and management actions agreed to address the issues identified.		/
Total monitoring costs already included in the Project Budget (1% of the total project value)					USD 126,544

VII. MULTI-YEAR WORK PLAN

EXPECTED OUTPUT	ACTIVITIES	Planned Budget by Year	RESPONSIBLE PARTY	PLANNED BUDGET		
		Y1 USD		Funding Source	Budget Description	Amount USD
<p>OUTPUT 1: Capacity of the health authorities in Federation of BiH to respond to the COVID-19 pandemic is improved through the procurement and delivery of equipment and medical supplies.</p> <p>Gender marker: GEN2</p>	ACTIVITY 1.1 Microbiological laboratory – COVID-19 detection kits, test and reagents (as per PSM plan)	3,356,796.19	UNDP	30011	70000	3,356,796.19
	ACTIVITY 1.2 Microbiological laboratory – of laboratory diagnostic equipment for COVID-19 (as per PSM plan)	1,786,346.67	UNDP	30011	70000	1,786,346.67
	ACTIVITY 1.2.2 Social Protection and assistance – PPE and minor medical devices for social care and protection institutions	625,000.00	UNDP	30011	70000	625,000.00
	ACTIVITY 1.3 Microbiological laboratory – laboratory consumables and expendables	235,194.29	UNDP	30011	70000	235,194.29
	ACTIVITY 1.4 Microbiological laboratory – containers for microbiological samples and bags for microbiological waste.	65,959.05	UNDP	30011	70000	65,959.05
	ACTIVITY 2 Critical medical equipment – medical equipment for health institutions (as per PSM plan)	3,732,220.95	UNDP	30011	70000	3,732,220.95
	ACTIVITY 3 PPE – surgical set, masks FFP2/3, gowns, etc (as per PSM plan)	1,655,946.67	UNDP	30011	70000	1,655,946.67
	Contingence reserve	279,968.57	UNDP	30011	70000	279,968.57
	Direct costs	314,400.71	UNDP	30011	70000	314,400.71
	General Management Support	602,591.66	UNDP	30011	75100	602,591.66
TOTAL						12,654,424.76

VIII. GOVERNANCE AND MANAGEMENT ARRANGEMENTS

UNDP in BIH will assume full responsibility and accountability for the overall management of the Project, including achieving of the activities and output, the efficient and effective use of resources, as well as implementation monitoring. The Direct Implementation Modality (DIM) will be applied, premised on the fact that institutional and administrative capacities within stakeholders are still not sufficient to undertake core functions and activities, as well as having in mind its high potential for maximum cost-effectiveness and tailored flexible capacity development of institutional partners.

➤ **Project Management**

The Project structures will include the Project Board as a main steering mechanism, Project Assurance and the Project Team.

The **Project Board** will be the decision-making authority, responsible for the Project management oversight. The Project Board will review and endorse annual work plans, supervise the implementation progress and authorize any major deviation therefrom. It will provide strategic guidance, as well as give final approval to selected strategic and operational issues. The Project Board will meet semi-annually, or as necessary when raised by the Project Manager. Members of the Project Board will be senior representatives of the Federal Ministry of Health, World Bank (WB) and UNDP. UNDP will serve as the secretariat to the Project Board, responsible for sending out invitation for Project Board meetings, preparing meeting agenda and materials, as well as meeting minutes. The project institutional structure consists of the Project Board, Project Assurance, and the Project Team, interacting in a broader project context with partners and all interested stakeholders.

Additionally, UNDP and representatives of the Federal Ministry of Health will meet on a regular basis to discuss Project progress, issues and developments, as well as opportunities.

The **Project Assurance** supports the Project Board by carrying out objective and independent project oversight and monitoring functions. This ensures project management milestones are managed and completed. The process of Project Assurance is independent of the Project Manager and will be performed by the UNDP.

The **Project Team** will comprise the Project Manager and core team members. The Project will use current internal capacities and thus engage staff already working on Covid-19 response activities within the UNDP in BIH on a part-time basis.

The Project team will thus consist of two core member and 5 part-time members as follows:

Project Manager (100%)

Procurement Assistant (100%)

Project Associate (75%)

Programme Associate (50%)

