UNITED NATIONS DEVELOPMENT PROGRAMME

PROJECT DOCUMENT
TURKEY

Empowered lives.
Resilient nations.

Project Title: Health System Strengthening and Support Project (HSSSP)
Project Number: 00100165
Implementing Partner: MoH (Ministry of Health)
Start Date:15.11.2016 **End Date:** 31.05.2020 **PAC Meeting date:**

Brief Description

The Project will be implemented by the Ministry of Health (MoH) with implementation support from UNDP under the "Health System Strengthening and Support Project (HSSSP)" which is carried out under the Loan Agreement No. 8531-TR signed between the World Bank and the Government of the Republic of Turkey. The development objective of the HSSSP is to improve primary and secondary prevention from non-communicable diseases (NCDs), increase the efficiency of service delivery in public hospitals and enhance the capacity of the Ministry of Health for evidence-based decision making. The overall Project objectives include:

- Standardized approaches to prevention, early detection and treatment of NCDs and promote healthy living behaviors,
- Developed capacities of monitoring, evaluating, planning and coordinating health service delivery,
- Strengthening the Ministry's institutional capacity for PPP transactions management,
- Streamlining healthcare staff functions and workload.

Contributing Outcome (UNDAF/CPD, RPD or GPD):
1.1. By 2020, relevant government institutions operate in an improved legal and policy framework, and institutional capacity and accountability mechanisms assure a more enabling (competitive, inclusive and innovative) environment for sustainable, job-rich growth and development for all women and men.

Indicative Output(s): 1.1.4. Citizens, with specific focus on vulnerable groups including in less developed regions have increased access to inclusive services and opportunities for employment.

Total resources required:	US$20,738,514	
Total resources allocated:		
	UNDP TRAC:	
	Donor (WB):	US$20,738,514
	Donor:	
	Government:	
	In-Kind:	
Unfunded:		

Agreed by (signatures):

Government	UNDP	Implementing Partner
Mustafa Osman TURAN Daire Başkanı ÇEGY-II Name:	Name: Mr. Kamal Malhotra, Resident Representative	Prof. Dr. Eyüp GÜMÜŞ Müsteşar Name:
Date: November 3, 2016	Date: November 3, 2016	Date: November 3, 2016

AGREEMENT
FOR PROVISION OF TECHNICAL ASSISTANCE

Project Name: Health System Strengthening and Support Project (HSSSP)
Project Closing Date : 31.05.2020
Reference No. : *PYDB 2016 CS P.6 SSS 1*
UNDP Reference No. : 00100165

Loan/Credit/Grant No. :8531-TR
Financing Agreement Date: :26.11.2015

between

THE GOVERNMENT OF THE REPUBLIC OF TURKEY

and

THE UNITED NATIONS DEVELOPMENT PROGRAMME (UNDP)

Dated: 03/11/2016

Empowered lives.
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Sağlık Bakanlığı

FORM OF AGREEMENT

THIS AGREEMENT (together with all Annexes hereto, this "Agreement") is entered into between the GOVERNMENT OF THE REPUBLIC OF TURKEY by and through its Ministry of Health (the "Government"), and the UNITED NATIONS DEVELOPMENT PROGRAMME, a subsidiary organ of the United Nations, having its headquarters at New York City, NY ("UNDP" or the "UN Partner", together with the Government, the "Parties" and each a "Party").

WHEREAS

A. UNDP, a subsidiary organ of the United Nations established by the General Assembly of the United Nations that is operating in Turkey in accordance with the Standard Basic Cooperation Agreement concluded between the Government and UNDP (the "Basic Agreement)

B. The Government, working with its development partners, including UNDP and the World Bank[1] (the "Bank"), is implementing the Health System Strengthening and Support Project (the "Project"). The Government has received funds from the Bank (the "Financing") towards the cost of the Project pursuant to a legal agreement for the Project (the "Financing Agreement").

C. As part of Project implementation, the Government has asked UNDP, and UNDP has agreed to provide the Technical Assistance as set forth in **Annex I** to this Agreement ("Technical Assistance").

NOW, THEREFORE, the Parties agree as follows:

1. The Government intends to apply a portion of the proceeds of the Financing up to a total amount of US$20,738,514.00 (US *Dollars Twenty Million Seven Hundred and Thirty Eight Thousand Five Hundred and Fourteen*) (the "Total Funding Ceiling"), to eligible payments under this Agreement. The Total Funding Ceiling is the Parties' best estimate (as of the date of the signing of this Agreement) calculated on the basis of deliverables and the timeline agreed by the Parties in **Annex I**. A detailed calculation of the Total Funding Ceiling is provided in **Annex II**.

2. This Agreement is signed and executed in *English*, and all communications, notices, modifications and amendments related to this Agreement shall be made in writing and in the same language.

3. This Agreement becomes effective on the date it is signed by both Parties (the "Effective Date"), and will remain effective until *31 May 2020* (the "Completion Date"), unless otherwise agreed by the Parties in writing. The Technical Assistance services shall be operationally completed by the Completion Date and the financial closure completed not later than three (3) months thereafter.

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[1] References in this Agreement to the "World Bank" or the "Bank" include both the International Bank for Reconstruction and Development (IBRD) and the International Development Association (IDA).

4. The Government designates *Prof.Dr. Eyüp GÜMÜŞ* and UNDP designates *Mr. Kamal Malhotra* as their respective authorized representatives for the purpose of coordination of activities under this Agreement. The contact information for the authorized representatives is as following:

Government representative:

Zahide ŞENALP, Project Director Project Management Support Unit,
Ministry of Health, Republic of Turkey –
Address: Sağlık Mahallesi A. Adnan Saygun 2 Cad No: 55
Türkiye Halksağlığı Kurumu K Blok
Sıhhiye/Çankaya, Ankara, Turkey

Telephone: +90 (312) 565 62 29
Facsimile: +90 (312) 565 63 05
Electronic mail: projeyonetim@saglik.gov.tr

UNDP representative:

Mr. Claudio Tomasi, Country Director
United Nations Development Programme
Address: BM Binası, Birlik Mah. Katar Caddesi No:11, 06610
Çankaya/Ankara, Turkey
Telephone: +90 312 454 11 61
Facsimile: +90 312 496 14 63
Electronic mail: claudio.tomasi@undp.org

5. For Project's coordination purposes, the Bank's staff contact information are as follows:

Mr. Ahmet Levent YENER, Co-Task Team Leader, Senior Human Development Specialist, Health, Nutrition & Population
Ugur Mumcu 88, GOP, 06700, Ankara, Turkey
Telephone: +90 312 459 83 62
Electronic mail: alyener@worldbank.org

6. This Agreement shall be interpreted in a manner that ensures it is consistent with the provisions of the Basic Agreement and the Convention on the Privileges and Immunities of the United Nations, 1946 (the "General Convention").

7. Nothing contained in or relating to this Agreement shall be deemed a waiver, express or implied, of any of the privileges and immunities of the United Nations, including the UN Partner, under the General Convention and the Basic Agreement.

8. The Government confirms that no official of UNDP has received or will be offered by the Government any benefit arising from this Agreement. UNDP confirms the same to

the Government. The Parties agree that any breach of this provision is a breach of an essential term of this Agreement.

9. The following documents form an integral part of this Agreement:

   (a) General Conditions of Agreement

   (b) Annexes:

   Annex I: Description of Technical Assistance and Work Plan

   Annex II: Total Funding Ceiling and Payment Schedule

   Annex III: Reporting Requirements

   Annex IV: Counterpart Staff, Services, Facilities and Property to Be Provided by the Government

   Annex V: Full Cost of UNDP's Services

10. UNDP's payment details are as follows:

By bank wire transfer:	
UNDP Reference: [*Country*]-TA Agreement *[Contract Number]*	
ACCOUNT NAME:	UNDP Representative in Turkey (USD) Account
CURRENCY	US$
BANK NAME	Bank of America
BANK ADDRESS	1401 Elm St., Dallas TX 75202
ACCOUNT NUMBER	3752207404
SWIFT ADDRES	BOFAUS3N
ACH ROUTING	111000012 [to be used only by US-based banks]
Wire Routing Number	026009593

IN WITNESS WHEREOF, the Parties hereto have executed this Agreement

The Government of the Republic of Turkey	**United Nations Development Programme (UNDP)**
By:	**By:**
Name: *Prof. Dr. Eyüp GÜMÜŞ* **Title**: *Undersecretary of the Ministry of Health*	**Name**: *Kamal Malhotra* **Title**: *Resident Representative, UNDP Turkey*
Date: November 3, 2016	**Date**: November 3, 2016

GENERAL CONDITIONS OF AGREEMENT

DEFINITIONS

1. Unless expressly indicated otherwise, the following terms whenever used in this Agreement have the following meanings:

   (a) "Staff" means an individual who holds a letter of appointment with the UN Partner or is on loan to the UN Partner by another UN organization or specialized agency under the terms of the *Inter-organization Agreement concerning Transfer, Secondment or Loan* applying the UN Common System of Salaries and Allowances;

   (b) "Consultant" means an individual other than a Staff who has signed an individual service agreement with the UN Partner;

   (c) "Contractor" means a legal entity supplying goods or services to the UN Partner under a commercial or corporate contract. When applicable, the term includes "implementing partners" or "partner organizations" as defined and used in the UN Partner's financial regulations and rules;

   (d) "Day" means business day, unless otherwise stated;

   (e) "Direct Cost" means the actual cost of the UN Partner that can be directly traced to the deliverables set forth in **Annex I**.

   (f) "Indirect Cost" means the costs incurred by the UN Partner as a function of and in support of the Technical Assistance, which cannot be traced unequivocally to the Technical Assistance. It is calculated at a rate as mandated by the Executive Board of the UN Partner and as set forth in **Annex V**.

   (g) "Technical Assistance" means the advisory services and related activities to be carried out by the UN Partner pursuant to this Agreement and as described in **Annex I**.

SCOPE AND GENERAL OBLIGATIONS OF THE PARTIES

2. The UN Partner agrees to:

   (a) provide the Technical Assistance within the scope and in accordance with the timetable and such level of input by the team of Staff, Consultants and Contractors as detailed in **Annex I**; and

   (b) keep the Government informed on the progress towards achieving the required deliverables by timely submission of the Progress Reports in accordance with **Annex III**.

3. The Government agrees to:

(a) make timely and complete payment to the UN Partner of all amounts due under this Agreement and within the Total Funding Ceiling and in accordance with the payment schedule set out in **Annex II**;

(b) provide all required support in connection with the UN Partner's obligations under this Agreement, including obtaining or assisting with obtaining permits, licenses, import approvals, and other official approvals related to any supplies (including as provided under the terms of the Basic Agreement); furnishing powers of attorney or authorizations to the UN Partner and cooperating with the UN Partner in a timely and expeditious manner.

