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PROJECT DOCUMENT
Republic of Mozambique

Project Title: Health System Strengthening
Project Number: Award: 00114992; Output 00112777
Implementing Partner: UNDP Country Office in Mozambique
Start Date: 1st February 2019
End Date: 31st December 2020
PAC Meeting date: 22th February 2019

Brief Description

The “*Health System Strengthening*” project document is prepared to reflect the details of the construction, rehabilitation of warehouses and TB Wards and shelters, as part of the grant agreements between the Ministry of Health of the Republic of Mozambique (MoH) with the Global Fund to fight AIDS, Tuberculosis (TB) and Malaria (GF), in Mozambique in the area of HIV and TB (MOZ-H-MOH, MOZ-T-MOH and MOZ-M-MOH) (the “Grant Agreements”). Within this project UNDP will support the Ministry of Health of the Republic of Mozambique, through the Central Medical Store of Mozambique (MISAU/ CMAM) to strengthen the capacities of the national medicine supply system and the national Tuberculosis control programme to provide quality health services to the population of Mozambique at national and local level, living in remote areas, in absolute poverty, which includes people living with HIV and AIDS, Multi-drug Resistant Tuberculosis (MDR-TB) and Malaria patients.

Supply chains are the foundation of any health system. For health supply chains to work—for the right goods to be received and delivered in the right quantities, in good condition, to the right place, at the right time, for the right cost—countless actors working in different locations with different responsibilities need to be motivated to do their part. One break in the chain, one delay, can have repercussions throughout the system, ultimately determining if families can access life-saving medicines and commodities.

The logistical system for the public health sector, covering pharmaceutical products and other health products, is managed centrally by two institutions: the Central Medical Store (CMAM) and the Supply Centre (CA). The Central Medical Store in Mozambique (CMAM) manages the supply chain of medicines and other health products for the MoH. CMAM is responsible for the central level distribution of all pharmaceutical products for use in 1,392 health units. Mozambique’s supply chain is structured according to the Government administration structures (National, Regional, Provincial, district and sub-district levels). The current Mozambique medical storage facilities are divided into four levels, and consist of 3 central warehouses, 11 provincial stores, 147 district stores and 1450 health centres. The current total storage capacity of the Mozambique medical warehouse network is 19,106 pallets. There are plans to expand the central medical warehouse in Maputo and reconstruct the Manica Provincial warehouse.

UNDP intervention under this PRODOC will contribute to the implementation of the CMAM Strategic Plan for Pharmaceutical Logistics (PELF) in two phases. In phase I, UNDP will support the reconstruction of Manica warehouse, five MDR-TB hospitals and seventeen waiting areas for the TB patients. In Phase II, UNDP will manage the rehabilitation of 10 provincial warehouses and repair the roof of the Beira Regional warehouse. UNDP support will contribute to the CMAM and NTP efforts to improve treatment outcome of MDR-TB, infectious disease control, and storage conditions of the medicines, vaccines and other health products.

The main objective of the project is to **strengthen the national health system by reinforcing the medical supply chain system management and enhancing the MDR-TB treatment outcome** through:

- I.) Improved safety, security and storage conditions of medicines, vaccines and other health products at sub-national level through the construction of a provincial warehouse in Chimoio (Phase I), the rehabilitation of 10 provincial warehouses and the repair of the roof of Beira Regional warehouse (Phase II);
- II.) Improved conditions of clinical care for MDR TB patients through the construction of five new wards for multi-drug resistant patients and 17 waiting shelters in the TB clinics (Phase I).

Contributing Outcome (UNDAF/CPD, RPD or GPD):
 UNDAF Outcome 8/ CPD Outcome 68 - All people benefit from democratic and transparent governance institutions and systems that guarantee peace consolidation, human rights and equitable service delivery.

Indicative Output(s) with gender marker:
 i) *Improved safety, security and storage conditions of medicines, vaccines and other health products at sub-national level – GEN 1*
 ii) *Improved conditions of clinical care for MDR TB patients – GEN1*

Total resources allocated Phase I:	\$6,311,156	
	Donor: Global Fund through the Grant Agreements	\$6,311,156
	Government:	n/a
	In-Kind:	n/a
Resources for Phase II	Donor: Global Fund through the Grant Agreements	TBD
	Government	n/a
	In kind	n/a
Unfunded:	n/a	

Agreed by (signatures):

Government	UNDP
Print Name: Mr. Zacarias C. Zindoga, Permanent Secretary of the Ministry of Health	Print Name: Mr. Martim Maya, UNDP ai Resident Representative
Date:	Date:

ABBREVIATIONS

CCM	Country Coordination Mechanism
CDC	Center of Disease Control
CNCS	National AIDS Council
CMAM	Central Medical Store
CO	Country Office
CPAP	Country Programme Action Plan
GF	Global Fund to fight AIDS, Tuberculosis and Malaria
HMIS	Health Management Information System
MDR	Multi Drug Resistant
M&E	Monitory and Evaluation
MIS	Management Information System
MoH	Ministry of Health
NTP	National TB Programme
PMU	Programme Management Unit
PSM	Procurement and Supply Chain Management
QA	Quality Assurance
QC	Quality Control
TBCAP	Tuberculosis Control Assistance Programme
UN	United Nations
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

I. DEVELOPMENT CHALLENGE

The Republic of Mozambique has an estimated total population of 27,128,530 million, and two-thirds of the population are 24 years of age or younger, (INE 2017). It is a low-income economy, with more than half of population living below the poverty line (54.7%), with poor access to the infrastructures. The majority of the population (67.7%) lives in rural areas dedicated to agriculture, the Urban-rural inequality often reflects disparities in the provision and quality of basic social services. With a poorly performing economy, Mozambique continues to suffer from the effects of the 2016 hidden debt crisis. Real gross domestic product (GDP) growth decelerated to 3.7% in 2017, down from 3.8% in 2016 and well below the 7% GDP growth achieved on average between 2011 and 2015. Debt levels remain unsustainably high. External debt declined from 103.7% of GDP at end-2016 to an estimated 85.2% by end-2017, mainly due to the appreciation of the metical. The main challenges are restoring macroeconomic stability and reestablishing confidence through improved economic governance and increased transparency, including the transparent handling of the hidden debts investigation.

HIV and AIDS Overview: Mozambique is amongst the top ten countries in the world and in the southern african region with highest HIV prevalence. The most recent data from the AIDS and Malaria Indicator Survey (IMASIDA 2015) indicates that the HIV prevalence is 13.2% for people aged 15-49, with a higher rate for women and girls (15.4 %) in comparison with men and boys (10.1%). The prevalence varies significantly by gender, age and geography. HIV/AIDS has become one of the most serious challenges for the sustainable development of Mozambique.

Geographically, the country's southern region still registered the highest prevalence, particularly Gaza Province (24.4%), Inhambane (14.1%), Maputo Province (22.9%), and Maputo City (16.9%), partly explained by circular migration of mine laborers between these provinces to South Africa and Swaziland Mines. The central region remains the second most affected and includes the provinces of Sofala (16.3%), Manica (13.5%), Zambezia (15.1%) and Tete (5.2%). The northern region remains with lower prevalence rates and is partially explained by higher rates of circumcision. Cabo Delgado (13.8%), Nampula (5.7%) and Niassa (7.8%).

With respect to *Gender and Age*, Adolescents and Young Women (AYW) are disproportionately affected by HIV compared to men. Adolescent girls and young women age of 10-24¹, are also considered vulnerable populations according to the National Strategic Plan IV (PEN IV 2015-2019). Risk factors include inequality, transactional sex, and casual partnerships. In addition to factors such as marriage patterns and polygamy, social and cultural norms, gender discrimination and violence against women that increase the risks of HIV transmission. Also, women in general and, in particular adolescent girls and young women, are less able to negotiate condom use, have limited access to HIV testing, modern contraception and family planning and are less able to adhere to HIV treatment.

As regards *Key populations and other vulnerable groups*, in Mozambique the epidemic remains mixed, with pockets of concentration amongst key populations. Key HIV populations include Female Sex Workers, Men who have Sex with other Men, People Who Inject Drugs and prisoners.² Prevalence among female sex workers is high, based on the IBBS conducted in three sites in 2011, HIV prevalence ranged between 3.7% in Nampula/Nacala and 9.1% in Beira among MSM, and between 17.8% in Nampula/Nacala and 31.2% in Beira among FSWs. There are also key and vulnerable populations that are particularly at high risk for HIV infection such as sex workers, MSM, prisoners, girls and young women, and mobile and migrant populations.

Vulnerable populations include adolescent girls and young women 10-24³, sero-discordant couples, miners and their partners, other mobile populations such as truck drivers, migrant populations and PLWHIV lost to follow up. Mozambique is among the top five countries that have the highest number of PLWHIV globally, that accounted for 4% of the global number of PLWHIV. In 2017, UNAIDS estimated that the total number of people living with HIV was 2,100,000 (Source: AIDSinfo).