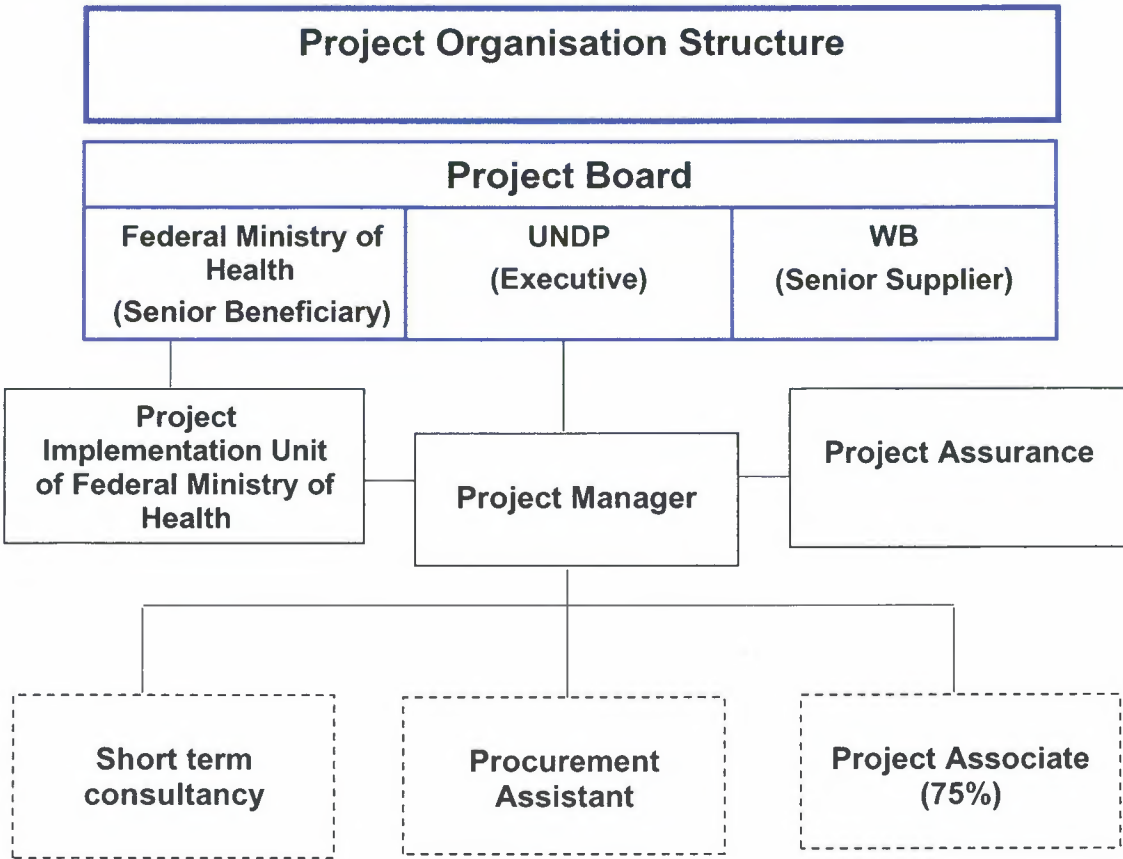
Communications Assistant (30%)

Procurement Quality Assurance (25%)

Programme Operations Support (10%)

Sector Coordinator (20%)

The management structure of the Project will include management support office in Sarajevo. Additional field support will be provided, if necessary, through UNDP's field offices in Bihać, Dobož and Mostar.



IX. LEGAL CONTEXT

This project document shall be the instrument referred to as such in Article 1 of the Standard Basic Assistance Agreement between the Government of Bosnia and Herzegovina and UNDP, signed on 07 December 1995. All references in the SBAA to “Executing Agency” shall be deemed to refer to “Implementing Partner.”

Bosnia and Herzegovina and the United Nations Sustainable Development Cooperation Framework for the period 2021-2025 (endorsed by the Council of Ministers of Bosnia and Herzegovina and UN on 16 December 2020), as well as the UNDP Country Programme Document 2021-2025 represent the basis for the activities of UNDP in the country.

This project will be implemented by UNDP (“Implementing Partner”) in accordance with its financial regulations, rules, practices and procedures only to the extent that they do not contravene the principles of the Financial Regulations and Rules of UNDP.

