

United Nations Development Programme
Country: Malaysia
Project Document

Project Title 10MP/NI56 - 1CARE FOR 1MALAYSIA – SUPPORT FOR BLUEPRINT DEVELOPMENT OF THE HEALTH SECTOR REFORM AND TRANSFORMATION

UNDAF Outcome(s): N/A

Expected CP Outcome(s): 1. Effective response to human development challenges and reduction of inequalities

Expected Output(s): Support for the development of the 1Care For 1Malaysia - Health Sector Reform and Transformation Blueprint
(Those that will result from the project)

Executing Entity: Ministry of Health

Implementing Agencies: Ministry of Health

Brief Description

Within the project period, in-depth studies will be conducted to analyse and define the organisational and institutional reforms required in the delivery system and the financial mechanism to support the proposed reform of the health sector. The necessary building blocks for the reforms and mitigating measures to address any associated risks and impacts that the transformation may have on the Malaysian society, especially on vulnerable communities will also be undertaken. The in-depth studies will directly be utilised as input for the 1Care for 1Malaysia Blueprint. In addition, to ensure the successful roll-out and smooth implementation of the Blueprint post 2012, and to ensure that the necessary institutional capacities are in place, strategic capacity building initiatives for senior policy-planners and key stakeholders will be undertaken to strengthen their knowledge of global best practices, scenario planning modelling as well as strengthening of thematic competencies.

Programme Period: 2011-2012

Key Result Area (Strategic Plan)
 - Promoting inclusive growth, gender equality and achievement of internationally agreed development goals, including the MDGs (Para 75)
 - Democratic Governance: Strengthening accountable and responsive governing institutions (Para 89)

Atlas Award ID: _____

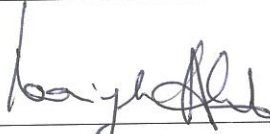
Start date: July 2011

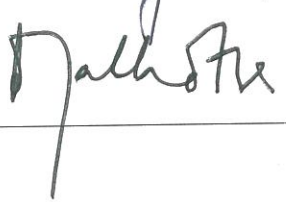
End Date: December 2012

PAC Meeting Date: _____

2011 AWP budget:	USD 223,997
2012 AWP budget	USD 276,003
GMS fee 6%:	USD 18,250
Total resources required:	USD 518,250
Total allocated resources:	
Government CS:	USD 322,412
TRAC:	USD 195,838

Note: Approximately USD 243,234 additional parallel funding from MOH Research and Development Grant to support 5 studies.

Agreed by (Government)  **DATUK NORIYAH BT AHMAD**
 Director General
 Economic Planning Unit

Agreed by (UNDP):  **Kamal Malhotra**
 Resident Representative

18/8/2011

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LIST OF ABBREVIATIONS

APR	Annual Progress Report
AWP	Annual Work Plan
CP	Country Programme
CPAP	Country Programme Action Plan
CS	Cost Sharing
EPU	Economic Planning Unit, Prime Minister's Department
FACE	Funding Authorisation and Certificate of Expenditures
MOH	Ministry of Health
NIM	National Implementation Modality
NPD	National Project Director
NSC	National Steering Committee
SBAA	Standard Basic Assistance Agreement
TRAC	Target for Resource Assignment from the Core
TWC	Technical Working Committee
UNDP	United Nations Development Programme
WHO	World Health Organization

I. SITUATION ANALYSIS

The Ministry of Health (MOH) has over the last 2 decades been assessing, reviewing and piloting various initiatives aimed at strengthening the national health sector in order to address the emerging challenges and issues faced by the health system while aligning its development to the aspiration of the country to develop into a high income economy by 2020.

Since independence, the Malaysian healthcare system has provided a critical and invaluable service to Malaysians via an extensive network of facilities, an effective rural health delivery system, highly specialized care at regional level and successful health promotion and preventive strategies. As a result of this, Malaysians currently enjoy a relative high overall standard of health. This, coupled with the relatively low spending on health whilst ensuring universal access, has made the Malaysian health system well recognised internationally. The Malaysian health system's remarkable achievements, especially in primary care is often referred to as a model for other developing countries since Malaysia has an equitable public health care delivery system compared to most other countries in the Asia Pacific. At the same time, the private sector provides an alternative choice of care to people and is responsive to market forces¹.

At the same time, however, there are imbalances and mismatches in terms of resources and workload in the dichotomous Malaysian health system. In 2008, although the public sector has only about 10% of health clinics with doctors, they handled almost 40% of all outpatient visits. While there are more hospitals in the private sector, the reality is that almost 80% of hospital beds remain within the public system which takes care of almost three quarters of all hospital admissions. Yet, with these large workloads, only slightly more than half of the doctors work in the public sector and more funding goes to the private sector through private direct financing or private health insurance.

MOH data shows that total expenditure on health has been growing steadily from 2.9% of GDP in 1997 to 4.8% of GDP in 2008. Since 2004, private health expenditure has overtaken public health expenditure and could potentially lead to health care inflation if these external forces are not governed adequately.

The 10th Malaysia Plan: 2011-2015² (10MP) which was presented in Parliament on 10th June 2010 clearly stated that although Malaysia has been efficient in delivering improved health outcomes, as the nation develops, expenditure on healthcare may have to increase in tandem to address rising expectations and pressures on the healthcare System. The healthcare system is anticipated to face challenges and opportunities from a rapidly changing operating environment. These include:

¹ Talk by Yb Dato' Sri Liow Tiong Lai, Minister of Health Malaysia at the American Malaysian Chamber Of Commerce's Luncheon On National Healthcare Financing – The Way Forward, Kuala Lumpur, 8 April 2010

² Prime Minister's Department, The Economic Planning Unit, Tenth Malaysia Plan 2011-2015, (Prime Minister's Department, Putrajaya, 2010), URL < <http://www.epu.gov.my/rmksepuluh> >

- **Increasing expectations on quality of healthcare**

Trends show that with increasing wealth, people spend more on healthcare, demanding higher quality and utilizing more services;

- **Increasing pressure on the public healthcare system**

Malaysia practices a dual healthcare system where public healthcare is heavily subsidized while the private healthcare system is thriving but concentrated mainly in urban areas;

- **Increasing workload in public hospitals which are already stretched to capacity**

The public sector resources are already stretched to capacity compared to the private sector, that it affects the public healthcare system;

- **Changing lifestyles and demography**

Malaysia faces increasing incidences of lifestyle-related diseases and by 2020 will have reached an ageing nation status with 10% of the total population above the age of 60. Both these trends have challenging implications for healthcare providers; and

- **Advancements in technology**

The advent of technological advancements creates opportunities for significant improvements in the coverage and quality of healthcare, such as the use of tele-primary care services to reach communities in rural areas.

The way forward for the health sector in Malaysia as currently faced by MOH are reflective of the complex intricacies and challenges that confront other Middle Income Countries that aim to ensure an equitable and socially responsible health care system while addressing the spiralling health care costs and the emerging presence and role of the private health sector and while continuously strengthening its national responsibilities through its public sector health delivery system.

On 11 August 2009, the MOH presented a proposal for health sector transformation to the Prime Minister and the Economic Council entitled *1Care for 1Malaysia (1Care)*. The Concept Paper outlined a phased health-development philosophy that encompasses strengthening the health service delivery system, reviewing and designing an equitable health care financing mechanism, and strengthening and reforming the institutional governance structures, hinging on the government's public sector reform agenda as outlined under the Government Transformation Programme and the Outcome Based Approach of the 10th Malaysia Plan.

1Care in essence aims to ensure an integrated health care delivery system that is responsive and provides choice of quality health care, while ensuring universal coverage for the health care needs of the population that is affordable and sustainable and putting in place effective safety net measures. The 1Care approach proposed will witness MOH concentrating more on governance of the system.

1Care will bring together the health resources of both the public and private health sectors through the development of a single health fund and risk pool. It is proposed that this fund will be a combination of general taxation funds and social health insurance managed by a public sector owned fund manager i.e. the National Healthcare Financing Authority. Private health insurance will still play a role to cover supplementary and complementary services outside the coverage of 1Care.