The HIV Acceleration Plan 2013-2015 developed by the Ministry of Health has been a key catalyst in improving health outcomes: cumulative enrollment in anti-retroviral treatment (ART) in 2012 was 308,578 and 1,216,427 in 2018. However, a major challenge is that treatment retention at 12 months is at 69% and at 36 months it drops to 52%.

¹ Given this high incidence and prevalence, low age of girls' sexual debut, direct correlation between bad economic performance and increase in transactional sex, and the modal overlap in age range between females 10-24 and female sex workers in Africa, it would be prudent to consider adolescent girls and young women 10-24 the main priority population in Mozambique.

² Directriz para integração dos serviços de prevenção, cuidados e tratamento do hiv e sida para a população chave no sector Saúde.

³ Given this high incidence and prevalence, low age of girls' sexual debut, direct correlation between bad economic performance and increase in transactional sex, and the modal overlap in age range between females 10-24 and female sex workers in Africa, it would be prudent to consider adolescent girls and young women 10-24 the main priority population in Mozambique.

Tuberculosis overview: Mozambique is a priority country for TB and HIV, with both high HIV and Tuberculosis (TB) burden. According to the 2013 WHO Global TB Report, the country has the third and fourth highest TB incidence and prevalence rates respectively among the 22 high burden countries. The estimated TB prevalence (all forms) has been stable for the last decade and estimated at 559/100,000 in 2013. Mortality is 69/100,000 for HIV negative TB patients and has increased slightly in the last four years; mortality of HIV infected TB patients is 148/100,000 and on a downward trend. The incidence (all forms) is at 551/100,000 and on an upward trend. The case detection rate (all forms) is increasing steadily but still low at only 39% in 2016. The current estimate is that case detection rate is low, in part due to limited access to PHC facilities.

Case notification rate has increased slightly since 2009. In 2013, 53,272 patients were notified with TB, of whom 23,115 (43%) had new sputum smear-positive TB, 20,427 (38%) had sputum-smear negative pulmonary TB, and 10% had extra-pulmonary TB. The annual percentage of children aged < 15 years diagnosed with TB remains stable at 7-8% of the total patients notified. The NTP does not collect data on the gender breakdown of TB patients.

There is wide variation in TB burden across the 11 provinces. Five provinces, namely Maputo City, Maputo Province, Gaza, Sofala and Manica are historically responsible for higher notification. Maputo City and Province have the highest notification rates. The annual incidence of Multi-drug Resistant Tuberculosis (MDR-TB) in Mozambique is estimated at 1,940 patients, of whom 1,400 are new patients and 540 are re-treatment patients. MDR-TB prevalence among new TB patients is estimated at 3.7% and 20% among retreatment patients.

TB and HIV Coinfection: HIV infection has been the major driver for the increase of TB notifications in Mozambique since the emergence of HIV in sub-Saharan Africa. HIV prevalence among TB patients has been decreasing gradually over the past years and was 40% in 2017. HIV prevalence varies among TB patients between provinces, with Gaza having the highest prevalence (77%) and Niassa and Nampula the lowest (26% and 38% respectively). WHO estimates the mortality of PLHIV with TB at 148/100,000 in 2013, more than two times higher than for HIV-negative TB patients (at 69/100,000). Provider initiated testing and counseling has been scaled up since 2003 and reached 96% of TB patients in 2013.

National Health System: The National Health System is decentralized across 11 provinces, 30 municipalities and 158 districts. District hospitals are overseen by the Provincial Health Directorate, while health facilities are overseen by districts. The Ministry of Health (Ministerio de Saude, or MISAU) is in charge of sector strategy and policymaking, while the TB and HIV programs develop disease-specific strategies and guidelines. Challenges in the health system include limited funding, insufficient infrastructure, an overstretched supply chain system, and a critical shortage of human resources (PESS 2014-2019, p.32-34). These systemic constraints continue to hinder results and affect the full development of a Resilient and Sustainable System for Health (RSSH).

Brief description of the pharmaceutical and medical storage challenges: the logistical system for the public health sector, covering pharmaceutical products and other health products, is managed centrally by two institutions: the Central Medical Store (CMAM) and the Supply Centre (CA). At a provincial and district level, these two structures are “replicated” in the form of Provincial Stores and their district equivalents, although with no binding hierarchy to the two central institutions. In the health units, regardless of size, in principle there is also a Pharmacy and a Depot. CMAM is responsible for the central level distribution of all pharmaceutical products for use in 1,392 health units.

Medicines and some of the health products currently used are stored in three central (regional) warehouses. Two of those are in Maputo and supply the southern and northern zones, and another one is in Beira, which supplies the central zone of the country. The main warehouse in Maputo, the Zimpeto warehouse, is newly constructed, and has been in use for a little over three years. The store in Beira, in the central zone of the country, was built more than 30 years ago and should be replaced with a brand-new structure in the midterm, which is planned. In the short term, some improvements are planned that will improve services. Current MISAU (CMAM) plans also include the construction of a store in the northern zone, in Nampula (or Nacala), to serve the Northern provinces. The CA only has one central warehouse based in Maputo, which supplies all provinces and central hospitals.

According to the PELF storage of medicines and other health products in Mozambique is currently facing the below challenges:

- The **supply chain system is considered as inadequate and prone to stock outs and pilferage.** Several reviews have highlighted that the weaknesses in the supply chain system and, more particularly, the infrastructure component and the low capacity of the Central Medical Store (CMAM), constitute critical risks that could significantly impact health services and health products quality and safety.

- Except for Maputo and Beira, ***all provincial medicine stores have limited storage capacity while facing growing needs.*** Most of the warehouses need improvements, which range from small to large construction work and repairs. There is a district store in each of the country's 128 districts. In general, these warehouses have limited storage capacity, on average 45m² according to a survey carried out in 2010. They are in a precarious position due to inability to ensure suitable maintenance of their structures. Not all of them have an anti-theft security system. Note that recently, because of a review of the administrative division of the country, the number of districts rose from 128 to 150.
- ***Increased volume of products handled by the public supply system vis a vis poor or low capacity of storage infrastructure.*** The dominant feature of the logistical structure of the public health system is that it mirrors the administrative division of the country, with the resulting division of responsibilities between the various levels. In recent years there has been a huge effort in HIV and AIDS prevention, an increase in condom distribution as well as anti-retroviral treatment, and a marked increase in the number of patients. The result is a significant increase in the volume of products handled by the public supply system. The changes in malaria treatment, with the introduction of ACTs, Artemisinin based drugs requiring special packaging, has also led to a considerable increase in the volume of products handled. In the same period, no investments were made in the storage infrastructure.
- The **Manica Provincial Warehouse** burned in 2017 thus causing a significant setback in the supply chain and in the Government's strategies and plans.
- Additional infrastructural needs identified in cooperation with the Government and main stakeholders include the **rehabilitation of 10 provincial warehouses**, the **repair of the roof of Beira warehouse**, the **construction of 5 MDR wards** and **17 waiting shelters for TB clinics**.

All these reasons justify the need to increase storage capacity on central and local levels and also to increase the efficiency of the distribution system through greater stock rotation at all storage levels.

The activities under this PRODOC envisage to provide technical support to to the Ministry of Health in two phases. Phase I - *the construction of Manica warehouse, five MDR TB wards and 17 waiting shelters. In phase II, the replacement of Beira warehouse roof , the refurbishment of the 10 provincial warehouses.*

I. STRATEGY

The project “*Health System Strengthening*” will support the Government’s efforts towards the achievement of the Agenda 2063 of the African Union (Objective 3: Citizens are healthy, well-nourished and have long life spans of the Aspiration 1: A Prosperous Africa based on Inclusive Growth and Sustainable Development) and the Agenda 2030 (Sustainable Development Goal 3: Ensure healthy lives and promote well-being for all at all ages, Sustainable Development Goal 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels. In addition, the project will also significantly contribute to the Sustainable Development Goal 5: Gender Equality and Sustainable Development Goal 10: Reduced Inequalities).

The project is also in line with the UNDAF 2017-2020, the UNDP Country Programme 2017-2020⁴, national priorities set out in the Government’s Five Years Plan (PQG) and, at sector level, with the Health Sector Development Plan (PESS) 2014-2019, the HIV Strategic Plan (PEN IV) 2014-2020, the TB Strategic & Operational Plan 2014-2020 contributing specifically to the Strategic Plan for Pharmaceutical Logistics (PELF) 2014-2024.

The long-term objective of the project is to **strengthen the national health system by reinforcing the medical supply chain system management and enhancing the MDR-TB treatment outcome**. The intervention will focus on the below two outputs:

- i) Improved safety, security and storage conditions of medicines, vaccines and other health products at sub-national level; and
- ii) Improved conditions of clinical care for MDR TB patients.

The project will therefore contribute to UNDAF Outcome 8 / CPD Outcome 68 - All people benefit from democratic and transparent governance institutions and systems that guarantee peace consolidation, human rights and equitable service delivery. The project will reinforce UNDP CO efforts towards the achievement of the UNDP Strategic Plan 2018-2021 output 1.2.1 which aims at strengthening capacities at national and sub-national levels to promote inclusive local economic development and deliver basic services including HIV and related services.