4. The Parties acknowledge the Government's commitment to the successful implementation of this Agreement and to that end the Government will provide qualified staff and other required inputs as agreed by the Parties in **Annex IV**.

5. The Parties acknowledge that the Technical Assistance and/or the Work Plan may need to be adjusted, with the agreement of both Parties, during the course of the implementation of this Agreement.

TOTAL FUNDING CEILING AND PAYMENTS

6. Calculations of the Total Funding Ceiling are provided in **Annex II**. The Total Funding Ceiling includes Direct Cost and Indirect Cost of the UN Partner explained in **Annex V**.

7. Cumulative payments under this Agreement shall not exceed the Total Funding Ceiling unless it is revised through a written amendment approved by the Bank in response to the Government's request. The UN Partner takes note that the Government's disbursements under this Agreement are subject, in all respect, to the terms and conditions of the Financing Agreement and no party other than the Government shall derive any rights from the Financing Agreement or have any claim to the Financing proceeds.

8. The payments under this Agreement shall be made in accordance with the payment schedule set forth in **Annex II.**

9. The Government will make the payment to the UN Partner account, by wire transfer, within ten (10) days of receiving the payment request from the UN Partner. All payments will be made in United States dollars.

10. The UN Partner will administer the funds received under this Agreement in accordance with the UN Partner's financial regulations, rules, policies and procedures. Any interest derived by the UN Partner from the funds received under this Agreement is dealt with in accordance with the UN Partner's rules and regulations.

11. The UN Partner will maintain a separate identifiable fund code (ledger account or "Account") to which all UN Partner receipts and disbursements for the purposes of this Agreement will be recorded. The ledger account shall be subject exclusively to UN Partner's internal and external audit in accordance with the UN Partner's regulations and rules. The Parties acknowledge that UN Partner's financial books and records are

routinely audited in accordance with the internal and external auditing procedures laid down in UN Partner's financial regulations and rules, and that the external auditors of the UN Partner are appointed by and report to the UN Partner's policymaking organ, of which the Government is member. Throughout the term of this Agreement, the UN Partner will ensure that its audited accounts and the External Auditors' Report are posted on its website within ten (10) days of their becoming public documents by reason of being presented to the UN Partner's policymaking organ.

12. The UN Partner shall not be required to commence or continue the provision of the Technical Assistance until the UN Partner has received the payments due in accordance with the payment schedule and it shall not be required to assume any liability in excess of such payments.

13. Payments to the UN Partner shall not prejudice the Government's right to dispute any amount claimed by the UN Partner and to adjust any future payment by the amount in dispute and inform the UN Partner accordingly. In such case, the Government will promptly notify the UN Partner and the Bank to arrive at a mutually acceptable solution.

STAFF, CONSULTANTS AND CONTRACTORS

14. The UN Partner will put together a team of qualified Staff, Consultants and Contractors as, in the UN Partner's judgment, are required to carry out the Technical Assistance.

15. The Parties acknowledge that at the time of the signing of this Agreement, the UN Partner may not have been able to identify and/or contract Consultants and Contractors. In such case, the UN Partner will promptly provide names and Curriculum Vitae (CV) to the Government once they are contracted by the UN Partner.

16. The UN Partner shall remain fully responsible for the performance of the Technical Assistance by its assigned team. The hiring and contracting of any Staff, Consultant or Contractor by the UN Partner in connection with this Agreement will be done according to the UN Partner's established regulations, rules, policies and procedures, and bearing in mind the considerations and requirements of the Bank that are listed below:

    (a) Prohibition of Conflicting Activities. Staff, Consultant or Contractor will not engage, either directly or indirectly, in any business or professional activities which could conflict with the activities performed under their respective contract with the UN Partner.

    (b) Disqualification from Related Contracts. During the term of this Agreement and after its termination, the Government will disqualify the Staff, Consultant or Contractor and any party affiliated with either of them from providing goods, works or services (other than consulting services) resulting from, or closely related to, the activities under this Agreement, and shall not hire them for any assignment that, by its nature, may be in conflict with this Agreement.

    (c) Hiring Government Institutions or Government Officials. The UN Partner shall not hire any official or civil servant of the Government's country as a Consultant or a Government institution or any Government-owned enterprise as a Contractor under this Agreement, unless it has been established by the

Government to the Bank's satisfaction that such hiring or contracting meets the Bank's eligibility requirements under applicable procurement rules.

17. ***Standard of Performance.*** The UN Partner will carry out its obligations under this Agreement with all due diligence, efficiency and economy, in accordance with generally accepted professional techniques and practices, and shall observe sound management practices.

18. ***Removal and/or Replacement of Staff, Consultants, Contractors***. If, for any reason beyond the reasonable control of the UN Partner, it becomes necessary to substitute any member of the team as included in **Annex I**, the UN Partner shall promptly replace such member with another having the required or better qualifications. For substitution of Consultants or Contractors' personnel, where relevant, the UN Partner will submit to the Government a copy of the replacement's CV for information.

19. If the Government reasonably concludes that (i) any member of the UN Partner's team as included in **Annex I** has engaged in serious misconduct or (ii) the performance of any of the team members is unsatisfactory, then the Government shall promptly share the sufficiently detailed information with the UN Partner specifying the grounds therefore. If, after receiving the Government's written request, the UN Partner investigates the alleged misconduct or reviews the alleged unsatisfactory performance and concludes that the misconduct and/or the dissatisfaction with the performance of the team member justifies his/her replacement, the UN Partner will proceed with a replacement within the timeframe that is in line with the implementation schedule of this Agreement, subject to the UN Partner's regulations, rules, policies and procedures.

INTELLECTUAL PROPERTY AND PROPRIETARY RIGHTS

20. Each Party shall retain full and sole ownership of its preexisting copyright, patent rights and other proprietary rights. All copyright, patent rights and other proprietary rights in plans, drawings, specifications, designs, reports, other documents and discoveries developed or prepared by the UN Partner under this Agreement shall belong to the UN Partner. The UN Partner herewith grants to the Government a perpetual, non-revocable, royalty-free, transferable (including the right to sub-license), fully paid-up, non-exclusive license to copy, distribute and use any such copyright, patent rights and other proprietary rights.

MATERIALS AND EQUIPMENT

21. Procurement of any supplies and equipment by the UN Partner that are necessary for the UN Partner's team to provide the Technical Assistance and use of funds provided by the Government under this Agreement will be done according to the UN Partner's established regulations, rules, policies and procedures. The cost of such supplies and equipment shall not exceed twenty five (25) percent of the Total Funding Ceiling. Any increase above twenty five (25) percent shall be subject to prior approval of the Bank, to be obtained by the Government.

22. When relevant, the Parties shall agree on the timing and modality of the ownership and warranties transfer of any equipment at the completion of this Agreement. Any equipment made available to the UN Partner by the Government during this Agreement shall remain the property of the Government.

INSURANCE

23. The UN Partner will ensure that insurance is maintained against the following risks: third-party liability and third-party motor vehicle liability; workmen's compensation or equivalent; and all risk insurance against loss of or damage to equipment and materials purchased in whole or in part with funds provided under this Agreement until transferred to the Government.

24. In addition,
    (a) with regard to Staff, the UN Partner will maintain appropriate health insurance; provide for compensation in respect of injury, sickness or death while performing official duties of the organization; and maintain malicious acts insurance;

    (b) with regard to Consultants, the UN Partner will provide for compensation in respect of injury, sickness or death while performing official duties of the organization; and maintain malicious acts insurance.

25. The cost of insurance is deemed included in the Total Funding Ceiling.

REPORTING

26. The UN Partner will keep accurate accounts and records in respect of the funds made available under this Agreement, in accordance with the UN Partner's financial regulations and rules and in such form and detail as will clearly identify all relevant charges and costs for corresponding deliverables.

27. The UN Partner will provide written Progress Reports through the UN Partner's *Turkey* Office in *Ankara* to assist the Government in monitoring implementation progress towards provision of the Technical Assistance, and the remaining balance under the Total Funding Ceiling (a "Progress Report"). The frequency of the reporting and the reporting template are set out in **Annex III**.

28. Upon request from the Government and following consultations between the UN Partner and the Government, the UN Partner may furnish supplemental information or documentation to provide additional details.

FORCE MAJEURE

29. Either Party prevented by force majeure from fulfilling its obligations shall not be deemed in breach of such obligations. The said Party shall use all reasonable efforts to mitigate the consequences of force majeure. At the same time, the Parties shall consult with each other on modalities of further execution of the Agreement. Force majeure as used in this Agreement is defined as natural catastrophes such as but not limited to earthquakes, floods, cyclonic or volcanic activity; war (whether declared or not), invasion, act of foreign enemies, rebellion, terrorism, revolution, insurrection, military

or usurped power, civil war, riot, commotion, disorder; ionizing radiation or contaminations by radio-activity; and other acts of a similar nature or force.

FRAUD AND CORRUPTION PREVENTION

30. In the event that the Government, the UN Partner, or the Bank becomes aware of information that indicates the need for further scrutiny of the implementation of the Technical Assistance or use of the funds provided by the Government pursuant to this Agreement (including non-frivolous allegations that indicate the possibility that corrupt, fraudulent, coercive or collusive practices may have occurred), the entity that has become aware of such information will promptly notify the other two.

31. In such case, this information will be brought promptly to the attention of the appropriate official or officials at the Government, the UN Partner, and the Bank.

32. After consultation with the Government and the Bank, the UN Partner will, to the extent the information relates to actions within the authority or accountability of the UN Partner, take timely and appropriate action in accordance with its applicable regulations, rules, and administrative instructions, to investigate this information. The Parties agree and acknowledge that the UN Partner shall have no authority to investigate information relating to possible corrupt, fraudulent, coercive or collusive practices by Government officials or by officials or consultants of the Bank.

33. To the extent that such an investigation confirms corrupt, fraudulent, collusive or coercive practices have occurred and to the extent that remedial action is within the authority of the UN Partner, the UN Partner will take timely and appropriate action in response to the findings of such an investigation, in accordance with its accountability and oversight framework and established procedures, including its financial regulations and rules, where applicable.

34. To the extent consistent with the UN Partner's accountability and oversight framework and established procedures, it will keep the Government and the Bank regularly informed by agreed means of actions taken, and the results of the implementation of such actions, including where relevant, details of any recovered amounts. Such recovered amounts, if any, shall be applied in the calculation of the final balances in the budget code (ledger account), or if such amounts are recovered after the date of the calculation and transfer of such final balances, the Government will consult with the Bank and provide payment instructions to the UN Partner with respect to such amounts.

