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PROJECT DOCUMENT

Namibia

Project Title: Support to MOHSS for accelerated implementation of GFATM

Project Number: 00102753

Implementing Partner: Ministry of Health and Social Services

Start Date: 3 February 2017 **End Date:** 30 June 2018 LPAC Meeting date: 3 April 2017

Brief Description

The overall objective of the Project is to support the Government of Namibia and the Ministry of Health and Social Services (MOHSS) in the implementation of Global Fund Grants. The project is expected to provide additional human resources to MOHSS to address some of the critical gaps to collecting accurate and timely data. The project will also procure critical equipment and health commodities and thereby improve access to diagnosis, referral to treatment, and support adherence of patients in Namibia. The specific objective of the Project is to recruit Service Contract Holders fully seconded to MOHSS and procure pharmaceuticals and medical products for use by MOHSS. In addition, UNDP will provide procurement support and technical guidance on UNDP's Solar 4 Health initiative to ensure that 5 selected health facilities in the country have access to reliable, cost-effective, and sustainable power. This will be serve as a pilot with a view to scale out to all health facilities in the country over the next 3 years.

<p>Contributing Outcome (UNDAF/CPD, RPD or GPD): By 2018, policies and legislative frameworks to ensure transparency, accountability, effective oversight and people's participation in the management of public affairs are in place and are being implemented.</p> <p>Indicative Output(s) with gender marker: Gender marker 2: The TB prevalence study will have gender and age disaggregation. The results also will demonstrate any difference by gender and age group enabling appropriate decisions can be made to address the difference.</p>	Total resources required:	1,096,224	
	Total resources allocated:	UNDP TRAC:	10,000
		Donor:	
		Government:	1,086,224
		In-Kind:	0
	Unfunded:	0	

Agreed by (signatures):

MOHSS	UNDP
 Dr. Dawid Ignaticus Print Name: Ms Petronella Masabane Date: 21.12.17.	 Ms. Izumi Morota Alakija Print Name: Ms. Izumi Morota Alakija Date: 21/12/17



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

UNDP and Its Mandate for Health

The **United Nations Development Programme (UNDP)** is mandated “to help countries achieve the simultaneous eradication of poverty and significant reduction of inequalities and exclusion”¹. It is committed to assist Governments in the implementation of programs towards the attainment of the **2030 Sustainable Development Goals (SDGs)** through aligning with government priorities, including those concerning improving access to quality healthcare. Its’ main focus is primarily on capacity building: enhancing the expertise and capabilities of national partners to be able to fulfill their mandate independently of external support.

UNDP holds that health services play a central role in ensuring prosperous, vibrant and resilient communities, and that obtaining needed health services – promotive, preventive, curative, rehabilitative, and palliative – is a human rights and development issue². This is enshrined in several treaties, resolutions, and constitutions to cover all population groups, regardless of sex, class, religion, ethnicity, social origin or any other factor, which recognize governance as key to address health and development issues and to achieve SDGs. SDG 3 is Ensure healthy lives and promote well-being for all ages.

Namibia Country Context and country specific challenges

Despite remarkable economic growth and social development, and the many policy and institutional reforms initiated by the Government of Namibia (GRN) since the immediate post-Independence period, including the Targeted Intervention Programme for Employment and Economic Growth (TIPEEG), the country still faces many development challenges. Namibia’s per capita income of US\$5,610 (The World Bank, 2013) places it in the World Bank’s upper middle income grouping; this average income presents a misleading picture since Namibia has one of the highest levels of inequality in the world with a Gini coefficient at 0.5971 (Namibia Statistics Agency, 2010). Using the international poverty lines, 19.7% of the population lived on less than \$1.90 a day in 2015 and 42.9% lived below the \$3.10 per day poverty line.

The population is spread unevenly across the country with the North-Central and North Eastern parts accounting for 60% of the population. Two thirds of the population live in rural areas and engage in subsistence farming and livestock production. About 43% of the population is under the age of 15 year while life expectancy has significantly improved to 60 years of age.

The economy is largely dependent on mining, fishery, large-scale farming and high-end tourism. This has resulted in a highly mobile population characterized by a system of circular labour migration to mines, ports, farms, urban areas and tourism nodes. Rural-urban migration is substantial and has resulted in growing informal settlements in cities, towns and smaller semi-urban localities. Internal mobility and socio-economic factors have tended to increase the likelihood of risky sexual behaviors and vulnerability to HIV infection. The estimated HIV prevalence rate for the general population is 13.4 per cent, although among pregnant women aged 15 to 49 the rate is 17.2 per cent³. Sixty-seven per cent of all new infections are among women.

