

Project Title: **TB Procurement & Capacity Building**
 Project ID: **00099762** Output Number: **00103029**
 Implementing Partner: **CG-PNDS, Ministry of Health**
 Start Date: 1/11/ 2016 End Date: 31/12/2016
 LPAC Meeting date:

Brief Description

Since 2004, Guinea-Bissau has benefited from the Global Fund (GF) grant funding to fight against AIDS, Tuberculosis and Malaria. There are currently three active Global Fund grants in Guinea-Bissau: an HIV grant managed by the National Secretariat to Fight AIDS (SNLS), a tuberculosis (TB) grant managed by the Ministry of Health (MINSAP)'s - Celula de Gestao do Plano Nacional de Desenvolvimento Sanitario (PNDS – CG) and a malaria grant managed by the United Nations Development Programme (UNDP).

This project aims to support the MINSAP PNDS - CG, the Principal Recipient of Guinea-Bissau for the GF TB Grant to benefit from rapid procurement mechanisms and inventory management services for pharmaceutical products to avoid the risk of shortage and promote efficiency in the pharmaceutical services to the general population in Guinea Bissau. UNDP has personnel specialized knowledge of and expertise in essential medicines and consumables, and the markets where quality products can be obtained.

The overall objective of the project is to strengthen national health procurement systems and thereby improve its effectiveness in the diagnosis and treatment of TB in Guinea Bissau. The specific objectives are:-

1. To procure TB Medicines and other non-health products for PNDS-CG in 2016 and 2017
2. To strengthen the capacity of MINSAP to ensure transparency, accountability and effectiveness in public procurement of medicines and other products

Contributing Outcome (UNDAF/CPD, RPD or GPD):

Total resources required:	USD 745,374	
Total resources allocated:	UNDP TRAC:	0
	Donor:	
	Government:	USD 745,374
	In-Kind:	0

Agreed by (signatures)¹:

CG-PNDS	UNDP	Ministry of Health
Dr. Ilda Mateus dos Santos	Mr. Gabriel Labão Dava	Dr. Domingos Malu
Print Name:	Print Name:	Print Name:
Date:	Date:	Date:

¹ Note: Adjust signatures as needed

I. DEVELOPMENT CHALLENGE (1/4 PAGE – 2 PAGES RECOMMENDED)

Guinea Bissau is ranked 176 out of 192 countries regarding the performance of their health system. A community study in Bissau showed a high incidence of intra-thoracic TB in the adult population (471/100,000) which could be prevented by being treated with available medicines. Globally there have been major advances in prevention, diagnosis and treatment of TB: mortality has fallen 47% since 1990. Effective diagnosis and treatment of TB saved an estimated 43 million lives between 2000 and 2014.

The World Health Organization (WHO) defines access to medicine as a priority for citizens. It needs to be available at all times in adequate amounts, in appropriate dosage and quality and at an affordable price for individuals and communities (Marks, 2009 and Yadav et al., 2011). It is estimated that two billion people do not have access to medicines and four million lives per year could be saved in Africa with the appropriate treatment and medicine (Marks, 2009) WHO recommends governments to focus on policies for access, quality and rational use, so as to ensure medicine availability. To ensure that people have access to essential medicines and to preserve the quality of the medicine, a functioning medicine supply chain is necessary, which includes procurement, appropriate warehousing and efficient transportation.

Developing countries such as Guinea Bissau have several issues with inappropriate supply of medicine to health centers (HC). The Ministry of Health (MOH) set up a semi-autonomous entity known as the Central Medical Stores (CECOME), which is responsible for the purchase, storage and distribution of medicine and medical supplies to health centers across the country including general hospitals and dispensaries. The Directorate for Pharmacy, Laboratories and Drugs (DIFARLM) is responsible for the regulation of drugs. The Central Purchasing Agency for Essential Drugs (CECOME) sits within the Ministry of Health and has administrative and financial autonomy.

The programmatic gaps in the PSM area are: (i) insufficient supplies for the effective treatment of Tuberculosis due in particular to inadequate quantification; (ii) poor collaboration between the NMCP, the national regulatory authority, CECOME and DIFARLM; (iii) CECOME's lack of capacity to supply all health districts with essential drugs and to control the availability and the quality of the drugs in circulation in the country; (iv) the issues with implementing a principle of exemption from customs duties on Tuberculosis supplies for the public sector, causing delays in the supply of products; (v) the deficiencies in stock management, with repeated stock-outs of drugs and other consumables, particularly at the local level.