In line with this, on 22 March 2010, the MOH received an official mandate from the YAB Prime Minister to develop a detailed blueprint on the *1Care* concept within a two-year period. The blueprint to be developed is a detailed and phased implementation plan for the roll-out and implementation of *1Care*. The main focus of the *1Care* planning activities is summarised as follows:

- Planning for health sector reform in a coordinated and systematic manner.
- Preparing a comprehensive study of relevant international experience and lessons learned relating to health care reform including reviewing international experience on legislation and suggesting features that ought to be incorporated to ensure the long term successful implementation and sustainability of the proposed reform.
- Carrying out an in-depth analysis on the feasibility and practicality of the reforms proposed by Malaysia including suggesting viable options and required primary data collection if necessary.
- Reviewing current structure and operation to recommend the most appropriate model for organisation and management especially with regards to governance and stewardship of the health sector reform taking into account recently government policies and current initiatives such as the GTP (Government Transformation Program) and NEM (New Economics Model).
- Recommending appropriate requirements and features for the necessary ICT infrastructure and software and if possible suggesting suitable models that have been successfully implemented in countries known for their best practices.
- Developing an implementation plan for roll-out and phased implementation taking into consideration the lag time and timeline for major components and milestone.
- Conducting a risk assessment to identify potential problems that can be anticipated and strategies to tackle them.
- Building the necessary human capacity through training of trainers for health sector reform, including preparing suitable training material, in addition to supporting in-depth training and exposure to build the skills and capacity of specific government staff and units, as well as support study attachments to specific centres.

Over the last decade, the United Nations Development Programme – Malaysia has supported the MOH and the Economic Planning Unit through three specific initiatives, namely the *National Health Accounts (2001-2005)*, *National Healthcare Financing Mechanism in Malaysia (2005-2008)*, and *Review of Health Related Laws and Their Implications on the Health Restructuring Project (2009-2010)*.

The 10MP³ clearly outlined the anticipated tasks associated with the health sector reform and transformation in the next 5 years under the section titled, *'Transforming Healthcare to Improve Quality and Provide Universal Access'*. Focus will be on four key areas:

- *Transforming delivery of the healthcare system;*
- *Increasing quality, capacity and coverage of the healthcare infrastructure;*
- *Shifting towards wellness and disease prevention, rather than treatment; and*
- *Increasing the quality of human resources for health (HRH).*

³ Prime Minister's Department, The Economic Planning Unit, Tenth Malaysia Plan 2011-2015, (Prime Minister's Department, Putrajaya, 2010), URL < <http://www.epu.gov.my/rmksepuluh> >

II. STRATEGY

Implementing Partner: Ministry of Health

The Ministry of Health (MOH) will be the Implementing Partner as it has been assigned the responsibility by the Government of Malaysia to develop the 1Care Blueprint and the phased implementation of the **1Care** initiative. In line with this, the Planning and Development Division in particular Unit for National Health Financing (NHF) and Health Policy and Planning Unit (PDPK) are the two main units spear heading the health sector reform in term of governance, service delivery and financing reform. At the same time, MOH has also made plan for the formulation of the project team encompassing different relevant division of the MOH to initiate the implementation of the health sector transformation when it is approved by the Government. The project also has the commitment and direct involvement of top management including both the Minister of Health and Director-General of Health. The latter or his appointed representative will be a member of the NSC.

Co-Enabling Partner: Economic Planning Unit (EPU)

The EPU will be the Co-Enabling Partner for this project through the Government Cost-Sharing Funds. EPU (Social Section) will provide its technical input at the National Steering Committee (NSC) and Technical Working Committee (TWC) meetings and ensure the relevance of the outputs are in line with the strategies outlined in the 10th Malaysia Plan. EPU (Corporate Services and International Section) will collaborate with UNDP on the Project Assurance roles.

Co-Enabling Partner: United Nations Development Programme (UNDP) Malaysia

UNDP will be Co-Enabling Partner for this project. UNDP will provide its technical experience and expertise garnered from its global network of UNDP offices to the project at the NSC meetings and TWC meetings. UNDP will also play the Project Assurance role in collaboration with the Economic Planning Unit (Corporate Services and International Section).

UNDP's Strategic Plan (2008-2011) notes that it will support capacity-building and development efforts by providing the following services:

- Capacity assessments: supporting countries in mapping their capacity assets and needs in relation to what is required to accelerate human development and achieve the MDGs;
- Capacity-building and development strategies: facilitating partnerships to support the development of national capacity-building and development strategies based on the assessments, and providing policy and technical services in institutional reform and incentives, leadership capacities, training and learning, and accountability mechanisms;
- Costing capacity-building and development strategies: providing a systematic costing of strategies, thus facilitating advocacy for the investments required in national capacity through national and sector strategies; and

This initiative will specifically relate to *UNDP Strategic Plan Paragraph 74 (Promoting inclusive growth, gender equality and achievement of internationally agreed development goals, including the MDGs)* and *Paragraph 89 (Strengthening accountable and responsive governing institution)*. Within the Country Programme Action Plan 2008-2012 (CPAP), the project links into its *CPD Outcome 2: Effective response to*

human development challenges and reduction of inequalities.

Technical Partner: World Health Organization (WHO) Malaysia

WHO is the directing and coordinating authority for health within the United Nations system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends. The World Health Organization's office will provide the required technical advisory at the NSC and TWC meetings.

Project Components

The project is in direct support of the long term national health development agenda and will have 3 key Outputs which are directly in support of the strategies outlined in the 10th Malaysia Plan - *Transforming Healthcare to Improve Quality and Provide Universal Access* agenda.

- *Transforming delivery of the healthcare system;*
- *Increasing quality, capacity and coverage of the healthcare infrastructure.*
- *Coordinating the Blueprint development initiatives*

If appropriate or relevant, the project team (in consultation with EPU) may consider submitting a report to the National Development Planning Committee highlighting key developments, issues and recommendations.

Output 1: Transforming delivery of the healthcare system

Transformation of the healthcare delivery system calls for the restructuring of the national health system, both public and private, to enhance coverage for all. It will ensure optimal use of scarce resources and create a system that is responsive, provides choices of quality care and is anchored on the principles of equity. The approach will require greater collaboration between the public and private healthcare systems to allow effective delivery, greater efficiency and affordable costs.

Relevant and Related Initiatives under the 10th Malaysia Plan

- **Streamlining financing, governance and service provision roles**
A clearer demarcation of regulatory and service delivery functions where the Ministry of Health will focus mainly on governance, stewardship of the healthcare sector and enforcement of legislation. This includes enforcing measures to enhance quality of care in both public and private sectors and ensuring patient safety;
- **Reviewing financing options**
A review of financing options that allow management of rising costs while ensuring that healthcare remains accessible and affordable to the people. This includes the introduction of cost sharing options that will allow Malaysians a wider choice in the purchase of health services.

Indicative Activities

Through this specific Output, policy dialogue workshops and in-depth studies will be conducted to analyse and define the organisational and institutional reforms required in the health care delivery system and the financial mechanism to support the restructured system.

To ensure that the necessary institutional capacities are in place for the implementation, strategic capacity building initiatives for senior policy-planners and key stakeholders will be undertaken to strengthen their knowledge of global best practices, scenario planning competencies, human development oriented-benchmarking as well as strengthening of thematic competencies.

Efforts will also be undertaken to develop the appropriate knowledge transfer by developing appropriate training materials which can be utilised by future staff assigned to the development and implementation of the 1Care Blueprint.

Output 2: Increasing quality, capacity and coverage of the healthcare infrastructure

The Government will continue to upgrade and expand its health facilities across both urban and rural areas. Provision of secondary and tertiary care services will be strengthened and consolidated, while primary care services will be further extended to underserved areas.

Relevant and Related Initiatives under the 10th Malaysia Plan

- **Streamlining service delivery**

Mapping of existing healthcare providers against underserved areas will be undertaken in order to identify gaps or opportunities to streamline service delivery; and

- **Improving provision of healthcare services.**

It is essential that the views of key stakeholders regarding the current health care system and the proposed reforms are garnered as direct input into the 1Care Blueprint development.

Scope

Within a 1.5 year period, in-depth studies will be conducted to analyse and the necessary building blocks for the reforms and mitigating measures to address any associated risks and impacts that the transformation may have on the Malaysian society, especially on vulnerable communities.

Focus Group Discussions will be undertaken as an activity by itself to ensure views and feedback from the Malaysian public especially vulnerable groups are taken into consideration.

Output 3: Coordinating the Blueprint development initiatives

The Project Officer will manage the project along with other 1Care blueprint development initiatives. The Project Officer is responsible for day-to-day management of the project under the direct supervision of an assigned MOH staff. The Project Officer will be assigned to the Unit for National Health Financing (NHF) in the Planning and Development Division, Ministry of Health. This Unit will be the focal coordinating body with EPU and UNDP through the duration of this project and is headed by an experienced public health specialist with expertise in Health Sector reform and research. This unit will also be the main coordinating body to guide and supervise the 5 studies and other efforts.

Sustainability

In line with the country's aspiration to become a high income and fully developed nation by the year 2020, MOH is reviewing with the intent to adapt and transform the present health delivery and financing system to meet future challenges and to ensure its long term sustainability. This

is a major and long term commitment that was set in motion after the MOH received a mandate of 2-years to submit a detailed implementation blueprint on how this can be carried out.

