PROJECT DOCUMENT
Uzbekistan

Project Title: Support to effective, resilient and inclusive governance systems for health
Project Number: 00119180
Implementing Partner: Ministry of Health of the Republic of Uzbekistan
Start Date: __/12/2019   **End Date:** 31/12/2025   **PAC Meeting date:** __/12/2019

Brief Description
The overall objective goal of the project is to provide support to the Government in strengthening governance system for health, particularly inclusive programmes and effective supply chain management. The project is expected to contribute to establishment of an effective system of provision of medicines and medical supplies to population, Including vulnerable groups, improved access to prevention services, high quality medicines and health products for HIV treatment, Non-communicable diseases (NCDs) and other socially significant diseases, and increased capacity of health sector professionals to plan, forecast and budgeting of healthcare and patient needs.
The outcome of the project is to assist Government in the implementation of national reform agenda in further development of health sector in line with Action Strategy for 2017 — 2021, in line with Concept of Health sector Development for 2019-2025, and SDGs 3 and 16.
Key partners are Ministry of Health, Agency for sanitary and epidemiological well-being, Republican AIDS Center and other relevant agencies and stakeholders engaged in health sector development on Uzbekistan.

UNDAF (United Nations Development Assistance Framework for the Republic of Uzbekistan) **Outcome 4**: By 2020, t **CPD (Country Programme Document)** Indicative Output(s) with gender marker:	

Total resources required:		$ 10,056,400
Total resources allocated:	**UNDP TRAC:**	$ 100, 000
	Government:	$ 2 660 000
	Donors Unfunded:	$ 7 300 000
	In-Kind:	Office premises, communications, Internet

Agreed by (signatures):

UNDP	Implementing Partner
Ms. Matilda Dimovska, UNDP Resident Representative in Uzbekistan	Mr. Bakhodir Nizomov, Deputy minister of Health of the Republic of Uzbekistan
Date:	Date:

I.   DEVELOPMENT CHALLENGE

Agenda 2030 and Sustainable Development Goal (SDG) 3 set the ambitious target to end AIDS, tuberculosis and malaria as public health threats by 2030. The achievement of this target will be possible only if effective, cost-efficient and sustainable national responses to the three diseases are designed and implemented with the meaningful involvement of affected people and communities making sure that no one is left behind.

The formation of a healthy lifestyle among the population, the protection of motherhood and childhood are one of the main strategic policy directions the country's leadership and the Government of Uzbekistan. In this regard, over the past two years, the country has approved a number of serious measures to create a unified healthcare management system, develop the private sector in the healthcare system, improve the quality of medical services and create favorable conditions for the formation of a healthy generation.

As part of measures to reform the healthcare system implemented in the republic, it was possible to achieve certain results in the formation of a modern system of medical care for the population, including the prevention, diagnosis and treatment of the disease caused by the human immunodeficiency virus (hereinafter - HIV infection).

At the same time, systemic shortcomings and problems that have accumulated in recent years in the organization of health care activities hinder the effective solution of tasks to further improve the system of public health protection.

A full-fledged **concept defining strategic goals in planning and managing the healthcare sector** has not been implemented. This is crucial to ensure that the ongoing reforms are not fragmented and allow to meet the expectations and demands of the population on the quality of health care.

The estimated health financing system is based on outdated mechanisms that are not in line with international practice, which leads to **inefficient use of financial resources** and chronic underfunding of the sector, including procurement in the field of antiretroviral drugs.

Box 1.

The country also has a number of problems in terms of organizing and planning the procurement of medicines and medical supplies. In particular:

lack of a single organizational scheme for the procurement and distribution of medical goods;

gaps in procurement planning mechanisms. Procurement planning is carried out in the process of forming the draft state budget, which imposes its limitations, first of all, with the forecast procurement period, which does not exceed one year;

lack of methodological support for the public procurement system;

the opacity of the public procurement system;

policed procurement methods are not sufficiently regulated;

imperfection of legislation in the field of public procurement.

The low efficiency of work on the prevention and early detection of diseases, patronage and the formation of a healthy lifestyle is the reason for the increase in citizens' requests for specialized medical care. The continuity between the different levels and stages of medical care for the population, including rehabilitation treatment and therapy, is poorly developed. The current human resource management policy does not allow predicting the prospects for providing specialists at all levels of medical care, especially primary care, as well as the training of organizers and managerial personnel of the healthcare system.

The integration of medical practice with education and science against the background of the low innovative potential of specialized centers reflects the unsatisfactory level of introduction of advanced achievements of medicine in the treatment and diagnostic process. There are no uniform standards in the field of e-health, modern software products that provide integration and

effective management of medical services have not been introduced, existing information systems and technologies are fragmented and are narrowly targeted.

Disadvantages and problems exist in **HIV response among the population of Uzbekistan**. Despite the decrease in the incidence of nosocomial infections, there are drawbacks in the prevention of infections transmitted through the blood in medical institutions. No proper measures are taken to ensure timely and complete provision of medical instruments and supplies to medical institutions, especially in primary health care.

In some places, especially in remote areas, there are problems in the uninterrupted supply of medical facilities with electricity and clean drinking water, which negatively affects the quality of **instrument sterilization and the safety of treatment and preventive procedures**. The level of equipment of the sterilization departments of medical institutions does not meet the requirements when it comes down to the necessary equipment and inventory, and there is no modern approach to the methods of organizing sterilization measures. The **coverage of inpatient treatment of PLHIV (people living with HIV) in the regions and rural areas remains insufficient**, the poor material and technical base of regional AIDS centers and inter-district HIV diagnostic laboratories has a negative impact on the quality of work.

Chart 1. Statistics - people living with HIV.

Number of PLHIV in Uzbekistan 01.01.2019 года (40376)
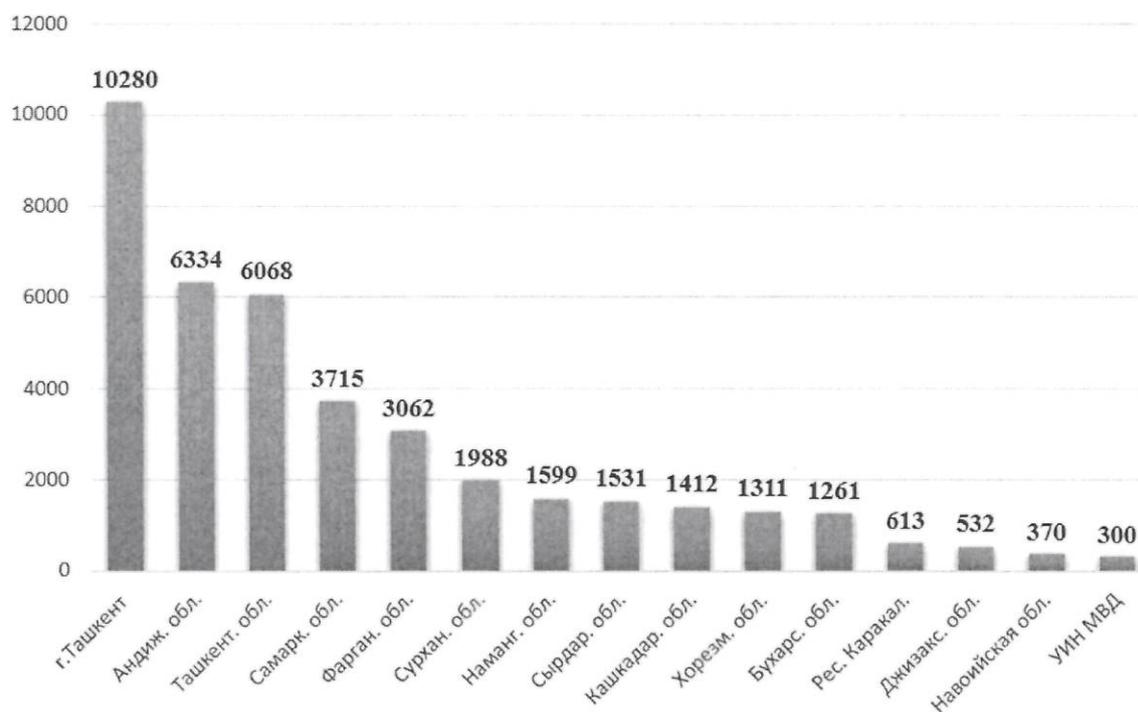
Women make up 45% of PLHIV. The main regions in which PLHIV are most registered are Tashkent city, Andijan region, and Tashkent region. The intensive indicator in the republic was 12.4 cases per 100 thousand of the population in 2018. The main route of HIV transmission is through sex (72%) and parenteral (17.5%), while the vertical decreased to 0.1%. The main cases of registration of PLHIV occur in the age group of 30-39 years (30.2%) and 40-49 years (24.3%). The prevalence of HIV among vulnerable groups is among IDUs - 5.1%, LIHI-3.2% and MSM - 3.7% for 2017. Annually, about 5.0 million remedies are distributed through Trust Cabinets for groups at higher risk of HIV infection. More than 75 thousand people were referred to narrow specialists (narcologists, obstetrician-gynecologists, dermatovenerologists, therapists, psychologists, etc.).

Non-communicable diseases in Uzbekistan cause 78% of all deaths every year[1]. In 2017, the diseases of the circulatory system (69%), including coronary heart disease, arterial hypertension and their complications (myocardial infarction, cerebral infarction), took first place in the overall structure of the indicators of mortality standardized by gender and age. They are followed by malignant neoplasms (8%), diabetes mellitus (3%) and chronic respiratory diseases (3%).

Box 2.

Noncommunicable diseases - mainly cardiovascular diseases, diabetes, cancer and chronic respiratory diseases - are now the most common cause of death in the world. 38 million people die from NCDs annually, including 16 million prematurely, under the age of 70 years. NCDs bear the same, if not more, burdens on low- and middle-income countries (LMICs). They account for more than 80% of premature deaths from NCDs[2].

According to the World Health Organization, in 2016, the economic damage caused by noncommunicable diseases amounted to about 9.3 trillion UZS, which is equivalent to 4.7 percent of the country's gross domestic product.