X. RISK MANAGEMENT

1. *UNDP as the Implementing Partner will comply with the policies, procedures and practices of the United Nations Security Management System (UNSMS.)*
2. *UNDP as the Implementing Partner will undertake all reasonable efforts to ensure that none of the project funds are used to provide support to individuals or entities associated with terrorism and that the recipients of any amounts provided by UNDP hereunder do not appear on the list maintained by the Security Council Committee established pursuant to resolution 1267 (1999). The list can be accessed via http://www.un.org/sc/committees/1267/aa_sanctions_list.shtml. This provision must be included in all sub-contracts or sub-agreements entered into under this Project Document.*
3. *Social and environmental sustainability will be enhanced through application of the UNDP Social and Environmental Standards (<http://www.undp.org/ses>) and related Accountability Mechanism (<http://www.undp.org/secu-srm>).*
4. *UNDP as the Implementing Partner will: (a) conduct project and programme-related activities in a manner consistent with the UNDP Social and Environmental Standards, (b) implement any management or mitigation plan prepared for the project or programme to comply with such standards, and (c) engage in a constructive and timely manner to address any concerns and complaints raised through the Accountability Mechanism. UNDP will seek to ensure that communities and other project stakeholders are informed of and have access to the Accountability Mechanism.*
5. *In the implementation of the activities under this Project Document, UNDP as the Implementing Partner will handle any sexual exploitation and abuse ("SEA") and sexual harassment ("SH") allegations in accordance with its regulations, rules, policies and procedures.*
6. *All signatories to the Project Document shall cooperate in good faith with any exercise to evaluate any programme or project-related commitments or compliance with the UNDP Social and Environmental Standards. This includes providing access to project sites, relevant personnel, information, and documentation.*
7. *UNDP as the Implementing Partner will ensure that the following obligations are binding on each responsible party, subcontractor and sub-recipient:*
 - a. *Consistent with the Article III of the SBAA [or the Supplemental Provisions to the Project Document], the responsibility for the safety and security of each responsible party, subcontractor and sub-recipient and its personnel and property, and of UNDP's property in such responsible party's, subcontractor's and sub-recipient's custody, rests with such responsible party, subcontractor and sub-recipient. To this end, each responsible party, subcontractor and sub-recipient shall:*
 - i. *put in place an appropriate security plan and maintain the security plan, taking into account the security situation in the country where the project is being carried;*
 - ii. *assume all risks and liabilities related to such responsible party's, subcontractor's and sub-recipient's security, and the full implementation of the security plan.*
 - b. *UNDP reserves the right to verify whether such a plan is in place, and to suggest modifications to the plan when necessary. Failure to maintain and implement an appropriate security plan as required hereunder shall be deemed a breach of the responsible party's, subcontractor's and sub-recipient's obligations under this Project Document.*

- c. *In the performance of the activities under this Project, UNDP as the Implementing Partner shall ensure, with respect to the activities of any of its responsible parties, sub-recipients and other entities engaged under the Project, either as contractors or subcontractors, their personnel and any individuals performing services for them, that those entities have in place adequate and proper procedures, processes and policies to prevent and/or address SEA and SH.*
- d. *Each responsible party, subcontractor and sub-recipient will take appropriate steps to prevent misuse of funds, fraud or corruption, by its officials, consultants, subcontractors and sub-recipients in implementing the project or programme or using the UNDP funds. It will ensure that its financial management, anti-corruption and anti-fraud policies are in place and enforced for all funding received from or through UNDP.*
- e. *The requirements of the following documents, then in force at the time of signature of the Project Document, apply to each responsible party, subcontractor and sub-recipient: (a) UNDP Policy on Fraud and other Corrupt Practices and (b) UNDP Office of Audit and Investigations Investigation Guidelines. Each responsible party, subcontractor and sub-recipient agrees to the requirements of the above documents, which are an integral part of this Project Document and are available online at www.undp.org.*
- f. *In the event that an investigation is required, UNDP will conduct investigations relating to any aspect of UNDP programmes and projects. Each responsible party, subcontractor and sub-recipient will provide its full cooperation, including making available personnel, relevant documentation, and granting access to its (and its consultants', subcontractors' and sub-recipients') premises, for such purposes at reasonable times and on reasonable conditions as may be required for the purpose of an investigation. Should there be a limitation in meeting this obligation, UNDP shall consult with it to find a solution.*
- g. *Each responsible party, subcontractor and sub-recipient will promptly inform UNDP as the Implementing Partner in case of any incidence of inappropriate use of funds, or credible allegation of fraud or corruption with due confidentiality.*

Where it becomes aware that a UNDP project or activity, in whole or in part, is the focus of investigation for alleged fraud/corruption, each responsible party, subcontractor and sub-recipient will inform the UNDP Resident Representative/Head of Office, who will promptly inform UNDP's Office of Audit and Investigations (OAI). It will provide regular updates to the head of UNDP in the country and OAI of the status of, and actions relating to, such investigation.

- h. *UNDP will be entitled to a refund from the responsible party, subcontractor or sub-recipient of any funds provided that have been used inappropriately, including through fraud or corruption, or otherwise paid other than in accordance with the terms and conditions of this Project Document. Such amount may be deducted by UNDP from any payment due to the responsible party, subcontractor or sub-recipient under this or any other agreement. Recovery of such amount by UNDP shall not diminish or curtail any responsible party's, subcontractor's or sub-recipient's obligations under this Project Document.*

Where such funds have not been refunded to UNDP, the responsible party, subcontractor or sub-recipient agrees that donors to UNDP (including the Government) whose funding is the source, in whole or in part, of the funds for the activities under this Project Document, may seek recourse to such responsible party, subcontractor or sub-recipient for the recovery of any funds determined by UNDP to have been used inappropriately, including through fraud or corruption, or otherwise paid other than in accordance with the terms and conditions of the Project Document.