It is also recognized that human capacity building is an essential component to ensure the eventual success of this project. MOH will be investing considerable resources in preparing staff to acquire the necessary skills and knowledge to implement the blueprint. Consultants will also be recruited to conduct training especially for training of trainers in the many tasks and skills required in the eventually transformed delivery and financing systems.

Towards accomplishing the many major tasks within this national project, MOH has received the commitment of various multilateral agencies and organizations to assist in this project. These agencies have also offered technical advice and guidance.

The various programs will also be committing staff who will sit and contribute to the various taskforce overseeing the various components of the service delivery. In addition, the NIH has given priority to support any studies that the project may decide on.

III. RESULTS AND RESOURCES FRAMEWORK

<p>Intended Outcome as stated in the Country Programme Results and Resource Framework: Outcome 2: Effective response to human development challenges and reduction of inequalities</p>
<p>Outcome indicators as stated in the Country Programme Results and Resources Framework, including baseline and targets: The priority human development challenges of Malaysia, including growing inequality, addressed</p>
<p>Applicable Key Result Area (from 2008-11 Strategic Plan): Promoting inclusive growth, gender equality and achievement of internationally agreed development goals, including the MDGs (Para 75) Democratic Governance: Strengthening accountable and responsive governing institutions (Para 89)</p>
<p>Partnership Strategy The Ministry of Health will be the implementing agency. Other key stakeholders from relevant national agencies and experts will provide technical inputs through various platforms including the Technical Working Committee and National Steering Committee. Focus Group Discussions will be undertaken as an activity by itself to ensure views and feedback from the Malaysian public especially vulnerable groups are taken into consideration.</p>
<p>Project title and ID (ATLAS Award ID):</p>

INTENDED OUTPUTS	OUTPUT TARGETS (2011-2012)	INDICATIVE ACTIVITIES	RESPONSIBLE PARTIES	TOTAL INPUTS
1. Transforming Delivery Of The Healthcare System	<ol style="list-style-type: none"> 1. At least two policy workshops are conducted and related thematic reports developed. 2. Thematic Research Paper on <i>Analysis of Financial Arrangements and Expenditures</i> in Health completed and submitted to the NSC. 3. Thematic Research Paper on <i>Health Care Demand Analysis: Models and Policy Simulation For 1Care</i> completed and submitted to the NSC. 4. At least two capacity building workshops are conducted and related thematic reports developed. 	<p>Activity 1: Streamlining Financing, Governance and Service Provision Roles</p> <p>-Policy Dialogue Workshops:</p> <ul style="list-style-type: none"> • <i>Public-private sector integration</i> • <i>Autonomous bodies and operations</i> • <i>Purchaser-provider split</i> • <i>Health system transformation</i> <p>Activity 2: Reviewing Financing Options</p> <p>a) Research Study - Analysis of Financial Arrangements and Expenditures in Health</p> <p>b) Research Study - Health Care Demand Analysis: Models And Policy Simulation For 1Care</p>	<p>MOH UNDP</p> <p>Project Officer Consultants</p>	<p>International Consultants</p> <p>Local consultants</p> <p>Research assistants</p> <p>Workshops</p> <p>TOT Material</p> <p>Travel</p> <p>Printing</p>

		<p>Activity 3: Strengthening the Institutional Capacity of Ministry of Health and Key Stakeholders in Developing and Implementing the 1Care Blueprint</p> <ul style="list-style-type: none"> - Capacity Building Workshops: <ul style="list-style-type: none"> • <i>National Health Accounts</i> • <i>Health economics</i> • <i>Health financing</i> • <i>Insurance</i> • <i>Premium calculation</i> • <i>Provider-payment mechanism</i> 		
2. Increasing Quality, Capacity And Coverage Of The Healthcare Infrastructure	<ol style="list-style-type: none"> 1. Thematic Research Paper on <i>Mapping Health Facility and Services for Policy Decision Making</i> completed and submitted to the NSC. 2. Thematic Research Paper on <i>Cost Analysis of Delivering Out-Patient Services in Public Hospitals</i> completed and submitted to the NSC. 3. Thematic Research Paper on <i>Community Perception on Health Care Delivery Systems</i> completed and submitted to the NSC 	<p>Activity 1: Streamlining Service Delivery</p> <ol style="list-style-type: none"> a) Research Study - Mapping Health Facility and Services for Policy Decision Making b) Research Study - Cost Analysis of Delivering Out-Patient Services in Public Hospitals <p>Activity 2: Improving Provision of Healthcare Services</p> <ul style="list-style-type: none"> - Research Study - Community Perception on Health Care Delivery Systems 	<p>MOH UNDP</p> <p>Project Officer Consultants</p>	<p>International Consultants</p> <p>Research assistants</p> <p>Training</p> <p>Travel</p> <p>Software Development Interface</p> <p>Research Material</p> <p>Printing</p>
3. Coordinating The Blueprint Development Initiatives	<ol style="list-style-type: none"> 1. Progress and financial report of the projects. 2. Final report to NDPC 3. At least 2 reports to NSC 	<p>Activity 1: Coordinating the Blueprint Development Initiatives</p> <ul style="list-style-type: none"> - Project Management and Monitoring and Evaluation 	<p>MOH UNDP</p> <p>Project Officer</p>	<p>Project Officer</p>

IV. ANNUAL WORK PLAN

YEAR: 2011

EXPECTED OUTPUTS <i>and baseline, associated indicators and annual targets</i>	PLANNED ACTIVITIES <i>List activity results and associated actions</i>	TIMEFRAME				RESPONSIBLE PARTY	PLANNED BUDGET		
		Q1	Q2	Q3	Q4		Funding Source	Budget Description	Amount (USD)
Output 1: TRANSFORMING DELIVERY OF THE HEALTHCARE SYSTEM									
<p>Baseline: In-depth minimum index analytical studies have not been undertaken on the required governance and institutional structures and systems to be designed and developed to support the health sector reform at the consensual level.</p> <p>Indicators: A framework for the proposed structure of governance, systems and processes are developed which integrates the role of the public and private sector as well as design the appropriate finance mechanism and modality.</p>									
<p>Activity 1: Streamlining Financing, Governance and Service Provision Roles</p> <p>Targets: 1. At least two policy workshops conducted and related thematic reports developed.</p> <p>Related CP outcome: Outcome 2</p>	<p>Policy Dialogue Workshops:</p> <ul style="list-style-type: none"> Workshops organised and related Thematic Reports developed containing recommendations as input for the <i>1Care Blueprint</i>; 			X	X	MOH UNDP Project Officer	TRAC	Workshops (Total: 22,000)	22,000

Activity 2: Reviewing Financing Options Targets: Draft Outline of Thematic Research Paper on <i>Analysis of Financial Arrangements and Expenditures in Health</i> completed. Related CP outcome: Outcome 2	Research Study - Analysis of Financial Arrangements and Expenditures in Health <ul style="list-style-type: none"> • Data collection, management and analysis; • Draft Outline of Thematic Research Paper on <i>Analysis of Financial Arrangements and Expenditures in Health</i> developed; • Training organised and related Thematic Reports developed containing recommendations as input for the <i>1Care Blueprint</i>. 					MOH UNDP	Cost Sharing	Research assistants	11,300	
						Project Officer Consultants	Cost Sharing	Data management	2,000	
				X	X		Cost Sharing	Travel	10,967	
							TRAC	Data Analysis Training:	4,333	
							Cost Sharing	Printing:	6,667	
									(Total: 35,267)	