The project will also directly contribute to the objective of Building Resilient and Sustainable Systems for Health that can support efficient, scale up, quality and retention stated in the two Global Fund agreements aiming at Reinforcing the National TB Response (TB component) and Reinforcing the National HIV Response (HIV component) to achieve the below goals:

a) HIV Component:

- To contribute to the reduction of new HIV infections by 33% from approximately 3.6 per 1000 uninfected population in 2016 to approximately 2.4 per 1000 uninfected population by 2020;
- To contribute to the reduction of HIV-related deaths (including those of TB patients) by 33% from approximately 244/100,000 in 2016 to approximately 165/100,000 by 2020;
- To contribute to the reduction of estimated child HIV infection rates from HIV-positive women who delivered in the past 12 months from 11% in 2016 to less than 5% by 2020.

b) TB Component:

- To contribute to the reduction of TB incidence from 551/100,000 in 2015 to 423/100,000 by 2020;
- To contribute to reducing TB mortality rate from 120/100,000 in 2015 to 63/100,000 by 2020;
- To contribute to the reduction of TB prevalence from 551/100,000 in 2015 to 423/100,000 by 2020.

Theory of Change

The Theory of Change underlying the intervention fully acknowledges the contribution that the project will provide towards the overall objective of strengthening the national health system and is framed around two components:

⁴ Pillar 3- good governance, peace and social cohesion. Among other commitments UNDP commits to strengthen democratic institutions and as well as to support government efforts to achieve sustainable development goal 16.

Component 1 - *The construction of Manica Province warehouse together with the rehabilitation of 10 provincial warehouses and the repair of the roof of Beira regional warehouse* will ensure that the Central Medical Store (CMAM) has an increased storage capacity for the medicines, vaccines and other health products in all the provinces of the country. In addition to the storage capacity, the new/rehabilitated warehouses will protect medicines and health products from deterioration, degradation and pilferage. As a result, the safety, security and storage conditions of medicines, vaccines and other health products at sub-national will be improved (Output 1). By improving the storage conditions, UNDP will intervene in one specific point of the medical supply chain system management hence contributing to its strengthening (Outcome 1).

Component 2 – *The construction of 5 MDR TB wards together with the construction of 17 waiting shelters for TBC clinics* will ensure healthier conditions for the patients, provide better working environment for the health workers and reduce the burden for patients and relatives while waiting for treatment. As a result, the conditions of clinical care of MDR TB patients will improve (Output 2). By improving the clinical care conditions, it is expected that infections will be reduced and that MDR TB patients will be less reluctant to undergo treatment and, consequently, MDR-TB treatment outcome will be enhanced (Outcome 2).

UNDP expertise and comparative advantages

UNDP's commitment in fighting HIV and other major health challenges is based on the principles that health is both a driver and outcome of development and that actions across a wide range of development sectors have a significant impact on health outcomes. As a development agency, UNDP focuses on addressing the social, economic and environmental determinants of health, which are primarily responsible for health inequalities.

UNDP's work in HIV and other areas of health is undertaken by an integrated team operating at global, regional and country levels. The work falls within three inter-connected areas of action:

- Reducing inequalities and social exclusion that drive HIV and poor health;
- Promoting effective and inclusive governance for health; and
- Building resilient and sustainable systems for health.

UNDP works on HIV and health with a broad range of partners across development sectors at global, regional, national and local levels, including governments, UN agencies and other intergovernmental organisations, multilateral and bilateral donors, development banks, the private sector and other development partners. UNDP's work on HIV and health also involves some of the organisation's most extensive partnerships with civil society.

Since 2002, UNDP has been a longstanding and trusted partner of the Global Fund. As of November 2018, UNDP is managing 31 Global Fund grants, covering 18 countries and 3 Regional Programmes (which cover an additional 29 countries). UNDP is also pre-qualified as a Principal Recipient for the Global Fund Emergency Fund. UNDP supports and strengthens national responses to TB in 11 countries, which resulted in 850,000 people receiving treatment for TB and 19,100 people receiving treatment for multi-drug resistant TB. As of November 2018, 96% of grants managed by UNDP are rated as A or B1, and none are rated C.

UNDP has strong systems which ensure requisite resources are available for identifying and assessing contractors and for overseeing the contractors once engaged. Additionally, UNDP carefully addresses and manages potential risks involved in working with responsible partners (contractors) and has well-established legal and administrative agreements with host Governments, especially in countries facing weak regulatory frameworks. This includes critical aspects such as project implementation and oversight arrangements, importation and tax exemption agreements, fund transfer and banking arrangements, privileges and immunities, protocols for audit and investigations.

UNDP will leverage this significant experience in understanding the complexities and challenges of managing civil works interventions, utilizing its financial, M&E, procurement and management systems, rules, regulations, policies and processes to ensure successful implementation of the program and achievement of the project objectives.

UNDP has a strong track record of implementing civil works and supply chain activities (with strong risk management and sustainability components) and importantly has a well established presence in Mozambique.

Project implementation will comply with the UNDP Programme and Operations Policies and Procedures (POPP). UNDP has a dedicated Global Fund Partnership Team (HIV, Health and Development, Bureau of Policy and Programme Support) (including procurement and capacity development advisory team) in place. Based in New York, Copenhagen, Geneva and Addis Ababa, the Team's primary goal is to provide quality and timely support to Country Offices to implement high performing Global Fund grants and to manage UNDP's partnership with the Global Fund at the corporate level.

UNDP's Internal Control Framework (ICF) aims to ensure UNDP achieves its goals and to provide accountability for its activities. An effective internal control system provides reasonable assurance to UNDP regarding the achievement of its objectives in the following categories:

- Promotion of orderly, ethical, economical, efficient & effective operations
- Meeting accountability obligations by making available reliable and relevant internal and external financial and non-financial information, through the maintenance of proper records and information flows
- Safeguarding resources from inappropriate use, loss, or damage due to waste, abuse, mismanagement, errors, fraud and irregularities
- Compliance with applicable regulations, rules and internal policies

The ICF is a key tool in strengthening accountability. UNDP staff members as International Civil Servants are responsible for managing the resources entrusted to them by the Global Fund in carrying out programmes. A major factor in fulfilling this responsibility is ensuring that adequate controls exist and results are achieved. The UNDP Accountability System (DP/2008/16/ Rev.1) was approved by UNDP's Executive Board to support increased transparency, clarity and alignment of all organisational activities. It describes UNDP's wide processes for monitoring, analysing and improving performance, and the Oversight Policy clarifies the details of procedures, tools and timing in order to provide UNDP management and UNDP stakeholders with independent assurance and evaluation of UNDP's work.

UNDP is requested to provide technical support to the MoH of Mozambique with funding provided through the Grant Agreements. UNDP will ensure that implementation arrangements are in line with the Global Fund's and CCM requirements to achieve programme targets and improving medical supply system.

Under this PRODOC UNDP will provide support to the Ministry of Health and CMAM for construction and rehabilitation of warehouses, MDR wards and TB clinics. UNDP will receive funds through the relevant Grant Agreements between the MoH and the Global Fund to implement these specific interventions. Under these obligations, UNDP Mozambique will seek to reduce the overall risk for the oversight of Global Fund grants, improve the flow of funds into the country and strengthen the capacity of national implementing partners for improved health services. UNDP will liaise as well with other national partners involved with this Global Fund grant and work closely with the other partners, recipients and sub-recipients identified under the grant. UNDP will also provide regular updates to the CCM at the CCM meetings and CCM sub-committee meetings.

UNDP support is based on the sound experience and comparative advantage in terms of established operational capacities for construction and rehabilitation of the medical stores and MDR-TB treatment facilities in rural social infrastructure addressing gender specific needs and sound experience in health items procurement. Through regular cooperation and coordination of project implementation with other partners MoH, US government and UN agencies, UNDP will ensure complementarities and synergy of the 'hard' and 'soft' components of the procurement and supply chain management of the HSS and NTP program.

In 2017, the Ministry of Health (MISAU), the National AIDS Council (CNCS), and Civil Society Platform for HIV and Health (PLASOC-M) identified UNDP as a strategic partner for support and collaboration in the areas of Human rights, Key populations, Adolescents and Young Girls. In this context, UNDP Regional Service Center and HQ through the HHD Team provided support to the UNDP CO, through the allocation of technical expertise. This collaboration also highlighted UNDP expertise and potentialities to support that national partners in Global Fund interventions in the country, including in construction or rehabilitation of warehouse, procurement and supply management.

UNDP and MoH will sign a Government Cost Sharing agreement. In line with the terms of reference and payment schedule, agreed with the MoH, direct disbursements are to be made under the terms of the GF grant agreement with MOH and the Cost sharing agreement between UNDP and Ministry of Health fo the Republic of Mozambique. That is, the Global Fund will directly disburse funds to the UNDP account. UNDP under the direct implementation modality (DIM) will manage all the aspects of the project, including procurement, design and construction in accordance with UNDP rules and regulations, and the terms of the Cost Sharing Agreement with the MoH.

