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PROJECT DOCUMENT
[Angola MoH/UNDP/EIB Project]

Project title: COVID-19 Health Resilience Project.

Project number: 00128755

Implementation partners: MoH / UNDP / EIB

Start date: 2022 **End date:** 2023 **PAC Meeting date:** 18th August 2021

Brief Description

In December 2019, a new coronavirus, SARS-CoV-2, was identified as the cause of an outbreak of viral pneumonia in Wuhan, Hubei-China. Consequently, in January 2020 WHO declared a public health emergency of international concern and in March 2020 declared that the world is experiencing a COVID-19 pandemic. COVID-19 has spread globally in 220 countries and territories. No country in the world was prepared for a pandemic.

On March 21, 2020, the first 2 cases were registered in Angola. By the end of August 2021, the cumulative number of confirmed cases was 47,544, with 1217 deaths (2.6%) and 43,421 (91.3%) recovered. The cumulative number of processed samples was 913,114 with a positivity rate of 5.2%. The 18 provinces of the country are affected, with the province of Luanda being the most affected with about 65% of the total cases notified and 50% of the deaths. (Ministry of Health Newsletter No. 588, 31.08.2021).¹

The Project has the general objective of mitigating the impact of the COVID-19 pandemic on the health sector and the following specific objectives:

1. Prevent and treat COVID-19 through the procurement of vaccines, diagnostics, individual protection equipment, medicines, as well as other health products necessary for the treatment of COVID-19 patients;
2. Reduce the population's vulnerability to SARS-CoV-2 infection through the procurement and distribution of essential medicines to ensure continuity of services at the level of primary health care;
3. Strengthen the Ministry of Health's capacities in managing the procurement and supply chain of health products.

The Project will be financed by the European Investment Bank (EIB) through a sovereign loan of 50 million euros to the Republic of Angola with the Ministry of Finance as the Borrower and the Ministry of Health (MoH) as the promoter. The Ministry of Economy and Planning, as National Authorizing Officer of the Cotonou Partnership Agreement, will be informed and will provide the necessary support, having already issued the necessary no-objection to the EIB loan in accordance with the Cotonou Agreement.

¹By the 23rd of May 2022, the cumulative number of confirmed cases was 99,671, with 1900 deaths (1.9%) and 97,588 (97.9%) recovered. The cumulative number of processed samples was 1,605,651 with a positivity rate of 6.2%. (Ministry of Health Newsletter No. 853, 23.05.2022).

This project will be complemented with an additional grant of 4,5 million euros from the European Commission mobilized by the European Investment Bank to the Angolan Government, which will be equally distributed among the different components of the project.

The total amount of the Budget indicated in USDd in the Project Document is indicative, as it is based on the exchange rate of the European Central Bank as of 17.11. 2021. The effective euro/usd exchange rate to be used will be the rate in effect for each disbursement from the EIB to the GoA.

The United Nations Development Program (UNDP) will be acting as procurement agent on behalf of the Promoter (the Ministry of Health) as per the terms of the EIB-UNDP Procedural Framework signed on 19th October 2020 (see annex 4), which is valid for all acquisitions of the project, except the vaccines from COVAX/UNICEF, in which case UNICEF is responsible for undertaking the procurement. In addition, UNDP will provide procurement and project management technical assistance to the Ministry of Health for the implementation of the project.

An indicative allocation of 55.5% of the budget is foreseen for services for the purchase of vaccines against COVID-19 through the COVAX facility and 44.5% for the purchase of non-vaccine products, UNDP technical assistance, and UNDP indirect costs.

The constant evolution of the COVID-19 pandemic requires flexibility and adaptability of the national response. Possible adjustments in budget allocations will be considered and made in consultation with the Project Board, according to the needs and proposals expressed by the Ministry of Health. Such needs may relate to both vaccine and non-vaccine interventions and will be communicated in due course to the EIB as well as UNDP.

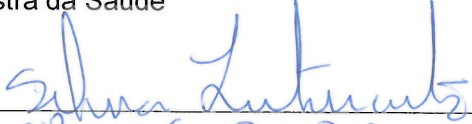

The World Health Organization (WHO) will complement and strengthen the project through dedicated and specific Technical Assistance (TA). The costs of this TA are financed by an additional grant from the European Commission, contracted and implemented with the support of the Delegation of the European Union to Angola.

This project between the MoH and UNDP is based on the Concept Note of the global project prepared by the MoH, with technical support from UNDP and WHO, which was agreed by the EIB and the Delegation of the European Union to Angola on March 31, 2021.

There are "preceding conditions" that condition the start of disbursements, namely the approval and signature of the following documents: PRODOC (project document), Procurement Plan (PP), Financial Agreement (FA - between UNDP and GoA), Project Implementation Agreement (PIA between the EIB and the UNDP), and Financial Contract (FC or loan agreement between the EIB and the Government of Angola).

<p>UNDAF effect: By 2022, the Angolan population, namely the most vulnerable (children, adolescents, youth, women, people with disabilities), will have greater access to integrated quality social services, as well as to a diversified economy that generates jobs and income, realizing their rights in accordance with the Goals.</p> <p>Result 1.4. Strengthened capacities at national and local levels to provide HIV-related services, including for people living with HIV, adolescent girls and young women, and key populations.</p> <p>Gender Marker: GEN2: Gender equality as a significant goal*</p>	<p>Total resources required</p>	<p>US \$ 61 662 753</p>	
	<p>Total available resources</p>	<p>UNDP TRAC:</p>	<p>N/A</p>
		<p>Donner:</p>	
		<p>Government:</p>	<p>N/A</p>
	<p>Contributions in kind:</p>	<p>N/A</p>	
	<p>Not financed:</p>		

Agreed by (signature)²:

Government	UNDP
Name: Dr. ^a Sílvia Paula Valentim Lutucuta Title: Ministra da Saúde 	Name: Edo Stork Title: Representante Residente 
Date: 08-06-2022	Date: 08/06/22

² Note: Adjust signatures as needed

* The Gender Marker measures how much a project invests in gender equality and women's empowerment. Select one for each output: GEN3 (Gender equality as a principle objective); GEN2 (Gender equality as a significant objective); GEN1 (Limited contribution to gender equality); GEN0 (No contribution to gender quality)

I. SUPPORT THE PROCUREMENT, SUPPLY AND MANAGEMENT SYSTEM OF HEALTH PRODUCTS, WITHIN THE FRAMEWORK OF THE NATIONAL COVID-19 RESPONSE.

1.1 Introduction

In December 2019, a new coronavirus, SARS-CoV-2, was identified as the cause of an outbreak of viral pneumonia in Wuhan, Hubei-China. Consequently, in January 2020 WHO declared a public health emergency of international concern and in March 2020 declared that the world is experiencing a COVID-19 pandemic. COVID-19 has spread globally in 220 countries and territories. No country in the world was prepared for a pandemic.

1.2 Epidemiologic situation

On March 21, 2020, the first 2 cases of COVID-19 were registered in Angola. By the end of August 2021, the cumulative number of confirmed cases was 47,544, with 1217 deaths (2.6%) and 43,421 (91.3%) recovered. The cumulative number of processed samples was 913,114 with a positivity rate of 5.2% (Ministry of Health Newsletter No. 588, 31.08.2021). The country's 18 provinces are affected, with Luanda province being the most affected with about 65% of all reported cases and 50% of deaths. On August 31, 94% of the registered cases were asymptomatic and 6% had symptoms (0.2% were in critical condition, 0.9% in serious condition, 3.3% were moderate and 1.4% were cases with mild symptoms).