Experts note that 31 percent of premature mortality from noncommunicable diseases in Uzbekistan can be prevented or delayed by preventing risk factors and improving the organization and provision of medical care for patients suffering from noncommunicable diseases.

Over the years, the country adopted the Concept of development of the healthcare system of the Republic of Uzbekistan for 2019-2025 in order to formulate new concept models of organizing and financing health care, providing a radical increase in the effectiveness, quality and accessibility of medical care to the population, introducing modern achievements of medical science and technology, as well as in accordance with the objectives of the Strategy of Action in five priority areas for the development of the Republic of Uzbekistan in 2017 – 2021. This concept has been developed in accordance with the regulatory legal acts of the Republic of Uzbekistan governing activities in the healthcare sector, as well as international treaties in the field of public health under the framework of the regional Health 2020 policy and Sustainable Development Goals 2030.
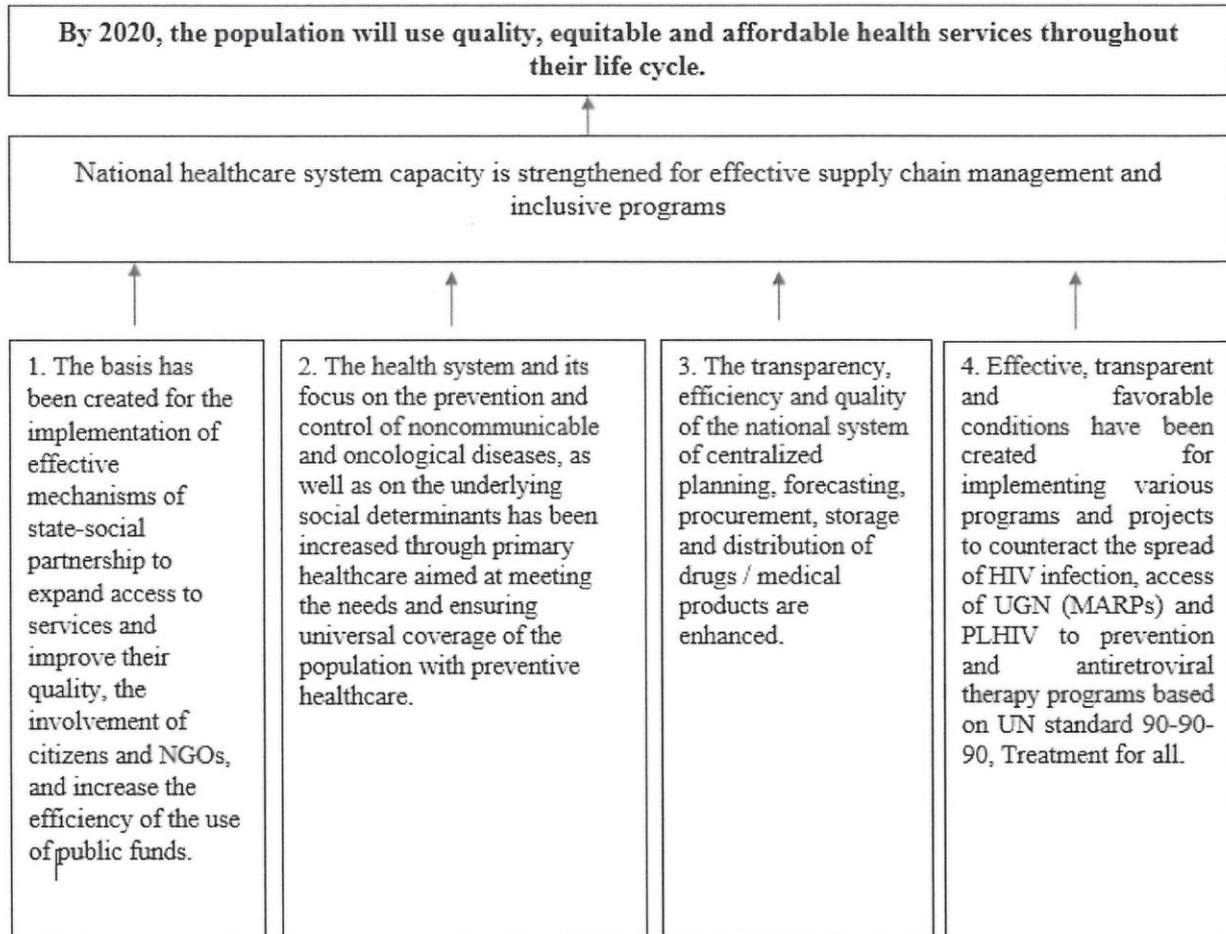
As international funding becomes more limited in certain contexts, a greater share of financing must come from domestic sources, primarily governments, in line with the principles of global solidarity and shared responsibility. Public financing of CSO-led service delivery for treatment, prevention and care programs for the three diseases is often referred to as "social contracting". It is widely recognized as an effective and cost-efficient approach to reinforce national responses to health challenges.

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1 The concept for the prevention of noncommunicable diseases, supporting a healthy lifestyle and increasing the level of physical activity of the population for 2019 - 2022. http://lex.uz/docs/4111360

2 https://www.undp.org/content/undp/en/home/librarypage/hiv-aids/what-government-ministries-need-to-know-about-non-communicable-diseases.html

II. STRATEGY

In accordance with this Concept, the Project proposes the following strategy for solving these problems (Theory of Change):

By 2020, the population will use quality, equitable and affordable health services throughout their life cycle.

National healthcare system capacity is strengthened for effective supply chain management and inclusive programs

1. The basis has been created for the implementation of effective mechanisms of state-social partnership to expand access to services and improve their quality, the involvement of citizens and NGOs, and increase the efficiency of the use of public funds.	2. The health system and its focus on the prevention and control of noncommunicable and oncological diseases, as well as on the underlying social determinants has been increased through primary healthcare aimed at meeting the needs and ensuring universal coverage of the population with preventive healthcare.	3. The transparency, efficiency and quality of the national system of centralized planning, forecasting, procurement, storage and distribution of drugs / medical products are enhanced.	4. Effective, transparent and favorable conditions have been created for implementing various programs and projects to counteract the spread of HIV infection, access of UGN (MARPs) and PLHIV to prevention and antiretroviral therapy programs based on UN standard 90-90-90, Treatment for all.

To achieve the first **short-term result**, the following project activities will be carried out:

1. Review and analysis of legislation and legal mechanisms for the development of social partnership/contracting in the health sector;

2. Development and piloting of modern models of state and social partnership, providing for social and medical care at home and several other measures;

3. Organization and implementation of joint research to create methodological guidelines on the piloting and development of social partnership/contracting in the field of healthcare;

4. Organization and conducting trainings, scientific and practical events and consultations, and study tours on the development of social partnership in the health sector;

5. Development of a mechanism for holding competitions and providing grants for NGOs in the framework of pilot projects of social partnership in the field of healthcare.

To achieve the **second short-term result**, the following project activities will be carried out:

1. Review and analysis of legislation and legal mechanisms in the field of prevention of noncommunicable diseases

Development of legal frameworks, standards and criteria for medical events (medical examination, national screenings, consultations, etc.) for the early identification of factors leading to the development of noncommunicable and oncological diseases.

2. Development of legal frameworks, standards and criteria for medical events (medical examination, national screenings, consultations, etc.) aimed at early detection of factors leading to the development of noncommunicable and oncological diseases.

3. Partnership with public organizations in the formation of a healthy environment and raising public awareness about the identification of NCDs and oncological diseases at an early stage.

4. Development of recommendations for improving state policy and legislation on the regulation of the main determinants of NCDs (in the field of alcohol and tobacco production, fast food, foods with high sugar content, etc.)

5. Modifiable risk factors for noncommunicable diseases and their underlying social determinants are reduced by creating conditions increasing overall health

To achieve the **third short-term result**, the following project activities will be carried out:

1. Review of the state system of procurement of medicines and development of recommendations for improving legislation in this area

2. A unified mechanism and standards have been developed to determine the needs of medical organizations in medicines, equipment, consumables and spare parts

3. Development and creation of an information system for the accounting, distribution and consumption of drugs

4. Assistance in the construction and launch of central warehouses and equipping them with vehicles in accordance with international standards

5. Training of the Ministry of Health system specialists on modern methods of supply chain management

6. Development of legal and institutional frameworks for access to international platforms and tenders for the purchase of imported medicines and medical products

To achieve the **fourth short-term result**, the following project activities will be carried out:

1. Assistance to the Republican AIDS Center in managing and implementing international and state grants for HIV prevention and treatment programs

2. Development and implementation of a program for the prevention, treatment, care and support of HIV among vulnerable groups of the population (migrants, their families, PLHIV, youth, prisoners) and the general population

3. Assistance in the uninterrupted provision of antiretroviral drugs for the prevention and treatment of HIV infection.

4. Assistance in the development of a national HIV treatment plan and treatment regimens, planning, providing medical services, monitoring and reporting on the results of treatment for all PLHIV in need (adults and children) and pregnant women.

5. Development and dissemination of information materials and raising public awareness about HIV/AIDS under the framework of social partnership with NGOs, local communities and interested state bodies, and khokimiyats.

All four of these result groups will help strengthen the national capacity of the health system to effectively manage supply chains and inclusive programs, which, in turn, will allow the people of Uzbekistan access to quality, equitable and affordable health services throughout their entire life cycle.

III.   RESULTS AND PARTNERSHIPS

Expected Results

In accordance with the National Strategy of Action for the five priority areas of development of the Republic of Uzbekistan in 2017-2021 and the UNDAF for 2016-2020, the Output of the project is to

Strengthen national capacities at the national and sub-national level to promote inclusive health services, including on HIV, thus helping to improve access to quality medicines and services for the most vulnerable.