Note: The term "Project Document" as used in this clause shall be deemed to include any relevant subsidiary agreement further to the Project Document, including those with responsible parties, subcontractors and sub-recipients.

- i. Each contract issued by the responsible party, subcontractor or sub-recipient in connection with this Project Document shall include a provision representing that no fees, gratuities, rebates, gifts, commissions or other payments, other than those shown in the proposal, have been given, received, or promised in connection with the selection process or in contract execution, and that the recipient of funds from it shall cooperate with any and all investigations and post-payment audits.*
- j. Should UNDP refer to the relevant national authorities for appropriate legal action any alleged wrongdoing relating to the project or programme, the Government will ensure that the relevant national authorities shall actively investigate the same and take appropriate legal action against all individuals found to have participated in the wrongdoing, recover and return any recovered funds to UNDP.*
- k. Each responsible party, subcontractor and sub-recipient shall ensure that all of its obligations set forth under this section entitled "Risk Management" are passed on to its subcontractors and sub-recipients and that all the clauses under this section entitled "Risk Management Standard Clauses" are adequately reflected, mutatis mutandis, in all its sub-contracts or sub-agreements entered into further to this Project Document.*

XI. ANNEXES

Annex I: Project Quality Assurance Report

Quality Assurance report is available on the following link:

<https://intranet-apps.undp.org/ProjectQA/>

Annex II: Social and Environmental Screening Template

Project Information

Project Information	
1. Project Title	Response to COVID-19 pandemic in Federation of Bosnia and Herzegovina
2. Project Number (i.e. Atlas project ID, PIMS+)	Award BIH10/00131766, Output ID: 00124684
3. Location (Global/Region/Country)	Bosnia and Herzegovina
4. Project stage (Design or Implementation)	Design

Part A. Integrating Programming Principles to Strengthen Social and Environmental Sustainability

QUESTION 1: How Does the Project Integrate the Programming Principles in Order to Strengthen Social and Environmental Sustainability?

Briefly describe in the space below how the project mainstreams the human rights-based approach

The project will contribute to the strengthening of health system preparedness, quality of medical care provided to COVID-19 patients and minimizing the risks for health personnel and patients. It will enable the government to mobilize surge response capacity through trained and well-equipped frontline health workers, by the financing of equipment and supplies for Intensive Care Units (ICUs) in selected hospitals, and the provision of Personal protection equipment (PPE) and infection control materials in hospitals and primary care facilities. This is to ensure that the system is based on respect of human rights and dignity of persons affected by COVID19 and other contagious diseases and their families. Such investment will enhance rate of the recovery through creation of conditions to have access to modern health facilities and treatment, in line with the relevant EU and WHO standards.

Briefly describe in the space below how the project is likely to improve gender equality and women's empowerment

The Project will ensure gender equality perspective across all activities. Special attention will be given to equal positioning to transparent tender processes for contractors and equal participatory role in process of preparing the required technical documentation for equipping/furnishing of health institutions, including complete tender dossier, in accordance with the relevant UNDP and WB rules and procedures. Looking from long-term perspective this project will enable equal treatment and access to services to both, men and women, improving systematic analyses of age and sex-disaggregated data and gender statistics and specifics. Using the UNDP expertise led by EU/WHO health standards and human rights approach, development of preliminary and detailed technical designs and preparation of complete tendering documentation for equipping and furnishing of clinics and hospitals in Federation of Bosnia and Herzegovina will enable institutional capacity for equal treatment of patients and their caretakers.

Briefly describe in the space below how the project mainstreams sustainability and resilience

The project is expected to have extremely limited environmental impacts. Accordingly, it is not necessary to undertake an environmental and social impact assessment. The project will provide several significant environmental benefits. Detailed product specification will be prepared in line with the relevant national legal framework requirements, and UNDP/WB rules and regulations but, the specific consideration will be on the quality of the designs, and energy efficiency of all procured medical devices. Project design envisages that at the end of the project functional hospital infrastructure is created with the aim of making inclusive, safe, resilient and sustainable clinics providing the equal access to modern and efficient healthcare to patients and caretakers, at the same time respecting the EU and WHO standards for health products and services.

Briefly describe in the space below how the project strengthens accountability to stakeholders

Ministry of Health of Federation of Bosnia and Herzegovina is the main partners in this project, that have been actively involved in the Project preparation and decision-making process. The FMOH team is actively involved into design and finalization of the technical specifications and development of the procurement plan. They have also provided thorough analyze of the existing status of the medical institutions.

In addition, the Project will continuously support all other partners, such as clinics, hospitals and all participating health institutions. The Project will notify its partners and beneficiaries about availability of the UNDP's Social and Environmental Compliance Unit (SECU) as a mechanism that responds to complaints from project-affected people.