All age groups are affected, mainly the population aged between 30 and 49 years old, which concentrates 48% of confirmed cases. Men (64%) were more affected than women (36%). The population up to 19 years of age and the population over the age of 49 years have a considerably smaller proportion in relation to the total of reported cases (<19 years: 16.5%; >60 years: 12.5%), which suggests that this is the least active population, and therefore, it is the one that also spent more time at home during the State of Emergency and Public Calamity periods decreed in Angola. However, the high mortality rate observed in the population over 60 years of age demonstrates that this population subgroup is the most vulnerable.³

Of the 47,544 confirmed cases of COVID-19, 1217 died, indicating a fatality rate of 2.6%. This rate is slightly above the African and world averages (2.4% and 2.1%, respectively). Of the 1217 registered deaths, 626 occurred in people over 60 (51.4%), almost all with associated comorbidities, with a mortality rate of 8%. There were 591 deaths in people under 60 years (48.6%) with a mortality rate of 1.2%. One of the factors related to this mortality is the late demand for services in some cases combined with the existence of concomitant diseases, acute (e.g., malaria, ARDs) or chronic (e.g., HBP, Diabetes, Obesity).⁴

Despite the country's effort to limit the spread of SARS-CoV-2, having reinforced surveillance activities at the country's entry points by carrying out rapid antigen testing to all passengers from outside the country, Angola continues to detect the circulation of new variants. To date, the country has identified 5 variants of SARS-CoV-2, among the 8182 samples analyzed in the period from March to June 2021: Beta (n=367), Alpha (n=3523), C.16 (n= 209), Delta (n=7), Gamma (n=1), others (n=4075). Some of these variants are known to have a higher transmissibility profile.

1.3 Vaccination program against COVID-19

From March 5th to November 16th, 2021, Angola vaccinated against COVID-19, 6,132,810 people with a first dose, and 2,643,829 with two doses or a single dose,

³ 26% of cases are aged between 30-39; 23% of cases are aged between 40-49; 16% of cases are aged below 19 years old; 17% are aged over 50 years old.

⁴ 1900 died (fatality rate of 1.9%).

achieving a coverage relative to the target population of 39% with the first dose and 16.8% with the second/single doses.⁵

To intensify vaccination, the Ministry of Health is expanding the High-Performance Vaccination Posts (HPVPs) in urban areas from 51 to 150 and in the municipalities from 224 to 400. The Government determined that, from 10 September 2021, civil servants and private companies, candidates for public examinations in the Education and Health sectors and in the National Defense and Security bodies must be vaccinated. On the other hand, citizens traveling on inter-provincial trips must “compulsorily present the vaccination certificate”, according to an addendum to the Presidential Decree of 31 August. As of September, up to 70,000 doses of the vaccine are being administered daily, with the expectation of reaching the target of at least 20% of the population by the end of the year (See Tab.2).

Considering the epidemiological situation, there is a need to accelerate the increase in vaccine coverage against COVID-19, given the risk of greater transmission of SARS-CoV2 variants, which already represent 51% of samples with genetic sequencing.

Based on information received from UNICEF, the indicative price of 7 usd/ dose of vaccine to be purchased with a subsidy from the COVAX Facility has been adopted for budgeting purpose. In the COVAX cost-sharing modality, the costs of the vaccination material, packaging boxes, air freight, insurance, and inspection plus a 3% UNICEF handling fee and 6% contingency buffer are separate and must be added, reaching approximately a total of 12,5% of the vaccine cost. The COVAX-Facility does not charge any additional fee.

UNDP will be acting as procurement agent for the Ministry of Health as per the terms of the EIB-UNDP Procedural Framework signed on 19th October 2020 (see annex 4), which is valid for all acquisitions of the project, except the vaccines from COVAX/UNICEF, in which case UNICEF is responsible for undertaking the procurement.

1.4 Impact of the COVID-19 pandemic

The pandemic has led to a significant increase in domestic healthcare costs and expenditures, both public and private. For the materialization of actions to prevent and fight COVID-19, the Government mobilized between February and November 2020 National financial resources in the amount of AKZ 42 000 000 000 for the different Sectors of the Multisectorial Commission. Of this amount, a total of AKZ 12 210 797 167 was attributed to the MoH.

In 2020, the COVID-19 pandemic contributed to a contraction of the GDP by 8% (INE), thus aggravating the impact on the reduction of oil revenues, which represented 33% of GDP in 2019. With a public debt reaching 111% of GDP before the pandemic, Angola does not have sufficient resources to finance its National Development Plan (2018-2022). The 2019 Human Development Report ranked the country 149 out of 189 countries. An estimated 11.9 million Angolans, out of a population of 32 million, live below the poverty line. This number could increase significantly after the COVID-19 pandemic, due to the combined effect of job losses in the formal and informal sector, lock-down measures and double-digit consumer price inflation.

1.5 Main challenges of the health sector

The main challenges for the health sector are related to the provision of quality health services to the population, insufficient health coverage, the weak referral system between the three levels of care of the National Health Service and the lack of human resources in quantity and quality, associated with the unequal distribution between rural and urban areas.

Angola has 4,165 doctors and 33,043 nurses for a population of more than 30 million in 2019. This corresponds to 1.38 doctors and 10.95 nurses per 10,000 population (MoH/DNRH, 2019). There is a shortage of health professionals trained in public health, epidemiology, statistics, disease program management, pharmacy, logistics and health information technology. Financial protection

⁵ From March 5th to May 23rd 2022, Angola vaccinated against COVID-19, 12,467,781 people with a first dose, and 6,665,491 with two doses or a single dose.

in accessing health care is limited with direct payments by households estimated at 34% of current expenditures.

1.6. Challenges linked to the supply chain in healthcare products

The needs related to strengthening the capacities of the national procurement management system and the supply chain in health products (*product supply management - PSM*) are multiple, systemic in nature and have an adverse impact on the performance of the provision of health services. In the framework of the response to COVID-19, good management of purchases and supply of health products becomes essential.

Coordination

Several actors, internal or external to the Ministry of Health, are currently involved in decision-making processes related to Procurement and Supply Management (PSM) in Angola. In the Ministry of Health, the Executive Office of the Ministry leads procurement decisions carried out by the Ministry's General Secretariat, in collaboration with the Office of Studies, Planning and Statistics (GEPE) and the Procurement of Medicines and Health Products Department (CECOMA). The National Directorate of Public Health (DNSP) is responsible for quantifying and managing supplies related to essential medicines for malaria, tuberculosis, sexual and reproductive health, diabetes, hypertension, malnutrition, as well as products for testing COVID-19. As for health products intended for the treatment of COVID-19, the quantification and management of supply are carried out by the National Directorate of Hospitals. The National Institute for the Fight against AIDS (INLS) leads the quantification, acquisition, and management of HIV-related health products. INLS also offers laboratory services related to COVID-19, which involve the quantification and management of the supply of tests and laboratory products for COVID-19.

In addition to the MoH, there are several international actors involved in the procurement of health products/or technical assistance. This includes United Nations agencies, multilateral, and bilateral partners, as well as private sector entities. These actors have various entry points within the Ministry, whether at the level of the Minister's Office, GEPE, DNSP or INLS. A National HIV Quantification Committee, convened by the INLS, has been officially installed since 2015. For COVID-19, a Logistics Committee has been in operation since April 2020, under the leadership of the DNSP.

Quantification of needs, inventory, and supply management

In Angola, the role of national quantification committees, such as the one established for HIV, is often hampered by the lack of reliable data on morbidity and consumption of health products at health facilities, at municipal and provincial levels. There is still a need for a robust logistical information management system that strengthens and connects the logistical information systems available at CECOMA, in the two regional warehouses, the eighteen provinces and the 164 municipalities, as well as in the warehouses of the country's 2,636 health units. In the absence of such a system, a combination of paper data collection instruments (stock cards and requisition forms), Excel records, written or verbal correspondence (phone calls) are used by health facilities, municipal and provincial health authorities, and by disease programs to analyze stock levels, submit requisitions, quantify needs, and make purchasing decisions. In 2018, the MoH approved the introduction of the OpenLMIS software, promoted by USAID under the name "SIGLOFA" (Angolan Logistics and Pharmaceutical Management Information System), in CECOMA, provincial warehouses and selected health facilities. Currently, the software is not yet widely used.

More than the absence of software, the insufficient human interest, and the ability to monitor stock levels and consumption data are the main causes of stock-outs in the healthcare system. Supervision visits conducted by Disease Programs have repeatedly shown that stock management tools are not regularly updated. When completed, requisition forms are filled out incorrectly or incompletely and tend to be sent too late to the next level of the healthcare system. On the other hand, forms or stock cards from previous reporting periods are not properly archived. Cross-analysis of stock data against morbidity data tends to be done only at the central level,

during quantification exercises, and not at the primary care level. In this context, it is necessary to strengthen human capacity to improve the quantification function, forecasting needs, analyzing consumption data and managing stocks at all levels of care.