Social, economic and environmental determinants of health are hampering progress towards better and more equitable health outcomes. The major challenge facing the health sector is the generally weak public health system, chiefly the human resources component. In 2008, it was estimated that the public sector had a ratio of 2.0 health workers per 1,000 population, against a WHO benchmark

¹ UNDP Vision Statement.

² “Universal Health Coverage in the Post-2015 Development Agenda”, UNDP Issue Brief, 2013.

³ 2016 National HIV Sentinel Survey Report

of 2.5. The vastness of the country and the dispersed nature of human settlements render provision of health services difficult, particularly to rural and remote populations. This is exacerbated by the absence of linkages between the formal health system and community-based systems. The inadequate intra-sectoral and multi-sectoral coordination amplifies the challenges faced by the health sector as they impede effective and efficient utilisation of resources and constrain opportunities that might be generated by multi-sectoral synergies.

The Ministry of Health and Social Services (MOHSS) is currently receiving funding from the Global Fund (GF) to provide prevention and treatment for HIV, TB as well as pre-eliminations activities for malaria. The current grants are generally well performing. Although the HIV prevalence, highest among women, has stabilized at around 13 percent of the general population, the epidemic continues to have both direct and indirect effects on the wellbeing of most of the population and presents a burden to the health care system, economic performance and the overall development of the country. Namibia has reduced new HIV infections among children by 79% since 2009 and provides antiretroviral medicines to 95% of pregnant women living with HIV. Namibia has the highest rate of children receiving pediatric treatment among the priority countries, in 2015 over 95% of children living with HIV received antiretroviral therapy.

In 2015 there were 9,944 TB cases notified, (the fourth-highest country in the world affected by TB), with an estimated 540 MDR/RR-TB cases, and 3 XDR cases identified. The increase in the number of detected TB cases is partly due to improved diagnostics. A TB Prevalence Survey is planned for 2017 to better understand the TB burden in the country.

Following the success of malaria control activities resulting in impressive declines in local transmissions of Malaria, Namibia is currently implementing a pre-elimination strategy. This strategy prioritizes the identification/ diagnosis of cases and infections to map malaria foci for effective targeting of interventions and interruption of onwards transmission.

However, for all the disease grants, there is a need for GRN and its partners to accelerate both the expenditure under the grants and the demonstrable results of grant activities. Strong grant performance and verifiable results are key to maximize funding for 2018-2020. In line with UNDPs mandate in health, MOHSS has approached UNDP to assist in the acceleration of grant performance.

This support includes activities to attract and retain healthcare workers in the public health system, support the procurement of critical equipment and health commodities, provide technical support in key areas. UNDP will also share experience and lessons learned from other countries implementing Global Fund grants to enable MOHSS to benefit from this knowledge and experience. In addition, UNDP will provide detailed information and technical guidance on UNDPs, Solar for Health initiatives to ensure that health facilities all over the world have access to reliable, cost-effective, and sustainable power.

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

The overall objective of the Project is to support MOHSS in the implementation of their HIV, TB and malaria activities funded by the Global Fund. The activities included in MOHSS grants with the Global Fund were approved following an inclusive consultative process including Government Ministries, civil society organisations, UN agencies, bilateral donors and people affected by the diseases. MOHSS has identified that the overall grant performance could be accelerated with the support of UNDP. Through the accelerated grant performance, improvements are expected in the

effectiveness of diagnosis, treatment and adherence of the patients in Namibia. The specific objective of the Project is:

To support MOHSS in the implementation of Global Fund Grants.

The scope of work in terms of the specific support services to the MOHSS includes the recruitment of service contract holders who will be fully seconded to MOHSS, provision of procurement services including health product, and services and goods for Namibia as detailed in the Cost Sharing Agreement with MOHSS (see Annex 4), and technical support and guidance.

In 2017 UNDP will recruit large numbers health professionals and support staff under service contract modality to support conducting the TB prevalence survey, and procure pharmaceutical and medical products for Namibia under MOHSS as outlined in Annex 4. The list of equipment, pharmaceutical and health products was devised by MOHSS pursuant to their specifications, quantification and delivery intervals aligned to all incoming channels, government and others. Further, the list is of a dynamic nature responsive to the demands on the national system and therefore subject to evolving needs.