Given the deficiencies in the functionality of CECOME, the basic principles of operation of the supply chain (quantification, planning, procurement, storage, distribution, monitoring and evaluation) are not being fully respected, with CECOME only providing a storage and distribution role. The quantification, planning, procurement and monitoring and evaluation are always carried out by the technical programs with the support of the partners.

According to the Global Fund TB Grant Agreement the Ministry of Health Guinea Bissau should conduct procurement of medicines and medical devices through International organizations in 2016 and 2017. This type of procurement should be conducted on the basis of an agreement between such organizations and the Ministry of health, Guinea Bissau (MINSAP) and according to internal procedures of such organizations.

Since the UN has significant role and global experience in supporting governments with large scale procurement, PNDS-CG a department of the Ministry of Health (MINISAP) has approached UNDP to provide procurement support services, supported by WHO technical assistance in selection and use of essential medicines , quality standards etc.

UNDP has been a Principal Recipient of the Global fund grants in Guinea Bissau since 2004. UNDP is a PR in 25 countries and has pooled administrative and financial expertise in the management of Global Fund Grants. UNDP has specialized personnel with knowledge of and expertise in essential

medicines and consumables, and the markets where quality products can be obtained. Through its networks and contacts UNDP is able to carry out careful selection of products and development of specifications, accurate forecasting, precise tender preparation, and a capacity for ensuring the post-shipment quality control of products.

UNDP has a specialized procurement unit in Guinea Bissau within the Project Management Unit for GF grants, with specialized PSM staff having the skills and capacity to effectively respond to the country's challenges in procurement and supply chain management.

The Government of Guinea Bissau has also requested UNDP to provide support to PNDS –CG as a principal recipient of the TB Grant through the establishment of a transparent, accountable, cost-efficient, equitable and sustainable national health procurement and quality assurance system.

II. STRATEGY (1/2 PAGE - 3 PAGES RECOMMENDED)

The overall objective of the project is to strengthen the national health care procurement system and thereby improve the effectiveness in the diagnosis and treatment of TB patients in Guinea Bissau.

The specific objectives are

- (i) To procure TB medicines and medical products for the PNDS-CG for 2016 & 2017
- (ii) To strengthen the capacity of the Ministry of Health to ensure transparency, accountability and effectiveness in public procurement of medicines and other medical products.
- (iii) Provide technical assistance to the PNDS-CG to develop a request for the next phase of the funding proposal.

As part of the management contract that will be established between PNDS-CG and *UNDP*, *UNDP will use* procurement strategies and available purchasing and financing options to address the constraints faced by PNDS-CG in the purchase of medicines to treat TB. UNDP as a designated procurement agent, will support the MOH to meet the requirements of the Global Fund in the procurement of medicines to treat nonresistant and multi drug resistant tuberculosis. UNDP will provide capacity building to the PNDS-CG to produce satisfactory information for the TB procurement plan (including the number of TB patients to be treated and the list of medicines to be procured for the MDR-TB program, reflecting the recipient's finalized forecast for the grant implementation period covered by the TB grant agreement up to 31 Dec 2017, including a 6 month buffer stock). The list of activities/medicines could be extended further years.

Thus the overall strategy of the project is the following:

- Assist the PNDS-CG in the cost efficient, transparent and timely procurement of TB medicines and other non-health products selected by the state health programmes.
 - Build structural human resource capacity for supply planning, forecasting, monitoring and evaluation of transparent cost efficient procurement of MINSAP
 - Gradual transfer of procurement activities back to the MINSAP or designated agency
 - Support the MINSAP further reform the national procurement and quality assurance system and capacity development process
 - Support the MINSAP in developing a GF funding request for the next round of GF applications.
 - a) Facilitating the operationalization of the committee responsible for stock levels
 - b) Development and regular updating of the PSM plan
- Conducting product quality controls
- c) Capacity building (on-the-job training) of PNDS-CG in the use of the coding software and making stock management records available at all levels.