II. STRATEGY

To address the challenges related to the response to COVID-19 described above, the Project aims to increase the availability of health products while increasing MoH's capacity to quantify, procure and manage the supply of those products, including vaccines, throughout the national supply chain.

2.1 Objectives of the project

The Project has the general objective of mitigating the impact of the COVID-19 pandemic on the health sector and the following specific objectives:

1. Prevent and treat COVID-19 through the procurement of vaccines, diagnostics, individual protection equipment, medicines, as well as other health products necessary for the treatment of COVID-19 patients;
2. Reduce the population's vulnerability to SARS-CoV-2 infection through the procurement and distribution of essential medicines and nutrition kits to ensure continuity of services at the level of primary health care;
3. Strengthen the Ministry of Health's capacities in managing the procurement and supply chain of health products

2.2. Strategic approach

To achieve objectives 1 and 2, the MoH will strengthen its current partnership with the United Nations Development Program (UNDP) in procurement, for the acquisition of COVID-19 tests, laboratory equipment, health products for prevention and treatment and essential drug kits for underlying health conditions such as malaria, diabetes, hypertension and malnutrition. UNDP procurement support services for these products will include access to long-term agreements between UNDP and WHO pre-qualified manufacturers, suppliers and forwarders. UNDP will also provide technical assistance to the MoH in product specification, quotation requests, bid analysis, risk management and quality assurance. Technical assistance will be provided to the Logistics Committee, established with a mandate to procure COVID-19-related health products and equipment from the DNSP. Committee members include MoH staff and Development Partners (UNDP, World Bank, WHO, WFP).

Regarding Objective 3, the MoH, through the DNSP, in response to COVID-19, will strengthen its coordination mechanisms on PSM issues. UNDP will support the DNSP in consolidating the existing COVID-19 Logistics Committee and transforming it into the COVID-19 National Quantification Committee. Technical assistance led by UNDP will include a review of the terms of reference of that Committee. UNDP will help define the Committee's internal processes and its modus operandi under the leadership of the DNSP. To avoid duplication of efforts and maximize available resources, UNDP will also contribute towards the development of effective links between the future COVID-19 Quantification Committee and internal MoH actors (Office of the Minister, General Secretariat, GEPE, CECOMA, DNH, INLS, Provincial Health Authorities). These links will focus on issues related to procurement and management of health products for COVID-19 response. They will aim to ensure a continuous flow of information between.

Coordination on the acquisition of vaccines, equipment and materials for vaccination campaigns will also be promoted by the MoH, through the DNSP, in line with the COVID-19 Response Plan and the National Vaccination Plan against COVID-19. The quantification of vaccines and vaccination material and equipment will be integrated within the same future COVID-19 Quantification Committee, to avoid multiple coordination spaces.

Regarding vaccine's logistics system the national warehouse for vaccines and vaccination supplies was recently built and equipped with resources from the National General Budget to store one million doses of vaccines. Real-time digital management of vaccines and vaccination materials is implemented, using the IOTA platform and smart phones, at central, provincial, municipal levels and in public and private health facilities that are vaccinating from 6 provinces (Luanda, Benguela, Cabinda, Cuanza Sul, Huila, and Cunene). Vaccination is planned to be expanded to 18 provinces with support from the COVID-19 Response World Bank Project, GAVI and UNICEF. Support will be provided by UNDP to support this IOTA platform expansion process. This is a digital platform for vaccine logistics. The expansion of the IOTA platform involves the training and capacity building of health professionals at all levels of the vaccine supply chain system and aims to reduce the risk of stockouts, increase the availability of vaccines, simplify the vaccine management system for an improved performance of the National Vaccination Program.

UNDP will provide technical assistance to the MoH to assess training needs in quantification and forecasting at the level of the Minister's Office, General Secretariat, GEPE, DNSP, CECOMA, as well as Provincial and Municipal Health Directorates and health facilities that provide services related to COVID-19. The training package will be designed based on the results of the training needs assessment and adapted to the role of each level of the health system (primary care, provincial, national) in decisions related to procurement and supply management. UNDP will provide the necessary training within an agreed schedule, through international and local trainers. During the training, internationally recognized quantification tools will be used, such as CHAI, Quantimed or WHO COVID-19.

With respect to procurement and supply management, UNDP's technical assistance, through a full-time advisory position based at DNSP, under the coordination of the Office of the National Director, will contribute to increasing MoH's capacity to establish, implement and monitor the distribution plans that anticipate and/or respond in a timely manner to the needs expressed by the various levels of the health system. The position will also contribute to a better forecast of the health products needed by DNSP technicians and by the Provincial and Municipal Health Authorities. UNDP will support MoH's efforts to systematise the collection, transmission, and analysis of consumption data through SIGLOFA or alternative digital solutions. UNDP's technical assistance will include training of MoH staff and health facilities in the use of the digital solution, participating in strategic planning exercises related to its implementation, identifying ways to maximize its impact whilst exploring alternative systems for the management of logistical information.

Regarding COVID-19's vaccination plan, the quantification of needs, inventory management and management of the supply of vaccines, equipment and materials for the vaccination campaigns will be the responsibility of DNSP with technical assistance from MoH partners.

To receive and maintain this technical assistance, UNDP will help establish a COVID-19 health products procurement team at MoH. Led by DNSP, the team will include representatives from GEPE, General Secretariat and CECOMA. UNDP will also fund five full-time advisory positions based at DNSP with a mandate to transfer the skills mentioned above to representatives of entities involved in the procurement team.

III. RESULTS AND PARTNERSHIPS

3.1 Interventions and Results

The following interventions are planned under the Project in support of the abovementioned objectives:

- Support the national quantification process of health products and equipment in response to COVID-19;
- Implement actions to ensure a good cost/benefit ratio in the acquisition of COVID-19 health products and equipment;
- Contribute to the management of the supply of COVID-19 products at central and peripheral levels;
- Contribute to the development of procurement systems in MoH's GEPE.

Expected results include the following:

In relation to objectives 1 and 2:

- Vaccines for COVID-19 acquired via the COVAX Facility or other existing mechanism (in situations of force majeure) as required by the MoH, and delivered on time;
- COVID-19 diagnostic tools acquired and delivered on time;
- Personal protective equipment purchased and delivered on time;
- Medicines and other health products indicated for the treatment of patients affected by COVID-19, acquired and delivered on time;
- Kit of essential medicines purchased and delivered on time;
- Requests for quotations issued by UNDP's Long Term Contract holders;
- Assured compliance with the MoH specifications in terms of products, formulation, packaging and delivery terms;
- Cargo agents hired to ensure timely and safe delivery;
- Insurance provided during the international transit of products;
- Customs clearance services provided;
- Performance of suppliers and other service providers periodically evaluated.

In relation to objective 3:

- Terms of Reference for the COVID-19 Quantification Committee developed;
- Functioning COVID-19 quantification committee;
- ~~• Ongoing technical assistance provided to the MoH procurement team for the development and review of the national quantification for COVID-19 response;~~
- COVID-19 quantification reports produced periodically;
- Technical assistance provided to warehouses within the scope of stock management;
- Distribution plans for COVID-19 products developed and executed;
- Supply management systems and tools, in particular, strengthened logistics information management systems;
- Stock monitoring visits conducted to avoid stockouts, waste and fraud;
- Procurement unit established in GEPE;
- MoH training plan in the procurement and supply chain area developed;
- Developed, introduced or strengthened acquisition systems and tools;
- National Strategic Supply Chain Plan revised in collaboration with WHO.

The estimated quantities of anti-COVID-19 vaccines and vaccination material to be procured, as well as the procurement lists for diagnostic products, PPE, drugs to be used in the management of COVID cases, kits of essential medicines, reproductive and pediatric health products are attached to the Procurement Plan in annex.