<p>Activity 3: Strengthening the Institutional Capacity of Ministry of Health and Key Stakeholders in Developing and Implementing the 1Care Blueprint</p> <p>Targets:</p> <p>At least two capacity building workshops are conducted and related thematic reports developed.</p> <p>Related CP outcome: Outcome 2</p>	<p>Capacity Building Workshops</p> <ul style="list-style-type: none"> Workshops organised and related Thematic Reports developed containing recommendations as input for the <i>1Care Blueprint</i>. 			X	X	<p>MOH UNDP</p> <p>Project Officer Consultants</p>	TRAC	<p>Workshops:</p> <p>(Total: 50,000)</p>	50,000
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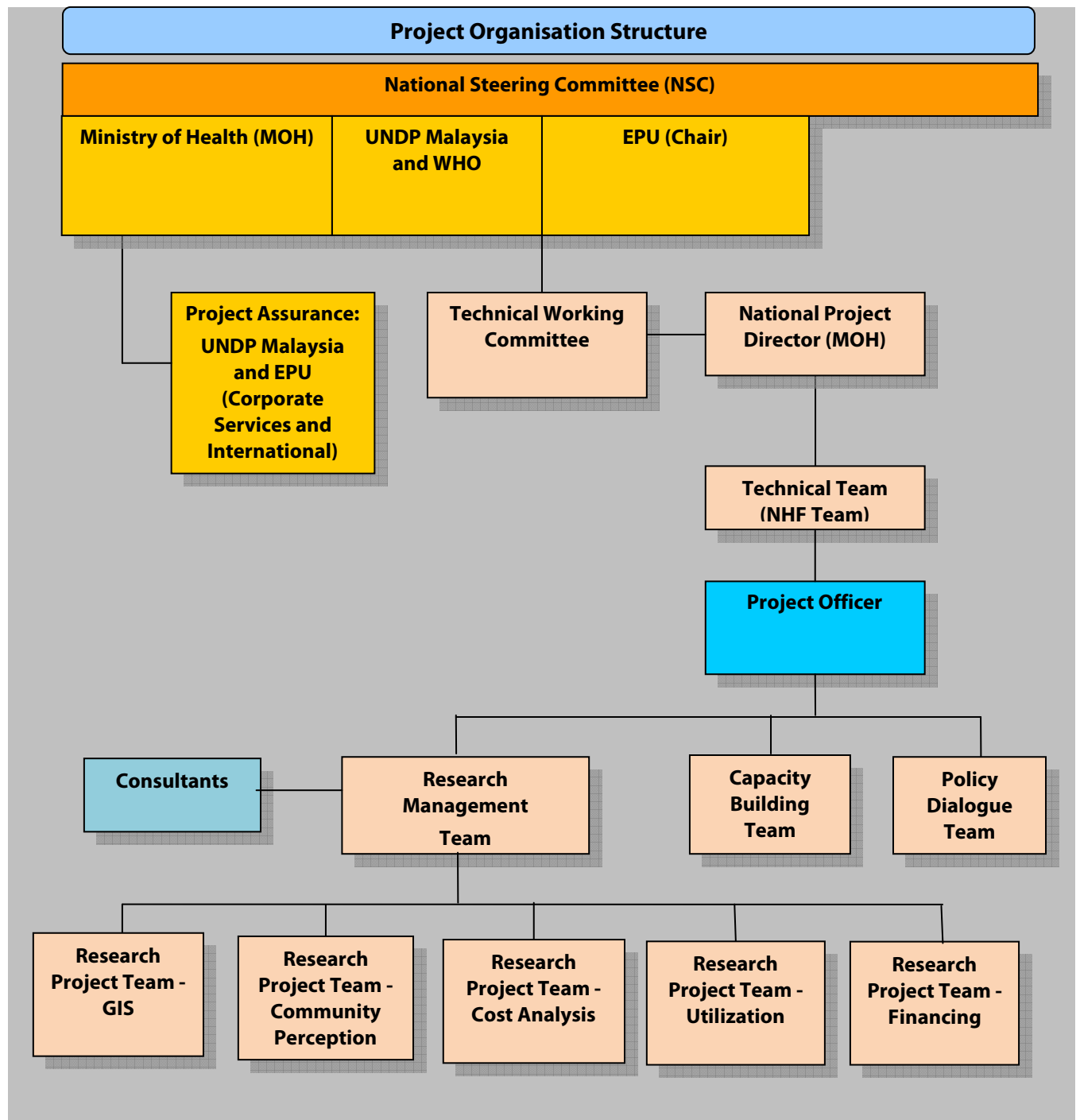
EXPECTED OUTPUTS <i>and baseline, associated indicators and annual targets</i>	PLANNED ACTIVITIES <i>List activity results and associated actions</i>	TIMEFRAME				RESPONSIBLE PARTY	PLANNED BUDGET		
		Q1	Q2	Q3	Q4		Funding Source	Budget Description	Amount (USD)
OUTPUT 2: INCREASING QUALITY, CAPACITY AND COVERAGE OF THE HEALTHCARE INFRASTRUCTURE									
<p>Baseline:</p> <ol style="list-style-type: none"> 1. There is limited structured information on the number and types of public and private health facilities available nationally; 2. There is limited information on cost of provision of health care for out-patient services in public hospitals; 3. There is limited structured and codified information available on the views of the stakeholders on the proposed 1Care reform. <p>Indicators:</p> <ul style="list-style-type: none"> ▪ Scope of codified profile of health care facilities nationwide identified; ▪ Preliminary findings of availability of information on cost of provision of health care for out-patient services in public hospitals; ▪ Scope of codified information on the views of the stakeholders on the proposed 1Care reform are used as input for the development of the 1Care blueprint. 									
Activity 1: Streamlining Service Delivery Targets: Thematic Research Paper on <i>Mapping Health Facility and Services for Policy Decision Making</i> completed and submitted to the NSC. Related CP outcome: Outcome 2	1. Research Study - Mapping Health Facility and Services for Policy Decision Making <ul style="list-style-type: none"> • Thematic Research Paper developed as Input Papers for the <i>1Care Blueprint</i>; • Training on GIS software spatial data analysis and modelling. 					MOH UNDP Project Officer Consultants	TRAC	Training	33,445
								Cost Sharing	Software Development Interface: (Total: 50,000)

<p>Targets:</p> <p>Draft Outline of Thematic Research Paper on <i>Cost Analysis of Delivering Out-Patient Services in Public Hospitals</i> developed.</p> <p>Related CP outcome: Outcome 2</p>	<p>2. Research Study - Cost Analysis of Delivering Out-Patient Services in Public Hospitals</p> <ul style="list-style-type: none"> • Development of Cost Analysis Tool using Putrajaya Hospital as a pilot; • Mapping out Cost Analysis tools for selected hospitals; • Training on data analysis and costing methodology; • Draft Outline of Thematic Research Paper on <i>Cost Analysis of Delivering Out-Patient Services in Public Hospitals</i> developed. 					MOH UNDP	Cost Sharing	Local Consultants	24,850	
							Project Officer Consultants	TRAC	Training	11,705
					X	X		Cost Sharing	Travel	3,512
								TRAC	Research Material	2,340
										(Total: 42,407)

Activity 2: Improving Provision of Healthcare Services Targets: Draft Outline of Thematic Research Paper on <i>Community Perception on Health Care Delivery Systems</i> developed. Related CP outcome: Outcome 2	1. Research Study - Community Perception on Health Care Delivery Systems <ul style="list-style-type: none"> • Develop Survey Instruments (FGD kit and Vignettes); • Training of Facilitators and research team on data collection and software; • Conduct of FGD and data collection; • Draft Thematic Research Paper on <i>Community Perception on Health Care Delivery Systems</i> developed. 								
				X	X	MOH UNDP	Cost Sharing	International consultants	6,188
					X	Project Officer Consultants	Cost Sharing	Research assistants	8,135
					X			(Total: 14,323)	

EXPECTED OUTPUTS <i>and baseline, associated indicators and annual targets</i>	PLANNED ACTIVITIES <i>List activity results and associated actions</i>	TIMEFRAME				RESPONSIBLE PARTY	PLANNED BUDGET		
OUTPUT 3: COORDINATING THE BLUEPRINT DEVELOPMENT INITIATIVES									
<p>Baseline: No baseline currently exists.</p> <p>Indicators: All project activities are initiated and TWCs are established.</p>									
Activity 1: Coordinating The Blueprint Development Initiatives	1. Project Management and Monitoring and Evaluation <ul style="list-style-type: none"> • Coordinate the 1Care Blueprint development initiatives; • Coordinate the initiation of the various Research Papers and support to the capacity building activities. 			X	X	MOH UNDP Project Officer	Cost Sharing	Project Officer: (Total: 10,000)	10,000

V. MANAGEMENT ARRANGEMENTS



The project will be governed by the National Steering Committee (NSC) and the Technical Working Committee (TWC).

National Steering Committee (NSC)

A National Steering Committee will provide guidance and direction to the project implementation process according to the established detailed work plan monitoring tool and will be chaired by a representative from EPU. The Committee will be composed of

representatives from the MOH, UNDP Malaysia, WHO, EPU and other relevant stakeholders to be identified. The TOR of the NSC shall be agreed among the stakeholders within the first two months of the project.

Technical Working Committee (TWC)

A technical working committee will be established to handle all technical matters relating to the project and will be chaired by the National Project Director. The members of the TWC will consist of representatives from MOH, EPU, UNDP, WHO and other relevant stakeholders to be determined by the Implementing Partner (MOH) and Enabling Partner (UNDP).

Project Assurance

The Project Assurance role supports the NSC by carrying out objective and independent project oversight and monitoring functions. This role ensures that appropriate project management milestones are managed and completed. A UNDP Programme Officer will hold the Project Assurance role for the UNDP together with a representative from the International Cooperation Division, EPU, representing the Malaysian Government.