35. For the purposes of this Agreement, the following definitions shall apply:

    (i) "corrupt practice" is the offering, giving, receiving or soliciting, directly or indirectly, of anything of value to influence improperly the actions of another party;

    (ii) "fraudulent practice" is any act or omission, including misrepresentation, that knowingly or recklessly misleads, or attempts to mislead, a party to obtain financial or other benefit or to avoid an obligation;

(iii) "collusive practice" is an arrangement between two or more parties designed to achieve an improper purpose, including to influence improperly the actions of another party;

(iv) "coercive practice" is impairing or harming, or threatening to impair or harm, directly or indirectly, any party or the property of the party to influence improperly the actions of a party.

36. In the event that the Government or the Bank reasonably believes that the UN Partner has not complied with the requirements of this section , the Government or the Bank may request direct consultations at a senior level between the Bank, the Government and the UN Partner in order to obtain assurances, in a manner consistent with the UN Partner's oversight and accountability framework and respecting appropriate confidentiality, that the UN Partner's oversight and accountability mechanisms have been or will be fully applied. Such direct consultations may result in an understanding between the Government, the Bank, and the UN Partner, on any further actions to be taken and the timeframe for such actions. The Parties take note of the relevant provisions in the Financial Regulations and Rules of the UN Partner.

37. The Parties agree and acknowledge that nothing in this section shall be deemed to waive or otherwise limit any right or authority of the Bank or any other entity of the World Bank Group under the Financing Agreement or otherwise, to investigate allegations or other information relating to possible corrupt, fraudulent, coercive, collusive or obstructive practices by any third party, or to sanction or take remedial action against any such party which the World Bank Group has determined to have engaged in such practices; provided however that in this section, "third party" does not include the UN Partner. To the extent consistent with the UN Partner's oversight framework and established procedures, and if requested by the Bank, the UN Partner shall cooperate with the Bank or such other entity in the conduct of such investigations.

38. (a) The UN Partner requires any party with which it has a long-term arrangement or to which it intends to issue a purchase order or a contract to disclose to the UN Partner whether it is subject to any sanction or temporary suspension imposed by any organization within the World Bank Group[2]. The UN Partner will give due regard to such sanctions and temporary suspensions, as disclosed to it when issuing contracts in connection with the provision of the Technical Assistance, including the purchase of related supplies and equipment, if any, under this Agreement.

(b) If the UN Partner intends to issue a contract in connection with the provision of any of the Technical Assistance activities under this Agreement with a party which has disclosed to the UN Partner that it is under sanction or temporary suspension by the World Bank Group, the following procedure will apply: (i) the UN Partner will so inform the Government, with a copy to the Bank, before signing such contract; (ii) the Government and the Bank then may request direct consultations at a senior level, if required, between the Bank, the Government and the UN Partner to discuss the UN Partner's decision; and (iii) if after such consultation, the UN Partner elects to proceed with the issuance of the contract, the Bank may inform the UN Partner by notice, with

[2] www.worldbank.org/debarr

a copy to the Government, that the proceeds of the Financing may not be used to fund such contract.

(c) Any funds received by the UN Partner under this Agreement that were to be used to fund a contract in respect of which the Bank has exercised its rights under this section, shall be used to defray the amounts requested by the UN Partner in any subsequent Payment Request, if any, or will be treated as a balance in favor of the Government in the calculation of the final balances upon completion or early termination of this Agreement.

SETTLEMENT OF DISPUTES BETWEEN THE PARTIES

39. This Agreement shall be governed by general principles of international law, which shall be deemed to include the UNIDROIT General Principles of International Commercial Contracts (2010). Any dispute, controversy or claim arising out of or relating to this Agreement shall be resolved in accordance with the relevant provisions of the Basic Agreement or, failing such provision, if not settled by negotiation or other agreed mode of settlement, shall be submitted to arbitration at the request of either Party. Each Party shall appoint one arbitrator, and the two arbitrators so appointed shall appoint a third, who shall be the chairman. If within thirty days of the request for arbitration either Party has not appointed an arbitrator or if within fifteen days of the appointment of two arbitrators the third arbitrator has not been appointed, either Party may request the President of the International Court of Justice to appoint an arbitrator. The procedure of the arbitration shall be fixed by the arbitrators, and the expenses of the arbitration shall be borne by the Parties as assessed by the arbitrators. The arbitral award shall contain a statement of the reasons on which it is based and shall be accepted by the Parties as the final adjudication of the dispute.

COMPLETION AND EARLY TERMINATION

40. This Agreement shall cease to be effective upon the Completion Date or may be terminated prior to the Completion Date ("Early Termination") by either Party upon thirty (30) calendar days' written notice to the other in the following circumstances:

    (a) The UN Partner is unable to perform a material portion of the Agreement for a period of sixty (60) calendar days as the result of force majeure; or if the UN Partner believes that under the prevailing circumstances related to the worsened security situation in the country it can no longer implement the activities under the Agreement;

    (b) The UN Partner does not receive payment of the full amount set forth in the invoice submitted in accordance with **Annex II** and that is not disputed by the Government, within thirty (30) calendar days of the date of such invoice;

    (c) Either Party is in material breach of any of its material obligations under this Agreement and has not remedied the same within sixty (60) calendar days (or such longer period as the other Party may have subsequently agreed to in writing) following the receipt of the notice specifying such breach.

41. Upon receipt by one Party of the other Party's written notice of termination of this Agreement, the Parties shall agree on the exit strategy to minimize any negative impact that can arise from an Early Termination of this Agreement and take all reasonable and necessary measures to complete as much of the activities as possible. In the case of Early Termination, the Parties shall agree on the deadline for the UN Partner to submit the last Progress Report, including reconciliation of accounts and settlement of any outstanding payments.

42. The provisions of this Agreement will survive Early Termination or Completion to the extent necessary to permit an orderly conclusion of all activities and settlement of accounts between the Parties.

MISCELLANEOUS

43. ***Records Keeping.*** The UN Partner shall retain all records (contracts, reports, invoices, bills, receipts and other documentation) relating to this Agreement in accordance with the UN Partner's documents retention policy.

44. ***Relationship between the Parties.*** Nothing contained in this Agreement will be construed as establishing a relation of principal and agent between the Government and the UN Partner. No agent or representative of either Party has authority to make, and the Parties shall not be bound by or be liable for, any statement, representation, promise or agreement not set forth herein.

45. ***Headings.*** The headings contained in this Agreement are for reference purposes only, and will not limit, alter or affect the meaning or interpretation of this Agreement.

46. ***Notices.*** Notices will be deemed "received" as follows:

    (a) in the case of personal delivery, on delivery as per date of the written acknowledgement;

    (b) in the case of registered mail, fourteen (14) days after being sent;

    (c) in the case of facsimiles, forty-eight (48) hours following confirmed transmission.

47. Any such notice, request or consent shall be deemed to have been given or made when delivered in person to an authorized representative of the Party to whom the communication is addressed, or when sent to such Party at the address specified in the Form of Agreement.

<u>Modifications and Amendments</u>

48. ***Modifications.*** Modifications to this Agreement may be done for immaterial revisions or clarifications through a written exchange of correspondence between the Parties.

49. ***Amendments.*** Any substantial revisions regarding (a) the key deliverables (outputs) as set forth in **Annex I**, or (b) extension of the Completion Date or Early Termination, or (c) the Total Funding Ceiling, may be done only by a signed written amendment by the Parties. An amendment becomes effective only upon notification by the Government to the UN Partner that the Bank, as the case may be, has approved such amendment.

ANNEX I

DESCRIPTION OF THE TECHNICAL ASSISTANCE AND WORK PLAN

PROJECT FOR PLANNING, IMPLEMENTING AND MONITORING HEALTH STRATEGIES

I. Objectives and expected deliverables, outcomes and results of the Technical Assistance

The Project will be implemented by the Ministry of Health (MoH) with implementation support from UNDP under the "Heal th System Strengthening and Support Project (HSSSP)" which is carried out under the Loan Agreement No. 8531-TR signed between the World Bank and the Government of the Republic of Turkey on November 26, 2015. The development objective of the HSSSP is to improve primary and secondary prevention from non-communicable diseases (NCDs), increase the efficiency of service delivery in public hospitals and enhance the capacity of the Ministry of Health for evidence-based decision making.

The project implementation was delayed for over 6 months and several problems were observed in the implementation of the following interventions which have a direct effect on the Project Development Objective (PDO):

- Developing standardized approaches to prevention, early detection and treatment of NCDs; and Promoting patients' and general population's healthy living behaviors by raising awareness, providing health promotion facilities & training and expanding access to preventive services;
- Developing the capacity of monitoring, evaluating, planning and coordinating health service delivery based on comprehensive and reliable data from all levels of care, with focus on addressing increased burden of NCDs;
- Strengthening the Ministry's institutional capacity for PPP transactions management.
- Streamlining healthcare staff functions and workload;

In order to eliminate the defined problems and accelerate project implementation in line with the PDO, the MoH will procure consultancy and technical services.

This work aims bringing the PDO and main objectives of the HSSSP in compliance with the MoH 2017-2021 strategic plan which is currently under preparation. The strategic plan will be implemented by the MoH and its affiliates (Public Health Institution, Public Hospitals Institution, and Pharmaceuticals and Medical Devices Institution).
Under the work, dedicated project teams will be established to provide analysis and implementation support with the participation of Ministerial and non-Ministerial experts for the interventions which have problematic aspects in achieving the objectives of the HSSSP.

There will be a new set-up outside the hierarchical structure of the MoH for efficient monitoring and evaluation of project activities at the central level and in the field.
The dedicated teams will perform analysis, implementation support, monitoring and evaluation activities in effective coordination.
Project teams set up for the project will consist of external national and international consultants and project staff. These dedicated teams will perform their duties in close collaboration with Ministerial units (Public Health Institution of Turkey, Public Hospitals

Institution of Turkey, General Directorate of Health Promotion, General Directorate of Health Investments, General Directorate of Health Information Systems, General Directorate of Health Services, Strategy Development Presidency, Project Management and Support Unit, General Directorate of Health Researches, General Directorate of Emergency Health Services).

The dedicated teams will perform their services at the central level and in the field. All processes will be carried out within an integrated structure which has no liability to report to the heads of various implementing units (affiliated institutions, and general directorates). The teams will be composed of experts having international knowledge and experience in analysis, planning and implementation activities, and the MoH staff who have previously undertaken strategic plan and project preparation, implementation and monitoring tasks in the Ministry. These teams will work in an autonomous structure within the framework of an external operational planning and review concept. The monitoring activities will continue till the end of the HSSSP implementation.