Part B. Identifying and Managing Social and Environmental Risks

QUESTION 2: What are the Potential Social and Environmental Risks? <i>Note: Complete SESP Attachment 1 before responding to Question 2.</i>		QUESTION 3: What is the level of significance of the potential social and environmental risks? <i>Note: Respond to Questions 4 and 5 below before proceeding to Question 5</i>		QUESTION 6: Describe the assessment and management measures for each risk rated Moderate, Substantial or High													
<i>Risk Description (broken down by event, cause, impact)</i>	<i>Impact and Likelihood (1-5)</i>	<i>Significance (Low, Moderate Substantial, High)</i>	<i>Comments (optional)</i>	<i>Description of assessment and management measures for risks rated as Moderate, Substantial or High</i>													
Risk 1: Duty-barriers do not have the capacity to meet their obligations in the project?	I = 2 L = 2	Low		Project responses include monitoring of the risks, identification and implementation of the mitigation and adaptation measures and coordination of actions by the project management team, in close cooperation with the Project Assurance and the Project Board.													
QUESTION 4: What is the overall project risk categorization?																	
<table border="1"> <tr> <td style="text-align: right;">Low Risk</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>There will be no long term environmental and social impacts associated with the project</td> </tr> <tr> <td style="text-align: right;">Moderate Risk</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="text-align: right;">Substantial Risk</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="text-align: right;">High Risk</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> </table>						Low Risk	<input checked="" type="checkbox"/>	There will be no long term environmental and social impacts associated with the project	Moderate Risk	<input type="checkbox"/>		Substantial Risk	<input type="checkbox"/>		High Risk	<input type="checkbox"/>	
Low Risk	<input checked="" type="checkbox"/>	There will be no long term environmental and social impacts associated with the project															
Moderate Risk	<input type="checkbox"/>																
Substantial Risk	<input type="checkbox"/>																
High Risk	<input type="checkbox"/>																
QUESTION 5: Based on the identified risks and risk categorization, what requirements of the SES are triggered? (check all that apply)																	
Question only required for Moderate, Substantial and High Risk projects																	
<i>Is assessment required? (check if "yes")</i>			<input type="checkbox"/>														

	<i>If yes, indicate overall type and status</i>	<input type="checkbox"/>	Targeted assessment(s)	
		<input type="checkbox"/>	ESIA (Environmental and Social Impact Assessment)	
		<input type="checkbox"/>	SESA (Strategic Environmental and Social Assessment)	
	Are management plans required? (check if "yes")	<input type="checkbox"/>		
	<i>If yes, indicate overall type</i>	<input type="checkbox"/>	Targeted management plans (e.g. Gender Action Plan, Emergency Response Plan, Waste Management Plan, others)	
		<input type="checkbox"/>	ESMP (Environmental and Social Management Plan which may include range of targeted plans)	
		<input type="checkbox"/>	ESMF (Environmental and Social Management Framework)	
	Based on identified risks, which Principles/Project-level Standards triggered?		Comments (not required)	
	Overarching Principle: Leave No One Behind			
	Human Rights	<input type="checkbox"/>		
	Gender Equality and Women's Empowerment	<input type="checkbox"/>		
	Accountability	<input type="checkbox"/>		
	1. Biodiversity Conservation and Sustainable Natural Resource Management	<input type="checkbox"/>		
2. Climate Change and Disaster Risks	<input type="checkbox"/>			
3. Community Health, Safety and Security	<input type="checkbox"/>			
4. Cultural Heritage	<input type="checkbox"/>			
5. Displacement and Resettlement	<input type="checkbox"/>			
6. Indigenous Peoples	<input type="checkbox"/>			
7. Labour and Working Conditions	<input type="checkbox"/>			
8. Pollution Prevention and Resource Efficiency	<input type="checkbox"/>			

Final Sign Off

Final Screening at the design-stage is not complete until the following signatures are included

Signature	Date	Description
QA Assessor		UNDP staff member responsible for the project, typically a UNDP Programme Officer. Final signature confirms they have "checked" to ensure that the SESP is adequately conducted.

QA Approver		UNDP senior manager, typically the UNDP Deputy Country Director (DCD), Country Director (CD), Deputy Resident Representative (DRR), or Resident Representative (RR). The QA Approver cannot also be the QA Assessor. Final signature confirms they have "cleared" the SESP prior to submittal to the PAC.
PAC Chair		UNDP chair of the PAC. In some cases PAC Chair may also be the QA Approver. Final signature confirms that the SESP was considered as part of the project appraisal and considered in recommendations of the PAC.