In pursuit of the above objective(s), the overall strategy of the Project is the following:

- Accelerating implementation of MOHSS Global Fund grant activities through timely delivery of support services;
- Providing human resources to fill critical short term needs;
- Strengthening national health-related policy and programming through:
 - Assist the MOHSS in the cost-efficient, transparent and timely procurement of quality assured pharmaceutical and health products;
 - Economy of scale, as costs are based on aggregated procurement volume;
 - Transparency afforded by competitive processes in line with the United Nations procurement procedures;
 - Development of capacity of national systems and strengthening of the procurement supply chain management;
 - Strengthening of operational linkages between UNDP's environment and health work.
 - Technical assistance to help advance inclusive, multisectoral and rights-based approaches for an effective, equitable, affordable and sustainable universal health coverage, with focus on the most marginalized, excluded and vulnerable.
 - Creation of linkages between health and non-health sectors within the context of SDGs
 - Provision of timely data for decision-making, feedback on the bottlenecks, and policy recommendations and capacity development support to address them effectively, leveraging UNDP's global knowledge, diverse technical portfolios, and trusted status among key partners.
- Facilitating universal access to services, particularly to women and adolescent girls, PMTCT through timely grant implementation.

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

Expected Results

- *MOHSS will be able to accelerate implementation of their HIV, TB and Malaria strategic plans, using resources provided by the Global Fund to ensure better health outcomes for people in Namibia. MOHSS had undertaken a detailed review of grant implementation for the*

period to December 2016, and identified areas where the UN family could support in ensuring the timely delivery of activities and services. More specifically the TB prevalence survey is expected to be completed in 2018.

- As a direct result of UNDPs support the overall grant expenditure rate is expected to improve, as well as better impact and outcome results reported to the Global Fund.

Resources Required to Achieve the Expected Results

- UNDP Namibia CO has consulted with the Health Information Support Team (HIST) on the expected resources to achieve the desired results. UNDP currently implements activities to support Government Global Fund Principal Recipients under 22 agreements across 15 countries. The project budget includes:
 - Dedicated HR Assistant
 - Dedicated Finance Assistance
 - International UN Volunteer (to support programme implementation and oversight)
 - International UN Volunteer (based in MOHSS PMU)
 - Procurement support through Detailed Assignment
 - HR support through Detailed Assignment
- In addition, support will be provided by a Junior Programme Officer with supervision from the DRR. HIST will also provide timely guidance particularly on procurement component.

Partnerships

- The mechanism for monitoring and supervising the implementation of Global Fund Grants in Namibia is NaCCATuM. This entity has been established to support and address any barriers to grant implementation. The NaCCATuM consists of Government Ministries, civil society organisations, UN agencies, bilateral donors and people affected by the diseases.
- Under this project UNDP will work closely with MOHSS to accelerate grant implementation. UNDP will also liaise with other UN entities to ensure that One UN provides appropriate and timely support to MOHSS.
- In addition to the support provided by UNDP CO, UNDP HIST will provide on-going guidance and support to the team.
- Please refer to the section on south-south cooperation for details of the partnerships and liaison with similar programmes in the region.

Risks and Assumptions

- There is a risk that UNDP does not receive the physical cash funding in time to recruit staff and procure the health products and equipment.
- *To mitigate this risk UNDP is negotiating with MOHSS and GF to receive the funds directly from Global Fund in Geneva.*
- There is a risk that the TB Prevalence survey is not completed in 2018 for some of the following reasons:
 - lack of coordination across all geographical areas,
 - lack of human resources,
 - lack of availability of TB diagnostic equipment,
 - insufficient GeneXpert test kits and
 - lack of fuel for vehicles.
- *To address these risks, UNDP has*
 - *Requested and received HR support from UNDP Zimbabwe*
 - *Requested additional HR support from UNDP Nigeria*
 - *Developed a roadmap for recruitment processes*
 - *Actively monitoring progress against the roadmap*
 - *Already commenced the recruitment process for the majority of SC positions*