The goal and objective were defined on the basis of the NFM-TB Grant Agreement between PNDS-CG and Global Fund. The project was created through the discussions between PNDS-CG, the

UNDP Global Fund Programme Management Unit and Global Fund to define and work through the intermediate outcomes needed to strengthen the procurement and supply management capacities of PNDS-CG.

The scope of work in terms of procurement support services to the Ministry of Health includes the following:

- 1) Provision of procurement services for a range of medicines and medical products according to a cost sharing agreement with MINSAP
- 2) Support to Ministry of Health to increase their PSM capacity
- 3) Support the MINSAP to develop a funding proposal for the next round of GF grant applications.

III. RESULTS AND PARTNERSHIPS (1.5 - 5 PAGES RECOMMENDED)

A. Quality Management for Project Results

Output 1: National health care procurement system strengthened and effectiveness of diagnosis of treatment of Tuberculosis in Guinea Bissau		
Output Atlas ID: 00103029	Procurement of TB Medicines and medical products for PNDS-CG as per Agreement between MINSAP Guinea Bissau and UNDP Sub Activity 1: Procurement of 1 st Line TB Medicines Sub Activity 2: Procurement of 2 nd Line TB Medicines Sub Activity 3: Procurement of Laboratory Supplies Sub Activity 4: Procurement of Non- Health Products Sub Activity 5: Capacity Building	Start date: 1 November 2016 End Date: 31 December 2017
Purpose:	Procure TB Medicines and strengthen the grant management capacity of the MINSAP, including PSM and grant preparation aspects.	
Description:	Technical assistance in procurement, supply chain management (PSM) and grant development aspects for the CG-PNDS	
Quality Criteria	Quality Method	Data Assessment
Availability of 1 st line & 2 nd line TB Medicines; Laboratory Supplies; Vehicles and IT Equipment in Bissau; Technical Assistance provided to PNDS-CG	Quarterly Progress Reports and Financial Statements issued upon completion of procurement activities; Feedback from counterparts	Quarterly and Annual

B. Resources Required to Achieve the Expected Results

The following tables outline the overall costs of the five pillars, detailing specific resources required.

Table 1. Overall Costs 2016-2017 (USD)

Intervention (5 pillars)	Total costs 2016-2017 (USD)	Intervention as a % of total programme costs
Procure TB First line drugs	235,827	31.6%
Procure TB Second line drugs	111,117	14.9%
Procure of Lab Supplies	76,689	10.3%
Purchase Non Health Equipment	221,991	29.8%
Capacity building	99,750	13.4%
Total	745,374	100%

Table 2. Detailed Inputs, outputs and costs

Specific resources - input	Costs (USD)	% of Total	2016	2017	TOTAL (USD)
Human Resources (HR)	99,750	13%	14,159	85,591	99,750
1 ^s line TB drugs	174,106	23%		174,106	174,106
Transport, Taxes, Clearing fees	72,579	10%		72,579	72,579
2 nd line TB-MR & Others	82,078	11%		82,078	82,078
Quality Control –TB Medicines	15,316	2%		15,316	15,316
Reagents, X-ray – Cultures	59,380	8%		59,380	59,380
Vehicle & Motorcycles	194,641	26%		194,641	194,641
IT Equipment	16,779	2%		16,779	16,779
GMS	35,494	5%		35,494	35,494
Total for 14 months	745,374	100%	14,159		745,374

C. Partnerships

Table 2. Mapping partnerships and stakeholders

Area	Partner	Indicative area of collaboration
International	UNICEF Supply Division, Copenhagen, Denmark	Pharmaceutical Procurement Agent
	UNDP Partnership Unit Geneva & NY	Coordination, management and supervision
	WHO	Guidelines for certificates of Analysis and external drug assessments
Central – Guinea-Bissau		
	Ministry of Health	National directives, guidelines, allocation and distribution of resources, M&E data collection
	CECOME	Stock and distribution of health supplies
	INASA	Data on TB morbidity and mortality
Regional	Regional hospitals and health centres , Private sector	Distribution, transport & User service requirements
	Regional INASA	Data collection