3.2 Partnerships

To fulfill the expectations, MOH and UNDP will work in close partnership with the following entities:

EIB – EUROPEAN INVESTMENT BANK

The European Investment Bank (EIB) will provide a sovereign loan to the Republic of Angola, which will in principle be accompanied by a grant from the EIB and another grant from the European Commission, with the Ministry of Finance as the Borrower and the Ministry of Health (MoH) as the Promoter. The Ministry of Economy and Planning, as National Authorizing Officer of the Cotonou Partnership Agreement, will be informed and will provide the necessary support, having already issued the necessary no-objection to the EIB loan in accordance with the Cotonou Agreement. The EIB accompanied the process of drafting the concept note and collaborated in the finalization of project documentation involving the MoH, UNDP, and MINFIN.

UNICEF

UNDP and UNICEF have a long-standing partnership in health product procurement that has supported the implementation of Global Fund grants in more than 45 countries since 2003, including Angola. UNICEF is the main UN agency for the procurement of vaccines within the UN system. As indicated above, the COVAX facility and UNICEF will be in charge of the procurement and delivery of vaccines and related products in the country.

In case UNDP is solicited to administer funds for the procurement of vaccines, UNDP will charge a 1% funds administration fee on the funds required for the procurement of such vaccines instead of the 5% GMS.

To operationalize the vaccine component of the EIB loan, the MOH established an agreement with COVAX and UNICEF in which the cost-sharing conditions for the acquisition of additional doses will be defined. The acquisition process is expected to be as follows:

- MOH submits country needs and specifications for vaccines and vaccination materials to UNICEF/COVAX and requests a quote;
- UNICEF/COVAX contact their suppliers, asking for quotes which are shared with MOH;
- MOH analyses the quotations, authorizes the purchase of vaccines by UNICEF and transfers the necessary monetary amount to UNICEF through a prepayment;
- UNICEF and COVAX are in charge of the procurement and delivery of products in the country;
- MOH handles customs clearance and transfers the products to the national warehouse;
- Funds required for the procurement of vaccines through the COVAX/UNICEF Facility will be channeled directly by the Government of Angola to the COVAX/UNICEF Facility.
- What will be paid to COVAX/UNICEF are the vaccines, vaccination material, insurance, freight, inspection related expenditures, plus handling and contingency fees.

At the global level, UNDP and UNICEF hold regular meetings on the procurement of health products. Progress and identified constraints related to ongoing processes are discussed country by country in performance review meetings. Furthermore, at the national level, UNDP and UNICEF are part of the Logistics Committee created by the DNSP for the COVID-19 response. Procurement activities are discussed in this Committee.

WHO

SL

ES

The Delegation of the European Union to Angola has reserved a EUR 2.5 million grant to fund a WHO Technical Assistance (TA) to this Project. The objectives of the Project are as follows:

Component 1: Prevention and treatment of COVID-19

- Support the implementation of the vaccination campaign against COVID-19;
- Support country capacity to provide an integrated package of targeted interventions to prevent the spread of COVID-19 and reduce its associated impact on the health sector.

Component 2: Ensuring the continuity of primary health care services

- Mitigate the interruption of essential services to reduce vulnerability to SARS-COV-2 infection;
- Strengthening institutional capacity for Planning and Management of Health Programs.

Component 3: Increase the availability of strategic information to inform the national response to COVID-19

- Monitor the response to the pandemic, as well as the availability and use of essential health services, to adapt the response and the support to be provided.

Coordination between the Project financed by the EIB and the Technical Assistance financed by the EU Delegation will be ensured by the DNSP through periodic meetings for planning and evaluation of results, as well as follow-up visits and joint evaluation.

COVAX-Facility

The COVAX-Facility, of which the EU is a major donor - the global contribution of the EU and the EIB to the COVAX initiative was around 500 million euros - will donate to the Angolan government 12.8 million doses of vaccine against COVID-19 and injections estimated at more than \$90.5 million. It is also financing cold chain equipment for the immunization campaign worth \$530,000. Procurement of the Project's vaccines will be carried out through COVAX or another existing mechanism (in situations of force majeure) with support from UNICEF. The Government of Angola communicated to GAVI its preference to purchase the Project's anti-COVID-19 vaccines through the cost sharing mechanism offered by the COVAX-Facility/UNICEF.

Global Fund

The Global Fund (GF) has granted Angola nearly \$6 million through its new funding mechanism for COVID-19 called CR19-RM. This contribution was used for the procurement of personal protective equipment, tests, and laboratory products to support diagnosis during the period from June 2020 to June 2021. This amount was increased by an additional grant of 20 million dollars in June 2021 to support the response to COVID-19. ~~Coordination with the Global Fund will be critical to avoid duplication and the waste of resources.~~

World Bank

The WB provided a USD 150 million loan to strengthen the national response to COVID-19.

The Project was approved by the Executive Directors of the World Bank on 29 July 2021 and aims to support the Government of Angola in the acquisition, management, and implementation of vaccines against COVID-19. It also has the objective of contributing to the strengthening of the preparedness, response, and capacity of the health system for a pandemic, through *Component 1: Response to the COVID-19 Emergency*; *Component 2: Immunization against COVID-19*; *Component 3: Community engagement and risk communication to create demand*; and *Component 4: Project Implementation and Monitoring*. The implementation of this project is at the level of the 18 provinces. The coordination of this funding will be ensured by the DNSP.

Bilateral partners

Bilateral partners such as the Government of the People's Republic of China and the Government of the United States of America have also provided loans or financing and/or technical assistance for the national response to COVID-19. Coordination with these partners will also be sought, within the national Quantification Committee mentioned above.

3.3 Resources required to achieve the expected results

Out of a total of USD 61,7M (equivalent to EUR 54,5 M) including the loan and the proposed grant by the EIB, the MoH intends to allocate an amount of USD 32,4 M for vaccines and vaccination supplies, USD 26,9M for non-vaccine health products, including: hygiene products, personal protective equipment, diagnostic tests, laboratory material, medicines for the treatment of patients with COVID-19, essential medicines kits (EM) for PHC and drugs/products for reproductive health. Technical assistance (TA) in the area of procurement and supply chain management, excluding the costs of the Project Management Unit, corresponds to 0.6 M USD. UNDP management costs (GMS) correspond to 1.3M USD.

Annex 1 presents the Project budget detailed by component/activity and proposed funding.

The budget is based on estimates and the total of units and direct costs will be confirmed at the actual procurement phase. In such context, some flexibility is needed from the EIB and GoA.

Regarding the procurement of vaccines, the contingency serves to cover possible fluctuations in the price of vaccines, freight costs and exchange rate. In the context of COVID, freight costs have become more volatile and subject to change.

Regarding the cost of vaccines, the estimate of 7 usd/dose, adopted in the budget, is based on data provided by UNICEF. The type of vaccines, quantities and additional costs will be confirmed at the purchase stage. The schedule of purchases and deliveries will depend on the availability of vaccines on the market and on the capacity of air transport, storage and use by the MoH.

UNICEF will issue the estimated cost of vaccines on behalf of the Government, taking into account certain responsibilities that only the Government can assume.

To facilitate procurement operations, the USD currency will be used for budgeting, payments and financial reporting purposes. The exchange rate EURO/USD of the European Central Bank in force on 11.17. 2021 is being used in annex 1.

The **Financing Agreement** to be signed by the Government of Angola and the UNDP describes the modalities of the Project financing and disbursements.

Cumulative disbursements under this Project shall not exceed the total Financing unless revised by a written amendment approved by the EIB in response to the Government's request.

~~Disbursements by the Government will, in all respects, be consistent with the terms and conditions of the Funding Agreement, and no party other than the Government may claim any rights or have any claims with respect to the proceeds of the Fund.~~

Government payments to UNDP will be made in accordance with the terms and conditions set out in the Financing Agreement.

3.4 Risks and assumptions

Table 1 describes the main risks related to the implementation of the Project and the measures foreseen for its mitigation.