National Project Director (NPD)

The National Project Director will be responsible for coordinating project activities among the main parties to the project. Among these responsibilities are ensuring that the project document and project revisions requiring Government's approval are verified by MOH and processed through the Government co-ordinating authority in accordance with established procedures and providing direction and guidance on project-related issues. The NPD also has the authority to disburse funds upon the advice from the National Steering Committee or the Project Officer based on the required project milestones. The Senior Deputy Director for Planning in the Planning and Development Division, MOH will be the NPD for the project.

Technical Team

The Technical Team (NHF Team) will be responsible to report administratively and programmatically to UNDP on the project outputs and report on project progress during Steering Committee meetings. The Team will prepare progress reports in timely and required manner, and provide the information needed to agree disbursement of funds. The Technical Team consists of officers from the NHF, and the Planning and Development Division, MOH.

Project Officer

The Project Officer will primarily responsible to manage the project and may be required to assist with other relevant 1Care blueprint development initiatives. The Project Officer is responsible for day-to-day management of the project under the direct supervision of an assigned MOH staff member. The Project Officer will ensure that the project produces the results specified in the project document to the required standard of quality and within the specified constraints of time and cost.

The Project Officer will be required to work both independently and with the Research Management Team, Capacity Building Team and Policy Dialogue Team and ensure the substantive content of the project deliverables are adhered to and ensures that the project produces the results specified in the project document to the required standard of quality and within the specified constraints of time and cost.

The Project Officer will be recruited externally and will report to MOH and UNDP on the tasks assigned to him or her. He or she will update MOH and UNDP on the development of the project and will advise and make recommendations on the substantive development of the project. The TOR of the Project Officer shall be agreed among the stakeholders as soon as the project commences.

Consultants and Technical Support

Technical support will be provided by local and international professionals with extensive experience working in relevant areas as required by the project. The UNDP global knowledge network will provide valuable inputs through best practices and lessons learned from similar experiences in other countries.

Financial Management

Based on the approved AWP, UNDP will provide required financial resources to the Implementing Partner to carry out project activities during the annual cycle. Under the Harmonized Approach to Cash Transfer (HACT), the following modalities may be used:

- Direct cash transfers to the Implementing Partner, for obligations and expenditures to be made by them in support of activities;
- Direct payments to vendors and other third parties, for obligations incurred by the Implementing Partner; (See Annex III and Annex IX)
- Reimbursement to the Implementing Partner for obligations made and expenditure incurred by them in support of activities.

The FACE form as per Annex IX should be used for all of the above cash disbursements as well as for expenditure reporting.

The Implementing partner and Project Officer will work closely with UNDP to monitor the use of the financial resources and are accountable for

- Managing UNDP's resources to achieve the expected results;
- Maintaining an up to date accounting system that contains records and controls to ensure the accuracy and reliability of financial information and reporting. Expenditures made should be in accordance with the, Annual Work Plans and budgets.

At the end of a quarter/year UNDP prepares a Combined Delivery Report (CDR) which records all disbursements made under the project for verification. The Implementing Partner and UNDP should sign this CDR.

A project revision shall be made when appropriate; to respond to changes in the development context or to adjust the design and resources allocation to ensure the effectiveness of the project provided that the project remains relevant to the Country Programme. A project revision shall be supported by the record of an approval decision made by the project NSC, and an updated and signed AWP.

UNDP Support Services

In addition, UNDP may/ shall provide the following services:

- Identification and recruitment of project personnel;
- Procurement of goods and services;
- Identification of training activities and assistance in carrying them out.

The above will be carried out based on UNDP policies and procedures, following the principles of best value for money, fairness, integrity, transparency, and effective competition.

UNDP will charge for the support services provided as follows:

- 6% cost recovery for the provision of general management support (GMS) for activities funded under Government Cost sharing
- Direct cost for implementation support services (ISS) provided by UNDP and/or an executing entity /implementing partner.

In-Kind Contribution

In addition to the financial resources through UNDP, the implementing partner will provide the following in-kind contribution:

- Assist in gaining access to all relevant data and information required for the project that is accessible for public viewing;
- Office space (i.e. room/workspace) for the Project Officer and consultants in MOH (where appropriate);
- Use of office support facilities by the Project Officer and consultants (e.g. fax machine, stationary, photostat machine, telephone), and secretarial support where applicable;
- Facilities for convening meetings.

VI. MONITORING FRAMEWORK AND EVALUATION

The project activities will be closely monitored by UNDP. In compliance with UNDP regulations, the following will be conducted:

a) Project Monitoring and Review Meetings

- **National Steering Committee Meetings**
The National Steering Committee (NSC) will meet after the receipt of each project report or at least twice a year, whichever is greater and address project issues raised by the National Project Director, review project progress reports and provide direction and recommendations to ensure that the agreed deliverables are produced satisfactorily according to plans.
- **Technical Working Committee Meetings**
The Technical Working Committee (TWC) will meet as regularly as required to assist the NSC in monitoring and advising the technical implementation of the project and its activities. The TWC acts as the technical advisors to the NSC, and regularly reviews the progress of all project components.
- **Annual Project Review Meeting**
This internal review meeting will be chaired by EPU during the fourth quarter of the year to assess the performance of the project based on the Annual Work Plan (AWP) submitted at the beginning of the calendar year as well as the Annual Progress Report submitted during the fourth quarter of each calendar year. The review will involve all key project stakeholders and the Implementing Partner, and will focus on the extent to which progress have been made towards achievement of the outputs and that they remain aligned to appropriate outcomes as outlined in the project document. This review should

update output targets and results achieved. In the last year of the project, the review will be a final assessment.

- **Final Project Review Meeting**

A Final Project Review meeting will be chaired by EPU within three months after the operational closure of the project. Its purpose is to assess the performance and success of the project. It should look at the sustainability of the results, including the contribution to related outcomes (and the status of these outcomes) and capacity development. It will also review lessons learned and recommendations that might improve design and implementation of other UNDP-funded projects. The meeting will discuss the Final Project Review Report that should be submitted two weeks prior to the Final Project Review Meeting.

b) Progress Reporting Documents

- **Mid Year Progress Report**

A Mid Year Progress Report shall be prepared by the National Project Director and shared with the NSC by 30 June of each project year. As a minimum requirement, the Mid Year Progress Report shall utilize the standard template for the Annual Project Report (APR) covering a six month period.

- **Annual Progress Report (APR)**

An Annual Progress Report shall also be prepared by the National Project Director and shared with the NSC by the end of the last quarter of each year. The Annual Progress Report shall highlight risks and challenges, the summary of results achieved, and lessons learnt of the project for that reporting year.

- **Final Project Review Report**

This document is a structured assessment of progress based on the chain of results initially defined in the Project Document and Annual Workplans and will include information on financial allocations of expenditure. It may be supplemented by additional narrative to meet specific reporting needs of stakeholders, especially bilateral donors. Within the annex, the following are required to be submitted:

- Lessons learnt log - summarizing the information captured throughout the implementation of the project
- Minutes of NSC meetings
- Minutes of TWC meetings
- Annual signed CDRs
- Statements of Cash Position (to be submitted together with CDR on a yearly basis)
- Statements of Assets and Equipment (to be submitted together with CDR on a yearly basis)

This report will be discussed at the Final Project Review meeting mentioned above.

- **Final Project Evaluation**

Project evaluation assesses the performance of a project in achieving its intended results. It yields useful information on project implementation arrangements and the achievement of outputs. It is at this level that direct cause and attribution can be addressed given the close causal linkage between the intervention and its effect or output. Project evaluation provides valuable information to support informed decision-

making and serves to reinforce the accountability of Project Officers. Depending on the purpose, project evaluations can be commissioned by the management at any time during the project cycle: at mid point, just before or after completion. They should ideally take place around the time of completing a project to determine the future of the project (e.g. continuation or termination of the project), to decide whether the concept should be scaled up or replicated elsewhere, and/or to generate lessons that are of strategic significance for the organization.

c) Financial Monitoring and Quality Assurance

- **Combined Delivery Reports**

The Combined Delivery Report (CDR) is the report that reflects the total expenditures and actual obligations (recorded in Atlas) of a Project during a period. This report is prepared by UNDP using Atlas and shared with the implementing partner on a quarterly basis and at the end of each year. The Implementing Partner is required to verify each transaction made and sign the quarterly issued CDR report.

- **Audit**

Audit is an integral part of sound financial and administrative management, and of the UNDP accountability framework. The project will be audited at least once in its lifetime and in accordance with the threshold established for the annual expenditures by the Office of Audit and Investigations (OAI). The audit provides UNDP with assurance that resources are used to achieve the results described and that UNDP resources are adequately safeguarded.

The selection of an Audit Firm shall be through a competitive Request for Proposals, in consultation with the Implementing Partner and EPU or if possible shall be performed by the National Audit Authority. UNDP procedures must be followed as per the specific Terms of Reference for Audits of NIM Projects.