- *Consulted the Procurement Advisors within the Health Information Support Team to look at the options to expedite the procurement options for the TB digital x-ray machine and Genexpert cartridges.*
- There is a risk that due to delays in MOHSS grant expenditure, the Government of the Republic of Namibia is required to return funds to the Global Fund, resulting in a loss of reputation of UNDP.
- *To address this risk UNDP will develop detailed timelines for all activities and hold regular meetings with MOHSS. To ensure wider stakeholders are aware of the specific role of UNDP in the wider grants, UNDP will prepare quarterly update reports.*

Stakeholder Engagement

- The key stakeholder is MOHSS (Minister and Permanent Secretary level). UNDP will work closely with MOHSS to ensure that they are informed of implementation progress
- For the activities supporting the TB prevalence survey, UNDP will participate in the TB Prevalence Technical Working Group
- UNDP will advise other UN agencies of progress in implementation during the monthly UNCT meetings
- In addition, upon request UNDP will provide a brief update presentation in the *NaCCATuM meetings and/ or NaCCATuM oversight committee meetings*. The membership of NaCCATuM includes the direct target group being MOHSS as well as grant beneficiaries including people living with HIV and TB.

South-South and Triangular Cooperation (SSC/TrC)

- In developing this project UNDP Namibia has requested and received support from the Health Information Support Team. In addition, UNDP Zimbabwe has provided Human Resource support through the secondment of Human Resources Analyst for January and February 2017. Further support is planned from UNDP Nigeria and UNDP Tajikistan through the secondment of a Human Resources Associate for March 2017 and June 2017 respectively. Other offices in the region have agreed to provide online support for the long listing and shortlisting of staff positions.

Knowledge

- This project is an exciting development of the current support that UNDP provides in 15 countries. UNDP will prepare quarterly progress reports detailing the progress to date, acknowledging any challenges and highlighting best practices and critical success factors.

Sustainability and Scaling Up

- This project has been developed in response to a request from the Government of the Republic of Namibia to support MOHSS in their implementation of GF grants. This ensures national ownership. Further, the development of the project is based on a detailed analysis and prioritisation of activities that MOHSS plans to undertake.
- The focus of this project is to build on the existing achievements of MOHSS, and through strong performing grants, with high expenditure rates, enable them to access the maximum amount of funding from Global Fund for future years.

IV. PROJECT MANAGEMENT (1/2 PAGES - 2 PAGES RECOMMENDED)

Cost Efficiency and Effectiveness

- As detailed above, UNDP Namibia has consulted with the Health Implementation Support Team (HIST) on the expected resources to achieve the desired results. UNDP currently implements activities to support Government Global Fund Principal Recipients under 22 agreements across 15 countries. Using this knowledge and experience UNDP Namibia has drawn on best practices and lessons learned.

- The UNCT has undertaken detailed discussions on the possible methods and modes of support to ensure that cost effective and efficient solutions are provided to MOHSS.
- Implementation of project progress will be regularly discussed with MOHSS, with a high level oversight of GF grants, with wide participation from partners through NaCCATuM.
- The GF grant agreements which determine the core activities under this project were signed after extensive consultation with wider stakeholders in Namibia and detailed budget discussions at NaCCATuM. Before signing the grant agreement with MOHSS GF undertakes a detailed value for money assessment.

Project Management

A small team, consisting of three dedicated service contract holders (SCs) will be based in the UNDP Namibia Country Office. These SCs will be supported and supervised by a Junior Programme Officer under the overall guidance of the Deputy Resident Representative. A UNV with programme experience, will also support the project.

The majority of SC holders recruited under this project will be based at MOHSS, (after their joint induction by UNDP and MOHSS). Their day to day activities will be monitored and guided by the Survey Manager under the overall guidance of the Junior Programme Officer.

- *The Central Coordinating Team (refer annex 1) will be based at MOHSS in Windhoek and MOHSS will provide suitable office accommodation. Computers and printers for the Central Coordinating Team are planned to be procured under this project.*
- *The Field Teams (refer annex 1) will be primarily based at field locations in accordance with MOHSS needs and the overall timetable approved by the TB Prevalence Survey TWG. When the field teams come into Windhoek, they will be based at MOHSS in Windhoek and MOHSS will provide suitable accommodation. Based on the overall needs of the teams, computers and printers for the Field Teams are planned to be procured under this project.*

Audit Arrangements

The Project shall be the subject to the internal and external auditing procedures laid out in the Financial Rules and Regulations and directives of UNDP.