The government of the Republic of Mozambique represented by the Ministry of Health (MOH) is the owner of the health facilities under this Cost Sharing Agreement. Upon satisfactory completion of the health facilities construction, UNDP will handover the health facilities to the Ministry of Health of the Republic of Mozambique. MoH Mozambique will ensure the sustainability, maintenance and operational cost of the health facilities.



AGENDA 2063: Aspiration 1/Objective 3

AGENDA 2030: SDG 3 and SDG 16

Government Five Years Plan

Health Sector Development Plan (PESS) 2014-2019

HIV Strategic Plan (PEN IV) 2014-2020

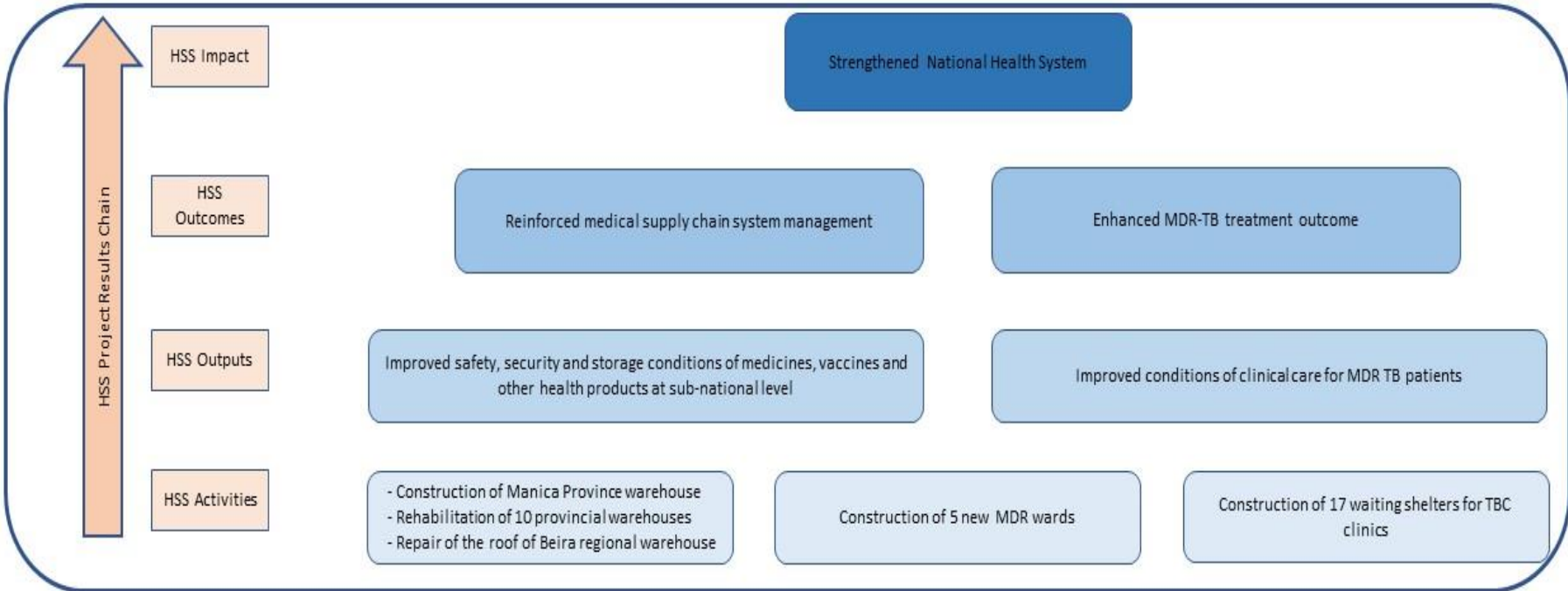
TB Strategic & Operational Plan 2014-2020

Strategic Plan for Pharmaceutical Logistics 2014-2024

Global Fund: Reinforcing the National TB Response

Global Fund: Reinforcing the National HIV Response

UNDAF 2017-2020 Outcome 8 UNDP CPD 2017-2020 Outcome 68 UNDP SP 2018-2021 Output 1.2.1



II. RESULTS AND PARTNERSHIPS

Expected Results:

In line with the agreed distribution of responsibilities over implementation of the GF HIV/TB grants, UNDP will be responsible for implementation of the civil works activities planned under the HIV/TB grant of the GF. In the framework of its Country Program Document for 2017-2020, UNDP will align the development support to be provided throughout this project with the interventions aiming at improving service delivery (CPD output 4.4: Decentralization process and local governance systems enhanced to improve service delivery). The project will therefore contribute to strengthen the capacities at national and sub-national levels to promote inclusive local economic development and deliver basic services including HIV and related services (ref. Output 1.2.1 of the UNDP Strategic Plan 2018-2021).

The project implementation will be divided into two phases. In phase I, UNDP will support the reconstruction of Manica warehouse, five MDR-TB wards and seventeen waiting areas for the TB patients. In Phase II, UNDP will manage the rehabilitation of 10 provincial warehouses and repair the roof of the Beira Regional warehouse. Further assessments will be conducted to identify the requirements for the rehabilitation of 10 provincial warehouses and repair the roof of the Beira Regional warehouse. More specifically, UNDP will take responsibility for implementation of the following outputs and activities:

Outcome 1: Reinforced medical supply chain system management.

Output 1. Improved safety, security and storage conditions of medicines, vaccines and other health products at sub-national level.

Key activities:

- Construction of Manica warehouse (Phase I)
- Refurbishment of the 10 provincial warehouses (Phase II)
- Replacement of Beira warehouse roof (Phase II)

Outcome 2: Enhanced MDR-TB treatment outcome

Output 2. Improved conditions of clinical care for MDR TB patients

Key activities:

- Construction of 5 MDR TB Wards (Phase I)
- Construction of 17 waiting shelters for TB clinics (Phase I)

In addition, UNDP is committed to build capacities of MoH and CMAM staff in the supply chain management area provided there are savings from the budget allocated to the construction and rehabilitation works.

3.1. RESOURCES REQUIRED TO ACHIEVE THE EXPECTED RESULTS

The resources required to achieve the expected results for Phase I are detailed in the below as a result of joint UNDP-Ministry of Health-CMAM needs assessment missions.

A detailed needs assessment will provide the requirements for the Phase II of the project.

Phase I scope of work

UNDP INFRASTRUCTURE SUPPORT TO MINISTRY OF HEALTH, GOVERNMENT OF MOZAMBIQUE							
Item	Description	Qty	Length	Breadth	Area (m2)	Rate per m ²	Total (US\$)
A	NEW MEDICAL WAREHOUSE AT CHIMOIO, MANICA PROVINCE						
A.1	Main warehouse						
	Gross floor area	1	65.56	39.50	2,589.62		
		2	7.80	3.00	46.80		
		1	9.50	3.00	28.50		
		1	43.00	7.70	331.10		
		1	23.55	4.50	105.98		
					3,102.00	550.00	1,706,100
	<u>Additional items for warehouse</u>						
	Allow for Fire fighting installations	1	1	1	1	120,000.00	120,000.00
A.2	Ancillary Buildings						
i	Workshop and maintenance						
	Gross floor Area	1	15.40	10.00	154.00	450.00	69,300.00
ii	Toxic waste area						
	Gross floor Area	1	25.35	10.20	258.57	450.00	116,356.50
iii	Waste Area						
	Gross floor Area	1	14.25	3.25	46.31	450.00	20,839.50
iv	Power Substation						
	Gross floor Area	1	11.75	3.25	38.19	450.00	17,185.50
v	Guard House						
	Gross floor Area	1	5.35	2.25	12.04	450.00	5,418
A.3	External works						
	2100mm Clearvu fence topped with 3 strands of electric fence	2	125.00	250.00			
		2	90.00	180.00	430.00	125.00	53,750.00
	60mm Cabro pavings	2	44.40	2.00	177.60		
		1	109.65	2.00	219.30		
		1	79.85	2.00	159.70		
		6	11.75	2.00	141.00		
		1	96.70	2.00	193.40		