The audit is expected to provide assurance related to the following broad areas:

- Project progress and rate of delivery (PP)
- Financial management (FM)
- Procurement of goods and /or services (PR)
- Human resource selection and administration (HR)
- Management and use of equipment and inventory (EQ)
- Record-keeping systems and controls (R)
- Management structure (MS)
- Auditors' comments on the implementation status of prior year audit.

VII. LEGAL CONTEXT

This document together with the CPAP signed by the Government and UNDP which is incorporated by reference, constitute together the instrument envisaged and defined in the Supplemental Provisions to the Project attached hereto (Annex XII) and forming an integral part hereof, as "the Project Document"

Consistent with the above Supplemental Provisions, 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. To this end, the Implementing Partner shall:

- a) 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;
- b) assume all risks and liabilities related to the Implementing Partner's security, and the full implementation of the security plan.

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 Implementing Partner's obligations under this Project Document.

The Implementing Partner agrees to undertake all reasonable efforts to ensure that none of the UNDP funds received pursuant to the Project Document 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/Docs/sc/committees/1267/1267ListEng.htm>. This provision must be included in all sub-contracts or sub-agreements entered into under/further to this Project Document.

(The term "Government Co-Operating Agency" mentioned in the Supplemental Provision shall mean the executing agency/implementing partner to the project as stated in the cover page of this document).

ANNEX I: PROJECT BUDGET

Output	Activities	Source of Funds	Budget Description	Cost (USD)		Total (USD)
				2011	2012	
Output 1: Transforming Delivery of the Healthcare System						
1. Streamlining Financing, Governance and Service Provision Roles	1. Policy Dialogue Workshops					
		TRAC	Workshops	22,000	68,000	90,000
Sub Total				22,000	68,000	90,000
2. Reviewing Financing Options	1. Research Study - Analysis of Financial Arrangements and Expenditures in Health	Cost Sharing	Research assistants	11,300	11,300	22,600
		Cost Sharing	Data management	2,000	-	2,000
		Cost Sharing	Travel	10,967	2,633	13,600
		TRAC	Data Analysis Training	4,333	-	4,333
		Cost Sharing	Printing	6,667	-	6,667
Sub Total				35,267	13,933	49,200
	2. Research Study - Health Care Demand Analysis: Models And Policy Simulation For 1Care	Cost Sharing	International consultants	-	88,430	88,430
		Cost Sharing	Research assistants	-	6,555	6,555
Sub Total				0	94,985	94,985
3. Strengthening the Institutional Capacity of Ministry of Health and Key Stakeholders in Developing and Implementing the 1Care Blueprint	1. Capacity Building Workshops	TRAC	Workshops	50,000	-	50,000
		Cost Sharing	Local consultants		10,000	10,000
Sub Total				50,000	10,000	60,000

Output 2: Increasing Quality, Capacity and Coverage of the Healthcare Infrastructure						
1. Streamlining Service Delivery	1. Research Study - Mapping Health Facility and Services for Policy Decision Making	TRAC	Training	33,445	-	33,445
		Cost Sharing	Software Development Interface	16,555	-	16,555
Sub Total				50,000	0	50,000
	2. Research Study - Cost Analysis of Delivering Out-Patient Services in Public Hospitals	Cost Sharing	Local consultants	24,850	15,955	40,805
		TRAC	Training	11,705	-	11,705
		Cost Sharing	Travel	3,512	1,003	4,515
		TRAC	Research Material	2,340	1,340	3,680
		TRAC	Printing	-	2,675	2,675
Sub Total				42,407	20,973	63,380
2. Improving Provision of Healthcare Services	1. Research Study - Community Perception on Health Care Delivery Systems	Cost Sharing	International consultants	6,188	6,188	12,376
		Cost Sharing	Research assistants	8,135	22,895	31,030
Sub Total				14,323	29,083	43,406
Output 3: Coordinating The Blueprint Development Initiatives						
1. Coordinating the Blueprint Development Initiatives	1. Project Management and Monitoring and Evaluation	Cost Sharing	Project Officer	10,000	39,029	49,029
Sub Total				10,000	39,029	49,029
Total				223,997	276,003	500,000
GMS		Cost Sharing	GMS	6011	12,239	18,250
Grand Total				230,008	288,242	518,250

USD = MYR3.02

TRAC: USD 195,838

CS: USD 322,412

ANNEX II: RISKS AND MITIGATION

Description	Type	Impact & Probability	Mitigation Measures
The value of US Dollars foreign exchange against the Ringgit may depreciate during the project cycle.	Financial	Probability: Low Impact: Medium	There will be a need to regularly monitor the exchange rate to ensure that it does not affect the budget of the project. If there are major fluctuations, the budget will be adjusted accordingly and approved by the NSC. Alternative funding source may be considered.
There may be some delay in the project timeline in terms identifying the appropriate consultants and organising the appropriate thematic capacity building workshops.	Others	Probability: Medium Impact: Medium	There will also need to be close consultation with MOH to identify the needs and scope of the TOR and appropriate consultants both local to ensure that the in-depth studies are completed on schedule.

ANNEX III: FINANCIAL ARRANGEMENTS

The UNDP Resident Representative ensures that the project has an internal control system that allows it to monitor effectively the financial activity of the project and to support and monitor the progress towards achieving results.

UNDP may assist with direct payments to other parties for goods and services provided to the project. In this connection, the government implementing agency will forward to the UNDP a standard form and keep all the original records of the transaction such as purchase orders, invoices, receipts, delivery orders, etc.

ANNEX IV: UNDP ANNUAL WORK PLAN MONITORING TOOL

Together with project issue/ risk logs, the following AWP Monitoring Tool should be used for the project review purpose.

Expected Outputs and Indicators: List all CP outputs and indicators, including annual targets

Planned Activities: List all the activities including monitoring and evaluation activities, including evaluations, field monitoring visits, technical backstopping missions, and audits to be undertaken during the year towards stated CP outputs

Expenditures: List actual expenditures against activities complete

Results of Activities: For each activity, state the results of the activity

Progress towards Achieving CP Outputs: Using data on annual indicator targets, state progress towards achieving the CP outputs. Based on the updated project issue/risk logs, comment on factors that facilitated and/or constrained achievement of results including:

- Whether risks and assumptions as identified in the CP M&E Framework materialized or whether new risks emerge
- Internal factors such as timing of inputs and activities, quality of products and services, coordination and/or other management issues

CP Component _____

Implementing Partner _____

2010

EXPECTED OUTPUTS AND INDICATORS including annual targets	PLANNED ACTIVITIES <i>List all the activities including monitoring and evaluation activities to be undertaken during the year towards stated CP outputs</i>	EXPENDITURES <i>List actual expenditures against activities completed</i>	RESULTS OF ACTIVITIES <i>For each activity, state the results of the activity</i>	PROGRESS TOWARDS ACHIEVING OUTPUTS Using data on annual indicator targets, state progress towards achieving the CP outputs. Where relevant, comment on factors that facilitated and/or constrained achievement of results including: <ul style="list-style-type: none"> ▪ <i>Whether risks and assumptions as identified in the CP M&E Framework materialized or whether new risks emerged</i> ▪ <i>Internal factors such as timing of inputs and activities, quality of products and services, coordination and/or other management issues</i>
OUTPUT 1: INDICATOR 1.1 WITH TARGET FOR THE YEAR: INDICATOR 1.2 WITH TARGET FOR THE YEAR: - INDICATOR 1.3 WITH TARGET FOR THE YEAR:				

ANNEX V: TERMS OF REFERENCE: NATIONAL STEERING COMMITTEE

The National Steering Committee (NSC) will monitor the conduct of the project and provide strategic guidance to the project team on the implementation of the project. The NSC will be chaired by a representative designated by EPU.

The NHF Team and Project Officer will act as Secretariat to the NSC. Members of the NSC will consist of representatives from the MOH, EPU, , UNDP and other relevant stakeholders to be determined by the Committee.

The NSC will meet at least twice a year and may convene as and when required. The NSC will have the following duties and responsibilities:

- Provide policy guidance on matters pertaining to the implementation of the project;
- Monitor and evaluate the implementation of the project towards fulfilment of the objectives stated in the project document;
- Review, approve and endorse proposed work plan and budget;
- Initiate remedial actions to overcome all constraints in progress of the project;
- Review and approve relevant changes to the project design;
- Coordinate the roles of the various organizations involved in the execution of the project and ensure harmony with related activities;
- Advise on the long-term sustainability strategy of the project;
- Review and approve all related reports to the projects.