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Tab. 1 Risks and mitigation

Main risks	Mitigation measures	Stakeholders
Delayed project's start due to delays in signing project contracts (PRODOC, Financing Contract, Project Implementation Contract)	Organize Local Project Review Committee by 20 August 2021	UNDP MoH
Delayed procurement processes due to delayed availability of funding at UNDP level	Engagement with the EIB and the Ministry of Finance to ensure easy access to funding for UNDP	MoH UNDP EIB MINFIN
Delay in the delivery of vaccines due to a combination of procurement mechanisms at the COVAX-Facility level and/or worldwide demand	Engage with COVAX-Facility and UNICEF as soon as possible to ensure availability and cost of vaccines	MoH UNDP UNICEF

3.5 Stakeholder involvement

Angola is making significant efforts and commitments to reduce poverty rates, improve the quality and coverage of basic education, and ensure universal access to primary health care, so as not to leave anyone behind. These aspirations are, however, seriously compromised by the impact of the COVID-19 pandemic on the country's economic and financial resources, severely affecting the population and, particularly, the most vulnerable families and economic and social development programs.

The following figures show the beneficiaries of the National Vaccination Plan against COVID-19 and the beneficiaries related to the response and prevention of COVID-19, to be procured through the Project.

Table 2. Beneficiaries of the National Vaccination Plan against COVID-19.

Age group to vaccinate	Population 2021 INE	Observations
≥40 yrs	5 309 760	16,54% of the total população
Risk groups	1 109 774	3,46% (risk groups of various ages)
Subtotal 1st Stage	6 419 534	20% of the total população
16-39 yrs	10 403 750	
Subtotal 2nd Stage	10 403 750	32% of the national population
Total 2 Stages	16 823 284	53% of the national population

If COVID-19 substantively affects persons under 18 years of age, and following WHO guidelines, vaccines may be administered to persons under 18 years of age.

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Table 3. Beneficiaries of products and medicines related to the COVID-19 response and prevention, to be acquired through the Project (estimate for 19 weeks with the WHO tool)

Categorías	Beneficiarios
Hygiene	13 147 cleaning agents for inpatients
PPE	16 277 patients and 60 484 health workers
Diagnostics	1172 laboratory technicians
Medicines and consumables	Medicines for the treatment of 40 severe and critical patients
Biomedical equipment	It is not limited to the numbers of patients or workers or healthcare personnel.
Biomedical Consumables & Accessories	It is not limited to the numbers of patients or workers or healthcare personnel.

The beneficiaries of the essential medicine and nutrition kits will be patients attending Health Centers and Posts of all provinces (list to be finalized at the beginning of the project's implementation), with emphasis on patients with comorbidities (cardiovascular diseases, diabetes, respiratory diseases, malnutrition etc.) and women and children.

Stakeholders and beneficiaries will be represented in the Project management arrangements as described in section IV.

3.6 Knowledge Production

Efforts will be made to share knowledge with stakeholders working in the COVID-19 response in the country, regarding the innovative tools and practices introduced under the Project, as well as to disseminate information on the activities carried out and the results achieved by the Project.

Through quarterly programmatic reports to MoH, UNDP will identify results achieved and lessons learned during Project implementation. These will be shared with stakeholders during Project Board meetings. In addition, opportunities for the generation and dissemination of knowledge products will be identified and pursued by UNDP in partnership with MoH.

To ensure accountability to the general public, UNDP and MoH will develop a communication strategy and plan with the aim of regularly publicizing project achievements through media channels.

3.7 Sustainability and Project expansion

The Project will use the National Health System regarding planning and provision of services related to COVID-19. In addition, the Project will include a strong capacity development and skills transfer component, whereby the UNDP team will work together with the MoH (DNSP, GEPE, CECOMA, General Secretariat) on procurement planning, quantification, and supply management. Capacity development will be carried out based on a needs assessment and clear indicators of progress. Sustainability, therefore, is at the core of the project's design.

In addition, the following expected results of the Project, if achieved, will contribute to the consolidation and expansion of the project:

- Increased vaccination coverage against COVID-19 in the second stage of the National Vaccination Plan;
- Decreased morbidity and mortality due to COVID-19 as well as other the underlying diseases through the provision of prevention and treatment health products, essential medicines and reproductive health medicines;
- Training and capacity building of national staff in the area of procurement and supply chain management of health products;

- Strengthening of the National Health System in the areas of acquisition, supply and logistics of health products.

IV. PROJECT MANAGEMENT

4.1 Cost efficiency and effectiveness

MoH's choice for UNDP to act as procurement management agent will produce maximum results with the resources available to the Government of Angola and its population. Currently, UNDP provides health products procurement services as well as implementing activities leading to the strengthening of the health products supply chain in 30 countries (US\$1 billion in signed agreements). A significant proportion of this amount refers to the Global Fund's grant portfolio in 19 countries and three regional programs. The volumes of the procurement of health products by UNDP have increased steadily in recent years, in response to demand from governments. In 2019, UNDP purchased more than US\$325 million in healthcare products spanning 27 countries. In Angola, UNDP will manage a portfolio of US\$103 million in Global Fund grants throughout 2021-2024, of which US\$67 million will be dedicated to the purchase of healthcare products, including products linked to COVID-19.

In terms of delivery, UNDP's global agreements guarantee speed and reliability for the purchase of quality-assured healthcare products. UNDP already has long-term corporate agreements (LTA) with major suppliers and manufacturers, procurement support for pharmaceuticals and non-LTA or specialized equipment, and international freight and insurance services. UNDP has fast-track processes for awarding very short-term contracts for most standard products. Where necessary, UNDP will ensure immediate availability of products from existing stocks.

The quality / price ratio will be guaranteed throughout the procurement cycle. UNDP has a proven track record of purchasing healthcare products at highly competitive costs. For example, in Angola from 2014 to 2017, UNDP generated savings of US\$65 million in procurement of top tier antiretrovirals through reduced unit costs, volume discounts and other efficiencies. In 2020-2021, UNDP received \$6 million from the Global Fund for the purchase of COVID-19 products. UNDP's experience in procuring COVID-19 products with resources from the Global Fund will inform the procurement strategy for the UNDP/EIB Project in terms of cost-effectiveness.

Close collaboration with WHO will be ensured and promoted by UNDP throughout the entire procurement cycle, from specification to quantification and inventory management. UNDP will support the formal establishment of a National Committee on Quantification of COVID-19 products under the leadership of the DNSP. Accurate and adequate quantification of needs will ultimately ensure cost-effectiveness for the Government of Angola. Joint stock monitoring visits incorporating MoH, UNDP and WHO will be carried out to avoid stockouts and minimize the risk of product expiration as well as to ensure that the needs of health facilities are met.

4.2 Project implementation:

Role and responsibilities of the MoH and UNDP

UNDP agrees to:

- (a) provide Technical Assistance to the Project as indicated in Tab. 4,
- (b) keep the Government informed of the progress of activities towards achieving the required results through the timely submission of progress reports, with the information requirements and with the frequency established in the Monitoring Plan,
- (c) UNDP is co-responsible for the implementation of the Project in accordance with the UNDP regulations and rules.

The Government agrees to:

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(a) make timely and complete payments to UNDP of all amounts due under the Funding Agreement and within the Full Funding Limit and in accordance with the Payment Schedule in the Financing Agreement,

(b) provide all necessary support in connection with UNDP's obligations under the Project, including obtaining or assisting in obtaining all permits, licenses, import approvals and other official approvals related to any supplies, powers of attorney or authorizations to UNDP and cooperation with UNDP in a timely and expeditious manner.

The Parties acknowledge that the Technical Assistance and/or the Work Plan may require with the agreement of both Parties, throughout Project implementation.

Table 4 shows the division of responsibilities between MoH and UNDP under the Project.