V. RESULTS FRAMEWORK

Intended Outcome as stated in the UNDAF/Country [or Global/Regional] Programme Results and Resource Framework: By 2018, policies and legislative frameworks to ensure transparency, accountability, effective oversight and people's participation in the management of public affairs are in place and are being implemented.											
Outcome indicators as stated in the Country Programme [or Global/Regional] Results and Resources Framework, including baseline and targets: Programme Component 1: Democratic Governance											
Applicable Output(s) from the UNDP Strategic Plan: Capacity of government strengthened to mainstream HIV and AIDS in planning and budgeting processes											
Project title and Atlas Project Number: Support to MOHSS for accelerated implementation of GFATM											
EXPECTED OUTPUTS	OUTPUT INDICATORS	DATA SOURCE	BASELINE		TARGETS (by frequency of data collection)					DATA COLLECTION METHODS & RISKS	
			Value	Year	June 2017	Sept 2017	Dec 2017	March 2018	June 2018		FINAL
Output 1 MOHSS has increased human resource capacity to conduct activities under GF Grants.	1.1 Service Contract holders are recruited	UNDP HR records	0	Feb 2017	92	92	92	92	92	92	UNDP HR records as verified by UNV
	1.2 Service Contract holders are inducted	UNDP HR records	0	Feb 2017	92	92	92	92	92	92	UNDP HR records as verified by UNV
	1.3 Service Contract holders are conducting activities in line with line objectives	UNDP HR records	0	Feb 2017	92	92	92	54	5	5	UNDP HR records as verified by UNV in line with M&E plan
	1.4 Service Contract holders' performance is managed in line with clear and transparent criteria	UNDP HR records	0	Feb 2017	92	92	92	54	5	5	UNDP HR records as verified by UNV in line with M&E plan
Output 2 MOHSS has sufficient TB diagnostic and logistics capacity to undertake TB Prevalence Survey	2.1 Diagnostics and logistics needs are quantified and technical specification are approved/ endorsed in line with MOHSS requirements	MOHSS documents	0	Feb 2017	100%	100%	100%	100%	100%	100%	MoHSS has final quantification and approved technical specifications
	2.2 Procurement processes for all diagnostic equipment and associated equipment and services are launched	UNDP Procurement records	0	Feb 2017	100%	100%	100%	100%	100%	100%	UNDP procurement records as verified by UNV
	2.3 Contracts are in place for all diagnostic equipment and associated equipment and services planned procurements	UNDP Procurement records	0	Feb 2017	100%	100%	100%	100%	100%	100%	UNDP procurement records as verified by UNV

VI. MONITORING AND EVALUATION

In accordance with UNDP's programming policies and procedures, the project will be monitored through the following monitoring and evaluation plans:
[Note: monitoring and evaluation plans should be adapted to project context, as needed]

Monitoring Plan

Monitoring Activity	Purpose	Frequency	Expected Action	Partners (if joint)	Cost (if any)
Track results progress	Progress data against the results indicators in the RRF will be collected and analysed to assess the progress of the project in achieving the agreed outputs.	Quarterly, or in the frequency required for each indicator.	Slower than expected progress will be addressed by project management.		
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.	Semestraly	Risks are identified by project management and actions are taken to manage risk. The risk log is actively maintained to keep track of identified risks and actions taken.		
Learn	Knowledge, good practices and lessons will be captured regularly, as well as actively sourced from other projects and partners and integrated back into the project.	Annually	Relevant lessons are captured by the project team and used to inform management decisions.		
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.	Annually	Areas of strength and weakness will be reviewed by project management and used to inform decisions to improve project performance.		
Review and Make Course Corrections	Internal review of data and evidence from all monitoring actions to inform decision making.	Quarterly	Performance data, risks, lessons and quality will be discussed by the project board and used to		

Monitoring Activity	Purpose	Frequency	Expected Action	Partners (if joint)	Cost (if any)
			make course corrections.		
Project Report	<p>A progress report will be presented to the Project Board and key stakeholders, consisting of progress data showing the 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.</p>	Quarterly and the end of the project (final report)			
Project Review (Project Board)	<p>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.</p>	Annually	Any quality concerns or slower than expected progress should be discussed by the project board and management actions agreed to address the issues identified.		