D. Risks and Assumptions

Table 3: Risk Matrix

#	Description	Date Identified	Type	Impact & Probability	Countermeasures / Management response	Owner	Submitted, updated by	Last Update	Status
1	Political instability might impact people's might lead to closure of the port, transport services affecting access to treatment and distribution of stock	December 2015	POLITICAL	Probability for this risk to occur is high with likely high impact on project implementation	UNDP and partners will focus not only on the technical aspects of the project. Advocacy meetings and effective interaction with relevant authorities will ensure that all actors are imbued on the importance of the availability of medical supplies and pharmaceuticals at any moment to the population.	CECOME	UNDP	June 2016	No Change It is notable that since August 2015 a political crisis persists in Guinea Bissau following the dismissal of two governments, a change in the leadership of CECOME, disruption and closure of port activities.
2	Ability to ensure timely clearance of medicines at Guinea Bissau Airports and ports	June 2015	OPERATIONAL	<u>This risk remains high.</u>	Ability of Ministry of Health Administration to facilitate timely clearance of the medical products	PNDS	UNDP	August 2016	Reducing; Minister of Health has written to Ministry of Finance
3	Weak identification of stock levels at the national and regional level/inaccurate consumption data resulting in deficient estimation of needs	December 2015	OPERATIONAL	This remains a likely risk, but due to management controls <u>it remains moderate</u>	UNDP will create a procurement and logistics working group within the PSM committee (monthly meeting) UNDP will continue to undertake regular stock verifications.	Ministry of Health	UNDP	June 2016	Reducing with UNDP's technical support to CECOME

#	Description	Date Identified	Type	Impact & Probability	Countermeasures / Management response	Owner	Submitted, updated by	Last Update	Status
4	A delay in the processing of advance payments to suppliers from UNDP would occasionally impact on the procurement process in the reservation of available products on the international market, shipping to Guinea Bissau and may result in stock outs.	December 2015	FINANCIAL	During the negotiations between the Global Fund and UNDP it was noted that obstacles to timely disbursement of funds may arise. This could cause delays in the procurement process and cause potential stock-outs and treatment interruptions. <u>This risk remains low</u>	The UNDP PMU will cooperate with stakeholders to ensure the timeliness of transactions. Close coordination between PNDP and CECOME will contribute to reducing this risk. UNDP will request quotations, confirm product availability with the suppliers and work with the GF to address delays that could arise in processing funds for procurement.	UNDP	CCM	June 2016	No Change
5	Unreliable data could pose a big impact on programming, quantification and procurement plan causing a more serious impact on the purchases to be made ultimately leading to breaks or surplus stock	December 2015	OPERATIONAL	The risk to impact on the project is moderate	Through technical assistance, a data collection system will be established and used regularly at all sites offering treatment. In addition there will be continuous training of managers on use of available tools to drastically reduce this risk	Ministry of Health	UNDP	June 2016	Changing The LMIS system is progressively improving but data remains inconsistent with the realities on the ground. This often forces UNDP to use forecasts as targets for quantification

E. Stakeholder Engagement

The project beneficiary and partners were engaged with to develop this programme, through the participation of the responsible departments of Ministry of Health i.e. PNDS-CG and PNLT. Engagement will continue to ensure proper quantification and timelines for delivery to ministry of health.

F. Knowledge.

The implementation of the intervention will include activities proposed by the Stock and Purchase management team. These will result in adapting data collection and monitoring tools, guidelines on analysis of drug samples, creation of a national list of TB tests, National MIS and quality control of TB Drugs, and technical assistance to increase the proposal writing capacity of MINSAP. In a nutshell the project will generate knowledge in terms of forecasting and procurement of TB non-resistant and MDR drugs, number of TB patients, in-country drug distribution, reporting at treatment centre level and in drug order placement.

G. Sustainability and Scaling Up

The project provides an opportunity to address upfront, the observed short-comings in procurement and supply of drugs and prevent stock outs as Guinea Bissau embarks on scaling up of TB resistant and MDR treatment, and to ensure international funding beyond 31 December 2017. Moreover, the government is committed to increasing the health sector budget by five percent annually.

Furthermore, in order to achieve the reduction of the overall burden of TB morbidity and mortality in Guinea-Bissau, an adequate, well-trained and supervised workforce, who works in good working conditions and follow well designed working practices, is needed. To this purpose, health service strengthening and programme management will be implemented through capacity building, enhanced surveillance and cooperation. The infrastructure of the procurement and supply chain system will be improved and CECOME will deliver products at all levels of the health care system in a timely manner, in sufficient quantities. In order to guaranty the sustainability of actions, all capacity building activities foreseen in the project will be designed to have a lasting impact within the supply and procurement of medicines in the Ministry of Health.