		1	13.30	2.00	26.60		
		1	69.75	2.00	139.50		
		1	69.75	1.15	80.21		
		2	10.00	2.00	40.00		
		3	11.55	2.00	69.30		
					1,246.61	55.00	68,563.55
	80mm Cabro pavings	1	44.40	18.00	799.20		
		1	45.60	20.00	912.00		
		1	31.25	17.45	545.31		
		1	64.25	6.50	417.63		
		1	24.00	5.00	120.00		
					2,794.14	65.00	181,619.10
	Allow for External Electrical reticulation	1	1	1	1	50,000.00	50,000.00
	Allow for External Plumbing reticulation including construction of septic tank and soak pit	1	1	1	1	125,000.00	125,000.00
A.4	Waste Management (Incinerator)						
	Allow for construction of an incinerator shed including associated areas for waste disposal including the supply of incinerators, training and capacity building	1	1	1	1	150,000.00	150,000
A.5	Warehouse equipment	1				248,118.00	248,118.00
	SUB TOTAL						2,932,250.15
						Add 10% Preliminaries	293,225.02
						TOTAL ESTIMATED COST OF WAREHOUSE	3,225,475.17
B	NEW MDR WARDS (5 Nos)						
B.1	Wards						
	Gross floor Area	1	45.00	8.20	369.00	450.00	166,050.00
B.2	External works						
	2100mm High Fencing	2	45.00	90.00			
		2	6.20	12.40			
		2	1.90	3.80	106.20	95.00	10,089.00
	Soft Landscaping to patio	1	45.00	6.20	279.00		
		1	45.00	1.32	(59.40)		
					219.60	30.00	6,588.00
	Hard landscaping to corridor	1	45.00	1.32	59.40	25.00	1,485.00
	Allow for External lighting installations	1	1	1	1	6,000.00	6,000.00
	Allow for External drainage installations	1	1	1	1	5,000.00	5,000.00
	Allow for 4500litres capacity septic tank	1	1	1	1	15,000.00	15,000.00
						SUB TOTAL 1	210,212.00
						Add 10% Preliminaries	21,021.20
						TOTAL ESTIMATED COST PER WARD (US\$)	231,233.20
	TOTAL NUMBER OF WARDS						5
						TOTAL ESTIMATED COST 5 No. WARDS (US\$)	1,156,166.00

C		WAITING SHELTER FOR TB CLINICS (17 Nos)						
	i	Floor Area						
		Gross floor Area	1	11.00	6.00	66.00	275.00	18,150.00
	ii	Additional requirements						
		2100mm long x 450mm wide benches	1	16		16	245.00	3,920.00
		Allow for supply and installation of 20mm diameter cold water supply pipe	1	1		1	1,200.00	1,200.00
		Allow for supply and installation of concrete wash hand basin including taps	1	1		1	545.00	545.00
		Allow for construction of soak pit including drainage pipes	1	1	1	1	1,800.00	1,800.00
							SUB TOTAL	25,615.00
							Add 10% Preliminaries	2,561.50
			TOTAL ESTIMATED COST PER SHELTER (US\$)					28,176.50
		TOTAL NUMBER OF WAITING SHELTERS						17
			TOTAL ESTIMATED COST 17 No. SHELTERS (US\$)					479,000.50
			TOTAL PHASE I CIVIL WORKS (A+B+C) (US\$)					4,860,641.67

UNDP Management Unit- A Project Management Unit composed by 5 full-time staff (international project manager, a local civil engineer, an international UNV, a finance assistant and a driver) will be established to ensure proper and smooth implementation of the project. A Procurement Assistant (50%) will also be included in the unit and will be co-financed by UNDP. Besides, additional support of an international civil engineer and a consultant for the preparation and assessment phases is planned. Direct costs will also cover the hiring of a vehicle, the expenses related to fuel and other general operating expenses such as field visits, communication, office rent as well as office supplies. A final evaluation of the project will be conducted in 2020. Resources required for the PMU (direct cost), final evaluation and UNDP general management support (indirect cost) are detailed below.

Item		Level	unit cost	Quantity	Total
A. Direct Cost	International project manager	P4	21,062	24	505,488
	Local civil Engineer	SB4	3,550	27	95,850
	International Engineer	IC	10,000	7	70,000
	International UNV based in Chimoio	IUNV	4,441.25	27	119,914
	Project preparation and Assessment	IC	1,000	50	50,000
	Procurement Assistant (50%)	SB3	2,451	12	29,411
	Finance assistant	SB3	2,451	27	66,177
	Driver	SB2	1,381	27	37,287
	Vehicle hire		3,300	27	89,100
	Fuel		1.2	18,000	21,600
	Office rent		500	27	13,500
	Office supplies		150	27	4,050
	Communication (internet phone)		200	27	5,400
	Field visits		1600	27	28,800
	End of Project Evaluation		28,000	1	28,000
	Technical support and support supervision UNDP HQs		43,200	1	43,200
Subtotal Direct Cost					1,207,778
B. Indirect cost	GMS (Phase I)		4%		242,736.78
TOTAL PROJECT MANAGEMENT COST (A+B) (US\$)					1,450,514.53

The direct and indirect costs as well as the costs for the project final evaluation will be carried by the Global Fund Grants as described below:

- MOZ-H-MOH Grant (RSSH-PSM) will cover 80%
- MOZ-T-MOH Grant will cover 20%

As a result, below is a breakdown of the costs falling under the two Global Fund Grants:

GF Grant	Item	Description	Amount
MOZ-H-MOH	A.	Infrastructure costs	3,225,475.17
	B.	Direct and Indirect costs (80%)	1,133,890.30
	TOTAL (A+B)		4,359,365
MOZ-T-MOH	C.	Infrastructure costs	1,635,167
	D.	Direct and Indirect costs (20%)	316,624.43
	TOTAL (C+D)		1,951,791
GRAND TOTAL PHASE I (A+B+C+D) (US\$)			6,311,156

III. PARTNERSHIPS

UNDP's partnership with the Ministry of Health varies from recent to old according to the departments involved. UNDP developed strong relationship over the years with the CNCS, and, more recently, with the Public Health Directorate, the National Directorate for Medical Assistance as well as with the Juridic Department. For the specific purpose of this project, a strong partnership implying constant interactions will be established with the Ministry of Health, the Ministry of Public Works and CMAM. UNDP will also collaborate with the TB Programme, represented by the National Directorate of the TB Programme and have constant dialogue with the Global Fund CCM.

The project will draw upon the above-mentioned UNDP expertise regarding the management of the GF grants and construction works and use its internal networks to ensure best practices are duly taken into account in support of the planned activities. Routine monitoring and evaluation of the programme activities will provide UNDP with a strong evidence-base to inform decision making and propose changes to programming. These reports will be shared during the quarterly meetings with the national CCMs, MoH and CMAM.

In addition, UNDP will also liaise with other UN Agencies operating in the Global Fund as part of One UN interventions and ensure a strong relationship with international development partners operating in the area of HIV and Health are established. UNDP will also take advantage of its involvement in the national level fora (i.e. HIV and Human Rights Working Group, Donor Justice Working Group and Human Rights Joint Team) to promote information and experience sharing with the relevant stakeholders operating within the national context.

IV. RISKS AND ASSUMPTIONS

The project is built on the basis of a longstanding relationship of trust with the Ministry of Health and assumes not only that this excellent relationship continues, but that the Government is committed with the achievement of the objectives of the project.

It is important that interventions in the CMAM-MISAU are undertaken in a coordinated manner, at central and decentralized levels, and that there is continuing empowerment of the CMAM officials during implementation of the project. Furthermore, the project design assumes that:

- Stakeholders (Ministry of Health, Ministry of Public Works, CMAM) understand and subscribe to the objectives and long terms goals of the project, and contribute to the achievement of the desired results;
- Government will be able to retain all the capacity created with the support of the project, since the project is aligned with the sector's human resources development plan;
- A strong, committed and inspiring leadership of the UNDP Country Office guarantees the financial and technical support the project requires to effectively achieve results;
- Technical expertise with the knowledge and experience required to achieve the desired results is available and can ensure innovative approaches and highly relevant contributions to the process;
- Effective coordination between UNDP programmes, with other UN agencies, and development partners ensures a collaborative approach, promotes synergies and avoids duplication of effort.

The project will face primarily institutional and financial risks that might negatively impact on the delivery of results. Please see the risk log attached to this project for more details (annex 2 of the prodoc).

V. STAKEHOLDER ENGAGEMENT

Stakeholders

The MoH as the leading state authority on the development and implementation of the Health Strategic Plan (PESS) is the main partner and beneficiary of the project. At the national level, the MoH will assist in designing and monitoring of the necessary regulations, as well as provide support through its provinces and districts level health departments. The MoH will be a key member of the Project Board, will take part in regular monitoring of the project implementation and will provide its independent feedback on achievement of specified goals and objectives.

Province level administrations of the selected areas will be directly involved in project implementation. The main role of the local administrations is to support the sustainable socio-economic status of the areas, improving welfare of people living in these areas, development of socio-economic infrastructure. UNDP has established a fruitful collaboration with the local authorities through building and strengthening their capacity in strategic planning and budgeting, management and leadership, resource mobilization, doing business, as well as improvement of the socio-economic infrastructure, which is expected to be used in project implementation.

The stakeholders also expected to be engaged in project implementation through the existing coordination mechanisms:

- CCM
- Ministry of Public works
- Ministry of finance

Target Groups and Intended Beneficiaries

The principle target groups are:

- the general population that benefits from the drugs stored at CMAM warehouses;
- economically vulnerable population at local level under the health system: people living with HIV and AIDS whose ARV's and drugs are stored at CMAM warehouses; TB patients and Malaria patients.

VI. SOUTH-SOUTH AND TRIANGULAR COOPERATION (SSC/TRC) AND KNOWLEDGE PRODUCTS

The project envisages transfer of knowledge and skills to key personnel of the MoH at the national, regional and provincial level. Technical and advisory support from UNDP global Health and Development team will be required to ensure synergy with and to grasp potential benefit and knowledge from the other health-related activities implemented at UNDP corporate level. Best practices of other countries in supporting sustainable healthcare infrastructure and health system strengthening will be applied through learning and sharing the global knowledge with project partners and stakeholders. This approach ensures sustainable investment in human capital in areas of governance and management (unless offset by turnover of top level decision and technical opinion makers in the healthcare system).