Tab. 4. Division of responsibilities between MINSA and UNDP

Entity	Responsibilities
MoH	<p>Leadership of the Project Board;</p> <p>Leading the organization of Project Steering Committee meetings;</p> <p>Establishment, contracting and management of the Project team;</p> <p>Leadership in identifying and quantifying the needs to be purchased;</p> <p>Leadership of the National Logistics Committee Quantification of COVID-19;</p> <p>Validation of the Purchase Plan and the Distribution Plan to be prepared;</p> <p>Validation of Purchase Orders (Purchase Orders) issued by UNDP;</p> <p>Validation of distribution reports;</p> <p>Leadership of inventory visits and stock management;</p> <p>Validation of stock reports;</p> <p>Validation of quarterly UNDP reports (programmatic and financial).</p> <p>Payment of custom clearance fees and taxes</p>
UNDP	<p>As a procurement agent to the MoH:</p> <p>Technical support for quantification processes;</p> <p>Production of quantification reports;</p> <p>Development of the Project Purchasing Plan;</p> <p>Organization and management of public tenders based on the Purchasing Plan validated by MOH;</p> <p>Issuance of Purchase Orders;</p> <p>Supplier management;</p> <p>Supplier performance evaluation;</p> <p>Transport of products to the port / airport of Luanda;</p>
	<p>Insurance of health products during transit to Luanda;</p> <p>Delivery of products to national warehouses;</p> <p>Implementation and monitoring of distribution plans;</p> <p>Participation in inventory and stock management visits;</p> <p>Participation in reviewing stock reports.</p> <p>As responsible for PSM capacity building:</p> <p>Assessment of PSM capacity building needs;</p> <p>Implementation of PSM capacity building activities.</p> <p>Production and submission of programmatic and financial reports to the MoH.</p>

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Project Board

Project implementation will be informed and supervised by a Project Board composed of the following members and representatives:

- Representatives of the Ministry of Finance;
- Representatives of the Ministry of Health;
- Representative of UNDP;
- Representative of WHO;
- Representative of the European Union Delegation;
- Representative of the EIB.

The Chairperson of the Project Board will be the Minister of Health.

The Project Board will oversee the work of the Project team and will meet quarterly to discuss progress and help resolve bottlenecks. The roles and responsibilities within the Project Board are as follows:

The Minister of Health will ensure that the Project responds to the needs of the Ministry of Health as determined by the General Secretariat, GEPE and DNSP. The Minister will be responsible for reviewing the progress of implementing the procurement and capacity development plans vis a vis Project expenditure. The Minister will promote adoption and adherence to the Project's objectives at the MoH, in particular for the capacity development and systems strengthening component. Will also contribute to the identification and resolution of adverse scenarios in the supply chain, such as stockouts, risk of expiry of health products or poor-quality consumption data.

The UNDP Resident Representative will represent UNDP as the Project implementer. He will report on progress on project work plans, including the Procurement Plan and Capacity Development Plan, as well as project expenditures. He will alert the Project Board on adverse events that may affect the programmatic and financial implementation of the Project. He will ensure that the Project meets MOH's needs while complying with UNDP rules and regulations and EIB requirements.

The EIB portfolio manager in Angola will defend the interests of the EIB as a financier in terms of meeting the Project's objectives and EIB's requirements. He will monitor customer satisfaction and, if necessary, contribute to adapting the project design to MoH's needs.

~~Efforts will be made to identify and organize the representation of COVID-19 beneficiaries, incorporating healthcare professionals and patient representatives, in the deliberations of the Project Board. This representation can be done through civil society organizations in the case of patients or professional associations in the case of doctors, nurses and laboratory technicians.~~

Consultations with the Country Coordinating Mechanism for Global Fund grants will be organized quarterly to ensure synergies between the two funding sources. Likewise, the Project Board will interact with senior leadership of the World Bank Health Project to avoid duplication of procurement.

The Project team

The Project team will be constituted and supervised by MoH and will be based at DNSP. It will be led by an International Coordinator and a national Project Assistant hired by UNDP in consultation with MoH.

To fulfill its role as a purchasing agent, UNDP will hire the following human resources and assign them to the Project team:

- A national PSM specialist who will support MoH in quantification, procurement planning and input management;
- An international PSM Capacity Development specialist who will facilitate the assessment of capacity development needs and will design and develop PSM capacity development interventions;
- A national finance officer who will lead the accounting and financial reporting related to the Project;
- A driver to support the team in the travel that will be necessary for the implementation of the project.

As members of the Project Team, staff seconded to the MoH by UNDP will operate under the direction and supervision of the MoH (DNSP) and will be based at DNSP to facilitate Project planning and execution, as well as the transfer of skills.

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V RESULTS FRAMEWORK

Intended Outcome as per the Country Program / UNDAF Outcomes and Resource Structure: By 2022, the Angolan population, namely the most vulnerable (children, adolescents, youth, women, people with disabilities), will have greater access to quality integrated social services, as well as a diversified economy that generates jobs and income, realizing their rights in accordance with the Goals.											
Outcome indicators as per the Country Program Resources and Results Framework, including baseline and targets:											
Indicator: Proportion of population living below the national poverty line, by sex.											
Baseline: 36.6% (men 37.7%, women 35.6%)											
Target: 25%											
Applicable Outcome(s) of UNDP Strategic Plan: 1.1.2 Marginalized groups, particularly the poor, women, people with disabilities and displaced persons have the power to obtain universal access to basic services and financial and non-financial assets to build capacity productive and benefit from sustainable livelihoods and jobs; 2.1.2 Capacities developed for the progressive expansion of inclusive social protection systems;											
Title of the Project and Project number in Atlas: Supporting the national response to the COVID-19 pandemic											
EXPECTED RESULTS	OUTCOME INDICATORS ⁶	SOURCE OF DATA	BASELINE		TARGET (by the frequency of data collection)					METHODS AND RISKS OF DATA COLLECTION	
			Value	Year	Year 1	Year 2	Year 3	Year 4	Year ...		Final
Result 1 Timely delivery of COVID-19 vaccine doses required for the implementation of the second phase of Angola's national vaccination plan	1.1 Tripartite agreement signed between the Government of Angola, COVAX Facility and UNDP 1.2 Number of doses purchased and delivered by UNICEF to the Government of Angola with EIB financing	UNDP report UNICEF report	0	2022	1					1	UNDP M&E Activities Risks: delays in signing the Agreement due to the time required by stakeholders for the process and to reach a consensus.
			0	2022	4,3 M					4,3 M	

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⁶ It is recommended that projects use output indicators from the Strategic Plan IRRF, as relevant, in addition to project-specific results indicators. Indicators should be disaggregated by sex or for other targeted groups where relevant.

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Result 2 COVID-19 healthcare products for diagnosis, infection control and treatment are quantified, purchased and delivered in a timely manner to MoH	2.1 Number of country-level review exercises for the quantification of COVID-19 products conducted by MOH, with technical assistance from UNDP and with the involvement of WHO and the World Bank, and annual reviews	UNDP report	1	2022	2	2	2	2	6	UNDP M&E Activities Risk: challenges in ensuring stakeholder commitment to a single quantification process
	2.2 The Procurement Plan for COVID-19 products is developed, implemented, monitored and updated annually	UNDP report	0	2022	1	1	1	3	3	UNDP M&E Activities Risk: challenges in funding availability; market restrictions
	2.3 Number of documented stock monitoring visits for COVID-19 products financed by the EIB carried out jointly by MOH, CECOMA and UNDP at central, provincial and health facility levels	UNDP report	0	2022	3	3	3	3	9	UNDP M&E Activities Risk: poor traceability of EIB-financed products in the national supply chain system
Result 3 Essential drugs for quantified comorbidities, acquired and delivered in a timely manner to MoH	2.1 Number of national quantification review exercises for essential drugs conducted by MOH, with UNDP technical assistance and WHO involvement, including annual reviews	UNDP report	1	2022	2	2	2	2	6	UNDP M&E Activities Risk: challenges in ensuring stakeholder commitment to a single quantification process
	2.2 Essential drugs procurement plan is prepared, implemented and monitored	UNDP report	0	2022	1	1	1	1	3	UNDP M&E Activities Risk: challenges in funding availability; market restrictions
	2.3 Number of documented EIB-funded stock monitoring visits for essential medicines carried out jointly by MoH, CECOMA and UNDP at central, provincial and health facility levels	UNDP report	0	2022	3	3	3	3	9	UNDP M&E Activities Risk: poor traceability of EIB-financed products in the national supply chain system
Result 4 MoH's capacity development needs in the FSM area are identified and addressed	2.1 The Ministry of Health's National Capacity Development Plan in PSM is developed, monitored and updated annually	UNDP report	0	2022	1	1	1	1	3	UNDP M&E Activities Risk: challenges in ensuring stakeholder involvement and adherence to the capacity development process