Five (5) dedicated teams will be established to deal with the problems defined above. The first four teams will conduct a thorough analysis in the beginning, and then participate in implementation and monitoring and evaluation (M&E):

1.1.*Healthy Living Team*: The main objective of this Team is to systematically identify the factors which disrupt the implementation of the first sub-component of component 1 of the "Health Sector Strengthening and Support Project (HSSSP)" and develop solution offers; to rapidly implement pilots and develop a scaling strategy in the light of the lessons learned from the implementation.

1.2.Public-Private Partnership Team: The main objective of this Team is to ensure that necessary measures are taken to overcome the lack of capacity of the MoH, especially for the issues (component 2, sub-component 3) included in the Project Document of the "Health System Strengthening and Support Project" and that PPP practices in Turkey are carried out through a sustainable management model. In other words, a robust basis will be provided that will increase the efficiency of the interventions (e.g. templates, standards) which are included in the HSSSP Project Document and aimed at operational dimensions of PPP processes in general.

1.3.*Health Human Resources and Performance Management Team:* Main purpose of this Team is to take measures for increasing the performance of the health human resources permanently by managing it in a more efficient and effective way. Consequently, activities and outputs of the Team are directly associated with the component 3 "Improving the Effectiveness of Overall Health Sector Administration" of the Health System Strengthening and Support Project. The scope of Team comprises two separate but associated work packages. The first work package covers the PHoI and PHeI. The second work package will focus on health personnel (physicians, nurses and other health personnel).

1.4.*Health Information Systems and Communication Channels Team:* This Team aims at conducting necessary analyses for the integration of health systems and preparing an integration road map.

1.5. *Coordination and Field Coordinator Team:* This Team has three functions. First; the Team will facilitate coordination between the above-defined four Teams and ensure that possible problems will be solved by informing the senior management of the Ministry about the progress within the framework of plain reporting systematics especially by following up the works during the implementation stage.[4] Second; the coordination Team will establish organizational linkages between HSSSP and the strategic planning (2017-2021 Strategic Work Plannings) processes, the preparation of which is still ongoing, of the Ministry and its affiliated institutions (PHoI, PHeI, Pharmaceuticals and Medical Devices Agency of Turkey), and, thereby, it will ensure that Strategic Work Plannings will comply with the goals and objectives of HSSSP. Lastly, the team will assume the M&E responsibility after the completion of Roadmaps and Strategies.

This team will include 30 Field Coordinator and Monitoring Staff, and senior consultants (15), consultants (10) and associate consultants (24). There will be a staff (a financial and administrative support staff) to provide daily support. The job descriptions of the personnel who will work in the dedicated teams are displayed in Annex 3. The Field Coordinator team will work under the leadership of two managers: chief and central Field Coordinator.

II. Agreed Deliverables/Outcomes/Results and the timeline

Deliverable 1 (December 2016): 1st Progress Report

During the first quarter, Quarterly Progress Report will include the below:

i) Implementation Strategy and Roadmap for Healthy Living Centers:

The activities to be conducted by the Healthy Living Team to prepare this Strategy and Roadmap are listed below:

- **Current situation analysis:** All studies carried out so far during the project preparation and project implementation for piloting Healthy Living Centers by the Ministry will be analyzed, and the problems and bottlenecks faced in the transition from pilot to implementation will be identified. The current situation analysis will have two phases. Field research will be conducted in the first phase (interviews, meetings, focus group meetings etc.), and in the second phase the relevant stakeholders as the analysis team will discuss the problems and bottlenecks in a participatory process. Field research will be conducted with a method to be determined by the senior consultants in cooperation with the MoH implementing units (mainly with PHeI). The senior consultants will undertake a facilitator role in the analysis team; and the consultants, associate consultants, and the Field Coordinators will prepare

[4] After the above-mentioned coordination group completes its mission, the coordination study group will also undertake the monitoring and evaluation activities that the healthy living study group will carry out for six months after the strategy and road map are developed. Justification for designating the healthy living study group to conduct a separate and devoted monitoring and evaluation function is that the pilot implementations of Healthy Living Centers shall be put into practice as immediate as possible.

data-driven background documents for the discussions to be made in the analysis team and also codify the said discussions.

- **Developing solution offers:** After the stakeholders reach a mutual understanding on problems and bottlenecks, the team will continue its functions with studies for developing solution offers. At this stage, the team will ensure that practical and applicable solutions are produced for problems and bottlenecks, including identification and analysis of international good practices. The solutions offers will include overcoming structural and operational deficiencies of Healthy Living Centers, defining and standardizing service processes, ensuring coordination as well as other offers for the staff, their qualifications and their professional development. Besides, the position of Healthy Living Centers in the healthy living ecosystem will be evaluated by taking into consideration other mechanisms such as Community Health Centers and Public Health Centers. The solutions will include not only supply-side solutions but also demand-side ones in addition to targeting mechanisms to raise public awareness.

- **Implementation Strategy and Roadmap:** At this stage, a strategy which will attach priority to the solution of problems and bottlenecks determined at previous stages and turn Health Living Centers into a repeatable and scalable model in coordination and cooperation with the relevant units of the MoH will be developed and an implementation road map will be prepared. It will be ensured that findings and solutions of these studies are reflected into the 2017-2021 Strategic Plans of the MoH and the PHeI.

ii) PPP Implementation Strategy and Roadmap

The activities which will be performed by the Public-Private Partnership (PPP) Team for PPP Implementation Strategy and Roadmap are listed below:

- **Current Situation Analysis:** In the beginning, an exhaustive current situation analysis will be carried out which focuses on problems and bottlenecks faced within the scope of PPP tenders and contracts made so far and capacity deficits of the MoH (General Directorate of Health Investments). This analysis will focus on the ways which will ensure that the issues[5] stated in the HSSSP Project Document are addressed through a sustainable PPP management model. Field research will be conducted in the first phase (interviews, meetings, focus group meetings etc.), and in the second phase the relevant stakeholders and the team will discuss the problems and bottlenecks in a participatory process. Field research will be conducted with a method to be determined by the senior consultants in cooperation with the MoH. The senior consultants will undertake a facilitator role in the analysis team; and the consultants, associate consultants, and the Field Coordinators will prepare data-driven background documents for the discussions to be made in the analysis team and also codify the said discussions.

[5] For example: PPP tenders, payment mechanisms, fines and payment deductions as well as other financial issues; engineering and architectural standards, preparation of architectural and structural design guidelines, adopting criteria for sustainable buildings (which are energy saving, environment-friendly and can be used right after an earthquake) etc.

- **Developing solution offers:** After the stakeholders come to a mutual agreement on problems and bottlenecks, the function of the analysis team will proceed with the solution development activities. At this stage, the teams will ensure that practical and applicable solutions for the problems and bottlenecks are developed including the determination and analysis of international good practices. Solution offers will include the standard guidelines and templates for PPP procedures set forth in the HSSSP Project Document. However, in order to place these standards and templates in a strong and sustainable model, solution mechanisms will be defined so that clinical processes run smoothly and operating and investment models will continue being attractive both for public and private sector.[6]

- **Implementation Strategy and Road Map:** At this stage; a strategy guaranteeing the sustainability of PPP management model and giving priority to the solution of problems and bottlenecks detected by the analysis and evaluation team in coordination and cooperation with the relevant units of the Ministry at the earlier phases[7] will be developed and its implementation road map will be prepared.

iii) Current Situation Analysis Report of Health Human Resources and Performance Management

This report will be prepared with the work of the Health Human Resources and Performance Management team.

- *Sub-Study Group 1*: The primary work processes and general roles and responsibilities of each department in the central organization of the PHoI and PHeI as well as of the primary units of their provincial organizations (Office of Secretary General) will be reviewed.
- *Sub-Study Group 2*: The working standards and pricing policies of the physicians, nurses and other health personnel will be reviewed so as to redesign the performance and pricing structure of the health personnel and to reflect it to the budget. Pricing levels of health personnel in the last ten years will be compared with similar occupational groups in Turkey; purchasing power and household income level will be taken into consideration and evaluated, and progressive aspects will be determined.

iv) Current Situation Analysis Report of Health Information System:

Health Information Systems and Communication Channels Team will be responsible for this deliverable. As stated in the HSSSP Project Document, health information systems have been prioritized from the outset of the Health Transformation Program. Awareness on overall system performance and the necessity of using robust and coherent data for effective decision making have been continuing being a priority. Over time, different health information systems

[6] Comparison of physical and human capacity allocated for operating room, inpatients, outpatients, emergency, rehabilitation and other support services with the patient load.
[7] Acceptance procedures to be conducted following the construction and furbishing procedures of hospitals and acceptance criteria to be used during these procedures will be reviewed and technical details will be added. Legislative evaluations for a more efficient management of hospitals in terms of the tenders, contracts, acceptance and performance management will be carried out and missing parts will be detected.

developed based on the requirements have had a highly complicated structure. Integration of these systems not only will ensure that monitoring activities in health sector become more efficient but also it will contribute to the strengthening of data standards and data governance infrastructure and it will strengthen the overall health system performance.

Databases and different practices comprising health information systems will be mapped. Missing points in the linkages between the systems, data transfers, data recording and data access points will be determined.

v) Electronic Platform: A plain data record for a real-time follow up of the Teams and project implementations and an electronic platform in which reports can be produced will be designed and put into practice (Nov 2017)

vi) Continuous monitoring of the processes and Strategic Plans, HSSSP and compliance evaluation report:

An efficient participation in the strategic planning (2017-2021 Strategic Work Plannings) processes, the preparation of which is still ongoing, of the Ministry and its affiliated institutions (PHoI, PHeI, Pharmaceuticals and Medical Devices Agency of Turkey) will be provided, and, thereby, it will be ensured that strategic plans will be consistent with and will comply with HSSSP. Contradicting and non-consistent activities will be presented to the attention of the Project Management and Support Unit and of the senior management of the Ministry, and it will be ensured that necessary precautions are taken.

If there is any shifting/deviation in implementation plans which will be prepared by the Teams more than the pre-defined tolerable level, this will be brought to the attention of Ministerial upper-management and the Project Management and Support Unit (PMSU) and help will be provided in taking the necessary steps.

Deliverable 2 (March 2017): 2nd Progress Report

For the second quarter, Quarterly Progress Report will include the below:

i) Developing Solution Offers for Health Human Resources and Performance Management (submitted in February 2017)

- *Sub-Study Group 1*: With an intent to develop solution offers related to the performance management of the PHoI and PHeI; a workload and labor force analysis will be carried out taking into consideration international examples and country facts based on the work processes related to roles and responsibilities of each department in the central organization as well as of the primary units of their provincial organizations (Office of Secretary General). A supply-demand model for healthcare services will be built taking into consideration the possible changes in the system (eg. demography, technology, government agenda elements), and prospective workload and labor force estimates will

be made. Guidelines for performance evaluation mechanisms will be defined, and a mutual agreement on these guidelines will be supported.