VII. MULTI-YEAR WORK PLAN

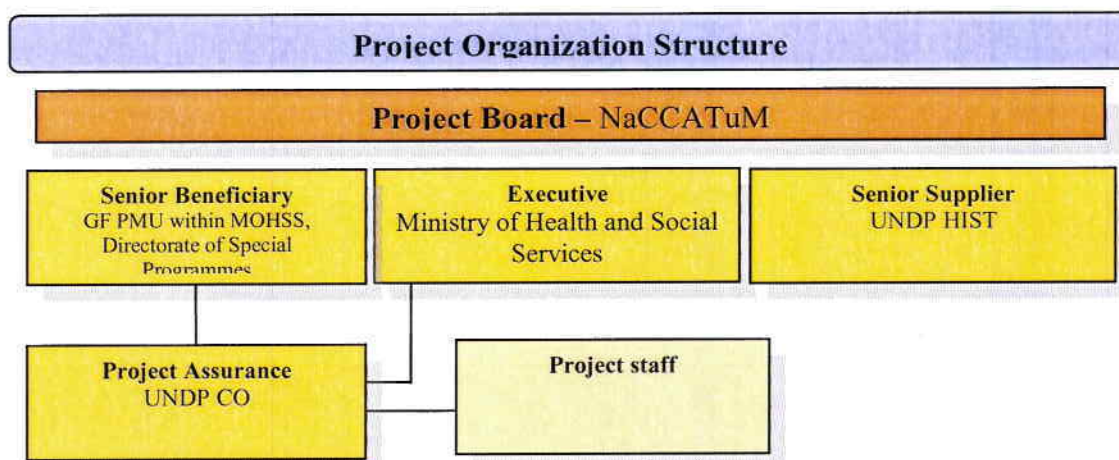
All anticipated programmatic and operational costs to support the project, including development effectiveness and implementation support arrangements, need to be identified, estimated and fully costed in the project budget under the relevant output(s). This includes activities that directly support 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	RESPONSIBLE PARTY	PLANNED BUDGET	
			Funding Source UNDP	Funding Source MOHSS Amount
Output 1: Initial Activities to respond to MOHSS request for HR support Gender marker 0	Technical support for scoping, TA for recruitment of staff and building partnerships	UNDP	26,500	49,000 75,500
Output 2: Provision of Diagnostic and other equipment to support the National TB Prevalence Survey Gender Marker 1	Provision of Diagnostic and other equipment to support the National TB Prevalence Survey	UNDP	0	1,203,195.72 1,203,195.72
Output 3: Recruitment and secondment of staff to support the National TB Prevalence Survey Gender Marker 1	Recruitment of 92 SCs to support conducting the National TB Prevalence Survey	UNDP	10,000	2,691,800 2,701,800
Output 4: Solar 4 Health Gender Marker 0	Support for solar 4 health at 5 health facilities	UNDP	0	103,000 103,000

Output 5: M&E and Oversight Gender marker 0	Routine monitoring and supervision of the programme	UNDP	0	92,539	92,539
Output 6: Grant Management Gender marker 0	HR and Finance assistant to support SCs and ensure timely payments	UNDP	0	63,562	63,562
General Management Support		UNDP	0	294,293	294,293
TOTAL			36,500	4,497,388	4,533,888

VIII. GOVERNANCE AND MANAGEMENT ARRANGEMENTS

Governance and Project Management



The **Project Board** is responsible for making management decisions for the project and providing guidance in case of significant deviations in the delivery of project outputs from established time and budget limits. Final decision-making rests with UNDP CO in accordance with its applicable regulations, rules, policies and procedures. During the running of the project the Project Board will meet semi-annually to assess the project's progress against planned outputs, give strategic directions to the implementation of the project and identify any corrective action to be taken and at the end of the project to assess how well the outputs were achieved.

The Project board consists of:

- **Chairman** – NaCCATuM
- **Senior Supplier** – UNDP GF/HIST,
- **Project Assurance** – UNDP CO

The Board is composed of:

- The *Senior Executive* representing overall project ownership. For this project MOHSS and UNDP CO will assume this role.
- The *Senior Supplier* overseeing the effective use of funds by the project. The UNDP HIST will assume this role.
- The *Senior Beneficiary* providing guidance regarding the technical feasibility of the project and ensuring the oversight and realization of project benefits from the perspective of project beneficiaries (those who will ultimately benefit from the project). The MOHSS will perform this role.