IV. PROJECT MANAGEMENT

A. Project Management

a) Cost Efficiency and Effectiveness

The interventions that are part of the chosen strategy have been selected on criteria such as financial weight and effectiveness. It respects the funder's requirements that all procurement of medicines and supplies to treat nonresistant and multidrug resistant tuberculosis shall be performed through a designated procurement agent of the Global Drug Facility. UNDP is the designated drug agent.

The project will promote quality of health care services, the application of regulations on the procurement and sale of drugs, the running of the General Health Inspectorate (IGS), and work to reduce morbidity and mortality due to TB.

Theory of change lessons learned led to implementation of Health system strengthening and program management interventions, including advocating Ministry of Health and capacity building, in order to improve quality control.

b) Project Management Modalities:

The Country Office of the United Nations Development Programme (UNDP) in Guinea Bissau was selected by the CCM to support PNDS-CG, the PR is responsible for executing the GF TB grant, with PSM issues. UNDP will report regularly to the Ministry of Health on the progress of the technical assistance activities. UNDP will implement the project through the Direct Implementation Modality (DIM).

While implementing the project through DIM modality, UNDP will be consistent with its overall strategy in ensuring national ownership and leadership, participation and transparency, advocacy, rights-based and multi-stakeholder approach. This will be ensured particularly through close collaboration with CCM and through regular Project Board meetings, where UNDP will inform and consult partners about project activities and seek authorization for key decisions.

More specifically, in terms of management arrangements for this project:

- UNDP will sign contract with PNDS-CG in October 2016
- The contract has been negotiated directly with PNDS-CG based on upon the Global Fund approved project documents (Concept Note, Performance Framework, PSM Quantification, and Budgeted work plan). Standard contracts used by UNDP projects will be employed. The contract will be governed by the UNDP Program Operating Policies and Procedures (POPP) and specific arrangements for UNDP projects with the Global Fund.
- The procurement of goods and services will be governed by UNDP policies and procedures for such services, and specific arrangements for projects between UNDP and the Global Fund. Purchases will be made in accordance with the PSM Quantification approved by the Global Fund.
- UNDP will develop and implement a capacity building plan.

UNDP will submit regular reports to the MINSAP PNDS-CG

V. RESULTS FRAMEWORK²

Project Title and ID: 00099762 TB Procurement & Capacity Building									
EXPECTED OUTPUTS	OUTPUT INDICATORS	DATA SOURCE	BASELINE	DATA COLLECTION METHODS & RISKS					
			2016 Year Value	Year 1 2016 (Nov-Dec)	Year 2 2017 (Jan - March)	2017 (Apr-Jun)	Year 2017 July - Sept	FINAL Refer to end 2017	
Output 1 National Health Care Procure system and effectiveness of diagnosis and treatment of patients in Guinea Bissau Strengthened Gender Marker rating and Motivation: 2	Targets 2016 a) At least 90% of constraints for successful importation and registration of the agreed medicines identified	<i>PMU Human Resource Records</i>	<i>0 of agreed Items and volumes procured</i>		Yes	Yes	Yes	100%	<i>UNDP will be responsible for providing technical support, scheduling disbursements and purchasing Medicines and Equipment</i>
	Targets 2017 b) By the end of Q3 2017 at least 90% of agreed Items and volumes procured	<i>PSM Records</i>	<i>0 expenditure per programme activity</i>	Yes	Yes	Yes	Yes	100%	
	c) By the end of Q3 2017 at least 90% of agreed expenditure per programme activity achieved	<i>PSM Records</i>	<i>0 resolved issues identified as constraints for successful importation of TB medicines</i>	Yes	Yes	Yes	Yes	100%	
	d) At least 90% of resolved issues identified as constraints for the successful importation and registration of medicines in Guinea Bissau by Q3 of 2017	<i>PSM Records</i>							

² UNDP publishes its project information (indicators, baselines, targets and results) to meet the International Aid Transparency Initiative (IATI) standards. Make sure that indicators are S.M.A.R.T. (Specific, Measurable, Attainable, Relevant and Time-bound), provide accurate baselines and targets underpinned by reliable evidence and data, and avoid acronyms so that external audience clearly understand the results of the project.