- *Sub-Study Group 2*: Within this scope; working standards and pricing policies of physicians, nurses and other health personnel will be evaluated within the framework of good practice examples in the other countries. Improvement potential of baseline pricing and performance-based pricing parts of health personnel pricing policies as well as its effects upon the healthcare budget will be determined in macro level, and the criteria affecting the performance-based pricing as well as the criteria used in the distribution of performance-based pricing will be reviewed, and aspects open for improvement will be determined.

ii) Integration Strategy of Health Information Systems (February 2017): At this stage; solutions offers on building master data pool in the light of findings to be obtained during current situation analysis, determining data collection standards, designing data management structure, etc. will be developed. Following this stage,

iii) Healthy Living Group 1st Evaluation:

The Healthy Living road map will include performance indicators and control points which are consistent with the relevant project development objectives (for example: the percentage of households that receive consultancy or training on healthy living from health professionals; the percentage change of target population that use the services provided by the Healthy Living Centers etc.) and ensure that the progress is followed-up and evaluated in a much more rapid manner. The team will continuously follow up implementation stagesand, inform the MoH upper management within the framework of a plain reporting systematic especially if there are deviations from the plan, conduct root cause analysis on the factors and risks which disrupt the implementation plan and develop solution offers, and undertake a facilitator role in order for the MoH to take relevant measures quickly. Through this activity, regular monitoring reports, solution offers and evaluation reports will be generated throughout 2017.

iv) Consolidated progress of the implementation of all Teams including the Monitoring and Evaluation team:

The activities of the Team will be constantly followed up and it will be ensured that the required data will be provided to the relevant units and persons. When necessary, data will be evaluated in coordination with the Monitoring and Evaluation team.

If there is any shifting/deviation in implementation plans which will be prepared by the Teams more than the pre-defined tolerable level, this will be brought to the attention of Ministerial upper-management and the Project Management and Support Unit (PMSU) and help will be provided in taking the necessary steps.

Deliverable 3 (July 2017): 3rd Progress Report

The Progress report of this 3rd Quarter will include the below deliverables and activities:

i) Performance systems and implementation plans for PHoI and PHeI and

ii) Road map for transition to the performance-based pricing model for health personnel (April 2017)

- *Sub-Study Group 1*: For the PHoI and PHeI, objectives/roles will be distributed up to "n-2" level (ordinary roles, strategic objectives, institutional objectives), with the level of head of the institution being "n". The objectives will be associated with the time schedule indicators (daily, quarterly, yearly); in addition, SMART (specific, measurable, achievable, relevant, time-bound) measurement set will be developed. Afterwards, significance level for each role/objective will be determined; the relevant scoring mechanism and performance tables will be defined, and the scorecard for performance evaluations will be prepared. In addition, dialogue processes will be designed as a part of performance management process. Material and nonmaterial rewarding and punishing mechanisms will be evaluated to ensure that performance management process runs smoothly, and these mechanisms will be associated with the performance tables. A career management plan will be developed for each administrative level addressed (for example; timetables for the progress within the MoH, rotation options in and out of the MoH, etc.) It will be supported that the renewed performance evaluation mechanisms are brought into action by conducting the necessary planning for putting the designed system into practice.
- *Sub-Study Group 2*: A road map for transition to the performance-based pricing model for health personnel will be prepared.

iii) Healthy Living Study Group 2nd Monitoring Report of the Progress

iv) Roadmap for Integration of Health Information System:

At this stage;

- The structure of master data pool will be built;
- Data collection standards will be prepared and data management structure will be built.
- Operational working model and data set structure including such elements as the place where the data will be kept, backed up, etc. will be built.
- Consequently; the way health information systems are integrated will be designed and implementation plan will be prepared.
- Legacy software and applications will be analyzed and aspects open for improvement will be determined.

v) Consolidated progress of the implementation of all Teams including the Monitoring and Evaluation team:

The activities of the Team will be constantly followed up and it will be ensured that the required data will be provided to the relevant units and persons. When necessary, data will be evaluated in coordination with the Field Observation team.

If there is any shifting/deviation in implementation plans which will be prepared by the Teams more than the pre-defined tolerable level, this will be brought to the attention of Ministerial upper-management and the Project Management and Support Unit (PMSU) and help will be provided in taking the necessary steps.

Deliverable 4 (December 2017): 4th Progress Report

The progress and deliverables in this period will include the below:

i) Healthy Living Centers Scaling Strategy:

After the pilot implementations are tested as a prototype and their deficiencies and errors are overcome, a scaling strategy will be developed by synthesizing the lessons learned from the implementation so as to roll out the Health Living Centers nationwide.

ii) Monitoring and Evaluation of Implementation of the Health Strategies and Roadmaps

The activities of the Team will be constantly followed up and it will be ensured that the required data will be provided to the relevant units and persons. When necessary, data will be evaluated in coordination with the Field Observation team.

If there is any shifting/deviation in implementation plans which will be prepared by the Teams more than the pre-defined tolerable level, this will be brought to the attention of Ministerial upper-management and the Project Management and Support Unit (PMSU) and help will be provided in taking the necessary steps.

Deliverable 5 (March 2018): 5th Progress Report:

i) Monitoring and Evaluation of Implementation of the Health Strategies and Roadmaps

In this period, monitoring will cover the below, in line with the needs of Ministry of Health

- the policies of the central organizations of the Ministry under HSSSP in the field and to report the faulting points to the central organization, to guide the improvement efforts and to provide support in the evidence-based decision-making for new practices in the MoH;
- evaluate all project related health services provided in provincial/district level and to convey the opinions/revision requests of all parties in the provincial organization to the upper-management of the MoH;
- monitor and evaluate the practices and activities of Directorates of Health, Directorates of Public Health and Offices of Secretary General, to report the results of monitoring and evaluations and to contribute to the development of the cooperation among agencies which provide health services and other agencies;
- To determine the faults in the functioning of the health system in the field and to suggest corrective measures during activities/meetings;
- To prepare the good practice examples in health as case analyses and to provide support to the relevant Ministerial units for sharing and popularizing these under the HSSSP;
- To make comments to ensure the efficient use of human resources by analysing the human resources requirements of the Ministerial units;
- To monitor, evaluate and report the field practices for improving the quality of health data;
- To contribute to the processes of developing quality indicators for health services with information and experiences acquired in the field;

- To submit the suggestions on consolidating health service data to the upper-management of the Ministry;
- To monitor the programs/campaigns, in field, which are carried out under the HSSSP;
- To participate in national and international organizations approved by the MoH such as evaluation activities, conferences, trainings which will be carried out under the HSSSP with the aim of following up the scientific developments and observing the examples in other countries/introducing the services of the MoH.

Deliverable 6 (June 2018): 6th Progress Report:

i) Monitoring and Evaluation of Implementation of the Health Strategies and Roadmaps

In this period, monitoring will cover the below, in line with the needs of Ministry of Health

- the policies of the central organizations of the Ministry under HSSSP in the field and to report the faulting points to the central organization, to guide the improvement efforts and to provide support in the evidence-based decision-making for new practices in the MoH;
- evaluate all project related health services provided in provincial/district level and to convey the opinions/revision requests of all parties in the provincial organization to the upper-management of the MoH;
- monitor and evaluate the practices and activities of Directorates of Health, Directorates of Public Health and Offices of Secretary General, to report the results of monitoring and evaluations and to contribute to the development of the cooperation among agencies which provide health services and other agencies;
- To determine the faults in the functioning of the health system in the field and to suggest corrective measures during activities/meetings;
- To prepare the good practice examples in health as case analyses and to provide support to the relevant Ministerial units for sharing and popularizing these under the HSSSP;
- To make comments to ensure the efficient use of human resources by analysing the human resources requirements of the Ministerial units;
- To monitor, evaluate and report the field practices for improving the quality of health data;
- To contribute to the processes of developing quality indicators for health services with information and experiences acquired in the field;
- To submit the suggestions on consolidating health service data to the upper-management of the Ministry;
- To monitor the programs/campaigns, in field, which are carried out under the HSSSP;
- To participate in national and international organizations approved by the MoH such as evaluation activities, conferences, trainings which will be carried out under the HSSSP with the aim of following up the scientific developments and observing the examples in other countries/introducing the services of the MoH.

Deliverable 7 (September 2018): 7th Progress Report:

i) Monitoring and Evaluation of Implementation of the Health Strategies and Roadmaps

In this period, monitoring will cover the below, in line with the needs of Ministry of Health

- the policies of the central organizations of the Ministry under HSSSP in the field and to report the faulting points to the central organization, to guide the improvement efforts and to provide support in the evidence-based decision-making for new practices in the MoH;
- evaluate all project related health services provided in provincial/district level and to convey the opinions/revision requests of all parties in the provincial organization to the upper-management of the MoH;
- monitor and evaluate the practices and activities of Directorates of Health, Directorates of Public Health and Offices of Secretary General, to report the results of monitoring and evaluations and to contribute to the development of the cooperation among agencies which provide health services and other agencies;
- To determine the faults in the functioning of the health system in the field and to suggest corrective measures during activities/meetings;
- To prepare the good practice examples in health as case analyses and to provide support to the relevant Ministerial units for sharing and popularizing these under the HSSSP;
- To make comments to ensure the efficient use of human resources by analysing the human resources requirements of the Ministerial units;
- To monitor, evaluate and report the field practices for improving the quality of health data;
- To contribute to the processes of developing quality indicators for health services with information and experiences acquired in the field;
- To submit the suggestions on consolidating health service data to the upper-management of the Ministry;
- To monitor the programs/campaigns, in field, which are carried out under the HSSSP;
- To participate in national and international organizations approved by the MoH such as evaluation activities, conferences, trainings which will be carried out under the HSSSP with the aim of following up the scientific developments and observing the examples in other countries/introducing the services of the MoH.

Deliverable 8 (December 2018): 8th Progress Report:

i) Monitoring and Evaluation of Implementation of the Health Strategies and Roadmaps

In this period, monitoring will cover the below, in line with the needs of Ministry of Health

- the policies of the central organizations of the Ministry under HSSSP in the field and to report the faulting points to the central organization, to guide the improvement efforts and to provide support in the evidence-based decision-making for new practices in the MoH;
- evaluate all project related health services provided in provincial/district level and to convey the opinions/revision requests of all parties in the provincial organization to the upper-management of the MoH;
- monitor and evaluate the practices and activities of Directorates of Health, Directorates of Public Health and Offices of Secretary General, to report the results of monitoring and evaluations and to contribute to the development of the cooperation among agencies which provide health services and other agencies;
- To determine the faults in the functioning of the health system in the field and to suggest corrective measures during activities/meetings;
- To prepare the good practice examples in health as case analyses and to provide support to the relevant Ministerial units for sharing and popularizing these under the HSSSP;
- To make comments to ensure the efficient use of human resources by analysing the human resources requirements of the Ministerial units;

- To monitor, evaluate and report the field practices for improving the quality of health data;
- To contribute to the processes of developing quality indicators for health services with information and experiences acquired in the field;
- To submit the suggestions on consolidating health service data to the upper-management of the Ministry;
- To monitor the programs/campaigns, in field, which are carried out under the HSSSP;
- To participate in national and international organizations approved by the MoH such as evaluation activities, conferences, trainings which will be carried out under the HSSSP with the aim of following up the scientific developments and observing the examples in other countries/introducing the services of the MoH.