The outcome of the **project is: "National health care system of Uzbekistan is strengthened to effectively manage supply chain and inclusive programmes of healthcare system of the country".**

This result is planned to be achieved through the implementation of measures for the following 4 main components:

Activity 1: Enhancement of governance system for health and enabling environment for establishment of social contracting mechanisms in health sector

Activity 1.1. *Assessment of current situation, governance system in health sector, including capacity assessment of the Ministry of Health;*

Activity 1.2. *Review of international best practices and widely used approaches in human resource management for effective governance within health sector;*

Activity 1.3. *Assistance in design of mechanism and management standards in health sector, as well as key performance indicators of managerial level staff of Ministry of Health and its subdivisions;*

Activity 1.4. *Support to capacity building activities of Ministry of Health, NGOs and other agencies involved in piloting social contracting through workshops, seminars and study visits;*

Activity 1.5. *Assessment of the current situation and study of the prerequisites for the introduction of social contracting in healthcare sector;*

Activity 1.6. *Review of best international experience and various approaches to the implementation of social contracting in transitional economies, engagement of international experts and consultants;*

Activity 1.7. *Assistance in the development of draft legal acts regulating interaction of executive authorities with public and other non-governmental non-profit organizations in the field of healthcare;*

Activity 1.8. *Assistance in the development of service standards and their piloting using PSP mechanisms / models*

Activity 1.9. *Facilitating of functional review of the Ministry of Health and identification of relevant and socially significant areas for piloting and possible scale-up of social contracting mechanisms;*

Activity 1.10. *Support for the development of a national social contracting mechanism in health sector.*

Activity 2. Further development of national response system for addressing noncommunicable diseases (NCDs)[3] and oncological diseases

Activity 2.1. *Drafting an action plan for prevention and control of noncommunicable diseases based on institutional analysis;*

Activity 2.2. *Assistance in the development of multisectoral national measures to combat NCDs, including the development of strategic plans and investment cases, as well as integration of issues related to combating NCDs in national and local development plans and strategies;*

Activity 2.3. *Facilitation support to the establishment of coordination platforms/agencies for addressing NCDs, oncological and other diseases;*

Activity 2.4. *Strengthening evidence-based frameworks in legislation, executive, administrative and other measures to prevent NCDs, oncological and other diseases, as well as regulation of structural driver areas of NCDs;*

Activity 2.5. *Examining issues related to the social, economic and environmental determinants of health and health inequalities;*

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[3] subject to the mobilization of donor funds

Activity 2.6. Analysis and study of international best practices in combating NCDs and oncological diseases and organization of pilot initiatives in this area within social contracting tools.

Activity 3: Strengthening national procurement and supply management system for medicines and other health products

Activity 3.1. Improving national systems for forecasting, planning and managing public procurement of medicines and health products; (Subject to the mobilization of donor funds);

Activity 3.2. Further development of the national system for storage and delivery of medical goods (antiretroviral drugs) based on international best practices;

Activity 3.3. Expanding access to key populations of high-quality medicines, diagnostic test-kits and services for the most vulnerable groups; (Subject to the mobilization of donor funds);

Activity 3.4. Ensure timely supply of medicines, and adequate provision of high-quality medicines at the reasonable price and short delivery time for the country;

Activity 3.5. Assistance in the development of technical specifications and the introduction of automated procurement management, monitoring and forecasting systems;

Activity 3.6. Assistance in the implementation and organization of the procurement activities of medicines and other health products in line with WHO prequalification standards;

Activity 3.7. Enhanced cooperation and an exchange of experience of national agencies of Uzbekistan, including SUE "O'zmedimpeks", AK "Dori-Darmon" and others with UNDP procurement units, including but not limited to UNDP Global Fund Health Implementation Support Team in Geneva and Copenhagen;

Activity 3.8. Organization of procurement trainings for national counterparts within the framework of the CIPS program (Chartered Institute of Procurement and Supply, British Institute for Supply and Procurement). (Subject to the availability of funds in the project budget).

Activity 4: Support to effective national HIV response measures and increasing access of all (90-90-90: treatment for all) to high-quality ARVs;

Activity 4.1. Evaluation and study of the system for forecasting, planning and managing procurement of ARV drugs;

Activity 4.2. Organization of procurement, delivery, customs clearance and certification of medicines and other medical supplies (in particular ART drugs, diagnostic test systems and other medical devices). In accordance with the Decree of the President of the Republic of Uzbekistan "On additional measures to counter the spread of the disease caused by HIV, and the prevention of nosocomial infections" dated June 22, 2018 No. PP-3800;);

Activity 4.3. Assistance in the organization, management and M&E of programs and projects for prevention, treatment, care and support among the general population, key populations and PLHIV;

Activity 4.4. Conducting and organizing various studies to assess the situation and quality of services provided with the involvement of national and international consultants;

Activity 4.5. Enhancing the capacity of national procurement professionals in project management, planning, forecasting, effective and transparent procurement procedures, and quality assurance procedures;

Activity 4.6. Providing technical and expert support in planning and forecasting the country's needs for medicines (in particular ARTs, diagnostic test systems, supplies and other medical supplies.

Activity 4.7. Promoting the effective functioning of the Country Coordinating Committee for Cooperation with the Global Fund to Fight HIV / AIDS, Tuberculosis and Malaria" in fulfilling its main tasks and functions, and ensuring the sustainability of HIV programs until 2030;

Activity 4.8. Providing support and technical assistance to the Ministry of Health and its sub-bridge structures in the effective administration of international grants and programs to combat HIV infections (upon agreement and consultations).

Resources Required to Achieve the Expected Results

During the implementation of the project, along with the project team and human resources, a number of cost categories will be required for the effective functioning of the project. These costs include:

The project will mobilize funds from donors (the Global Fund, bilateral donors, IFIs, etc.) and the state budget, using an approach based on a single decision-making platform (support to the IEC Secretariat) and global procurement channels, as well as access to international expertise and knowledge. The project will also use the knowledge and experience discussed during the meetings of the UNDAF Outcome 4 Working Group. Knowledge and expertise of UNDP health professionals from the Istanbul Regional Center and the Geneva Office will also be integrated into the project.

More specific types of expenses include the following resources:

General expenses: Cargo insurance, cargo handling and storage at the airport, customs warehousing, certification, sampling for testing in the laboratory, obtaining certificates of conformity for each series of drugs, conclusions of the sanitary and epidemiological services and other expenses associated with the purchase, transportation and customs clearance of such goods. This also includes rental of premises, office equipment (during the period when the office will not be provided by the national party), expenses for security, insurance, utility bills (if applicable) services necessary to support project activities;

Material expenses: Include office supplies, stationery, computer equipment, Internet connection, telephone equipment, etc.;

Separate areas and components of the project require the attraction of additional funds from international donors. In this regard, UNDP and the Ministry of Health, on the one hand, and the Republican AIDS Center will make joint efforts (preparation of joint applications) to attract the resources of international partners.

Partnerships

UNDP will involve a wide range of national and international partners in the project implementation process.

Within the framework of the project, UNDP will work closely with a wide range of national partners, such as the Cabinet of Ministers of the Republic of Uzbekistan, the Ministry of Finance, the Agency for Sanitary and Epidemiological Well-being, the Republican AIDS Center, the Women's Committee of the Republic of Uzbekistan and other ministries and departments.

The project will also take part as an observer and an auxiliary team of the UNDP Resident Representative in Uzbekistan within the framework of the Interagency Expert Council (IEC), which reviews the implementation of grants from the Global Fund to Fight HIV / AIDS, Tuberculosis and Malaria.

As part of a health coordination platform led by WHO in Uzbekistan, the project will take part in regular meetings of international partners and potential donors, including UN agencies, USAID and the World Bank. This will eliminate duplication in the activities of international organizations and projects and maximize the efforts of partners.

In the process of implementation, the project will also be able to apply the accumulated experience of the UNDP Regional Hub in Istanbul (HIV / AIDS Development, Health and Development Division), UNDP Geneva and Copenhagen units towards ensuring quality and drug compliance, organizing procurement and solving operational problems.

UNDP will work to engage a community of practitioners, experts, academia, NGOs.

Risks and Assumptions

The main risks of the project are changes in state policy and legislation on health care, the deficit of the state budget for the purchase of medicines, organizational and legal reforms and staff turnover. Also, changes in donor financial assistance, the dynamics of diseases, and the determinants of NCDs can pose risks to project activities. Market fluctuations, rising prices for medical supplies and delays in supplies due to administrative barriers may affect the third and fourth components of the project. Lack of proper coordination of donors and redistribution of

financial resources, or delays in the allocation of state or donor resources may affect the dynamics of the implementation of the tasks and planned activities of the project.

The project team, UNDP and the national partner will monitor these risks and make decisions on them after discussion at the meeting of the Project Board or exchange of letters.

The project manager will update the risk table quarterly (attached), depending on the expansion of the project, based on the results of monitoring these risks and report on managing and minimizing the consequences of risks at a meeting of the Project Board.

Stakeholder Engagement

To ensure synergies and consolidate its efforts, the project will work closely with other ongoing UNDP projects, including:

The project will also complement its efforts with other projects funded by international donors, as well as with other international projects implemented in Uzbekistan in the field of improving the system of public services and regional development.

In this context, the project will also take part in meetings of the Interdepartmental Expert Council (IEC) within CCM platform to coordinate the efforts of international donors in Uzbekistan on the implementation of HIV / AIDS programs and the further development of the healthcare system in Uzbekistan.

South-South and Triangular Cooperation (SSC/TrC)

Within the project implementation, appropriate South-South opportunities will be considered, as well as opportunities for triangular cooperation based on the needs of partners. In particular, the project will organize study tours to countries in the CIS and Eastern Europe (Kazakhstan, Ukraine, Moldova, and others) with successful experience in implementing reforms in a transition economy, which also have proven experience in the provision of public services in the health sector. The project will also facilitate the participation of the national side in the events organized by the UNDP Regional Center in Istanbul, UNDP offices in Geneva and Copenhagen. Along with this, subject to the availability of funding, the project will organize procurement trainings for representatives of the national side under the CIPS program (Chartered Institute of Procurement and Supply, British Institute of Supply and Procurement), which issues various certificates and diplomas for procurement specialists depending on experience and position. Thus, the project will facilitate South-South cooperation to support the exchange of knowledge and experience.

Knowledge

During the project implementation period, a number of materials will be prepared, including brief analytical documents, research reports, concept documents, infographics, information materials, presentation materials, and methodological recommendations. To the extent possible, the project will also organize presentations of its discussions with the general public and project stakeholders. Publications of the project will be distributed in Republican AIDS Center, territorial departments of the Ministry of Health, as well as among other ministries and departments and NGOs by agreement and decision of the Project Board.