Opportunities to share best practices currently implemented in Zimbabwe regarding waste management issues will also be explored. In addition, UNDP is committed to strengthen national capacities in the supply chain management area provided there are savings from the construction and rehabilitation works. South-South and Triangular Cooperation initiatives could be conducted in coordination with the UNDP projects in the region through exchange experience visits and attendance to relevant international conferences.

VII. SUSTAINABILITY AND SCALING UP

The project will support the Ministry of Health, the CMAM to strengthen the capacities of the national medicine supply system and the national tuberculosis control programme to provide quality health services to the population of Mozambique living in remote areas, which include people living with HIV/AIDS, Multi-drug Resistant Tuberculosis (MDR-TB) and Malaria patients.

Based on the experience of the GF investments in the past, the country recognizes that additional efforts are needed to sustain investment related benefits:

- The technical capacity of service providers and securing reliable LMIS, electricity supply for cold chain maintenance services to be strengthened (by transferring knowledge and skills to technical professionals) to prolong the useful life of the equipment;
- The Ministry of Health will continue its efforts to maintain and cover fully operational costs of the newly constructed Nampula regional warehouse and NTP ensuring uninterrupted delivery of essential services during and after this project implementation;
- The Ministry of Health believes that extensive communication and social mobilization efforts will yield desired results and lower scale efforts would be sufficient to sustain the achievements (that will be financed from the state budget);
- Training of supply chain managers in priority areas is a short-term solution to cover urgent gaps; better integration of medical university curriculum and in-service training is considered as a long-term solution for the capacity building and sustaining the required level of knowledge and skills.

Engagement of local communities and population including vulnerable and marginalized groups benefiting from project implementation in decision making and prioritization of activities will be ensured through arrangement of community dialogues at the local level. The project will make sure that voices of different population groups are considered while planning and design of activities, including voices of local women, youth, children, people with disabilities and other vulnerable groups. Specific gender and social needs will be envisaged in the design of infrastructure projects, as well as environmental consideration will be taken into account to ensure resilience of rehabilitated/constructed health facilities.

The project will establish *linkages and synergies* with other national partners, CCM, UN Agencies, development partners and stakeholders working around the implementation of Global Fund grant in Mozambique. Experiences and lessons learned with similar interventions in the Region will be shared with other development partners during the project implementation in order to contribute to further enhance ongoing initiatives and allow replication of best practices in Mozambique.

VIII. PROJECT MANAGEMENT *COST EFFICIENCY AND EFFECTIVENESS*

UNDP's systems are designed to ensure transparency, accountability, cost effectiveness and value-for-money. UNDP will ensure the programme(s) benefits from staff with adequate supply chain management and quality assurance expertise, gender and human rights substantive expertise and cross-functional programme expertise (e.g. finance, procurement, legal, M&E, Sub-recipient (SR) management and risk management).

UNDP ensures that management costs are maintained to a minimum, striking balance between sufficient and skilled human resources and reasonable costs, with the overall goal of optimising achievement of programme goals and objectives.

This will be done through the following means:

- **Strong collaboration with Government Institutions:** The project will be implemented by UNDP (according to DIM) and in close collaboration with CMAM-MISAU. Technical Experts (Civil engineers) advisors will be recruited and will form part of the Project Management Unit. Moreover, the Government will be part of the Project Board and this will facilitate greater ownership of the project and ensure efficiency and flexibility in the implementation.

- **Joint Field Visits:** PMU staff, Government counterparts from the CMAM-MISAU and a team of the Global Fund will undertake joint field visits to review project implementation and identify and resolve implementation problems when they occur.
- **Monitoring:** The project will develop a robust M&E system to monitor the implementation of activities and outputs so as to address any challenges or hurdles that may arise. An external, independent final evaluation will also inform the project of progress, challenges, best practices and lessons learned.

Project Management

As mentioned above, UNDP will establish Project Management Unit (PMU) which will provide day to day management and operational support. The PMU will be located in the UNDP CO in Maputo. The PMU will benefit from the support of the UNDP common services such as procurement, financing, security, office space, communication and quality assurance. UNDP senior management (Country Director, Deputy Country Director) will oversee the programme implementation and ensure robust risk management and mitigation procedures are in place.

Project implementation mechanism

A joint Project Board will be established to provide strategic project management of the project, which will include representative of the country coordinating mechanism (the CCM), Ministry of Public Works, Ministry of Health, and UNDP. The Project Board will review the progress of the project, including project reports and work plans. The Project Board will serve as a platform that key stakeholders will use it to discuss the overall direction of the project implementation, as well as to make strategic decisions to ensure the best use of resources to achieve goals and objectives. The Project Board Meeting will be held regularly, at least once a year to discuss the work plan and project implementation.

International and local consultants will be involved to oversee the construction and rehabilitation work. UNDP will provide operational and management support in project implementation through its programme and operations units. For more effective communication of the project results, representatives of the donor and other key stakeholders will be invited to the Project Board meetings.

IX. RESULTS FRAMEWORK

<p>Intended Outcomes as stated in the UNDAF: UNDAF Outcome 8/ CPD Outcome 68 - All people benefit from democratic and transparent governance institutions and systems that guarantee peace consolidation, human rights and equitable service delivery.</p>
<p>Outcome indicators as stated in the UNDP Country Programme Document, including baseline and targets: UNDAF Outcome 8 /CPD Outcome 68 INDICATORS: 1. Voter turnout in parliamentary elections (BL: 48,84%, T.58%); 2. % of 2016-2020 UPR Plan of Action recommendations implemented (BL: 49% (2013), T: 100%); 3. % of State Budget allocated towards poverty reduction interventions (BL: 55% (2015), T: 60%); 4. Open budget index value (BL: 38 (2015), T. 45); 5. Overall ranking in the Mo Ibrahim African Governance index (BL: 52.3 (2015), T.54).</p>
<p>Applicable Output(s) from the UNDP Strategic Plan: 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</p>
<p>Project title and Atlas Project Number: Resilient and sustainable systems for health, Award: 00114992; Output 00112777</p>

Results Framework of project Phase I.

EXPECTED OUTPUTS	OUTPUT INDICATORS	DATA SOURCE	BASELINE		TARGETS (by frequency of data collection)		DATA COLLECTION METHODS & RISKS
			Value	Year	Year 1	Year 2	
Output 1. Improved safety, security and storage conditions of medicines, vaccines and other health products at sub-national level	Number of newly constructed regional medical warehouses	Reports of MoH	0	2018	0	1 (Manica)	Project Reports
Output 2. Improved conditions of clinical care for MDR TB patients	Number provinces with improved MDR-TB cases management and infectious control.	Reports of MoH	0	2018	0	5	Project Reports
	Number of waiting shelters for TB clinics constructed	Reports of MoH	0	2018	0	17	Project Reports

X. MONITORING AND EVALUATION

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 to be aligned with MoH needs.	The PMU team will be monitoring the project implementation on daily basis and report to the country office and MoH on weekly and monthly for decision making. Slower than expected progress will be addressed by project management.	Ministry of Health, CMAM, Global Fund	
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, or in the frequency required to be aligned with MoH needs.	The PMU team will be monitoring the project implementation on daily basis and report to the country office and MoH on weekly and monthly for decision making. 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.	Ministry of Health, CMAM, Global Fund	
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.	Ministry of Health, CMAM, Global Fund	
Bi-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.	Bi-Annually	Areas of strength and weakness will be reviewed by project management and used to inform decisions to improve project performance.	Ministry of Health, CMAM	
Review and Make Course Corrections	Internal review of data and evidence from all monitoring actions to inform decision making.	Annually	Performance data, risks, lessons and quality will be discussed by the project board and used to make course corrections.	Ministry of Health, CMAM	
Project Report	A progress report will be presented to the Project Board and key stakeholders, consisting of progress data showing the results achieved against pre-defined annual targets at the output level, the annual project quality rating summary, an updated risk long with	Annually, and at the end of the project (final report)			

Monitoring Activity	Purpose	Frequency	Expected Action	Partners (if joint)	Cost (if any)
	mitigation measures, and any evaluation or review reports prepared over the period.				
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.	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.	Ministry of Health, CMAM, Global Fund	

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 project evaluation		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	UNDAF Outcome 8/ CPD Outcome 68 - All people benefit from democratic and transparent governance institutions and systems that guarantee peace consolidation, human rights and equitable service delivery.	October 2020	MoH CMAM Ministry of Public Works Global Fund UN Agencies CSOs	50,000

XI. MULTI-YEAR WORK PLAN ⁵⁶

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

Phase I multi-year workplan.