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	2.2 Number of human capacity development activities carried out	UNDP report	0	2022	2	2	2	2	2	2	6	UNDP M&E Activities Risk: delays in recruiting / hiring technical assistance providers
	2.3 Number of activities to strengthen procurement and input management systems carried out	UNDP report	0	2022	2	2	2	2	2	2	6	UNDP M&E Activities Risk: delays in recruiting / hiring technical assistance providers

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VI MONITORING AND EVALUATION

Monitoring Plan

Monitoring activities	Purpose	Frequency	Expected action	Partners	Cost (if applicable)
Track the achievement of results	Progress data against the results indicators in the RRF Results Matrix will be collected and analyzed to assess the project's progress in achieving the planned results.	Quarterly, or as often as required for each indicator.	Slower than expected progress will be handled by the project management team.	MoH UNDP	
Monitoring and risk management	Identify specific risks that could threaten the achievement of intended results. Identify and monitor risk management actions using a risk register. This includes monitoring measures and plans that may have been required under UNDP Social and Environmental Standards. Audits will be carried out in accordance with UNDP's audit policy for financial risk management.	Quarterly	Risks are identified by the project management team and actions will be taken to manage the risks. The risk register is actively maintained to track identified risks and actions taken.	MoH UNDP	
lessons learned	Knowledge, good practices and lessons learned will be captured on a regular basis, as well as actively acquired from other projects and partners and integrated back into the project.	at least once a year	Relevant lessons are captured by the project team and used to inform management decisions.	MoH UNDP	
Annual Project Quality Assurance	Project quality will be assessed against UNDP quality standards to identify project strengths and weaknesses and to inform management decision-making to improve project implementation.	Annually	As áreas com pontos fortes e fracos serão revisadas pela equipa de gestão do projecto e usadas para informar as decisões com objectivo de melhorar o desempenho do projecto.	MoH UNDP	
Revisão e correções durante o ciclo do projecto	Internal review of data and evidence of all monitoring actions to inform decision making.	at least once a year	Performance, risks, lessons and quality data will be discussed by the project committee and used to make corrections throughout the project cycle.	MoH UNDP	
Project report	A progress report will be presented to the Project Committee and key stakeholders, consisting of progress data showing results achieved against predefined annual targets at the level of implementation, annual summary of project quality score, an updated risk with mitigation measures and any assessment or review reports prepared during the period.	Annually, and at the end of the project (final report)		MoH UNDP	
Project review (Project Board)	The project governance mechanism (ie the project committee) will carry out regular reviews of the	Specify frequency (ie at least annually)	Any quality concerns or slower-than-expected progress should be	MoH UNDP	

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	<p>project to assess its performance and review the Multi-Year Work Plan, as well as to ensure a realistic budget throughout the life of the project. In the final year of the project, the Project Committee should conduct a final project review to capture lessons learned and discuss opportunities to scale up and socialize project results and lessons learned with relevant audiences.</p>		<p>discussed by the Project Committee and management actions should be agreed to address the identified issues.</p>		
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VII PLANO PLURIANUAL ⁷⁸

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

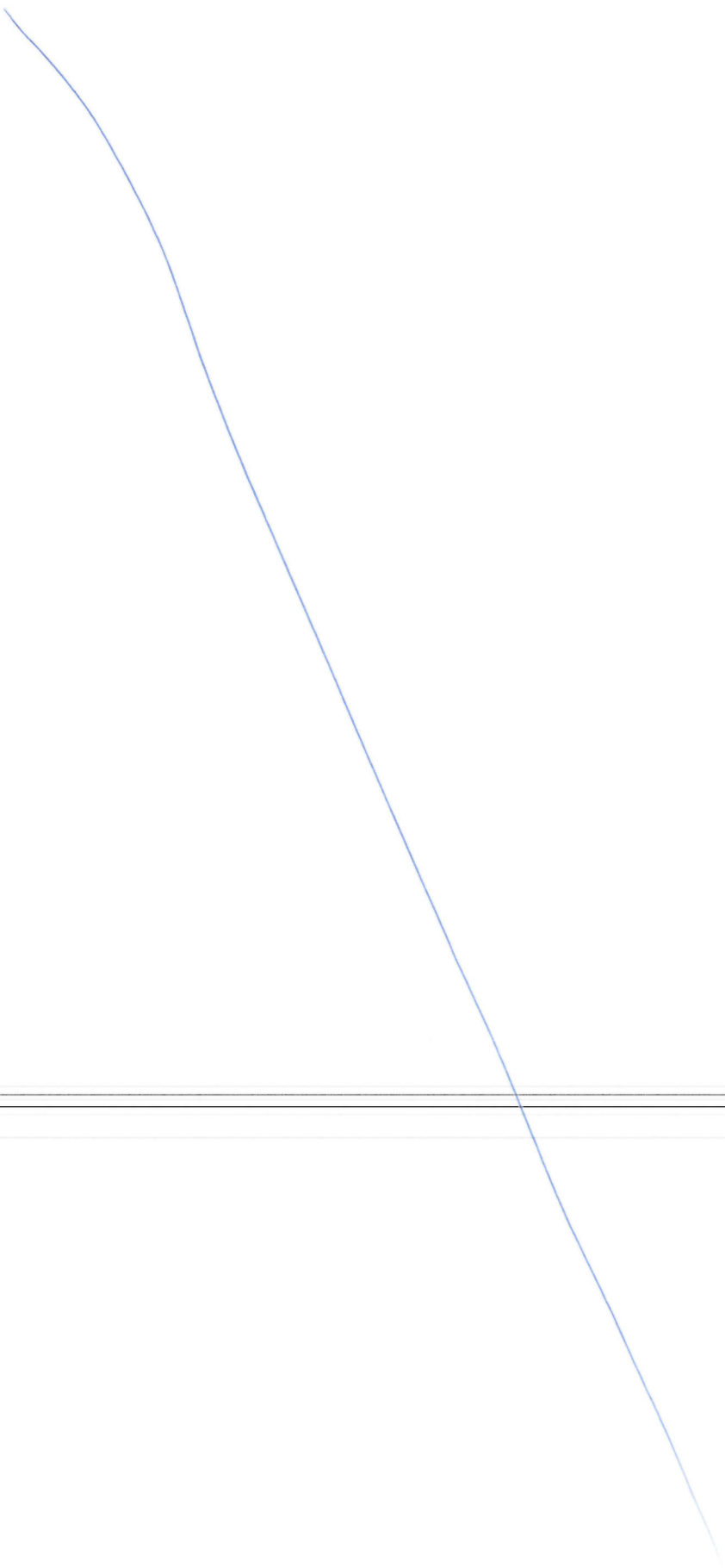
EXPECTED OUTPUTS	PLANNED ACTIVITIES	Planned Budget by Year				RESPONSIBLE PARTY	PLANNED BUDGET	
		Y1	Y2	Y3	Y4		Funding Source	Budget Description n
Output 1:	1.1 Activity							
Gender marker:	1.2 Activity							
	1.3 Activity							
	MONITORING							
	Sub-Total for Output 1							
Output 2:	2.1 Activity							
Gender marker:	2.2 Activity							
	2.3 Activity							
	MONITORING							
	Sub-Total for Output 2							
Evaluation (as relevant)	EVALUATION							
General Management Support								
TOTAL								

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⁷ Cost definitions and classifications for programme and development effectiveness costs to be charged to the project are defined in the Executive Board decision DP/2010/32

⁸ Changes to a project budget affecting the scope (outputs), completion date, or total estimated project costs require a formal budget revision that must be signed by the project board. In other cases, the UNDP programme manager alone may sign the revision provided the other signatories have no objection. This procedure may be applied for example when the purpose of the revision is only to re-phase activities among years.

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VIII. LEGAL FRAMEWORK

This project document shall be the instrument referred to as such in Article 1 of the Standard Basic Assistance Agreement between the Government of (country) and UNDP, signed on 18 February 1977. All references in the SBAA to “Executing Agency” shall be deemed to refer to “Implementing Partner.”

This project will be implemented by UNDP in accordance with its financial regulations, rules, practices and procedures.