Sustainability and Scaling Up

UNDP has a proven track record of managing health programmes, including but not limited to procuring high-quality medicines and health products in more than 50 countries using open and transparent processes, and we are a strategic partner for these countries in sharing of international best practices and development solutions in strengthening national health systems.

Since 2005, UNDP in Uzbekistan has been actively involved in the implementation of national HIV programs and projects, providing assistance and support in the procurement of antiretroviral drugs for the treatment of HIV infection, as well as diagnostic test systems and other medical supplies with funds from international donors, and since 2014 - also from the State budget on the basis of requests from national partners. UNDP has significant experience in procuring high-quality medicines, medical products and products for governments in more than 50 countries based on international principles of openness and transparency and is a strategic partner of states in implementing international best practices in the development of this sphere.

Large-scale procurement of medicines at the regional and global levels, as well as long-term contracts with leading world manufacturers and suppliers of medicines, allow UNDP to reduce the cost of orders, achieve the lowest prices for medicines and shorten the time for their delivery to the country of destination. So, in 2016, thanks to efficient and transparent, as well as cost-effective procurement procedures, UNDP saved almost $ 30 million for states. These savings, in agreement with national partners, can be reinvested to purchase additional drugs, expand access to drugs for vulnerable groups of the population, and strengthen the health system as a whole.

Cooperation with UNDP will enable Uzbekistan to generate a significant amount of savings, to ensure the reliable supply of quality health products, to improve access to essential health services for vulnerable groups, to strengthen the national supply chain systems and to build resilient health systems.

Moreover, UNDP Global Fund Partnership & Health Programme Implementation Support Team (HIST) in Geneva also provides a procurement platform using consolidated international procurement architecture and significant economies of scale to secure the best prices for WHO prequalified health products within a short timeframe.

At global and regional levels, UNDP has experience in developing government policies for NCDs. The project will draw on this available opportunity to examine, model and pilot NCD prevention initiatives and provide analytical support to the Government in developing solutions to regulate NCD determinants.

In solving the identified problems, the project will use existing long-term partnerships with the Ministry of Health of the Republic of Uzbekistan, RAC, regional administration and municipalities, which will allow the project to carry out the proposed activities as part of equal cooperation with the above institutions on all project components. This will also guarantee the sustainability of project results in the future, as the aforementioned state institutions will directly participate in the development and implementation of activities proposed under the project and will influence the process of implementing reforms in the future.

After strengthening national health capacities, the project will prepare a plan for transferring the results to national partners to ensure their sustainability and further management. Appropriate consultations and expert discussions will be held on scaling up successful pilot projects of the project at the national level.

IV.   PROJECT MANAGEMENT

Cost Efficiency and Effectiveness

The main effectiveness of the Project will be ensured through strategic and fundamental reforms in key areas of the healthcare system - Management, Financing and Procurement.

As part of the first component, a pilot model of state-social partnership in the field of healthcare will be developed. Public and non-governmental non-profit organizations, working with patients with chronic diseases, with risk groups, and providing unique services to those who for various reasons cannot rely on help from the state, successfully supplement state healthcare services. The development of this mechanism will expand the range of healthcare services, including those provided by the private sector, as well as the systematic implementation of patronage and educational programs in the healthcare sector. The project will advise national partners on creating conditions for the involvement of NGOs, by reviewing legislation, developing proposals, and piloting a model.

As part of the second component of the project, the Project will develop measures for the prevention and early diagnosis of NCDs and oncological diseases, which, in turn, will significantly reduce treatment costs, eradicate the consequences, deaths and result in various state benefits. International best practice in tax policy regarding producers / importers of determinant goods and the formation of additional resources for the national health fund will be studied.

Within the framework of the third and fourth components, the project will assist in increasing the capacity of national partners in effective centralized procurement planning, which will ensure a reduction in the cost of medicines, medical supplies, and transportation costs. A procurement forecasting system will prevent the shortage and excess of drugs (expiration, destruction, medical

supplies and equipment). At the same time, centralized storage will allow for the reduction of rental / maintenance costs of local warehouses, as well as labor and utility costs. In such a supply chain management system, optimal conditions will be created for the storage of medicines, medical goods and equipment, and a centralized service for servicing equipment will be created.

The project will create a centralized system for the distribution and delivery of medicines and medical products, thereby there will be no need for each healthcare institution to cover transportation costs or maintain a separate garage.

Using the services of international purchasing agencies will ensure a downward trend in prices for medicines, medical products and equipment, as well as reduce the time for deliveries to the country.

Project Management

The project will be implemented under the National Implementation Modality (NIM) with UNDP CO's full support as per NIM guidelines. The National Agency of Project Management under the President of the Republic of Uzbekistan (NAPM) will be the Implementing Partner.

In accordance with the Letter of Agreement between UNDP and Ministry of Health for the provision of support services, the UNDP Country Office in Uzbekistan may provide, at the request of the NAPM, the following support services for the activities of the project:

  (a) Identification and/or recruitment of project and programme personnel and consultants;
  (b) Identification and facilitation of training activities, seminars and workshops;
  (c) Procurement of goods and services;
  (d) Processing of payments, disbursements and other financial transactions;
  (e) Administrative services including travel authorization, visa requests and other arrangements;

Detailed description of services is provided in the Annex of this project document.

The procurement of goods and services and the recruitment of project personnel by the UNDP Country Office shall be in accordance with the UNDP regulations, rules, policies and procedures. The goods procured within the framework of the Project and necessary for the implementation of its activities, in particular IT equipment, software & office furniture shall be transferred to the ownership of the Implementing Partner, unless the Project Board decides otherwise or the goods have been procured from the funds provided by third parties and the agreements with them stipulate other arrangements. The relevant provisions of the Standard Basic Assistance Agreement (SBAA) between the Government of Uzbekistan and UNDP, signed by the Parties on 10 June 1993, incl. the provisions on liability and privileges & immunities, shall apply to the provision of such support services. Any claim or dispute arising under or in connection with the provision of support services by the UNDP country office in accordance with this document shall be handled pursuant to the relevant provisions of the SBAA.

The geographical location of the project will be located both at the central and regional levels. The Ministry of Health will provide office space for the project, will provide full access for the project team and project visitors to the building. Moreover, the Ministry of Health will also provide separate support tools to ensure the full and uninterrupted operation of the project (including city telephone lines, equipment, electricity) and maintain external communications.

For its part, the project team will ensure proper administration, financial management, communication, monitoring and evaluation. The team will also be responsible for maintaining communication with representatives of key national, regional and local participants (stakeholders), for the timely organization of the Project Board, as well as ensuring synergies with similar UNDP projects and in the UN agency system.

The project team will also involve experts in the field of effective management with solid experience, with a full understanding of the local context. The proposed organizational structure of the project team has been carefully formed to cover the necessary level of management, coordination and policy guidance, technical knowledge, monitoring and communications.

Audit Arrangements: The Audit will be conducted in accordance with the established UNDP procedures set out in the Programming and Finance manuals by the legally recognized auditor.

Use of institutional logos on project deliverables: In order to accord proper acknowledgement to UNDP for providing funding, UNDP should appear on all relevant project publications, including among others, project hardware purchased with UNDP funds. Any citation on publications regarding projects funded by UNDP should also accord proper acknowledgement to UNDP. The UNDP logo should be more prominent – and separated from any other logo, if possible, as UN visibility is important for security purposes. The Project will not develop its own logo.

V. RESULTS FRAMEWORK

Intended Outcome as stated in the UNDAF/Country Programme Results and Resource Framework:

Outcome 4. By 2020, all people benefit from quality, equitable and accessible health services throughout their life courses.

Outcome indicators as stated in the Country Programme Results and Resources Framework, including baseline and targets:

Indicator 4.5: % of adults and children who are in need for antiretroviral treatment and do receive this treatment

Baseline: 79.8% in 2014 (9588 PLHiV); Women: 50,1%; Men: 49,9% Children ☐15 – 36,7%

Target: 90% in 2020

Indicator 4.6: Percentage of selected MarPs living with HiV, of them: a) injecting drug users, b) populations engaging in high risk unprotected sexual activities

Baseline: iDu - 7.3%; Sex workers: 2,1%;

Target: iDu 3.6% in 2020; Sex workers: 1% in 2020

Indicator 4.9: Percentage of population aged 18 to 64 years with any three or more of the NCD risk factors out of following:

- current daily smokers
- having less than 5 portions of fruits and vegetables daily
- lacking physical activity
- having excess weight (index of body weight ≥ 25 kg/m2)
- high blood pressure (SBP ≥ 140 и/or DBP ≥ 90 mm of mercury or currently receiving treatment in regard to high blood pressure)

Baseline: Both sexes - 22.6% (95%); Ci 20.3–25.0%); Male – 24% (95% Ci 21.0–27.1%); Female – 21% (95% Ci 18.3–23.7%);

Target: min 20% in 2020 for both sexes

Corresponding CP outcome:

OUTPUT 3.1. Strengthened institutional capacities for integrated strategic planning

Indicator 1.a: Availability of roadmaps for policy coherence, planning, resource management and operational coordination for equitable service delivery.

Baseline: No. Current system of public sector management has sector approach for service provision that impedes reforms for access to quality public service provision
Target: Yes.

Applicable Output(s) from the UNDP Strategic Plan 2018-2021:

OUTCOME1: Advance poverty eradication in all its forms and dimensions

OUTPUT 1.2.1 Capacities at national and sub-national levels strengthened to promote inclusive local economic development and deliver basic services including HIV and related services.