EXPECTED OUTPUTS	PLANNED ACTIVITIES	Planned Budget by Year			RESPONSIBLE PARTY	PLANNED BUDGET		
		2018	2019	2020		Funding Source	Budget Description	Total Amount (US\$)
Output 1: Improved safety, security and storage conditions of medicines, vaccines and other health products at sub-national level <i>Gender marker: 1</i>	1.1 Construction and Equipment of Manica warehouse	3,225,475.17			UNDP	Global Fund	Construction works	3,225,475.17
	Sub-Total for Output 1							3,225,475.17
Output 2: Improved conditions of clinical care for MDR TB patients <i>Gender marker: 1</i>	2.1 Construction of 5 MDR wards	1,156,166			UNDP	Global Fund	Construction works	1,156,166
	2.2 Construction of 17 waiting shelters for TBC clinics	479,000			UNDP	Global Fund	Construction works	479,000
	Sub-Total for Output 2							1,635,167

⁵ Cost definitions and classifications for programme and development effectiveness costs to be charged to the project are defined in the Executive Board decision DP/2010/32

⁶ Changes to a project budget affecting the scope (outputs), completion date, or total estimated project costs require a formal budget revision that must be signed by the project board. In other cases, the UNDP programme manager alone may sign the revision provided the other signatories have no objection. This procedure may be applied for example when the purpose of the revision is only to re-phase activities among years.

Project Management							
		2019	2020	Responsible	Source	Category	Total (US\$)
Direct Project Cost	International project manager	252,744	252,744	UNDP	GF	HR	505,488
	Local civil Engineer	42,600	53,250	UNDP	GF	HR	95,850
	International Engineer	35,000	35,000	UNDP	GF	HR	70,000
	International UNV based in Chimoio	53,295	66,619	UNDP	GF	HR	119,914
	Procurement Assistant (50%)	14,706	14,706	UNDP	GF	HR	29,412
	Finance assistant	29,412	36,765	UNDP	GF	HR	66,177
	Driver	16,572	20,715	UNDP	GF	HR	37,287
	Vehicle hire	49,500	39,600	UNDP	GF	Transport	89,100
	Fuel	12,000	9,600	UNDP	GF	Transport	21,600
	Project preparation and Assessment	50,000	0	UNDP	GF	M&E	50000
	End Project Evaluation		28,000	UNDP	GF	M&E	28000
	Technical support UNDP HQs	21,600	21,600	UNDP	GF	TA	43,200
Field Visit	14,400	14,400	UNDP	GF	Transport	28,800	
Operational Cost Expenses	office rent	7,500	6,000	UNDP	GF	Oper Cost	13,500
	office supplies	1,350	1,800	UNDP	GF	Oper Cost	4,050
	communication (internet phone)	3,000	2,400	UNDP	GF	Oper Cost	5,400
Subtotal Direct project cost		606,179	601,599				1,207,778
Indirect Cost	General Management Support	4%		UNDP	GF	Indirect Costs	242,737
TOTAL							1,450,515

Work Plan and Budget

HIV grant Budget Workplan and Payment Schedule

Activities	Description									
		2019				2020				
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Total
CSA negotiations	CSA to be signed in Jan 2019									
Human Resources										
International project manager	Q4 2018, Hiring process of the Project manager	202,195.20				202,195.20				404,390.40
Local civil Engineer		34,080.00				34,080.00			8,520.00	76,680.00
International Engineer	Hire International engineer to develop EoI and construction bidding document. Conduct quality assurance missions during the construction.	28,000.00				28,000.00				56,000.00
International UNV based in Chimoio	Hire International UNV engineer to oversee the construction of Manica warehouse	42,636.00			42,636.00				10,659.00	95,931.00
IC for project preparation and Assessment	Hire consultant to conduct needs assessment of 10 regional warehouses and the roof for Biera regional warehouse	40,000.00								40,000.00
Procurement Assistant (50%)	UNDP and GF to share 50/50 cost of the procurement assistant	11,764.80				11,764.80				23,529.60
Finance assistant		23,529.60				23,529.60			5,882.60	52,941.80
Driver		13,257.60				13,257.60			3,314.40	29,829.60
Vehicle hire		15,840.00	7,920.00	7,920.00	7,920.00	7,920.00	7,920.00	7,920.00	7,920.00	71,280.00
Fuel		3,840.00	1,920.00	1,920.00	1,920.00	1,920.00	1,920.00	1,920.00	1,920.00	17,280.00

Office rent		2,400.00	1,200.00	1,200.00	1,200.00	1,200.00	1,200.00	1,200.00	1,200.00	10,800.00
Office supplies		720.00	360.00	360.00	360.00	360.00	360.00	360.00	360.00	3,240.00
Communication (internet phone)		960.00	480.00	480.00	480.00	480.00	480.00	480.00	480.00	4,320.00
Field Visits	4 team members to visit 10 sites and 3 times a year at USD 120 daily living allowance.	5,120.00	2,560.00	2,560.00	2,560.00	2,560.00	2,560.00	2,560.00	2,560.00	23,040.00
Monitoring and evaluation	Hire consultant to conduct end of project evaluations.								22,400.00	22,400.00
Technical support and support supervision UNDP HQs	UNDP GF HIST team to provide UNDP CO support supervision and QA of the project delivery	5,760.00		5,760.00	5,760.00		5,760.00	5,760.00	5,760.00	34,560.00
Subtotal DIRECT COST		430,103.20	14,440.00	20,200.00	62,836.00	327,267.20	20,200.00	20,200.00	70,976.00	966,222.40
Launch EoI	UNDP to launch EOI to shortlist potential contractor for the Manica provincial warehouse									-
Develop tender document for the civil works	UNDP to prepare tender documents									-
Contract awarding	Contract construction companies for the civil works									-
Start Manica Warehouse Construction work										
Start Construction work of the Manica Warehouse	<u>see Manica Warehouse and equipment cost estimates sheets.</u>		1,612,737.59	1,612,737.59						3,225,475.17
Completion construction of the five MDR TB wards and 17 TB clinics shelters										-
Commissioning of the Manica warehouse										
Subtotal		430,103.20	1,612,737.59	1,612,737.59	-	-	-	-	-	3,225,475.17
Total (less indirect cost)		430,103.20	1,627,177.59	1,632,937.59	62,836.00	327,267.20	20,200.00	20,200.00	70,976.00	4,191,697.57

	0	9	59		0	0	0		
Subtotal Indirect cost GMS (4%)	17,204.13	65,087.10	65,317.50	2,513.44	13,090.69	808.00	808.00	2,839.04	167,667.90
Grand Total Phase I	447,307.33	1,692,264.69	1,698,255.09	65,349.44	340,357.89	21,008.00	21,008.00	73,815.04	4,359,365.5

Payment Schedule HIV grant					TOTAL
Payment Schedule	Period				
	January - June 2019	July - December 2019	January-June 2020	July-Dec 2020	
Disbursement	2,139,572.02	1,763,604.53	361,365.89	94,823.04	4,359,365
%	49.0%	40.5%	8.3%	2.2%	

TB grant Budget Workplan and Payment Schedule

Activities	Description	2019								2020
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Total
		CSA negotiations	CSA to be signed in January 2019							
Human Resources										
International project manager	Q4 2018, Hiring process of the Project manager	50,548.80				50,548.80				101,097.60
Local civil Engineer		8,520.00				8,520.00			2,130.00	19,170.00
International Engineer	Hire International engineer to develop Eol and construction bidding document. Conduct quality assurance missions during the construction.	7,000.00				7,000.00				14,000.00
International UNV based in Chimoio	Hire International UNV engineer to oversee the construction of Manica warehouse	10,659.00			10,659.00				2,664.75	23,982.75
IC for project preparation and Assessment	Hire consultant to conduct needs assessment of 10 regional warehouses and the roof of Biera regional warehouse	10,000.00								10,000.00

Procurement Assistant (50%)	UNDP and GF to share 50/50 cost of the procurement assistant	2,941.20				2,941.20				5,882.40
Finance assistant		5,882.40				5,882.40			1,470.60	13,235.40
Driver		3,314.40				3,314.40			828.60	7,457.40
Vehicle hire		3,960.00	1,980.00	1,980.00	1,980.00	1,980.00	1,980.00	1,980.00	1,980.00	17,820.00
Fuel		960.00	480.00	480.00	480.00	480.00	480.00	480.00	480.00	4,320.00
Office rent		600.00	300.00	300.00	300.00	300.00	300.00	300.00	300.00	2,700.00
Office supplies		180.00	90.00	90.00	90.00	90.00	90.00	90.00	90.00	810.00
Communication (internet phone)		240.00	120.00	120.00	120.00	120.00	120.00	120.00	120.00	1,080.00
Field Visits	4 team members to visit 10 sites and 3 times a year at USD 120 daily living allowance	1,280.00	640.00	640.00	640.00	640.00	640.00	640.00	640.00	5,760.00
Monitoring and evaluation	Hire consultant to conduct end of project evaluations								5,600.00	5,600.00
Technical support and support supervision UNDP HQs	UNDP GF HIST team to provide UNDP CO support supervision and QA of the project delivery	1,440.00		1,440.00	1,440.00		1,440.00	1,440.00	1,440.00	8,640.00
Subtotal DIRECT COST		107,525.80	3,610.00	5,050.00	15,709.00	81,816.80	5,050.00	5,050.00	17,743.95	241,555.55
Launch Eol	UNDP to launch EOI to shortlist potential contractor for the MDR TB wards, TB clinics shelters									-
Develop tender document for the civil works	UNDP to prepare tender documents									-
Contract awarding	Contract construction companies for the civil works									-
Start Construction work of the Manica Warehouse	see TB wards & shelters cost estimate sheet .		817,583.25	817,583.25						1,635,166.50