SESP Attachment 1. Social and Environmental Risk Screening Checklist

Checklist Potential Social and Environmental Risks		
INSTRUCTIONS: The risk screening checklist will assist in answering Questions 2-6 of the Screening Template. Answers to the checklist questions help to (1) identify potential risks, (2) determine the overall risk categorization of the project, and (3) determine required level of assessment and management measures. Refer to the SES toolkit for further guidance on addressing screening questions.		
Overarching Principle: Leave No One Behind		Answer (Yes/No)
Human Rights		
P.1	Have local communities or individuals raised human rights concerns regarding the project (e.g. during the stakeholder engagement process, grievance processes, public statements)?	No
P.2	Is there a risk that duty-bearers (e.g. government agencies) do not have the capacity to meet their obligations in the project?	Yes
P.3	Is there a risk that rights-holders (e.g. project-affected persons) do not have the capacity to claim their rights?	No
<i>Would the project potentially involve or lead to:</i>		No
P.4	adverse impacts on enjoyment of the human rights (civil, political, economic, social or cultural) of the affected population and particularly of marginalized groups?	No
P.5	inequitable or discriminatory impacts on affected populations, particularly people living in poverty or marginalized or excluded individuals or groups, including persons with disabilities? ¹	No
P.6	restrictions in availability, quality of and/or access to resources or basic services, in particular to marginalized individuals or groups, including persons with disabilities?	No
P.7	exacerbation of conflicts among and/or the risk of violence to project-affected communities and individuals?	No
Gender Equality and Women's Empowerment		
P.8	Have women's groups/leaders raised gender equality concerns regarding the project, (e.g. during the stakeholder engagement process, grievance processes, public statements)?	No
<i>Would the project potentially involve or lead to:</i>		No
P.9	adverse impacts on gender equality and/or the situation of women and girls?	No
P.10	reproducing discriminations against women based on gender, especially regarding participation in design and implementation or access to opportunities and benefits?	No
P.11	limitations on women's ability to use, develop and protect natural resources, taking into account different roles and positions of women and men in accessing environmental goods and services? <i>For example, activities that could lead to natural resources degradation or depletion in communities who depend on these resources for their livelihoods and well being</i>	No
P.12	exacerbation of risks of gender-based violence? <i>For example, through the influx of workers to a community, changes in community and household power dynamics, increased exposure to unsafe public places and/or transport, etc.</i>	No
Sustainability and Resilience: Screening questions regarding risks associated with sustainability and resilience are encompassed by the Standard-specific questions below		
Accountability		
<i>Would the project potentially involve or lead to:</i>		
P.13	exclusion of any potentially affected stakeholders, in particular marginalized groups and excluded individuals (including persons with disabilities), from fully participating in decisions that may affect them?	No

¹ Prohibited grounds of discrimination include race, ethnicity, sex, age, language, disability, sexual orientation, gender identity, religion, political or other opinion, national or social or geographical origin, property, birth or other status including as an indigenous person or as a member of a minority. References to "women and men" or similar is understood to include women and men, boys and girls, and other groups discriminated against based on their gender identities, such as transgender and transsexual people.

P.14	grievances or objections from potentially affected stakeholders?	No
P.15	risks of retaliation or reprisals against stakeholders who express concerns or grievances, or who seek to participate in or to obtain information on the project?	No
Project-Level Standards		
Standard 1: Biodiversity Conservation and Sustainable Natural Resource Management		
<i>Would the project potentially involve or lead to:</i>		
1.1	adverse impacts to habitats (e.g. modified, natural, and critical habitats) and/or ecosystems and ecosystem services? <i>For example, through habitat loss, conversion or degradation, fragmentation, hydrological changes</i>	No
1.2	activities within or adjacent to critical habitats and/or environmentally sensitive areas, including (but not limited to) legally protected areas (e.g. nature reserve, national park), areas proposed for protection, or recognized as such by authoritative sources and/or indigenous peoples or local communities?	No
1.3	changes to the use of lands and resources that may have adverse impacts on habitats, ecosystems, and/or livelihoods? (Note: if restrictions and/or limitations of access to lands would apply, refer to Standard 5)	No
1.4	risks to endangered species (e.g. reduction, encroachment on habitat)?	No
1.5	exacerbation of illegal wildlife trade?	No
1.6	introduction of invasive alien species?	No
1.7	adverse impacts on soils?	No
1.8	harvesting of natural forests, plantation development, or reforestation?	No
1.9	significant agricultural production?	No
1.10	animal husbandry or harvesting of fish populations or other aquatic species?	No
1.11	significant extraction, diversion or containment of surface or ground water? <i>For example, construction of dams, reservoirs, river basin developments, groundwater extraction</i>	No
1.12	handling or utilization of genetically modified organisms/living modified organisms? ²	No
1.13	utilization of genetic resources? (e.g. collection and/or harvesting, commercial development) ³	No
1.14	adverse transboundary or global environmental concerns?	No
Standard 2: Climate Change and Disaster Risks		
<i>Would the project potentially involve or lead to:</i>		
2.1	areas subject to hazards such as earthquakes, floods, landslides, severe winds, storm surges, tsunami or volcanic eruptions?	No
2.2	outputs and outcomes sensitive or vulnerable to potential impacts of climate change or disasters? <i>For example, through increased precipitation, drought, temperature, salinity, extreme events, earthquakes</i>	No
2.3	increases in vulnerability to climate change impacts or disaster risks now or in the future (also known as maladaptive or negative coping practices)? <i>For example, changes to land use planning may encourage further development of floodplains, potentially increasing the population's vulnerability to climate change, specifically flooding</i>	No
2.4	increases of greenhouse gas emissions, black carbon emissions or other drivers of climate change?	No
Standard 3: Community Health, Safety and Security		
<i>Would the project potentially involve or lead to:</i>		
3.1	construction and/or infrastructure development (e.g. roads, buildings, dams)? (Note: the GEF does not finance projects that would involve the construction or rehabilitation of large or complex dams)	No
3.2	air pollution, noise, vibration, traffic, injuries, physical hazards, poor surface water quality due to runoff, erosion, sanitation?	No