Project title and Atlas Project Number: «Support to effective, resilient and inclusive governance systems for health». Project ID. 00119180;(Output ID): 00115712

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EXPECTED OUTPUTS	OUTPUT INDICATORS	DATA SOURCE	BASELINE		ЦЕЛЕВЫЕ ПОКАЗАТЕЛИ						DATA COLLECTION METHODS & RISKS
			Value	Year	Year 1	Year 2	Year 3	Year 4	Year 5	FINAL	
Output 1 Capacities at the national and sub-national level are strengthened to promote inclusive health services, including on HIV.	Availability of effective mechanism for social contracting (at least at pilot level) in health, including service standards using social contracting frameworks	Concept of Health care Development	No	2019	Нет	Нет	Части чно имеет ся	Yes	Yes	Yes	Project reports, legislation, Government resolutions, State budget
	Availability of national strategy on NCD and oncological diseases prevention with use of underlying social determinants through needs-based primary health care and universal health coverage	Presidential Decree on NCD prevention	No	2019	No	Partiall y	Partiall y	Yes	Yes	Yes	Project reports, legislation, Government resolutions
	National mechanism/strategy in place for quantity determination, demand forecasting, transparent and efficient procurement of medicines, medical supplies and equipment with central storage and logistics	Governmen t report and resolutions	No	2019	No	No	No	Partiall y	Yes	Yes	Project reports, legislation, Government resolutions
	Number of PLHIV (men and women) and receiving ARV treatment	Project reports	42,4	2017	29000	33000	36000	40000			RAC reports
	Percentage of HIV positive pregnant women receiving ARV treatment	Project reports	94,5%	2017	98,3	98,3	98,3				RAC reports

VI. MONITORING AND EVALUATION

In accordance with UNDP's programming policies and procedures, the project will be monitored through the following monitoring and evaluation plans:

Monitoring Plan

Monitoring Activity	Purpose	Frequency	Expected Action	Partners (if joint)	Cost (if any)
Track results progress	Progress data against the results indicators in the RRF will be collected and analysed to assess the progress of the project in achieving the agreed outputs.	Quarterly, or in the frequency required for each indicator.	Slower than expected progress will be addressed by project management.		
Monitor and Manage Risk	Identify specific risks that may threaten achievement of intended results. Identify and monitor risk management actions using a risk log. This includes monitoring measures and plans that may have been required as per UNDP's Social and Environmental Standards. Audits will be conducted in accordance with UNDP's audit policy to manage financial risk.	Quarterly	Risks are identified by project management and actions are taken to manage risk. The risk log is actively maintained to keep track of identified risks and actions taken.		
Learn	Knowledge, good practices and lessons will be captured regularly, as well as actively sourced from other projects and partners and integrated back into the project.	At least annually	Relevant lessons are captured by the project team and used to inform management decisions.		
Annual Project Quality Assurance	The quality of the project will be assessed against UNDP's quality standards to identify project strengths and weaknesses and to inform management decision making to improve the project.	Once in a two year	Areas of strength and weakness will be reviewed by project management and used to inform decisions to improve project performance.		
Review and Make Course Corrections	Internal review of data and evidence from all monitoring actions to inform decision making.	At least annually	Performance data, risks, lessons and quality will be discussed by the project board and used to make course corrections.		
Project Report	A progress report will be presented to the Project Board and key stakeholders,	Annually, and at the end of the			

	consisting of progress data showing the results achieved against pre-defined annual targets at the output level, the annual project quality rating summary, an updated risk long with mitigation measures, and any evaluation or review reports prepared over the period.	project (final report)	
Project Review (Project Board)	The project's governance mechanism (i.e., project board) will hold regular project reviews to assess the performance of the project and review the Multi-Year Work Plan to ensure realistic budgeting over the life of the project. In the project's final year, the Project Board shall hold an end-of project review to capture lessons learned and discuss opportunities for scaling up and to socialize project results and lessons learned with relevant audiences.	At least annually)	Any quality concerns or slower than expected progress should be discussed by the project board and management actions agreed to address the issues identified.

Evaluation Plan

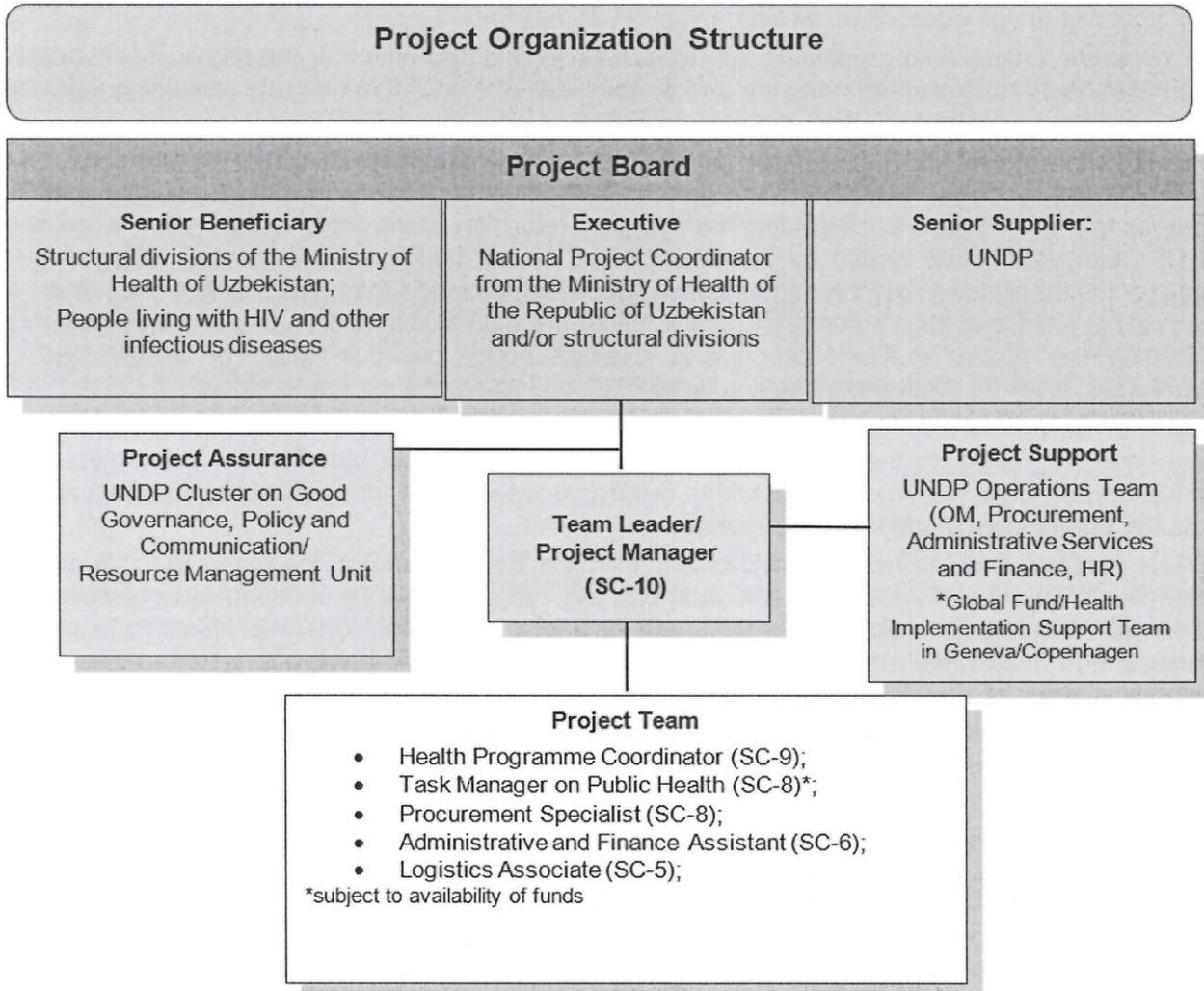| Evaluation Title	Partners (if joint)	Related Strategic Plan Output	UNDAF/CPD Outcome	Planned Completion Date	Key Evaluation Stakeholders	Cost and Source of Funding
Final evaluation	N/A	Output 1.2.1	Outcome 4.	31.12.2025	MoH, Agency for sanitary and epidemiological well-being and other relevant organizations	$ 20, 000 (subject to availability of funding)

VII. Multi-Year Work Plan

EXPECTED OUTPUTS	PLANNED ACTIVITIES	Planned Budget by Year					RESPONSIBLE PARTY	PLANNED BUDGET *		
		Y1	Y2	Y3	Y4	Y5		Funding Source	Budget Description	Amount
Output 1: Capacities at the national and sub-national level are strengthened to promote inclusive health services, including on HIV	**Activity 1:** Assistance in establishment of legal mechanisms of social contracting in health sector to delivery key services (subject to availability funding)		300 000	200 000	100 000		MoH, UNDP	MoH, UNDP, donors	71200 71300 71400 71600 72100 74200 64300 74500 72400 72500	$ 600 000 (subject to resource mobilization)
	Activity 2: Enhancing governance system for addressing non-communicable and oncological diseases		500 000	500 000	300 000		MoH, UNDP	MoH, UNDP, donors	71200 71300 71400 71600 72100 74200 64300 74500 72400 72500	$ 1 300 000 (subject to resource mobilization)

Activity 3: Strengthening national supply chain management system in health sector, including medicines and other health products;		1 000 000	1 850 000	1 800 000	350 000	MoH, UNDP	MoH, UNDP, donors	71200 71300 71400 71600 72100 74200 64300 74500 72400 72500	$ 5 000 000 (subject to resource mobilization)
Activity 4: Support to national HIV response programme and improving access to ARV treatment for all (90-90-90 global programme);	2 660 000					MoH, UNDP	MoH, UNDP	72300 71400 71600 72100 74200 64300 74500 72400 72500	$ 2 660 000
ИТОГО									$ 9 560 000
Evaluation					20 000	UNDP	UNDP	64300 71200 75100 74500	$ 20 000
General management support (GMS) GMS (4%)	106 400	72 000	102 000	88 000	14 000				$ 382 400
DPC (1%)	25 000	18 000	25 500	22 000	3 500				$ 94 000
TOTAL									**$ 10 056 400**

VIII. GOVERNANCE AND MANAGEMENT ARRANGEMENTS

The project will be implemented through National Implementation (NIM) modality with UNDP CO's full support, as per NIM guidelines. National Implementation Modality (NIM) has been selected in order to strengthen the local ownership and further foster engagement of national judicial authorities in the new project planning and execution. The Republican AIDS Center under the Ministry of Health will act as the Implementing Partner. The Ministry of Health will appoint a senior official to be the National Project Coordinator (NPC).