Deliverable 9 (March 2019): 9th Progress Report:

i) Monitoring and Evaluation of Implementation of the Health Strategies and Roadmaps

In this period, monitoring will cover the below, in line with the needs of Ministry of Health

- the policies of the central organizations of the Ministry under HSSSP in the field and to report the faulting points to the central organization, to guide the improvement efforts and to provide support in the evidence-based decision-making for new practices in the MoH;
- evaluate all project related health services provided in provincial/district level and to convey the opinions/revision requests of all parties in the provincial organization to the upper-management of the MoH;
- monitor and evaluate the practices and activities of Directorates of Health, Directorates of Public Health and Offices of Secretary General, to report the results of monitoring and evaluations and to contribute to the development of the cooperation among agencies which provide health services and other agencies;
- To determine the faults in the functioning of the health system in the field and to suggest corrective measures during activities/meetings;
- To prepare the good practice examples in health as case analyses and to provide support to the relevant Ministerial units for sharing and popularizing these under the HSSSP;
- To make comments to ensure the efficient use of human resources by analysing the human resources requirements of the Ministerial units;
- To monitor, evaluate and report the field practices for improving the quality of health data;
- To contribute to the processes of developing quality indicators for health services with information and experiences acquired in the field;
- To submit the suggestions on consolidating health service data to the upper-management of the Ministry;
- To monitor the programs/campaigns, in field, which are carried out under the HSSSP;
- To participate in national and international organizations approved by the MoH such as evaluation activities, conferences, trainings which will be carried out under the HSSSP with the aim of following up the scientific developments and observing the examples in other countries/introducing the services of the MoH.

Deliverable 10 (June 2019): 10th Progress Report:

i) Monitoring and Evaluation of Implementation of the Health Strategies and Roadmaps

In this period, monitoring will cover the below, in line with the needs of Ministry of Health

- the policies of the central organizations of the Ministry under HSSSP in the field and to report the faulting points to the central organization, to guide the improvement efforts and to provide support in the evidence-based decision-making for new practices in the MoH;
- evaluate all project related health services provided in provincial/district level and to convey the opinions/revision requests of all parties in the provincial organization to the upper-management of the MoH;
- monitor and evaluate the practices and activities of Directorates of Health, Directorates of Public Health and Offices of Secretary General, to report the results of monitoring and evaluations and to contribute to the development of the cooperation among agencies which provide health services and other agencies;
- To determine the faults in the functioning of the health system in the field and to suggest corrective measures during activities/meetings;
- To prepare the good practice examples in health as case analyses and to provide support to the relevant Ministerial units for sharing and popularizing these under the HSSSP;
- To make comments to ensure the efficient use of human resources by analysing the human resources requirements of the Ministerial units;
- To monitor, evaluate and report the field practices for improving the quality of health data;
- To contribute to the processes of developing quality indicators for health services with information and experiences acquired in the field;
- To submit the suggestions on consolidating health service data to the upper-management of the Ministry;
- To monitor the programs/campaigns, in field, which are carried out under the HSSSP;
- To participate in national and international organizations approved by the MoH such as evaluation activities, conferences, trainings which will be carried out under the HSSSP with the aim of following up the scientific developments and observing the examples in other countries/introducing the services of the MoH.

Deliverable 11 (September 2019): 11th Progress Report:

i) Monitoring and Evaluation of Implementation of the Health Strategies and Roadmaps

In this period, monitoring will cover the below, in line with the needs of Ministry of Health

- the policies of the central organizations of the Ministry under HSSSP in the field and to report the faulting points to the central organization, to guide the improvement efforts and to provide support in the evidence-based decision-making for new practices in the MoH;
- evaluate all project related health services provided in provincial/district level and to convey the opinions/revision requests of all parties in the provincial organization to the upper-management of the MoH;
- monitor and evaluate the practices and activities of Directorates of Health, Directorates of Public Health and Offices of Secretary General, to report the results of monitoring and evaluations and to contribute to the development of the cooperation among agencies which provide health services and other agencies;
- To determine the faults in the functioning of the health system in the field and to suggest corrective measures during activities/meetings;
- To prepare the good practice examples in health as case analyses and to provide support to the relevant Ministerial units for sharing and popularizing these under the HSSSP;

- To make comments to ensure the efficient use of human resources by analysing the human resources requirements of the Ministerial units;
- To monitor, evaluate and report the field practices for improving the quality of health data;
- To contribute to the processes of developing quality indicators for health services with information and experiences acquired in the field;
- To submit the suggestions on consolidating health service data to the upper-management of the Ministry;
- To monitor the programs/campaigns, in field, which are carried out under the HSSSP;
- To participate in national and international organizations approved by the MoH such as evaluation activities, conferences, trainings which will be carried out under the HSSSP with the aim of following up the scientific developments and observing the examples in other countries/introducing the services of the MoH.

Deliverable 12 (December 2019): 12th Progress Report:

i) Monitoring and Evaluation of Implementation of the Health Strategies and Roadmaps

In this period, monitoring will cover the below, in line with the needs of Ministry of Health

- the policies of the central organizations of the Ministry under HSSSP in the field and to report the faulting points to the central organization, to guide the improvement efforts and to provide support in the evidence-based decision-making for new practices in the MoH;
- evaluate all project related health services provided in provincial/district level and to convey the opinions/revision requests of all parties in the provincial organization to the upper-management of the MoH;
- monitor and evaluate the practices and activities of Directorates of Health, Directorates of Public Health and Offices of Secretary General, to report the results of monitoring and evaluations and to contribute to the development of the cooperation among agencies which provide health services and other agencies;
- To determine the faults in the functioning of the health system in the field and to suggest corrective measures during activities/meetings;
- To prepare the good practice examples in health as case analyses and to provide support to the relevant Ministerial units for sharing and popularizing these under the HSSSP;
- To make comments to ensure the efficient use of human resources by analysing the human resources requirements of the Ministerial units;
- To monitor, evaluate and report the field practices for improving the quality of health data;
- To contribute to the processes of developing quality indicators for health services with information and experiences acquired in the field;
- To submit the suggestions on consolidating health service data to the upper-management of the Ministry;
- To monitor the programs/campaigns, in field, which are carried out under the HSSSP;
- To participate in national and international organizations approved by the MoH such as evaluation activities, conferences, trainings which will be carried out under the HSSSP with the aim of following up the scientific developments and observing the examples in other countries/introducing the services of the MoH.

Deliverable 13 (March 2020): 13th Progress Report:

i) Monitoring and Evaluation of Implementation of the Health Strategies and Roadmaps

In this period, monitoring will cover the below, in line with the needs of Ministry of Health

- the policies of the central organizations of the Ministry under HSSSP in the field and to report the faulting points to the central organization, to guide the improvement efforts and to provide support in the evidence-based decision-making for new practices in the MoH;
- evaluate all project related health services provided in provincial/district level and to convey the opinions/revision requests of all parties in the provincial organization to the upper-management of the MoH;
- monitor and evaluate the practices and activities of Directorates of Health, Directorates of Public Health and Offices of Secretary General, to report the results of monitoring and evaluations and to contribute to the development of the cooperation among agencies which provide health services and other agencies;
- To determine the faults in the functioning of the health system in the field and to suggest corrective measures during activities/meetings;
- To prepare the good practice examples in health as case analyses and to provide support to the relevant Ministerial units for sharing and popularizing these under the HSSSP;
- To make comments to ensure the efficient use of human resources by analysing the human resources requirements of the Ministerial units;
- To monitor, evaluate and report the field practices for improving the quality of health data;
- To contribute to the processes of developing quality indicators for health services with information and experiences acquired in the field;
- To submit the suggestions on consolidating health service data to the upper-management of the Ministry;
- To monitor the programs/campaigns, in field, which are carried out under the HSSSP;
- To participate in national and international organizations approved by the MoH such as evaluation activities, conferences, trainings which will be carried out under the HSSSP with the aim of following up the scientific developments and observing the examples in other countries/introducing the services of the MoH.

Deliverable 14 (May 2020): Final Progress Report:

ii) Monitoring and Evaluation of Implementation of the Health Strategies and Roadmaps

In this period, monitoring will cover the below, in line with the needs of Ministry of Health

- the policies of the central organizations of the Ministry under HSSSP in the field and to report the faulting points to the central organization, to guide the improvement efforts and to provide support in the evidence-based decision-making for new practices in the MoH;
- evaluate all project related health services provided in provincial/district level and to convey the opinions/revision requests of all parties in the provincial organization to the upper-management of the MoH;
- monitor and evaluate the practices and activities of Directorates of Health, Directorates of Public Health and Offices of Secretary General, to report the results of monitoring and evaluations and to contribute to the development of the cooperation among agencies which provide health services and other agencies;

- To determine the faults in the functioning of the health system in the field and to suggest corrective measures during activities/meetings;
- To prepare the good practice examples in health as case analyses and to provide support to the relevant Ministerial units for sharing and popularizing these under the HSSSP;
- To make comments to ensure the efficient use of human resources by analysing the human resources requirements of the Ministerial units;
- To monitor, evaluate and report the field practices for improving the quality of health data;
- To contribute to the processes of developing quality indicators for health services with information and experiences acquired in the field;
- To submit the suggestions on consolidating health service data to the upper-management of the Ministry;
- To monitor the programs/campaigns, in field, which are carried out under the HSSSP;
- To participate in national and international organizations approved by the MoH such as evaluation activities, conferences, trainings which will be carried out under the HSSSP with the aim of following up the scientific developments and observing the examples in other countries/introducing the services of the MoH.