In line with applicable rules and regulations, the implementation modality for the Project will be Direct Implementation Modality.

Monitoring of project implementation should be an integral part of the Project Board meetings agenda.

The *Project Assurance* role supports the Project Board in performing day-to-day objective and independent project oversight and monitoring. This role ensures project milestones are achieved. The Deputy Resident Representative (DRR) supported by the JPO will perform this role.

The Finance Assistant and Human Resources Assistant in partnership with the Global Fund Health Implementation Support Team, will provide *Project Support*, i.e. recruitment, performance management, specialized procurement support to guide transactional and supply chain services for large-scale and complex health projects, inclusive of capacity development assessments for potential/linkages to our policy work.

The *Programme Officer* (PO) will be responsible for day-to-day management and his/her prime responsibility will be to 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. He/she will be ultimately responsible for monitoring of activities and results to be delivered by project implementing partners and will be assisted by a Junior Programme Officer. (JPO)

A *Project Implementation Team* as designated by the DRR will support the JPO.

IX. LEGAL CONTEXT

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

This project will be implemented by MOHSS (“Implementing Partner”) in accordance with its financial regulations, rules, practices and procedures only to the extent that they do not contravene the principles of the Financial Regulations and Rules of UNDP. Where the financial governance of an Implementing Partner does not provide the required guidance to ensure best value for money, fairness, integrity, transparency, and effective international competition, the financial governance of UNDP shall apply.

X. RISK MANAGEMENT

1. UNDP as the Implementing Partner will comply with the policies, procedures and practices of the United Nations Security Management System (UNSMS.)
2. UNDP as the Implementing Partner will undertake all reasonable efforts to ensure that none of the [project funds]⁴ [UNDP funds received pursuant to the Project Document]⁵ 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. Social and environmental sustainability will be enhanced through application of the UNDP Social and Environmental Standards (<http://www.undp.org/ses>) and related Accountability Mechanism (<http://www.undp.org/secu-srm>).
4. UNDP as the Implementing Partner will: (a) conduct project and programme-related activities in a manner consistent with the UNDP Social and Environmental Standards, (b) implement any management or mitigation plan prepared for the project or programme to comply with such standards, and (c) engage in a constructive and timely manner to address any concerns and complaints raised through the Accountability Mechanism. UNDP will seek to ensure that communities and other project stakeholders are informed of and have access to the Accountability Mechanism.
5. 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. UNDP as the Implementing Partner will ensure that the following obligations are binding on each responsible party, subcontractor and sub-recipient:
 - a. Consistent with the Article III of the SBAA [*or the Supplemental Provisions to the Project Document*], the responsibility for the safety and security of each responsible party, subcontractor and sub-recipient and its personnel and property, and of UNDP’s property in such responsible party’s, subcontractor’s and sub-recipient’s custody, rests with such responsible party, subcontractor and sub-recipient. To this end, each responsible party, subcontractor and sub-recipient shall:
 - i. put in place an appropriate security plan and maintain the security plan, taking into account the security situation in the country where the project is being carried;
 - ii. assume all risks and liabilities related to such responsible party’s, subcontractor’s and sub-recipient’s security, and the full implementation of the security plan.
 - b. UNDP reserves the right to verify whether such a plan is in place, and to suggest modifications to the plan when necessary. Failure to maintain and implement an appropriate security plan as required hereunder shall be deemed a breach of the responsible party’s, subcontractor’s and sub-recipient’s obligations under this Project Document.

⁴ To be used where UNDP is the Implementing Partner

⁵ To be used where the UN, a UN fund/programme or a specialized agency is the Implementing Partner

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

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

- g. UNDP will be entitled to a refund from the responsible party, subcontractor or sub-recipient of any funds provided that have been used inappropriately, including through fraud or corruption, or otherwise paid other than in accordance with the terms and conditions of the Project Document. Such amount may be deducted by UNDP from any payment due to the responsible party, subcontractor or sub-recipient under this or any other agreement.

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

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

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

adequately reflected, *mutatis mutandis*, in all its sub-contracts or sub-agreements entered into further to this Project Document.

XI. ANNEXES

- 1. Project Quality Assurance Report**
- 2. Social and Environmental Screening Template**
- 3. Risk Analysis**
- 4. Cost Sharing Agreement**