Project Organization Structure

Project Board

Senior Beneficiary	Executive	Senior Supplier:
Structural divisions of the Ministry of Health of Uzbekistan; People living with HIV and other infectious diseases	National Project Coordinator from the Ministry of Health of the Republic of Uzbekistan and/or structural divisions	UNDP

Project Assurance
UNDP Cluster on Good Governance, Policy and Communication/ Resource Management Unit

Team Leader/ Project Manager (SC-10)

Project Support
UNDP Operations Team (OM, Procurement, Administrative Services and Finance, HR)
*Global Fund/Health Implementation Support Team in Geneva/Copenhagen

Project Team
- Health Programme Coordinator (SC-9);
- Task Manager on Public Health (SC-8)*;
- Procurement Specialist (SC-8);
- Administrative and Finance Assistant (SC-6);
- Logistics Associate (SC-5);
*subject to availability of funds

The project will be overseen and guided by Project Board (PB) as the main body responsible for overall direction and management of the project. It will consist of the Ministry of Health (MoH), Republican AIDS Center (Implementing Partner) or any authorized by MoH agency (Senior Beneficiary), UNDP (Senior Supplier) and representatives of donor organizations, supporting the project implementation.

The Project Board will be co-chaired by the Ministry of Health and UNDP. The Project Board will be responsible for making by consensus management decisions for the project when guidance is required by the Project Manager, including recommendation for MoH/UNDP approval of project workplans, budget and revisions. In order to ensure UNDP's ultimate accountability, Project Board decisions should be made in accordance with standards that shall ensure best value for money, fairness, integrity, transparency and effective competition. In case a consensus cannot be reached within the Board, final decision shall rest with the UNDP Resident Representative.

The project reviews by the Project Boards are made at designated decision points during the running of the project, or as necessary when raised by the Project Manager or by the Project Assurance. The Project Board meets at least ones a year, but it could meet virtually and more often as required. Based on the approved multi-year work plan or annual work plan (AWP), the

Project Board may review and approved project plans when required and authorizes any major deviation from these agreed plans. It ensures that required resources are committed and arbitrates on any conflicts within the project or negotiates a solution to any problems between the projects and external bodies.

In the course of project implementation Project Board assumes the following specific duties:
- ➢ Overall guidance and direction to the project;
- ➢ Review of each stage and approval of progress;
- ➢ Review and approval of work-plans and any exception plan.

This Board contains three roles, including:

1) **Executive**: individual representing the project ownership and will chair the group. It is expected that the Ministry of Health will delegate and appoint a senior official to this role who will ensure the full government support and serve as National Project Coordinator (NPC);

2) **Senior Supplier**: UNDP (1 representative) representing the interests of the parties concerned which provide technical expertise to the project. The Senior Supplier's primary function within the Board is to provide guidance regarding the technical feasibility of the project. This role will rest with UNDP Uzbekistan represented by the UNDP RR/DRR or designated official. EU Delegation (1 representative) representing the parties concerned which provide funding for the implementation of the project. EU Delegation's primary function within the SC/PB will be to provide overall guidance regarding the project implementation and relevant policy dialogue with the Government of Uzbekistan. It will be represented by the Head of Cooperation or designated official.

3) **Senior Beneficiaries**: Republican AIDS Center under the Ministry of Health of the Republic of Uzbekistan representing the interests of those who will ultimately benefit from the project. The Senior Beneficiary's primary function within the Board is to ensure the realization of project results from the perspective of project beneficiaries.

Project Assurance is the responsibility of each Project Board member. However, the role can be delegated. The Project Assurance role supports the Project Board by carrying out objective and independent project oversight and monitoring functions. This role ensures appropriate project management milestones are managed and completed. UNDP will have a key role in the quality assurance of the project, including its Programme Team and relevant unit of CO Uzbekistan.

The Project Support role provides project administration, management and technical support to the Project Manager as required by the needs of the project. It is necessary to keep Project Support and Project Assurance roles separate in order to maintain the independence of Project Assurance.

The Project Board will convene at least annually to hold regular project reviews to assess the performance of the project, achievement of targets and review of the Multi-Year Work Plan to ensure realistic budgeting over the life of the project. In advance of such meetings, the project team will provide to the Project Board an Annual Review Briefing on the project's progress and financial expenditures/budget. The Project Board shall commission evaluations on the quality of project deliverables, sustainability of results, capture lessons learned and discuss opportunities for scaling up and sharing project results with relevant audiences. It will also assess Final Project Review Report during a formal meeting organized at least one month prior to the completion date of the project.

UNDP will provide annual progress reports and final report in line with format agreed in writing during Project Board or Local Project Appraisal Committee meeting.

Key national government agencies, particularly the Cabinet of Ministers, Ministry of Finance, Agency for sanitary and epidemiological well-being, Agency for pharmaceutical industry development under the MoH, the Women's Committee of Uzbekistan and other government agencies may also attend the SC/PB meetings. Centre "Oila", and other organizations like State Statistics Committee, and NGOs, academic institutions can attend the PB at the invitation of MoH. As such and to benefit from inputs and expertise of international organizations, the Project Board may invite upon agreement other key government agencies and development partners to join the Board as observers (1 representative from each agency).

IX. LEGAL CONTEXT

1. Legal Context:

> ➤ Country has signed the Standard Basic Assistance Agreement (SBAA)
> ➤ Country has signed UNDAF Legal Annex in 2016

2. Implementing Partner:

> ➤ Ministry of Health of the Republic of Uzbekistan (NIM)

This project document shall be the instrument referred to as such in Article 1 of the Standard Basic Assistance Agreement (SBAA) between the Government of Uzbekistan and UNDP, signed on June 10, 1993. All references in the SBAA to "Executing Agency" shall be deemed to refer to "Implementing Partner."

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

X. RISK MANAGEMENT

Government Entity (NIM)

1. Consistent with Article III of the SBAA, the responsibility for the safety and security of the Implementing Partner and its personnel and property, and of UNDP's property in the Implementing Partner's custody, rests with the Implementing Partner. To this end, the Implementing Partner shall:

   a) put in place an appropriate security plan and maintain the security plan, taking into account the security situation in the country where the project is being carried;

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

2. UNDP reserves the right to verify whether such a plan is in place, and to suggest modifications to the plan when necessary. Failure to maintain and implement an appropriate security plan as required hereunder shall be deemed a breach of the Implementing Partner's obligations under this Project Document.

3. The Implementing Partner agrees to undertake all reasonable efforts to ensure that no UNDP funds received pursuant to the Project Document are used to provide support to individuals or entities associated with terrorism and that the recipients of any amounts provided by UNDP hereunder do not appear on the list maintained by the Security Council Committee established pursuant to resolution 1267 (1999). The list can be accessed via http://www.un.org/sc/committees/1267/aq_sanctions_list.shtml.

4. The Implementing Partner acknowledges and agrees that UNDP will not tolerate sexual harassment and sexual exploitation and abuse of anyone by the Implementing Partner, and each of its responsible parties, their respective sub-recipients and other entities involved in Project implementation, either as contractors or subcontractors and their personnel, and any individuals performing services for them under the Project Document.

   a. In the implementation of the activities under this Project Document, the Implementing Partner, and each of its sub-parties referred to above, shall comply with the standards of conduct set forth in the Secretary General's Bulletin ST/SGB/2003/13 of 9 October 2003, concerning "Special measures for protection from sexual exploitation and sexual abuse" ("SEA").

b. Moreover, and without limitation to the application of other regulations, rules, policies and procedures bearing upon the performance of the activities under this Project Document, in the implementation of activities, the Implementing Partner, and each of its sub-parties referred to above, shall not engage in any form of sexual harassment ("SH"). SH is defined as any unwelcome conduct of a sexual nature that might reasonably be expected or be perceived to cause offense or humiliation, when such conduct interferes with work, is made a condition of employment or creates an intimidating, hostile or offensive work environment.

5. a) In the performance of the activities under this Project Document, the Implementing Partner shall (with respect to its own activities), and shall require from its sub-parties referred to in paragraph 4 (with respect to their activities) that they have minimum standards and procedures in place, or a plan to develop and/or improve such standards and procedures in order to be able to take effective preventive and investigative action. These should include: policies on sexual harassment and sexual exploitation and abuse; policies on whistleblowing/protection against retaliation; and complaints, disciplinary and investigative mechanisms. In line with this, the Implementing Partner will and will require that such sub-parties will take all appropriate measures to:

   i. Prevent its employees, agents or any other persons engaged to perform any services under this Project Document, from engaging in SH or SEA;

   ii. Offer employees and associated personnel training on prevention and response to SH and SEA, where the Implementing Partner and its sub-parties referred to in paragraph 4 have not put in place its own training regarding the prevention of SH and SEA, the Implementing Partner and its sub-parties may use the training material available at UNDP;

   iii. Report and monitor allegations of SH and SEA of which the Implementing Partner and its sub-parties referred to in paragraph 4 have been informed or have otherwise become aware, and status thereof;

   iv. Refer victims/survivors of SH and SEA to safe and confidential victim assistance; and

   v. Promptly and confidentially record and investigate any allegations credible enough to warrant an investigation of SH or SEA. The Implementing Partner shall advise UNDP of any such allegations received and investigations being conducted by itself or any of its sub-parties referred to in paragraph 4 with respect to their activities under the Project Document, and shall keep UNDP informed during the investigation by it or any of such sub-parties, to the extent that such notification (i) does not jeopardize the conduct of the investigation, including but not limited to the safety or security of persons, and/or (ii) is not in contravention of any laws applicable to it. Following the investigation, the Implementing Partner shall advise UNDP of any actions taken by it or any of the other entities further to the investigation.

   b) The Implementing Partner shall establish that it has complied with the foregoing, to the satisfaction of UNDP, when requested by UNDP or any party acting on its behalf to provide such confirmation. Failure of the Implementing Partner, and each of its sub-parties referred to in paragraph 4, to comply with the foregoing, as determined by UNDP, shall be considered grounds for suspension or termination of the Project.

6. Social and environmental sustainability will be enhanced through the application of the UNDP Social and Environmental Standards (http://www.undp.org/ses) and related Accountability Mechanism (http://www.undp.org/secu-srm).