III. Work Plan

No	Activity	Months																																													
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44			
1	**Del 1: 1st Progress Rep**			X																																												
1.1	Healthy Living Centers Impl Strategy and Roadmap			X																																											
1.2	PPP Impl Strategy and Roadmap			X																																											
1.3	Current Situation Analysis- Health Human Resources and Performance Man			X																																											
1.4	Health Information System Current Situation Analysis			X																																											
1.5.	Electronic Platform		X																																												
1.6	HSSSP and compliance evaluation report			X																																											
2.	**Del 2: 2nd Prog Report**						X																																								
2.1	Solution offers for					X																																								

	Health Human Resources and Performance Man																																												
2.2	Integration Strategy of HIS				X																																								
2.3	Healthy Living Group 1st Evaluation				X																																								
2.4	Consolidated Progress of all teams					X																																							
3	**Del 3: 3rd Progress Report**								X																																				
3.1	Performance systems and imp plans for PHoI and PHeI						X																																						
3.2	Roadmap for transition to performance-based pricing model for health personnel						X																																						
3.3	Healthy Living Study Group 2nd Monitoring Rep								X																																				
3.4	Roadmap for Integration of HIS								X																																				
3.5	Consolidated Progress of all teams								X																																				

4	**Del 4: 4th Progress Report**															**X**																													
4.1	Health Living Centers Scaling Strat												X																																
4.2	M&E of Imp of Health Strategies/ Roadmaps															X																													
5	**Del 5: 5th Prog Rep**																		**X**																										
5.1	M&E of Imp of Health Strategies/ Roadmaps																		X																										
6	**Del 6: 6th Prog Rep**																					X																							
6.1	M&E of Imp of Health Strategies/ Roadmaps																					X																							
7	**Del 7: 7th Prog Rep**																								**X**																				
7.1	M&E of Imp of Health Strategies/ Roadmaps																								X																				
8	**Del 8: 8th Prog Rep**																											**X**																	
8.1	M&E of Imp of Health Strategies/ Roadmaps																											X																	
9	**Del 9: 9th Prog Rep**																														**X**														
9.1	M&E of Imp of Health Strategies/ Roadmaps																														X														
10	**Del 10: 10th Prog Rep**																																	**X**											

10.1	M&E of Imp of Health Strategies/ Roadmaps																																X											
11	**Del 11: 11th Prog Rep**																																			**X**								
11.1	M&E of Imp of Health Strategies/ Roadmaps																																			X								
12	**Del 12: 12th Prog Rep**																																						**X**					
12.1	M&E of Imp of Health Strategies/ Roadmaps																																						X					
13	**Del 13: 13th Prog Rep Rep**																																									**X**		
13.1	M&E of Imp of Health Strategies/ Roadmaps																																											
14	**Del 14: Final Prog Rep** *[the last two months shall be blocked exclusively for the evaluation and final reporting.]*																																											**X**

IV. UNDP's Team

(1) Titles, time input and period of engagement: (pls see budget and ToR for further details)

				Time input (in the form of a bar chart by month)						Total Input (in months)		
N°	Name and Functional Title[8]	Area of Expertise	Activity/ Position Assigned	1	2	3	4	5	6	Home	Field	Total
1	Senior Consultants	Health, business										
2	Consultants	Health, business, etc										
3	Associate Consultant/Specialist											
4	Chief Field Coordinator	Healthcare management										
5	Central Field Coordinator											
6	Field Coordinator											
7	Financial and Administrative Support Staff											

(2) Brief description of each position listed in the table above:

Senior Consultant/Specialist: There will be 15 senior consultants. The primary duty of the senior consultants are to provide inputs to studies to be carried out under the Teams on strategic level on subjects within the framework of his/her specialty (for example, healthy living, public-private partnerships, performance management, health information systems) and to ensure that the upper management of the Ministry provides the necessary guidance for speeding up the Health System Strengthening and Support Project by making the decisions to be made by the upper-management of the MoH easier.

1. To provide inputs on strategic level to Team activities and studies which will speed up the implementation under the Health System Strengthening and Support Project, to determine the actions which reinforce the strategic structure and to guide the studies of the consultant teams,

[8] For Staff, Consultants or, as applicable, Contractor's personnel whom UNDP can select only after the Agreement has been signed, position titles, brief summary describing each position and key qualification requirements will be included in this Annex. UNDP will provide the Government with the names of those Staff, Consultants or, as applicable, Contractor's personnel promptly after they are selected/contracted by UNDP.

2. To determine the worldwide good practice examples on subjects under the activity-area of the Teams and to ensure that consultants and associate consultants conduct detailed studies on these subjects; to synthesize the findings of the benchmarking to be carried out,
3. To regularly follow up the implementations under the Teams, to evaluate the progress with a strategic point of view and to produce suggestions related to all activities, mainly activities with risk (slowly progressing etc.) which will increase the efficiency and effectiveness of the Project, to make going into action easier by ensuring that these suggestions are widely discussed by the upper management of the Ministry and that strategic decisions are made,
4. To make the strategic decision to be made by the upper management of the Ministry easier by synthesizing the lessons to be learnt during implementation and to provide support in reflecting the matters which will speed up the implementation of HSSSP and which will increase its influence and efficiency in strategic planning instruments of the Ministry,

Qualifications

- Having a master's degree in related fields (health, business etc.),
- Having a professional experience of at least 10 years as an academician, consultant and/or specialist
- Having at least 5 years of international experience
- Having a specific working experience of at least 5 years on subjects related to the specialty of the Team or having worked in at least 10 projects on these subjects as a supervisor, consultant and/or specialist

Consultant/Specialist: There will be 10 consultants. The primary duty of the consultants are to ensure that the necessary communication and cooperation is established among the implementing units which have a stakeholder relationship with each other, by carrying out the activities that will be carried out within the scope of the Teams in coordination with the relevant units of the Ministry and to speed up the implementation of the Health System Strengthening and Support Project.

2. To plan the studies to be conducted within the scope of the Teams within the framework of the strategic guidance to be provided by the senior consultants, in coordination with the relevant units of the Ministry and to conduct studies necessary for realizing these activities by the relevant unit of the Ministry,
3. To design implementation laboratory and similar participative processes, to determine the agencies and institutions to participate in these processes in coordination with the relevant units of the Ministry and to ensure that the said processes are carried out in a systematic way and that the results are recorded,
4. To establish coordination with the field observation team when necessary and to reflect the information, data and observations from the field observation team in the implementation,
5. To determine the primary (field etc.) and secondary (literature etc.) research methods, to coordinate the researches which will be realized within the scope of the Team and to ensure that studies are completed in line with the pre-defined schedule and quality level,
6. To render the results to be obtained in primary and secondary researches synthesizable by the upper management of the Ministry and the senior consultants by evaluating them in a systematic way under the coordination of the relevant units of the Ministry,
7. To establish mechanisms to guarantee the quality of the outputs such as reports etc. which will be prepared within the scope of the Teams, to provide support in eliminating the potential bottlenecks and problems in implementation.

Qualifications

- Preferably having a master's degree or having a bachelor's degree in related fields (health, business etc.),
- Having a professional experience of at least 5 years as a consultant and/or specialist
- Having at least 3 years of international experience
- Having a specific working experience of at least 3 years on subjects related to the specialty of the Team or having worked in at least 3, preferably 5 projects on these subjects as a supervisor, consultant and/or specialist

Associate Consultant/Specialist: There will be 24 associate consultants. Associate consultants help consultants perform their duties. In this scope, they conduct the necessary studies and researches and/or have others do this.

1. To conduct the necessary background studies under the guidance of senior consultants and consultants on subjects within the scope of the activity-area of Teams, to develop the data and information base needed to conduct data-based analyses,
2. To carry out the primary (field research, interviews, meetings etc.) and secondary (literature scans etc.) researches which are required to conduct data and information based analyses, to determine data and information sources and to acquire the data and information from the Ministry that can be provided by it,
3. To compile, analyse and render synthesizable the data and information to be acquired for the consultants, senior consultants and the upper management of the Ministry,
4. To participate in the implementation laboratory and similar participative processes, to record the discussions in these processes, to codify them in a systematic way and to produce necessary reports and outputs.

Qualifications

- Having a master's degree in related fields (health, business etc.),
- Having a professional experience of at least 3 years as a consultant and/or specialist
- Having at least 1 year of international experience
- Having worked in at least 3, preferably 5 projects as a consultant and/or specialist

Chief Field Coordinator (1):

1. To monitor and evaluate healthcare service delivery in all health institutions throughout 81 provinces,
2. To coordinate responsibilities and activities included in the scope of work,
3. To provide verbal and/or written information to the MoH upper management via monthly progress reports,
4. To participate in the activities such as national and international evaluation studies, meetings, congresses, and trainings which are approved by the MoH in order to promote the MoH/observe foreign country examples/follow up scientific advancements,
5. To evaluate the performance of Fiedl Coordinators.
6. To do the reporting as listed in the Workplan and deliverables

Qualifications

- At least 11 years of professional experience (including 5 years of experience in healthcare management, and 3 years of experience in Monitoring & Evaluation activities)

Central Field Coordinator (1):

1. To monitor and evaluate healthcare service delivery of all health facilities in 81 provinces,
2. To provide support to the Central Field Coordinator ,
3. To ensure the coordination among field coordinators, to carry out their assignments in line with the instructions of the Chief field coordinator,
4. To participate in national and international evaluation works, meetings, congresses, trainings etc. as deemed fit by the Chief field coordinator, for the purposes of following up the scientific developments, observing examples in other countries and introducing MoH
5. To form monitoring and evaluation reports for the result indicators of the Project and to submit them to the Chief field coordinator
6. To support drafting of the progress reports as laid out in the Workplan and Deliverables

Qualifications

- At least 10 years of professional experience in Medicine.

Field Coordinator (30):

1. To monitor and evaluate healthcare service delivery of all health facilities in 81 provinces,
2. To participate in the relevant dedicated group activities.
3. To provide support to MoH Units in related fields to ensure efficient and effective collaboration and coordination,
4. To collect, evaluate and analyze the data necessary in the field for the effective, efficient and accessible health service delivery,
5. To report good practice examples to Chief and Central Field coordinators in order to contribute to the effective and efficient service delivery in health institutions,
6. To observe and evaluate the practices and activities of primary healthcare services, to report the observation and evaluation results to the Chief and Central Field coordinators,
7. To regularly report to Chief and Central Field coordinators on encountered problems and interventions and the progress of HSSSP,
8. To participate in Provincial Health Service Evaluation works/meetings (when asked), to share the province/district observation results with the participants, to produce solutions to the encountered problems related to his/her field for the units,
9. To participate in national and international monitoring and evaluation works, meetings, congresses, trainings etc. for the purposes of following up the scientific developments, observing examples in other countries and introducing MoH in order to contribute to the project development objectives.