VI. MONITORING AND EVALUATION

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 (Results and Resources Framework) (spell out) will be collected and analysed to assess the progress of the project in achieving the agreed outputs.	Monthly, or in the frequency required for each indicator.	Slower than expected progress will be addressed by project management.	Ministry of Health, PNDS-CG, INASA	
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.	Quarterly	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.	PNDS-CG	
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.	At least annually	Relevant lessons are captured by the project team and used to inform management decisions.	PNDS-CG, CECOME,	
Annual Project Quality Assurance	The quality of the project will be assessed against UNDP's quality standards to identify project strengths and weaknesses and to inform management decision making to improve the project.	Quarterly	Areas of strength and weakness will be reviewed by project management and used to inform decisions to improve project performance.	PNDS-CG, CECOME, INASA	
Review and Make Course Corrections	Internal review of data and evidence from all monitoring actions to inform decision making.	At least Quarterly	Performance data, risks, lessons and quality will be discussed by the project board and used to make course corrections.	CCM, PNDS-CG, CECOME	
Project Report	A progress report will be presented to the Project Board and key stakeholders, consisting of progress data showing the	Annually, and at the end of the		PNDS-CG, CCM	

	results achieved against pre-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 (final report)			
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 Multi-Year Work Plan to ensure realistic budgeting over the life of the project. In the project's final year, 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.	Quarterly	Any quality concerns or slower than expected progress should be discussed by the project board and management actions agreed to address the issues identified.	Ministry of Health CCM, PNDS-CG, INASA, CECOME	

Evaluation Plan³

Evaluation Title	Partners (if joint)	Related Strategic Plan Output	UNDAF/CPD Outcome	Planned Completion Date	Key Evaluation Stakeholders	Cost and Source of Funding
Final Evaluation	PNDS-CG	N/A	N/A			N/A

³ Optional, if needed

VII. MULTI-YEAR WORK PLAN ⁴⁵

All anticipated programmatic and operational costs to support the project, including development effectiveness and implementation support arrangements, need to be identified, estimated and fully costed in the project budget under the relevant output(s). This includes activities that directly support the project, such as communication, human resources, procurement, finance, audit, policy advisory, quality assurance, reporting, management, etc. All services which are directly related to the project need to be disclosed transparently in the project document.

EXPECTED OUTPUTS	PLANNED ACTIVITIES	TIME FRAME				RESPONSIBLE PARTY	PLANNED BUDGET		
		Q1	Q2	Q3	Q4		Funding Source	Budget Description	Amount
Output 1: National health care procurement system strengthened and the effectiveness of diagnosis and treatment of patients in Guinea Bissau	1.1 Procurement of 1 st line TB drugs for CG PNDS	X				UNDP	MINSAP	72300 74700	235,827
	1.2 Procurement of 2 nd line TB Medines					UNDP	MINSAP	72300 74700 72100	111,117
	1.3 Procurement of Laboratory Supplies and consumables		X			UNDP	MINSAP	72300 Materials and goods	76,689
	1.4 Procurement of Non Health Products	X				UNDP	MINSAP	Equipme nt	221,991
	1.5 Capacity building and technical assistance to Ministry of Health	X	X	X	X	UNDP	MINSAP	administr ation	99,750
	MONITORING								
	Sub-Total for Output 1								
Evaluation (as relevant)	EVALUATION								
General Management Support	GMS	X	X	X	X	UNDP	MINSAP		34,494
TOTAL									745, 373

⁴ Cost definitions and classifications for programme and development effectiveness costs to be charged to the project are defined in the Executive Board decision DP/2010/32

⁵ Changes to a project budget affecting the scope (outputs), completion date, or total estimated project costs require a formal budget revision that must be signed by the project board. In other cases, the UNDP programme manager alone may sign the revision provided the other signatories have no objection. This procedure may be applied for example when the purpose of the revision is only to re-phase activities among years.