ANNEX VI: TERMS OF REFERENCE: TECHNICAL WORKING COMMITTEE

The Technical Working Committee (TWC) will assist the NSC in monitoring the conduct of the project and providing technical guidance on the implementation of the project. The TWC will act as technical advisors to the NSC. The TWC will be chaired by a representative designated by Ministry of Health (MOH). The NHF Team will act as Secretariat to the TWC. The members of the TWC will consist of representatives from the MOH, EPU, UNDP and other relevant stakeholders to be determined by the Implementing Partner (MOH) and Enabling Partner (UNDP).

The TWC will be specifically responsible for:

- Provide guidance and decisions on matters pertaining to the technical aspects of the project such as the studies and capacity development initiatives to ensure that they meet with the objectives set in the project document ;
- Monitor and evaluate the technical implementation of the project towards fulfilment of the objectives stated in the project document;
- Review and comment on the work plan and budget; and
- Regular monitoring of the progress of the project and recommend approved technical reports to the NSC.

ANNEX VII: TERMS OF REFERENCE: NATIONAL PROJECT DIRECTOR

National Project Director is a staff member of the Government implementing agency of a UNDP-supported project and in this case will be a representative designated from Ministry of Health (MOH) or an officer appointed by MOH as deemed appropriate. His/her main responsibility is to coordinate project activities among the main parties to the project: the Government co-coordinating authority, the consultant, and UNDP.

Specifically, he/she works in close collaboration with UNDP staff and his/her responsibility include:

- Ensuring that the project document and project revisions requiring Government's approval are processed through the Government co- coordinating authority, in accordance with established procedures;
- Preparing work plans in discussion with the Project Officer, technical team and UNDP. Mobilising national institutional mechanisms for smooth progress of project;
- Reviewing project status reports;
- Providing direction and guidance on project-related issues;
- Providing advice and guidance to the project team ie Research Management Team, Capacity Building Team and Policy Dialogue Team. .
- Approve financial transactions.

ANNEX VIII: TERMS OF REFERENCE: PROJECT OFFICER

The Project Officer's role is to manage and coordinate the implementation of various project activities in ensuring quality and timeliness of activities and delivery of outputs. The Project Officer will also be managing in other aspects of 1Care Blueprint development in the area of administrative, financial and operational project management beyond this UNDP funded initiatives. He/She will be based at MOH.

The specific tasks of the Project Officer are:

- Receive instruction from the NPD and Technical Team and implement the directions for the project based on the project document and decisions made by the TWC and NSC;
- Manage and coordinate the implementation of project activities to ensure the maintenance of quality and timeliness, and delivery of outputs;
- Liaise and work closely with the project partners and the various project teams. Prepare progress and financial reports of the project when required for the NSC and TWC. Maintain close contact with designated focal points from UNDP and other stakeholders, indicating any estimated changes to the work plan, and proposing a budget revision when appropriate;
- Ensure that the requisite allocations are available in accordance with the agreed budget and established schedules of payment, if any, in consultation with EPU and UNDP;
- Coordinate and facilitate the work of multiple component teams engaged in the implementation of project activities;
- Monitor the project funds and resources. Maintain an up-to-date accounting system to ensure accuracy and reliability of financial reporting;
- Be responsible for the overall delivery of the project results and final outputs;
- Establish a monitoring plan for activities implemented by project teams.
- Ensure the preparation of relevant knowledge products (including publications and reports); and
- Where necessary and upon advice by UNDP, perform the function of ATLAS External User, creating requisitions and vouchers, and other relevant ATLAS processes.

Duration: 2011-2012

Reports to: National Project Director and UNDP

ANNEX IX: PROJECT ANNUAL PROGRESS TEMPLATE

DATE:

Award ID:

Description:

Implementing Partner:

Period Covered:

1. Project Issues:

Status of Project Risks:	Open Project Issues:
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2. Project Performance

OUTPUT 1:						
Project ID:						
Description:						
YYYY target:						
YYYY Achievement:						
Activity ID:						
Deliverable Description:						
Start and End Date:						
% Progress to date:						
Quality Criteria		Date	Results of Activities			
			User Perspective	Resource Status	Timeliness	
Financial						
Account	Fund	Donor	R. Party	Budget	Expenditure	Balance
OUTPUT 2:						
Project ID:						
Description:						
YYYY Target:						
YYYY Achievement:						
Activity ID:						
Deliverable Description:						
Start and End Date:						
% Progress to date:						
Quality Criteria		Date	Results of Activities			
			User Perspective	Resource Status	Timeliness	
Financial Summary						
Account	Fund	Donor	R. Party	Budget	Expenditure	Balance

3. Lessons Learned

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ANNEX X: FACE FORM AND DIRECT PAYMENT

Funding Authorization and Certificate of Expenditures

UN Agency: UNDP

Date: DD/MM/YYYY

Country: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 Programme Code & Title: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 Project Code & Title: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 Responsible Officer(s): XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 Implementing Partner: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Type of Request:

- Direct Cash Transfer (DCT)
- Reimbursement
- Direct Payment

Currency: _____

REPORTING

REQUESTS / AUTHORIZATIONS

Activity Description from AWP with Duration
XXXXXXXXXXXX (MM/YYYY - MM/YYYY)
XXXXXXXXXXXX (MM/YYYY - MM/YYYY)
XXXXXXXXXXXX (MM/YYYY - MM/YYYY)
Total

Coding for UNDP, UNFPA and WFP

Authorised Amount <u>MM-MM YYYY</u> A	Actual Project Expenditure B	Expenditures accepted by Agency C	Balance D = A - C
0	0	0	0

New Request Period & Amount <u>MM-MM YYYY</u> E	Authorised Amount F	Outstanding Authorised Amount G = D + F
-		
0	0	0

CERTIFICATION

The undersigned authorized officer of the above-mentioned implementing institution hereby certifies that:

- The funding request shown above represents estimated expenditures as per AWP and itemized cost estimates attached.
- The actual expenditures for the period stated herein have been disbursed in accordance with the AWP and request with itemized cost estimates. The detailed accounting documents for these expenditures can be made available for examination, when required, for the period of five years from the date of the provision of funds.

Date Submitted: _____ Name: _____ Title: _____

NOTES: * Shaded areas to be completed by the UN Agency and non-shaded areas to be completed by the counterpart.

FOR AGENCY USE ONLY:

FOR ALL AGENCIES	
Approved by: _____	
Name: _____	
Title: _____	
Date: _____	

FOR UNICEF USE ONLY			
Account Charges		Liquidation Information	
Cash Transfer Reference:		DCT Reference	
		:	
<i>CRQ ref. no., Voucher ref. no.</i>		<i>CRQ ref. no.,</i>	
		<i>Liquidation ref. no.</i>	
GL codes:		DCT Amount	0
Training	0	Less:	
Travel	0	Liquidation	
Meetings & Conferences	0	Amount	0
Other Cash Transfers	0		
Total	0	Balance	0

FOR UNFPA USE ONLY	
New Funding Release	
Activity 1	0
Activity 2	0
Total	0

ANNEX XI: SUPPLEMENTAL PROVISIONS TO THE PROJECT DOCUMENT

Standard Annex to Project Documents for use in Countries which are not Parties to the Standard Basic Assistance Agreement (SBAA)

General responsibilities of the Government, UNDP and the executing agency

1. All phases and aspects of UNDP assistance to this project shall be governed by and carried out in accordance with the relevant and applicable resolutions and decisions of the competent United Nations organs and in accordance with UNDP's policies and procedures for such projects, and subject to the requirements of the UNDP Monitoring, Evaluation and Reporting System.
2. The Government shall remain responsible for this UNDP-assisted development project and the realization of its objectives as described in this Project Document.
3. Assistance under this Project Document being provided for the benefit of the Government and the people of (the particular country or territory), the Government shall bear all risks of operations in respect of this project.
4. The Government shall provide to the project the national counterpart personnel, training facilities, land, buildings, equipment and other required services and facilities. It shall designate the Government Co-operating Agency named in the cover page of this document (hereinafter referred to as the "Co-operating Agency"), which shall be directly responsible for the implementation of the Government contribution to the project.
5. The UNDP undertakes to complement and supplement the Government participation and will provide through the Executing Agency the required expert services, training, equipment and other services within the funds available to the project.
6. Upon commencement of the project the Executing Agency shall assume primary responsibility for project execution and shall have the status of an independent contractor for this purpose. However, that primary responsibility shall be exercised in consultation with UNDP and in agreement with the Co-operating Agency. Arrangements to this effect shall be stipulated in the Project Document as well as for the transfer of this responsibility to the Government or to an entity designated by the Government during the execution of the project.
7. Part of the Government's participation may take the form of a cash contribution to UNDP. In such cases, the Executing Agency will provide the related services and facilities and will account annually to the UNDP and to the Government for the expenditure incurred.