Qualifications

- At least 10 years of professional experience

Financial and Administrative Support Staff (1):

1. To provide support to the project team in financial processes in order for the Project activities to be implemented in an efficient and timely fashion,
2. To provide support in order for the funds to be provided in a timely and cost-effective manner through the cash flow planning,
3. To prepare and analyze financial statements,
4. To calculate travel allowances of the personnel assigned in the Project and to ensure coordination to pay them on time,
5. To provide support for all financial documentation during the Project,
6. To coordinate the communication about financial affairs between the Project stakeholders,
7. To provide support to the processes of reviewing official documents about the payments to be made to the Project personnel and suppliers, completing deficiencies, and making payments,
8. To assist in providing appropriate documentation for the preparation of financial reports under the Project,
9. To assist in providing and preparing relevant reports in all audits to be carried out under the Project,
10. To follow up the contract processes and to provide support in preparing contract amendments,
11. To follow up the fund sources between the Ministry of Health and UNDP.

Qualifications

1. Bachelor's degree at least in one of the following majors:
   - Business Administration
   - Economics
   - Public Finance
   - Statistics
2. Minimum five years of work experience in the relevant specialty,
3. Minimum three years of experience in similar processes of international health projects by World Bank, European Union, etc.,
4. Competency with Office programs (Excel, Power Point, Word, Outlook, Visio)

(3) Short bio of UNOPS key personnel listed in Part II table, CVs of Consultants or, as applicable, Contractor's personnel [or key qualification requirements for those who are not yet selected at the time of signature of this Agreement].

V. Audit Arrangements

Financial transactions and financial statements shall be also subject to internal and external auditing procedures laid down in the Rules and Regulations of UNDP for nationally implemented projects, whereby the cost of audit will be charged against the relevant budget line in project budget. In this regard, this project shall be subject to independent audit commissioned by UNDP on an annual basis.

ANNEX II
TOTAL FUNDING CEILING AND PAYMENT SCHEDULE

I. Total Funding Ceiling (in US$)

	Description	2016	2017	2018	2019	2020	Total(USD)
OUPUT -							
Deliverable 1: 1st Progress Report							
Activities							
1.1	Healthy Living Centers Impl Strategy and Roadmap	573.375					573.375
1.2	PPP Impl Strategy and Roadmap	859.250					859.250
1.3	Current Situation Analysis-Health Human Resources and Performance Man	328.000					328.000
1.4	Health Information System Current Situation Analysis	660.500					660.500
1.5	Electronic Platform						0
1.6	HSSSP Compliance and evaluation report	1.916.010					1.916.010
Sub-Total for Deliverable 1		**4.337.135**					**4.337.135**
Deliverable 2: 2nd Progress Report							
2.1	Solution offers for Health Human Resources and Performance Man		328.000				328.000
2.2	Integration Strategy of HIS		660.500				660.500
2.3	Healthy Living Group 1st Evaluation		156.375				156.375
2.4	Consolidated Progress of all teams		1.916.010				1.916.010
Sub-Total for Deliverable 2			**3.060.885**				**3.060.885**
Deliverable 3: 3rd Progress Report							
3.1	Performance systems and imp plans for PHoI and PHeI		82.000				82.000
3.2	Roadmap for transition to performance-based pricing model for health personnel		82.000				82.000
3.3	Healthy Living Study Group 2nd Monitoring Rep		156.375				156.375
3.4	Roadmap for Integration of HIS		330.250				330.250
3.5	Consolidated Progress of all teams		1.940.020				1.940.020

Sub-Total for Deliverable 3			**2.590.645**				**2.590.645**
Deliverable 4: 4th Progress Report							
4.1	Health Living Centers Scaling Strat		156.375				156.375
4.2	M&E of Imp of Health Strategies/ Roadmaps		1.408.010				1.408.010
Sub-Total for Deliverable 4			**1.564.385**				**1.564.385**
Deliverable 5: 5th Prog Rep							
5.1	M&E of Imp of Health Strategies/ Roadmaps			824.010			824.010
Sub-Total for Deliverable 5				**824.010**			**824.010**
Deliverable 6: 6th Prog Rep							
6.1	M&E of Imp of Health Strategies/ Roadmaps			868.010			868.010
Sub-Total for Deliverable 6				**868.010**			**868.010**
Deliverable 7: 7th Prog Rep							
7.1	M&E of Imp of Health Strategies/ Roadmaps			824.010			824.010
Sub-Total for Deliverable 7				**824.010**			**824.010**
Deliverable 8: 8th Prog Rep							
8.1	M&E of Imp of Health Strategies/ Roadmaps			868.010			868.010
Sub-Total for Deliverable 8				**868.010**			**868.010**
Deliverable 9: 9th Prog Rep							
9.1	M&E of Imp of Health Strategies/ Roadmaps				824.010		824.010
Sub-Total for Deliverable 9					**824.010**		**824.010**
Deliverable 10: 10th Prog Rep							
10.1	M&E of Imp of Health Strategies/ Roadmaps				868.010		868.010
Sub-Total for Deliverable 10					**868.010**		**868.010**
Deliverable 11: 11th Prog Rep							
11.1	M&E of Imp of Health Strategies/ Roadmaps				868.010		868.010
Sub-Total for Deliverable 11					**868.010**		**868.010**
Deliverable 12: 12th Prog Rep							
12.1	M&E of Imp of Health Strategies/ Roadmaps				824.010		824.010
Sub-Total for Deliverable 12					**824.010**		**824.010**

Deliverable 13: 13th Prog report							
13.1	M&E of Imp of Health Strategies/ Roadmaps					868.010	868.010
Sub-Total for Deliverable 13						**868.010**	**868.010**
Deliverable 14 Final Prog report							
14.1	Final Report					549.340	549.340
Sub-Total for Deliverable 14						**549.340**	**549.340**
SUB TOTAL		**4.337.135**	**7.215.915**	**3.384.040**	**3.384.040**	**1.417.350**	**19.738.480**
Direct Cost		**27.000**	**108.000**	**108.000**	**108.000**	**45.000**	**396.000**
SUB TOTAL		**4.364.135**	**7.323.915**	**3.492.040**	**3.492.040**	**1.462.350**	**20.134.480**
Indirect Costs (3.00%)		**130.924**	**219.717**	**104.761**	**104.761**	**43.871**	**604.034**
GRAND TOTAL		**4.495.059**	**7.543.632**	**3.596.801**	**3.596.801**	**1.506.221**	**20.738.514**

II. PAYMENT SCHEDULE

All payments under this Agreement shall be made within the validity period of the Agreement. Under no circumstances can payments be made after the Loan Closing date as stipulated in the Financing Agreement. Advance payments will be accounted for in the last payment.

Installments #	**Upon**	**Indicative date of del**	**Amount (USD)**	**Target Deposit date**
Installment (Advance) #01	Signature	Nov 2016	912.590	Nov 2016
Installment (Advance) #02	Signature	Dec 2016	3,582,469	Dec 2016
Installment #03	Deliverable 1	Dec 2016	3,180,522	Jan 2017
Installment #04	Deliverable 2	March 2017	2,714,715	April 2017
Installment #05	Deliverable 3	July 2017	1,648,398	August 2017
Installment #06	Deliverable 4	Dec 2017	876,540	Jan 2018
Installment #07	Deliverable 5	March 2018	921.860	April 2018
Installment #08	Deliverable 6	June 2018	876.540	July 2018
Installment #09	Deliverable 7	Sept 2018	921.860	Oct 2018
Installment #10	Deliverable 8	Dec 2018	876.540	Jan 2019
Installment #11	Deliverable 9	March 2019	921.860	April 2019
Installment #12	Deliverable 10	June 2019	921.860	July 2019
Installment #13	Deliverable 11	Sept 2019	876.540	Oct 2019
Installment #14	Deliverable 12	Dec 2019	921.860	Jan 2020
Installment #15	Deliverable 13	March 2020	584.360	April 2020
	Deliverable 14	May 2020	-	-
Total				
Budget of the Approved Project Document (USD)			**20,738,514**	

United Nations Development Programme Resident Representative in Thailand

Signed by: _____

Name and Title: Mr. Kamal Malhotra
Resident Representative

ANNEX III

REPORTING REQUIREMENTS

UNDP shall submit the following reports for the Deliverables agreed in **Annex I**:

1. Progress Reports

Each report shall include:

1. Narrative summary of the status of activities to demonstrate the progress towards the agreed Deliverables and the linkage between the payments made under this Agreement and deliverables, outputs or results in **Annex I**;

2. Interim Financial reporting on the use of funds and the Payment Request for the next installment signed by an authorized UNDP staff in charge of the Technical Assistance;

3. In the case of the Final Progress Report upon Completion or Early Termination, a consolidated financial summary on the use of funds for deliverables set forth in **Annex I**, offset of any paid advances, and any uncommitted balances to be refunded shall be included. The Government will consult with the Bank and will provide UNDP with the payment instructions.

All financial reports shall be expressed in United States dollars. The UN Operational Rate of Exchange shall be used for converting expenditures made in other currencies.

The Final Progress Report shall include a financial statement signed by an authorized official of the UNDP:

"We hereby confirm to the best of our knowledge and based on the available records that the above amounts have been paid for the proper execution of the Agreement and in accordance with the terms and conditions thereof. We confirm that the share of supplies and equipment has not exceeded the share (percentage) approved for this Agreement. All documentation authenticating these expenditures has been retained by UNDP in accordance with its document retention policy and will be available to UNDP's External Auditors for examination in the course of the audit of UNDP's Financial Statements.

ANNEX IV

Counterpart Staff, Services, Facilities and Property to Be Provided by the Government

The Parties agree that the Government commits to provide, at its own expense and at no cost to UNDP, the following inputs to facilitate successful implementation of this Agreement:

(a) Government Staff (qualified experts to work with UNDP team): n/a

(b) Surveys and Technical Inputs n/a

(c) Services n/a

(d) Facilities n/a

(e) Property *n/a*

ANNEX V

FULL COST OF UNDP's SERVICES

1. UNDP service cost comprises Direct Costs (DC) and Indirect Costs (IC).

2. Direct Costs are UNDP costs incurred for the benefit of a particular project and can be clearly identifiable and documented as directly attributable to project activities. Direct Cost calculations are shown as line items included in the Total Funding Ceiling calculations in **Annex II**.

3. Indirect Costs are incurred by UNDP management and administration in furtherance of UNDP activities and policies and cannot be directly attributable to project activities. Such costs are charged to project as a management fee ("Indirect Costs"). Indirect Costs applicable to the Agreements with the Government that are financed from the loan, credit or grant proceeds obtained from the World Bank pursuant to the Financing Agreement between the Government and the Bank, are set up in accordance with UNDP Financial Rules and Regulations, as determined in UNDP cost recovery policies and procedures (*Executive Decision on Cost Recovery*).

Indirect Costs applicable to this Agreement are shown as a separate budget line in **Annex II** and included in the Total Funding Ceiling.