VIII. GOVERNANCE AND MANAGEMENT ARRANGEMENTS

Roles and Responsibilities of the Ministry of Health and UNDP

The Ministry of Health and CG-PNDS will:

- a) Provide a list of products with specification per needs, in line with the nomenclature and standards, quantities, budget per activity, distribution details based on standard request for procurement
- b) Appoint a focal point in the ministry to coordinate day to day implementation of activities and respond to requests for clarifications within a period of 5 days after receipt of the request from UNDP
- c) Disburse to UNDP in the amount of the total budget allocation for the medicines to be procured by UNDP after signature of the contract
- d) Agree, comment or reject the prices and quantities provided by UNDP within 7 days
- e) Act or designate a recipient of medicines and other medical products and carry the overall responsibility of stock management and distribution. In this regard conclude contracts with in-country transporters and other service providers
- f) Ensure facilitation, in line with its mandate, customs clearance, tax and toll duties
- g) Carry the overall responsibility of quality of medicines and other medical products from the moment of transfer of propriety rights to the MINSAP/ PNDS-CG
- h) Provide guidance on reprogramming of any balance based on information provided by UNDP within two weeks after receiving the information.
- i) Call for regular coordination and progress reporting meetings

UNDP Will

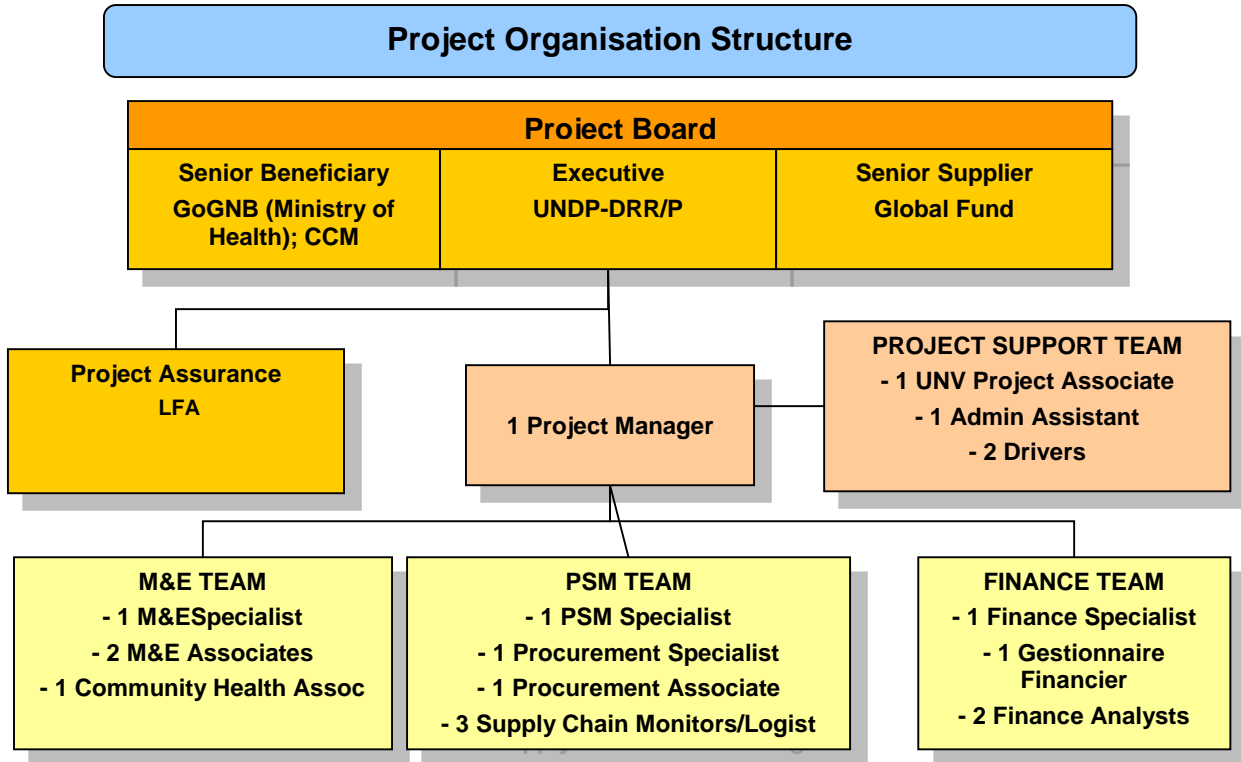
- a) Procure and supply quality items according to the list of medicine and medical products and budget agreed with MINISAP/PNDS-CG in line with international regulations and to the entry point in the country or the designated delivery place for procurement done in Guinea Bissau
- b) Conduct procurement procedures and inform MINISAP/PNDS-CG on the prices and quantities of medicines and medical products to seek no-objection the MINISAP to proceed with purchasing
- c) Provide regular updates to the MINISAP/PNDS-CG on the progress of procurement, inform on eventual queries and action required by MINISAP/PNDS-CG in relation to procurement of specific products or product categories
- d) Provide information on any expected savings as soon as possible as available and assist MINISAP with reprogramming of such balance made during procurement
- e) Reimburse MINSAP for the balance accrued during the procurement process and/or proceed with additional quantities as per amended agreement with MINISAP
- f) Provide support and cover costs from the project budget, if needed, to service providers for customs clearing, where the ministry will be consignee and owner of the products.