(a) Participation of the Government

1. The Government shall provide to the project the services, equipment and facilities in the quantities and at the time specified in the Project Document. Budgetary provision, either in kind or in cash, for the Government's participation so specified shall be set forth in the Project Budgets.
2. The Co-operating Agency shall, as appropriate and in consultation with the Executing Agency, assign a director for the project on a full-time basis. He shall carry out such responsibilities in the project as are assigned to him by the Co-operating Agency.

3. The estimated cost of items included in the Government contribution, as detailed in the Project Budget, shall be based on the best information available at the time of drafting the project proposal. It is understood that price fluctuations during the period of execution of the project may necessitate an adjustment of said contribution in monetary terms; the latter shall at all times be determined by the value of the services, equipment and facilities required for the proper execution of the project.

4. Within the given number of man-months of personnel services described in the Project Document, minor adjustments of individual assignments of project personnel provided by the Government may be made by the Government in consultation with the Executing Agency, if this is found to be in the best interest of the project. UNDP shall be so informed in all instances where such minor adjustments involve financial implications.

5. The Government shall continue to pay the local salaries and appropriate allowances of national counterpart personnel during the period of their absence from the project while on UNDP fellowships.

6. The Government shall defray any customs duties and other charges related to the clearance of project equipment, its transportation, handling, storage and related expenses within the country. It shall be responsible for its installation and maintenance, insurance, and replacement, if necessary, after delivery to the project site.

7. The Government shall make available to the project - subject to existing security provisions – any published and unpublished reports, maps, records and other data which are considered necessary to the implementation of the project.

8. Patent rights, copyright rights and other similar rights to any discoveries or work resulting from UNDP assistance in respect of this project shall belong to the UNDP. Unless otherwise agreed by the Parties in each case, however, the Government shall have the right to use any such discoveries or work within the country free of royalty and any charge of similar nature.

9. The Government shall assist all project personnel in finding suitable housing accommodation at reasonable rents.

10. The services and facilities specified in the Project Document which are to be provided to the project by the Government by means of a contribution in cash shall be set forth in the Project Budget. Payment of this amount shall be made to the UNDP in accordance with the Schedule of Payments by the Government.

11. Payment of the above-mentioned contribution to the UNDP on or before the dates specified in the Schedule of Payments by the Government is a prerequisite to commencement or continuation of project operations.

(b) Participation of the UNDP and the executing agency

1. The UNDP shall provide to the project through the Executing Agency the services, equipment and facilities described in the Project Document. Budgetary provision for the UNDP contribution as specified shall be set forth in the Project Budget.

2. The Executing Agency shall consult with the Government and UNDP on the candidature of the Project Manager⁴ who, under the direction of the Executing Agency, will be responsible in the country for the Executing Agency's participation in the project. The Project Managers shall supervise the experts and other agency personnel assigned to the project, and the on-the-job training of national counterpart personnel. He shall be responsible for the management and efficient utilization of all UNDP-financed inputs, including equipment provided to the project.

3. The Executing Agency, in consultation with the Government and UNDP, shall assign international staff and other personnel to the project as specified in the Project Document, select candidates for fellowships and determine standards for the training of national counterpart personnel.

4. Fellowships shall be administered in accordance with the fellowships regulations of the Executing Agency.

5. The Executing Agency may, in agreement with the Government and UNDP, execute part or all of the project by subcontract. The selection of subcontractors shall be made, after consultation with the Government and UNDP, in accordance with the Executing Agency's procedures.

6. All material, equipment and supplies which are purchased from UNDP resources will be used exclusively for the execution of the project, and will remain the property of the UNDP in whose name it will be held by the Executing Agency. Equipment supplied by the UNDP shall be marked with the insignia of the UNDP and of the Executing Agency.

7. Arrangements may be made, if necessary, for a temporary transfer of custody of equipment to local authorities during the life of the project, without prejudice to the final transfer.

8. Prior to completion of UNDP assistance to the project, the Government, the UNDP and the Executing Agency shall consult as to the disposition of all project equipment provided by the UNDP. Title to such equipment shall normally be transferred to the Government, or to an entity nominated by the Government, when it is required for continued operation of the project or for activities following directly therefrom. The UNDP may, however, at its discretion, retain title to part or all of such equipment.

9. At an agreed time after the completion of UNDP assistance to the project, the Government and the UNDP, and if necessary the Executing Agency, shall review the activities continuing from or consequent upon the project with a view to evaluating its results.

10. UNDP may release information relating to any investment oriented project to potential investors, unless and until the Government has requested the UNDP in writing to restrict the release of information relating to such project.

Rights, Facilities, Privileges and Immunities

1. In accordance with the Agreement concluded by the United Nations (UNDP) and the Government concerning the provision of assistance by UNDP, the personnel of UNDP and other United Nations organizations associated with the project shall be accorded rights, facilities, privileges and immunities specified in said Agreement.

⁴ May also be designated Project Co-ordinator or Chief Technical Adviser, as appropriate.

2. The Government shall grant UN volunteers, if such services are requested by the Government, the same rights, facilities, privileges and immunities as are granted to the personnel of UNDP.

3. The Executing Agency's contractors and their personnel (except nationals of the host country employed locally) shall:

(a) Be immune from legal process in respect of all acts performed by them in their official capacity in the execution of the project;

(b) Be immune from national service obligations;

(c) Be immune together with their spouses and relatives dependent on them from immigration restrictions;

(d) Be accorded the privileges of bringing into the country reasonable amounts of foreign currency for the purposes of the project or for personal use of such personnel, and of withdrawing any such amounts brought into the country, or in accordance with the relevant foreign exchange regulations, such amounts as may be earned therein by such personnel in the execution of the project;

(e) Be accorded together with their spouses and relatives dependent on them the same repatriation facilities in the event of international crisis as diplomatic envoys.

4. All personnel of the Executing Agency's contractors shall enjoy inviolability for all papers and documents relating to the project.

5. The Government shall either exempt from or bear the cost of any taxes, duties, fees or levies which it may impose on any firm or organization which may be retained by the Executing Agency and on the personnel of any such firm or organization, except for nationals of the host country employed locally, in respect of:

(a) The salaries or wages earned by such personnel in the execution of the project;

(b) Any equipment, materials and supplies brought into the country for the purposes of the project or which, after having been brought into the country, may be subsequently withdrawn therefrom;

(c) Any substantial quantities of equipment, materials and supplies obtained locally for the execution of the project, such as, for example, petrol and spare parts for the operation and maintenance of equipment mentioned under (b), above, with the provision that the types and approximate quantities to be exempted and relevant procedures to be followed shall be agreed upon with the Government and, as appropriate, recorded in the Project Document; and

(d) As in the case of concessions currently granted to UNDP and Executing Agency's personnel, any property brought, including one privately owned automobile per employee, by the firm or organization or its personnel for their personal use or consumption or which after having been brought into the country, may subsequently be withdrawn therefrom upon departure of such personnel.

6. The Government shall ensure:

(a) prompt clearance of experts and other persons performing services in respect of this project; and

(b) the prompt release from customs of:

(i) equipment, materials and supplies required in connection with this project; and

(ii) property belonging to and intended for the personal use or consumption of the personnel of the UNDP, its Executing Agencies, or other persons performing services on their behalf in respect of this project, except for locally recruited personnel.

7. The privileges and immunities referred to in the paragraphs above, to which such firm or organization and its personnel may be entitled, may be waived by the Executing Agency where, in its opinion or in the opinion of the UNDP, the immunity would impede the course of justice and can be waived without prejudice to the successful completion of the project or to the interest of the UNDP or the Executing Agency.

8. The Executing Agency shall provide the Government through the resident representative with the list of personnel to whom the privileges and immunities enumerated above shall apply.

9. Nothing in this Project Document or Annex shall be construed to limit the rights, facilities, privileges or immunities conferred in any other instrument upon any person, natural or juridical, referred to hereunder.

Suspension or termination of assistance

1. The UNDP may by written notice to the Government and to the Executing Agency concerned suspend its assistance to any project if in the judgement of the UNDP any circumstance arises which interferes with or threatens to interfere with the successful completion of the project or the accomplishment of its purposes. The UNDP may, in the same or a subsequent written notice, indicate the conditions under which it is prepared to resume its assistance to the project. Any such suspension shall continue until such time as such conditions are accepted by the Government and as the UNDP shall give written notice to the Government and the Executing Agency that it is prepared to resume its assistance.

2. If any situation referred to in paragraph 1, above, shall continue for a period of fourteen days after notice thereof and of suspension shall have been given by the UNDP to the Government and the Executing Agency, then at any time thereafter during the continuance thereof, the UNDP may by written notice to the Government and the Executing Agency terminate the project.

3. The provisions of this paragraph shall be without prejudice to any other rights or remedies the UNDP may have in the circumstances, whether under general principles of law or otherwise.