7. The Implementing Partner shall: (a) conduct project and programme-related activities in a manner consistent with the UNDP Social and Environmental Standards, (b) implement any management or mitigation plan prepared for the project or programme to comply with such standards, and (c) engage in a constructive and timely manner to address any concerns and

complaints raised through the Accountability Mechanism. UNDP will seek to ensure that communities and other project stakeholders are informed of and have access to the Accountability Mechanism.

8. 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.

9. The Implementing Partner will take appropriate steps to prevent misuse of funds, fraud or corruption, by its officials, consultants, responsible parties, subcontractors and sub-recipients in implementing the project or using UNDP funds. The Implementing Partner 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.

10. The requirements of the following documents, then in force at the time of signature of the Project Document, apply to the Implementing Partner: (a) UNDP Policy on Fraud and other Corrupt Practices and (b) UNDP Office of Audit and Investigations Investigation Guidelines. The Implementing Partner agrees to the requirements of the above documents, which are an integral part of this Project Document and are available online at www.uz.undp.org.

11. In the event that an investigation is required, UNDP has the obligation to conduct investigations relating to any aspect of UNDP projects and programmes. The Implementing Partner shall provide its full cooperation, including making available personnel, relevant documentation, and granting access to the Implementing Partner's (and its consultants', responsible parties', 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 the Implementing Partner to find a solution.

12. The signatories to this Project Document will promptly inform one another in case of any incidence of inappropriate use of funds, or credible allegation of fraud or corruption with due confidentiality. Where the Implementing Partner becomes aware that a UNDP project or activity, in whole or in part, is the focus of investigation for alleged fraud/corruption, the Implementing Partner will inform the UNDP Resident Representative/Head of Office, who will promptly inform UNDP's Office of Audit and Investigations (OAI). The Implementing Partner shall provide regular updates to the head of UNDP in the country and OAI of the status of, and actions relating to, such investigation.

13. Should UNDP refer to the relevant national authorities for appropriate legal action any alleged wrongdoing relating to the project, 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.

XI. ANNEXES

1. Project Quality Assurance Report

2. Social and Environmental Screening Template

3. Risk Analysis.

4. Project Board Terms of Reference and TORs of key management positions

5. Standard letter of agreement (LoA) for the provision of support services

6. Terms of Reference for National Project Coordinator (NPC);

ANNEX 3. RISK ANALYSIS

Project Title: «Support to effective, resilient and inclusive governance systems for health»

Project number: 00119180

Date:

#	Description	Risk Category	Impact & Likelihood, Risk Level	Risk Treatment / Management Measures	Risk Owner. лицо
1.	Structural reform and management change in the Ministry of Health of the Republic of Uzbekistan and structural departments/agencies resulting in review of established and signed Agreements	Organizational	Probability = 3 Impact = 4	Monitoring of internal dynamics in the country, reform agenda in health sector, maintaining close strategic partnership with the Ministry of Health and its management, reflecting the agreements and priority areas of cooperation in written correspondence, official letters, better linkage and synergy of UNDP activities with national reform agenda, preparation and advancing UNDP value proposition in health procurement, organization of periodic meetings with MoH senior management and UNDP RR.	Project Manager/Health Programme Coordinator
2.	Delays in disbursement of funds or installment as per Agreement	Financial	Probability = 3 Impact = 5	Do not start procurement activities and processes without receiving of funds, in case of delays communication and reminders via official correspondence, organization of the meeting with senior management	Project Manager/Health Programme Coordinator and Operations team
3.	Delay in placing order and delivering medicines and other health products to Uzbekistan in view of late transfer of funds or installments	Operational	Probability = 5 Impact = 5	Maintaining regular communication with partners and reminding the importance of timely disbursement of funds, notification about completion of the first part of activities in advance.	Project Manager/Health Programme Coordinator alongside with GF/HIST team
4.	Need for additional funds and procurement of additional health products in case of sudden and unexpected increase in the spread of HIV in Uzbekistan	Operational	Probability = 2 Impact = 4	Verification of demand forecast plan through data triangulation, participation in joint monitoring activities of HIV surveillance, stock-management, collaboration and cooperation with other UN agencies and development partners	Project Manager/Health Programme Coordinator

#	Risk	Category	Probability/Impact	Mitigation measure	Responsible
5.	Price increase for ARV medicines and other health products due to renewal of global LTAs	Operational	Probability = 2 Impact = 3	Regular communication with GF/HIST team and receiving alerts in advance	Project Programme Manager/Health Coordinator alongside with GF/HIST team
6.	Unexpected global shortage or stock-out for specific health products under LTAs (due to API or closure of production facilities for ex.) and consequent delays in delivery to Uzbekistan	Social and Environmental/Strategic	Probability = 2 Impact = 5	Regular communication with GF/HIST team for any updates on ongoing, expected or probable global shortage or stock-out, request for guidance for consequent action and transparent communication with national partner	Project Programme Manager/Health Coordinator alongside with GF/HIST team
7.	Stock-out of ARV medicines, test kits, reagents and other health products at central level due to either late transfer of funds, late submission of requests or inappropriate quantification;	Operational	Probability = 4 Impact = 5	Communicating to RAC the need and importance of provision of timely and correct estimation of needs, funds and perform verification and quality check of shared demand forecast plan and stock level at, central warehouse.	Project Programme Manager/Health Coordinator alongside with GF/HIST team
8.	Changes in treatment regimens for patients receiving ARV treatment	Strategic	Probability = 3 Impact = 5	Joint review of the plan of providing ARVT each 6 month. In case change in treatment regimen occurs, through close contact and consultation with RAC, establish a transition plan to avoid ineffective use of health products. Moreover, communicate and agree with RAC to provide enough time to procure the new products required.	Project Programme Manager/Health Coordinator alongside with GF/HIST team
9.	Unreliable quantification or increase in the number of patients taking ARV therapy on an annual basis;	Strategic	Probability = 2 Impact = 5	Data triangulation and support to improve quantification exercise	Project Programme Manager/Health Coordinator
10.	Budget availability and lack of funds to deliver project's components on government-social partnership, NCDs and national health	Financial	Probability = 4 Impact = 5	Monitoring of call for proposals from donors, preparation of proposal to major donors (Global/Regional Programmes, UK FCO, EU, Islamic Development Bank and others), including jointly with national counterparts	Cluster on Good Governance, and Policy Communication/UNDP CO Senior Management

#	procurement system.;		Probability/Impact		
11.	Lack of national ownership and funds to further develop national health procurement system	Political	Probability = 2 Impact = 4	Maintaining close communication with national partners to advocate for implementation of the activities using international benchmarks, best practice, including in neighborhood region as well as cost-efficiency benefits	Project Manager/Cluster on Good Governance, Policy and Communication
12.	Absence of reliable statistical data on NCDs	Organizational	Probability = 2 Impact = 3	Qualitative studies, assessments and situational analysis on data availability and desk-review, and using UNDP-WHO Joint Task Force on NCD Investment Case	Project Manager/Cluster on Good Governance, Policy and Communication
13.	The proposed model on government-social partnership is not supported by the Government due to lack of interest and few number of NGOs at the regional level	Strategic	Probability = 3 Impact = 3	Engagement of national partners in decision-making and early pilot phase, presentation of cost-efficiency and social benefits, community advocacy plan to engage more NGOs	Project Manager/Cluster on Good Governance, Policy and Communication
14.	Overlapping with other development partners activities	Operational	Probability = 2 Impact = 2	Exploring full synergy potential (linking with other initiatives as relevant) and convening donor coordination meetings on governance for health	Cluster on Good Governance, Policy and Communication/UNDP CO Senior Management
15.	Fluctuations in local currency rate	Financial	Probability = 2 Impact = 2	Monitoring of currency fluctuations before requesting installments and close consultations with UNDP Treasury	Operations Unit

ANNEX 4. TERMS OF REFERENCE (TOR) OF PROJECT BOARD, KEY MANAGEMENT POSITIONS AND PROJECT TEAM

I. PROJECT BOARD

Overall responsibilities

The Project Board is the group responsible for making by consensus management decisions for a project when guidance is required by the Project Manager, including recommendation for UNDP/MoH approval of project plans and revisions. In order to ensure UNDP's ultimate accountability, Project Board decisions should be made in accordance to standards that shall ensure best value to money, fairness, integrity transparency and effective international competition. In case a consensus cannot be reached, final decision shall rest with the UNDP Resident Representative. Project reviews by this group are made at designated decision points during the running of a project, or as necessary when raised by the Project Manager. This group is consulted by the Project Manager for decisions when (Project Manager tolerances (normally in terms of time and budget) have been exceeded.

Based on the approved annual work plan (AWP), the Project Board may review and approve project quarterly plans when required and authorizes any major deviation from these agreed quarterly plans. It is the authority that signs off the completion of each quarterly plan as well as authorizes the start of the next quarterly plan. It ensures that required resources are committed and arbitrates on any conflicts within the project or negotiates a solution to any problems between the project and external bodies. In addition, it approves the appointment and responsibilities of the Project Manager and any delegation of its Project Assurance responsibilities.

Composition and organization: This group contains three roles, including:

1) **Executive**: individual representing the project ownership to chair the group.

2) **Senior Supplier**: individual or group representing the interests of the parties concerned which provide funding and/or technical expertise to the project. The Senior Supplier's primary function within the Board is to provide guidance regarding the technical feasibility of the project.

3) **Senior Beneficiary**: individual or group of individuals representing the interests of those who will ultimately benefit from the project. The Senior Beneficiary's primary function within the Board is to ensure the realization of project results from the perspective of project beneficiaries.

Potential members of the Project Board are reviewed and recommended for approval during the Project Appraisal Committee (PAC) meeting. Efforts should be made to extent possible to ensure gender balance among the members of the Project Board.

I. Specific responsibilities:

1. Initiating a project:

- Agree on PM's responsibilities, as well as the responsibilities of the other members of the Project Management team;
- Delegate any Project Assurance function as appropriate;
- Review and appraise detailed Project Plan and AWP, including Atlas reports covering activity definition, quality criteria, issue log, updated risk log and the monitoring and communication plan.