IX. RISK MANAGEMENT

1. UNDP as the Implementing Partner will comply with the policies, procedures, and practices of the United Nations Security Management System (UNSMS).
2. UNDP as the Implementing Partner will undertake all reasonable efforts to ensure that none of the [project funds]⁹ [UNDP funds received pursuant to the Project Document]¹⁰ are used to provide support to individuals or entities associated with terrorism and that the recipients of any amounts provided by UNDP hereunder do not appear on the list maintained by the Security Council Committee established pursuant to resolution 1267 (1999). The list can be accessed via http://www.un.org/sc/committees/1267/aq_sanctions_list.shtml. This provision must be included in all sub-contracts or sub-agreements entered into under this Project Document.
3. Social and environmental sustainability will be enhanced through application of the UNDP Social and Environmental Standards (<http://www.undp.org/ses>) and related Accountability Mechanism (<http://www.undp.org/secu-srm>). UNDP as the Implementing Partner will: (a) conduct project and programme-related activities in a manner consistent with the UNDP Social and Environmental Standards, (b) implement any management or mitigation plan prepared for the project or programme to comply with such standards, and (c) engage in a constructive and timely manner to address any concerns and complaints raised through the Accountability Mechanism. UNDP will seek to ensure that communities and other project stakeholders are informed of and have access to the Accountability Mechanism.
4. In the implementation of the activities under this Project Document, UNDP as the Implementing Partner will handle any sexual exploitation and abuse (“SEA”) and sexual harassment (“SH”) allegations in accordance with its regulations, rules, policies and procedures.
5. All signatories to the Project Document shall cooperate in good faith with any exercise to evaluate any programme or project-related commitments or compliance with the UNDP Social and Environmental Standards. This includes providing access to project sites, relevant personnel, information, and documentation.
6. UNDP as the Implementing Partner will ensure that the following obligations are binding on each responsible party, subcontractor and sub-recipient:
 - a. Consistent with the Article III of the SBAA [or the Supplemental Provisions to the Project Document], the responsibility for the safety and security of each responsible party, subcontractor and sub-recipient and its personnel and property, and of UNDP’s property in such responsible party’s, subcontractor’s and sub-recipient’s custody, rests with such

⁹ To be used where UNDP is the Implementing Partner

¹⁰ To be used where the UN, a UN fund/programme or a specialized agency is the Implementing Partner

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responsible party, subcontractor and sub-recipient. To this end, each responsible party, subcontractor and sub-recipient shall:

- i. put in place an appropriate security plan and maintain the security plan, taking into account the security situation in the country where the project is being carried;
 - ii. assume all risks and liabilities related to such responsible party's, subcontractor's and sub-recipient's security, and the full implementation of the security plan.
- b. UNDP reserves the right to verify whether such a plan is in place, and to suggest modifications to the plan when necessary. Failure to maintain and implement an appropriate security plan as required hereunder shall be deemed a breach of the responsible party's, subcontractor's and sub-recipient's obligations under this Project Document.
- c. In the performance of the activities under this Project, UNDP as the Implementing Partner shall ensure, with respect to the activities of any of its responsible parties, sub-recipients and other entities engaged under the Project, either as contractors or subcontractors, their personnel and any individuals performing services for them, that those entities have in place adequate and proper procedures, processes and policies to prevent and/or address SEA and SH.
- d. Each responsible party, subcontractor and sub-recipient will take appropriate steps to prevent misuse of funds, fraud or corruption, by its officials, consultants, subcontractors and sub-recipients in implementing the project or programme or using the UNDP funds. It will ensure that its financial management, anti-corruption and anti-fraud policies are in place and enforced for all funding received from or through UNDP.
- e. In the event that an investigation is required, UNDP will conduct investigations relating to any aspect of UNDP programmes and projects. Each responsible party, subcontractor and sub-recipient will provide its full cooperation, including making available personnel, relevant documentation, and granting access to its (and its consultants', subcontractors' and sub-recipients') premises, for such purposes at reasonable times and on reasonable conditions as may be required for the purpose of an investigation. Should there be a limitation in meeting this obligation, UNDP shall consult with it to find a solution.
- f. Where it becomes aware that a UNDP project or activity, in whole or in part, is the focus of investigation for alleged fraud/corruption, each responsible party, subcontractor and sub-recipient will inform the UNDP Resident Representative/Head of Office, who will promptly inform UNDP's Office of Audit and Investigations (OAI). It will provide regular updates to the head of UNDP in the country and OAI of the status of, and actions relating to, such investigation.
- g. UNDP will be entitled to a refund from the responsible party, subcontractor or sub-recipient of any funds provided that have been used inappropriately, including through fraud or corruption, or otherwise paid other than in accordance with the terms and conditions of the Project Document. Such amount may be deducted by UNDP from any payment due to the responsible party, subcontractor or sub-recipient under this or any other agreement.
- h. Where such funds have not been refunded to UNDP, the responsible party, subcontractor or sub-recipient agrees that donors to UNDP (including the Government) whose funding is the source, in whole or in part, of the funds for the activities under this Project Document, may seek recourse to such responsible party, subcontractor or sub-recipient for the recovery of any funds determined by UNDP to have been used inappropriately, including through fraud or corruption, or otherwise paid other than in accordance with the terms and conditions of the Project Document.

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

- i. Should UNDP refer to the relevant national authorities for appropriate legal action any alleged wrongdoing relating to the project or programme, the Government will ensure that the relevant national authorities shall actively investigate the same and take appropriate legal action against all individuals found to have participated in the wrongdoing, recover and return any recovered funds to UNDP.
- j. Each responsible party, subcontractor and sub-recipient shall ensure that all of its obligations set forth under this section entitled "Risk Management" are passed on to its subcontractors and sub-recipients and that all the clauses under this section entitled "Risk Management Standard Clauses" are adequately reflected, mutatis mutandis, in all its sub-contracts or sub-agreements entered into further to this Project Document.

Special clauses

In case of government cost-sharing through the project, the following clauses should be included:

1. The schedule of payments and UNDP bank account details.
2. The value of the payment, if made in a currency other than United States dollars, shall be determined by applying the United Nations operational rate of exchange in effect on the date of payment. Should there be a change in the United Nations operational rate of exchange prior to the full utilization by the UNDP of the payment, the value of the balance of funds still held at that time will be adjusted accordingly. If, in such a case, a loss in the value of the balance of funds is recorded, UNDP shall inform the Government with a view to determining whether any further financing could be provided by the Government. Should such further financing not be available, the assistance to be provided to the project may be reduced, suspended or terminated by UNDP.
3. The above schedule of payments takes into account the requirement that the payments shall be made in advance of the implementation of planned activities. It may be amended to be consistent with the progress of project delivery.
4. UNDP shall receive and administer the payment in accordance with the regulations, rules and directives of UNDP.
5. All financial accounts and statements shall be expressed in United States dollars.
6. If unforeseen increases in expenditures or commitments are expected or realized (whether owing to inflationary factors, fluctuation in exchange rates or unforeseen contingencies), UNDP shall submit to the government on a timely basis a supplementary estimate showing the further financing that will be necessary. The Government shall use its best endeavors to obtain the additional funds required.
7. If the payments referred above are not received in accordance with the payment schedule, or if the additional financing required in accordance with paragraph above is not forthcoming from the Government or other sources, the assistance to be provided to the project under this Agreement may be reduced, suspended or terminated by UNDP.

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8. Any interest income attributable to the contribution shall be credited to UNDP Account and shall be utilized in accordance with established UNDP procedures.

 9. In accordance with the decisions and guidelines of the UNDP Executive Board:
The contribution will be charged as follows:
 - a. 5% cost recovery for the provision of general management support (GMS) by UNDP headquarters and country offices
 - b. Direct cost for implementation support services (ISS) provided by UNDP and/or an executing agency/implementing partner.

 10. The contribution shall be subject exclusively to the internal and external auditing procedures provided for in the financial regulations, rules and directives of UNDP.

X. ANNEXES

Annex 1: Summary budget and multi-year detailed budget

Annex 2: Procurement Plan (based on the format included as Annex III of the EIB-UNDP Procedural Framework)

Annex 3: Financing Agreement (FA) between UNDP and the Government of Angola

Annex 4: EIB-UNDP procedural framework

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