² See the [Convention on Biological Diversity](#) and its [Cartagena Protocol on Biosafety](#).

³ See the [Convention on Biological Diversity](#) and its [Nagoya Protocol](#) on access and benefit sharing from use of genetic resources.

3.3	harm or losses due to failure of structural elements of the project (e.g. collapse of buildings or infrastructure)?	No
3.4	risks of water-borne or other vector-borne diseases (e.g. temporary breeding habitats), communicable and noncommunicable diseases, nutritional disorders, mental health?	No
3.5	transport, storage, and use and/or disposal of hazardous or dangerous materials (e.g. explosives, fuel and other chemicals during construction and operation)?	No
3.6	adverse impacts on ecosystems and ecosystem services relevant to communities' health (e.g. food, surface water purification, natural buffers from flooding)?	No
3.7	influx of project workers to project areas?	No
3.8	engagement of security personnel to protect facilities and property or to support project activities?	No
Standard 4: Cultural Heritage		
<i>Would the project potentially involve or lead to:</i>		
4.1	activities adjacent to or within a Cultural Heritage site?	No
4.2	significant excavations, demolitions, movement of earth, flooding or other environmental changes?	No
4.3	adverse impacts to sites, structures, or objects with historical, cultural, artistic, traditional or religious values or intangible forms of culture (e.g. knowledge, innovations, practices)? (Note: projects intended to protect and conserve Cultural Heritage may also have inadvertent adverse impacts)	No
4.4	alterations to landscapes and natural features with cultural significance?	No
4.5	utilization of tangible and/or intangible forms (e.g. practices, traditional knowledge) of Cultural Heritage for commercial or other purposes?	No
Standard 5: Displacement and Resettlement		
<i>Would the project potentially involve or lead to:</i>		
5.1	temporary or permanent and full or partial physical displacement (including people without legally recognizable claims to land)?	No
5.2	economic displacement (e.g. loss of assets or access to resources due to land acquisition or access restrictions – even in the absence of physical relocation)?	No
5.3	risk of forced evictions? ⁴	No
5.4	impacts on or changes to land tenure arrangements and/or community based property rights/customary rights to land, territories and/or resources?	No
Standard 6: Indigenous Peoples		
<i>Would the project potentially involve or lead to:</i>		
6.1	areas where indigenous peoples are present (including project area of influence)?	No
6.2	activities located on lands and territories claimed by indigenous peoples?	No
6.3	impacts (positive or negative) to the human rights, lands, natural resources, territories, and traditional livelihoods of indigenous peoples (regardless of whether indigenous peoples possess the legal titles to such areas, whether the project is located within or outside of the lands and territories inhabited by the affected peoples, or whether the indigenous peoples are recognized as indigenous peoples by the country in question)? <i>If the answer to screening question 6.3 is "yes", then the potential risk impacts are considered significant and the project would be categorized as either Substantial Risk or High Risk</i>	No
6.4	the absence of culturally appropriate consultations carried out with the objective of achieving FPIC on matters that may affect the rights and interests, lands, resources, territories and traditional livelihoods of the indigenous peoples concerned?	No

⁴ Forced eviction is defined here as the permanent or temporary removal against their will of individuals, families or communities from the homes and/or land which they occupy, without the provision of, and access to, appropriate forms of legal or other protection. Forced evictions constitute gross violations of a range of internationally recognized human rights.