The Project Board will be responsible for making, on a consensus basis, management recommendations for the project when guidance is required by the project coordinator. Particularly, the project board will have the responsibility for review and endorse project documents and revisions thereto, annual work plans, quarterly and annual project reports.

This Board contains three roles:

- Executive representing the project ownership to chair the group. For this project UNDP will assume the role of project board executive
- Senior supplier role to provide guidance regarding the technical feasibility of the project. This role will be assumed by the MINISAP

- Senior beneficiary role to ensure the realization of project benefits from the perspective of project (those who will ultimately). This role will be performed by PNDS-CG and other NGOs in Guinea Bissau



IX. LEGAL CONTEXT AND RISK MANAGEMENT

[NOTE: The following section is required for all project documents, and contains the general provisions and alternative texts for the different types of implementation modalities for individual projects. Select one option from each the legal context and risk management standard clauses and include these in your project document under the Legal Context and Risk Management Standard Clauses headings]

A. LEGAL CONTEXT STANDARD CLAUSES

Option a. Where the country has signed the [Standard Basic Assistance Agreement \(SBAA\)](#)

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

Consistent with article III of the standard Basic Assistance agreement, the responsibility for the safety and security of the implementing partner and its personnel and property, and of UNDP’s property in the implementing partner’s custody, rests with the implementing partner.

The implementing partner shall:

- put in place an appropriate security plan and maintain the security plan, taking into account the security situation of the country where the project is based
- Assume all risks and liabilities related to implementing partner’s security and full implementation of the security plan during the procurement process

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 this agreement.

B. RISK MANAGEMENT STANDARD CLAUSES

Option b. UNDP (DIM)

1. UNDP as the Implementing Partner shall comply with the policies, procedures and practices of the United Nations Security Management System (UNSMS.)
2. UNDP agrees to undertake all reasonable efforts to ensure that none of the [project funds]⁶ [UNDP funds received pursuant to the Project Document]⁷ 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/aq_sanctions_list.shtml. This provision must be included in all sub-contracts or sub-agreements entered into under this Project Document.
3. Consistent with UNDP's Programme and Operations Policies and Procedures, 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. The Implementing Partner shall: (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. 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.

⁶ To be used where UNDP is the Implementing Partner

⁷ To be used where the UN, a UN fund/programme or a specialized agency is the Implementing Partner

X. ANNEXES

Annex I - Project Quality Assurance Report

The **project assurance** role supports the project board by carrying out the objectives and independent project oversight and monitoring functions. This role ensures appropriate project management milestones are managed and completed. This role will be performed by the Global Fund Project Associate.

The **project Implementation Team** will be responsible for

- Overall management of project implementation
- Coordination with stakeholders and partners
- Monitoring of project implementation and quality assurance
- Knowledge management, reporting and visibility

The **core Project implementation Team** will consist of the following staff: the Project Coordinator who manages day to day activities of the project, supported by four teams: 1) Project Support, 2) PSM, 3) M&E, 4) Finance. Each team is led by one international specialist with several experienced national professionals. The Project Manager reports directly to the UNDP Country Office Deputy Resident Representative in charge of Programmes (DRR-Programme) and liaises closely with the Deputy Resident Representative in charge of Operations (DRR-Operations). In addition to PMU personnel, UNDP Guinea-Bissau will provide additional support to and supervision of the PMU in the areas of programme, procurement, M&E and finance.

Amendments to the Project documentation

The project documentation (PRODOC, Budget and Annexes) may be amended through exchange of official letters between the Ministry of Health and UNDP and the Project Board Approval. The letters exchange to this effect shall become integral part of the project documentation.