2. Running a project:

- Provide overall guidance and direction to the project, ensuring it remains within any specified constraints;
- Address project issues as raised by the Project Manager;
- Provide guidance and agree on possible countermeasures/management actions to address specific risks;
- Agree on Project Manager's tolerances in the Annual Work Plan and quarterly plans when required;

- Conduct regular meetings to review the Project Quarterly Progress Report and provide direction and recommendations to ensure that the agreed deliverables are produced satisfactorily according to plans;
- Review Combined Delivery Reports (CDR) prior to certification by the Implementing Partner;
- Appraise the Project Annual Review Report, make recommendations for the next AWP, and inform the Outcome Board about the results of the review;
- Review and approve end project report, make recommendations for follow-on actions;
- Provide ad-hoc direction and advice for exception situations when project manager's tolerances are exceeded;
- Assess and decide on project changes through revisions.

3. Closing a project:
- Assure that all Project deliverables have been produced satisfactorily;
- Review and approve the Final Project Review Report, including Lessons-learned;
  Make recommendations for follow-on actions to be submitted to the Outcome Board.

II. EXECUTIVE

The Executive is ultimately responsible for the project, supported by the Senior Beneficiary and Senior Supplier. The Executive's role is to ensure that the project is focused throughout its life cycle on achieving its objectives and delivering outputs that will contribute to higher level outcomes. The Executive has to ensure that the project gives value for money, ensuring a cost-conscious approach to the project, balancing the demands of beneficiary and supplier.

Specific Responsibilities (as part of the above responsibilities for the Project Board)
- Ensure that there is a coherent project organization structure and logical set of plans;
- Set tolerances in the AWP and other plans as required for the Project Manager;
- Monitor and control the progress of the project at a strategic level;
- Ensure that risks are being tracked and mitigated as effectively as possible;
- Brief Outcome Board and relevant stakeholders about project progress;
- Organize and chair Project Board meetings.

If the project warrants it, the Executive may delegate some responsibility for the project assurance functions.

III. SENIOR BENEFICIARY

The Senior Beneficiary is responsible for validating the needs and for monitoring that the solution will meet those needs within the constraints of the project. This role represents the interests of all those who will benefit from the project, or those for whom the deliverables resulting from activities will achieve specific output targets. The Senior Beneficiary role monitors progress against targets and quality criteria. This role may require more than one person to cover all the beneficiary interests. For the sake of effectiveness, the role should not be split between too many people.

Specific Responsibilities (as part of the above responsibilities for the Project Board)
- Ensure the expected output(s) and related activities of the project are well defined;
- Make sure that progress towards the outputs required by the beneficiaries remains consistent from the beneficiary perspective;
- Promote and maintain focus on the expected project output(s);
- Prioritize and contribute beneficiaries' opinions on Project Board decisions on whether to implement recommendations on proposed changes;
- Resolve priority conflicts.

The assurance responsibilities of the Senior Beneficiary are to check that:
- Specification of the Beneficiary's needs is accurate, complete and unambiguous;
- Implementation of activities at all stages is monitored to ensure that they will meet the beneficiary's needs and are progressing towards that target;
- Impact of potential changes is evaluated from the beneficiary point of view;

- Risks to the beneficiaries are frequently monitored.

Where the project's size, complexity or importance warrants it, the Senior Beneficiary may delegate the responsibility and authority for some of the assurance responsibilities.

IV. SENIOR SUPPLIER

The Senior Supplier represents the interests of the parties which provide funding and/or technical expertise to the project (designing, developing, facilitating, procuring, implementing). The Senior Supplier's primary function within the Board is to provide guidance regarding the technical feasibility of the project. The Senior Supplier role must have the authority to commit or acquire supplier resources required.

Specific Responsibilities (as part of the above responsibilities for the Project Board)

- Make sure that progress towards the outputs remains consistent from the supplier perspective;
- Promote and maintain focus on the expected project output(s) from the point of view of supplier management;
- Ensure that the supplier resources required for the project are made available;
- Contribute supplier opinions on Project Board decisions on whether to implement recommendations on proposed changes;
- Arbitrate on, and ensure resolution of, any supplier priority or resource conflicts.

The supplier assurance role responsibilities are to:

- Advise on the selection of strategy, design and methods to carry out project activities;
- Ensure that any standards defined for the project are met and used to good effect;
- Monitor potential changes and their impact on the quality of deliverables from a supplier perspective;
- Monitor any risks in the implementation aspects of the project.

If warranted, some of this assurance responsibility may be delegated.

V. PROJECT MANAGER

Overall responsibilities

The Project Manager has the authority to run the project on a day-to-day basis on behalf of the Project Board within the constraints laid down by the Board. The Project Manager is responsible for day-to-day management and decision-making for the project. Project Manager's prime responsibility is to ensure that the project produces the results specified in the project document, to the required standard of quality and within the specified constraints of time and cost.

Prior to the approval of the project, the project manager role is the UNDP staff member responsible for project management functions during formulation until the PM is in place.

Specific responsibilities would include:

Overall project management:

- Manage the realization of project outputs through activities;
- Provide direction and guidance to project team/responsible parties;
- Liaise with the Project Board or its appointed Project Assurance roles to assure the overall direction and integrity of the project;
- Identify and obtain any support and advice required for the management, planning and control of the project;
- Responsible for project administration;
- Liaise with any suppliers;
- May also perform Team Manager and Project Support roles.

Running a project

- Plan the activities of the project and monitor progress against the initial quality criteria;
- Mobilize goods and services to initiative activities, including drafting TORs and work specifications;
- Monitor events as determined in the Monitoring & Communication Plan, and update the plan as required;
- Manage requests for the provision of financial resources by UNDP, using advance of funds, direct payments, or reimbursement using the FACE (Fund Authorization and Certificate of Expenditures);
- Monitor financial resources and accounting to ensure accuracy and reliability of financial reports;
- Manage and monitor the project risks as initially identified in the Project Brief appraised by the PAC, submit new risks to the Project Board for consideration and decision on possible actions if required; update the status of these risks by maintaining the Project Risks Log;
- Be responsible for managing issues and requests for change by maintaining an Issues Log;
- Prepare the Project Quarterly Progress Report (progress against planned activities, update on Risks and Issues, expenditures) and submit the report to the Project Board and Project Assurance;
- Prepare the Annual Review Report, and submit the report to the Project Board and the Outcome Board;
- Based on the review, prepare the AWP for the following year, as well as Quarterly Plans if required.

Closing a Project

- Prepare Final Project Review Reports to be submitted to the Project Board and the Outcome Board;
- Identify follow-on actions and submit them for consideration to the Project Board;
- Manage the transfer of project deliverables, documents, files, equipment and materials to national beneficiaries;
- Prepare final CDR/FACE for signature by UNDP and the Implementing Partner.

VI. PROJECT ASSURANCE

Overall responsibility: Project Assurance is the responsibility of each Project Board member; however, the role can be delegated. The Project Assurance role supports the Project Board by carrying out objective and independent project oversight and monitoring functions. This role ensures appropriate project management milestones are managed and completed.

Project Assurance has to be independent of the PM; therefore, the Project Board cannot delegate any of its assurance responsibilities to the PM. A UNDP Programme Officer typically holds the Project Assurance role.

The implementation of the assurance responsibilities needs to answer the question "What is to be assured?". The following list includes the key suggested aspects that need to be checked by the Project Assurance throughout the project as part of ensuring that it remains relevant, follows the approved plans and continues to meet the planned targets with quality:

- Maintenance of thorough liaison throughout the project between the members of the Project Board;
- Beneficiary needs and expectations are being met or managed;
- Risks are being controlled;
- Adherence to the Project Justification (Business Case);
- Projects fit with the overall Country Programme;
- The right people are being involved;

- An acceptable solution is being developed;
- The project remains viable;
- The scope of the project is not "creeping upwards" unnoticed;
- Internal and external communications are working;
- Applicable UNDP rules and regulations are being observed;
- Any legislative constraints are being observed;
- Adherence to RMG monitoring and reporting requirements and standards;
- Quality management procedures are properly followed;
- Project Board's decisions are followed and revisions are managed in line with the required procedures.

Specific responsibilities would include:

1. Initiating a project
- Ensure that project outputs definitions and activity definition including description and quality criteria have been properly recorded in the Atlas Project Management module to facilitate monitoring and reporting;
- Ensure that people concerned are fully informed about the project;
- Ensure that all preparatory activities, including training for project staff, logistic supports are timely carried out.

2. Running a project
- Ensure that funds are made available to the project;
- Ensure that risks and issues are properly managed, and that the logs in Atlas are regularly updated;
- Ensure that critical project information is monitored and updated in Atlas, using the Activity Quality log in particular;
- Ensure that Project Quarterly Progress Reports are prepared and submitted on time, and according to standards in terms of format and content quality;
- Ensure that CDRs and FACE are prepared and submitted to the Project Board and Outcome Board;
- Perform oversight activities, such as periodic monitoring visits and "spot checks";
- Ensure that the Project Data Quality Dashboard remains "green".

3. Closing a project
- Ensure that the project is operationally closed in Atlas;
- Ensure that all financial transactions are in Atlas based on final accounting of expenditures;
- Ensure that project accounts are closed and status set in Atlas accordingly.

VII. PROJECT SUPPORT

Overall responsibilities: The Project Support role provides project administration, management and technical support to the Project Manager as required by the needs of the individual project or Project Manager. The provision of any Project Support on a formal basis is optional. It is necessary to keep Project Support and Project Assurance roles separate in order to maintain the independence of Project Assurance.

Specific responsibilities: Some specific tasks of the Project Support would include:

Provision of administrative services:

- Set up and maintain project files;
- Collect project related information data;
- Update plans;
- Administer the quality review process;
- Administer Project Board meetings.

Project documentation management:

- Administer project revision control;
- Establish document control procedures;
- Compile, copy and distribute all project reports.

Financial Management, Monitoring and reporting

- Assist in the financial management tasks under the responsibility of the Project Manager;
- Provide support in the use of Atlas for monitoring and reporting.

Provision of technical support services

- Provide technical advices;
- Review technical reports;
- Monitor technical activities carried out by responsible parties