6.5	the utilization and/or commercial development of natural resources on lands and territories claimed by indigenous peoples?	No
6.6	forced eviction or the whole or partial physical or economic displacement of indigenous peoples, including through access restrictions to lands, territories, and resources? <i>Consider, and where appropriate ensure, consistency with the answers under Standard 5 above</i>	No
6.7	adverse impacts on the development priorities of indigenous peoples as defined by them?	No
6.8	risks to the physical and cultural survival of indigenous peoples?	No
6.9	impacts on the Cultural Heritage of indigenous peoples, including through the commercialization or use of their traditional knowledge and practices? <i>Consider, and where appropriate ensure, consistency with the answers under Standard 4 above.</i>	No
Standard 7: Labour and Working Conditions		
<i>Would the project potentially involve or lead to: (note: applies to project and contractor workers)</i>		
7.1	working conditions that do not meet national labour laws and international commitments?	No
7.2	working conditions that may deny freedom of association and collective bargaining?	No
7.3	use of child labour?	No
7.4	use of forced labour?	No
7.5	discriminatory working conditions and/or lack of equal opportunity?	No
7.6	occupational health and safety risks due to physical, chemical, biological and psychosocial hazards (including violence and harassment) throughout the project life-cycle?	No
Standard 8: Pollution Prevention and Resource Efficiency		
<i>Would the project potentially involve or lead to:</i>		
8.1	the release of pollutants to the environment due to routine or non-routine circumstances with the potential for adverse local, regional, and/or transboundary impacts?	No
8.2	the generation of waste (both hazardous and non-hazardous)?	No
8.3	the manufacture, trade, release, and/or use of hazardous materials and/or chemicals?	No
8.4	the use of chemicals or materials subject to international bans or phase-outs? <i>For example, DDT, PCBs and other chemicals listed in international conventions such as the Montreal Protocol, Minamata Convention, Basel Convention, Rotterdam Convention, Stockholm Convention</i>	No
8.5	the application of pesticides that may have a negative effect on the environment or human health?	No
8.6	significant consumption of raw materials, energy, and/or water?	No

Annex III: Risk assessment

The following table provides a systematic review of the risks that could impact the project, and mitigation measures that have been carefully developed based the previous extensive UNDP experience in implementation of similar activities.

Risk	Risk Category	Likelihood of occurrence	Potential impact	Consequence	Risk Management/ Mitigation measures
Global supply of essential COVID-19 testing kits and medical equipment	Operational	Low	High	High demand for Covid-19 testing kits and essential equipment and supplies may slow down procurement process or may	Wherever possible, UNDP will look for ways to procure goods registered in the BiH, however in case that the required medical equipment is

Risk	Risk Category	Likelihood of occurrence	Potential impact	Consequence	Risk Management/ Mitigation measures
is interrupted / unreliable / delayed due to the high global demand, logistics and transport challenges				result in repetition of procurement procedures.	unavailable at the market, UNDP could use its corporate mechanisms to conduct procurement (where bigger quantities may secure faster delivery).
Hike in prices of essential medical equipment and supplies	Financial	Low	Medium	High demand may significantly increase prices of relevant items.	In such cases, UNDP will review and amend Budget and Description of Project in order to adjust targeted quantities.
Government measures prevent or delay distribution of procured supplies and equipment	Regulatory	Medium	Medium	Government lockdown, quarantine or curfew, as well as the lack of pertinent decisions on distribution principles could temporarily hamper delivery and distribution of goods.	This will be mitigated by close coordination with relevant protection and rescue coordination structures.
Covid-19 exponential growth of new strains happens in the country before the medical goods are delivered	Environmental	Medium	High	Failure to provide essential items to health institutions jeopardizes treatment of patients.	It is almost impossible to predict how and at what rate Covid-19 virus will spread in the country, despite the measures taken by the government to slow down the transmissions. This is especially unpredictable situation with the new virus strains. Therefore, it is of paramount importance to initiate procurement procedures as soon as possible, as well as to apply emergency procurement procedures in order to

Risk	Risk Category	Likelihood of occurrence	Potential impact	Consequence	Risk Management/ Mitigation measures
					be as time efficient as possible.
Unfavorable EUR / USD / BAM exchange rate	Financial	Low	High	Loss of value of earmarked financial resources.	The Project will apply pro-active early warning and financial planning and management system.
Equipment malfunction following delivery	Operational	Low	High	Full/ partial failure to utilizes procured equipment.	All equipment procured through the Project will have a defects and liabilities safeguards to ensure that faulty items can be replaced at no cost to the beneficiary. Furthermore, the quality assurance regime put into place for procurement will ensure that only certified (high quality) items are purchased.

Annex IV: Project budget – attached as a separate document in Excel

Annex V: Project Board Terms of Reference – attached as a separate document in pdf. format