Completion construction of the five MDR TB wards and 17 TB clinics shelters											-
Commissioning of the TB wards											
Subtotal TB grant civil works		-	817,583.25	817,583.25	-	-	-	-	-	-	1,635,166.50
Total (less indirect cost)		107,525.80	821,193.25	822,633.25	15,709.00	81,816.80	5,050.00	5,050.00	17,743.95		1,876,722.05
Indirect cost TB (4%)		4,301.03	32,847.73	32,905.33	628.36	3,272.67	202.00	202.00	709.76		75,068.88
Grand Total TB Civil Works		111,826.83	854,040.98	855,538.58	16,337.36	85,089.47	5,252.00	5,252.00	18,453.71		1,951,791

Payment Schedule TB grant					
	Period				TOTAL
Payment Schedule	January - June 2019	July- December 2019	Januart-June 2020	July-Dec 2020	
Disbursement	965,868	871,876	90,341	23,706	1,951,791
%	49%	45%	5%	1%	

TB and HIV Grants Budget Workplan and Payment Schedule

Activities	Description									
		2019				2020				
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Total
CSA negotiations	CSA to be signed in Jan 2019									
Human Resources										
International project manager	Q4 2018, Hiring process of the Project manager	252,744.00				252,744.00				505,488.00
Local civil Engineer		42,600.00				42,600.00			10,650.00	95,850.00
International Engineer	Hire International engineer to develop EoI and construction bidding document. Conduct quality assurance missions during the construction.	35,000.00				35,000.00				70,000.00
International UNV based in Chimoio	Hire International UNV engineer to oversee the construction of Manica warehouse	53,295.00				53,295.00			13,323.75	119,913.75
IC for project preparation and Assessment	Hire consultant to conduct needs assessment of 10 regional warehouses and the roof for Biera regional warehouse	50,000.00								50,000.00
Procurement Assistant (50%)	UNDP and GF to share 50/50 cost of the procurement assistant	14,706.00				14,706.00				29,412.00
Finance assistant		29,412.00				29,412.00			7,353.00	66,177.00
Driver		16,572.00				16,572.00			4,143.00	37,287.00
Vehicle hire		19,800.00	9,900.00	9,900.00	9,900.00	9,900.00	9,900.00	9,900.00	9,900.00	89,100.00
Fuel		4,800.00	2,400.00	2,400.00	2,400.00	2,400.00	2,400.00	2,400.00	2,400.00	21,600.00
Office rent		3,000.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	13,500.00
Office supplies		900.00	450.00	450.00	450.00	450.00	450.00	450.00	450.00	4,050.00
Communication (internet										

phone)		1,200.00	600.00	600.00	600.00	600.00	600.00	600.00	600.00	5,400.00
Field Visits	4 team members to visit 10 sites and 3 times a year at USD 120 daily living allowance	6,400.00	3,200.00	3,200.00	3,200.00	3,200.00	3,200.00	3,200.00	3,200.00	28,800.00
Monitoring and evaluation	Hire consultant to conduct end of project evaluations								28,000.00	28,000.00
Technical support and support supervision UNDP HQs	UNDP GF HIST team to provide UNDP CO support supervision and QA of the project delivery	7,200.00		7,200.00	7,200.00		7,200.00	7,200.00	7,200.00	43,200.00
Subtotal DIRECT COST		537,629.00	18,050.00	25,250.00	25,250.00	462,379.00	25,250.00	25,250.00	88,719.75	1,207,777.75
TB grant (20%)		107,525.80	3,610.00	5,050.00	5,050.00	92,475.80	5,050.00	5,050.00	17,743.95	241,555.55
HIV grant (80%)		430,103.20	14,440.00	20,200.00	20,200.00	369,903.20	20,200.00	20,200.00	70,975.80	966,222.20
Launch Eol	UNDP to launch EOI to shortlist potential contractor for the Manica provincial warehouse, MDR TB wards, TB clinics shelters									-
Develop tender document for the civil works	UNDP to prepare tender documents									-
Start Manica Warehouse Construction work										
Contract awarding	Contract construction companies for the civil works									-
Start Construction work of the Manica Warehouse	<u>see Manica Warehouse and equipment cost estimates sheets.</u>		1,612,737.59	1,612,737.59						3,225,475.17
Start Construction work of the Manica Warehouse	see TB wards & shelters cost estimate sheet .	817,583.25	817,583.25							1,635,166.50
Completion construction of the five MDR TB wards and 17 TB clinics shelters										-
Commissioning of the Manica warehouse and TB wards										

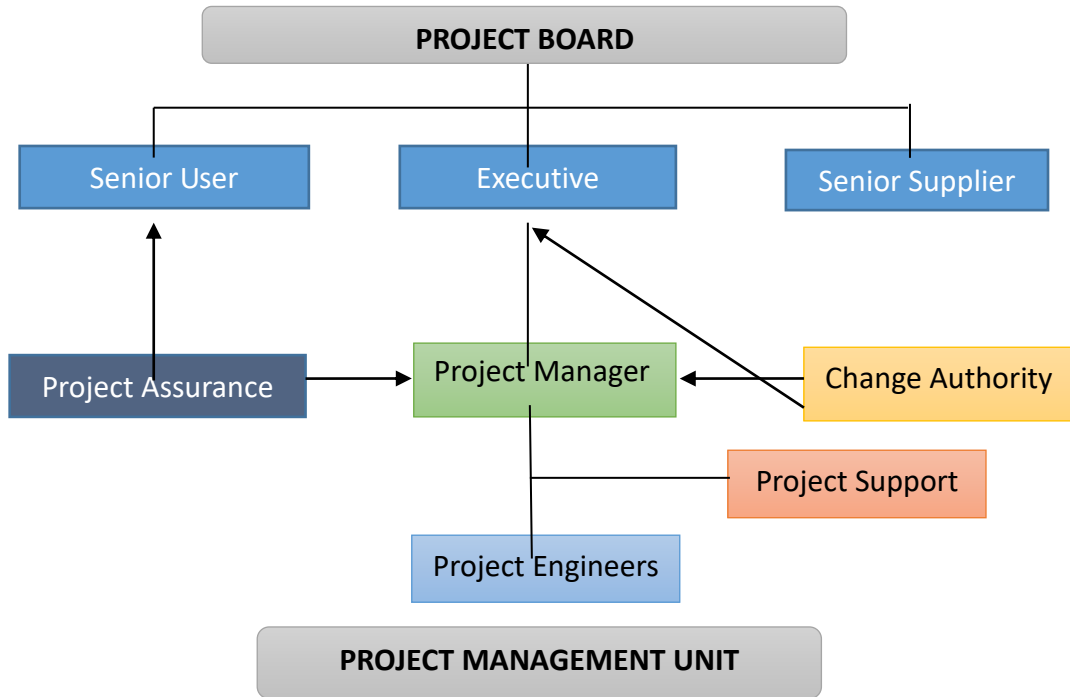
Subtotal phase I civil works		817,583.25	2,430,320.84	1,612,737.59						4,860,641.67
Total (less indirect cost)		1,355,212.25	2,448,370.84	1,637,987.59	25,250.00	462,379.00	25,250.00	25,250.00	88,719.75	6,068,419.42
Subtotal indirect cost GMS (4%)		54,208.49	97,934.83	65,519.50	1,010.00	18,495.16	1,010.00	1,010.00	3,548.79	242,736.78
Indirect cost TB (4%)		37,004.36	32,847.73	202.00	202.00	3,699.03	202.00	202.00	709.76	75,068.88
Indirect cost HIV (4%)		81,713.63	65,087.10	65,317.50	808.00	14,796.13	808.00	808.00	2,839.03	167,667.89
Grand Total Phase I		1,409,420.74	2,546,305.67	1,703,507.09	26,260.00	480,874.16	26,260.00	26,260.00	92,268.54	6,311,156.20

Payment Schedule

Payment Schedule HIV grant					TOTAL
	Period				
Payment Schedule	January-June 2019	July- December 2019	January-June 2020	July-Dec 2020	
Disbursement	2,139,572	1,763,605	361,366	94,823	4,359,365
%	49.0%	40.5%	8.3%	2.2%	
Payment Schedule TB grant					
	Period				TOTAL
Payment Schedule	January-June 2019	July- December 2019	January-June 2020	July-Dec 2020	
Disbursement	965,868	871,876	90,341	23,706	1,951,791
%	49%	45%	5%	1%	
GRAND TOTAL	3105440	2635480	451707	118529	6311156

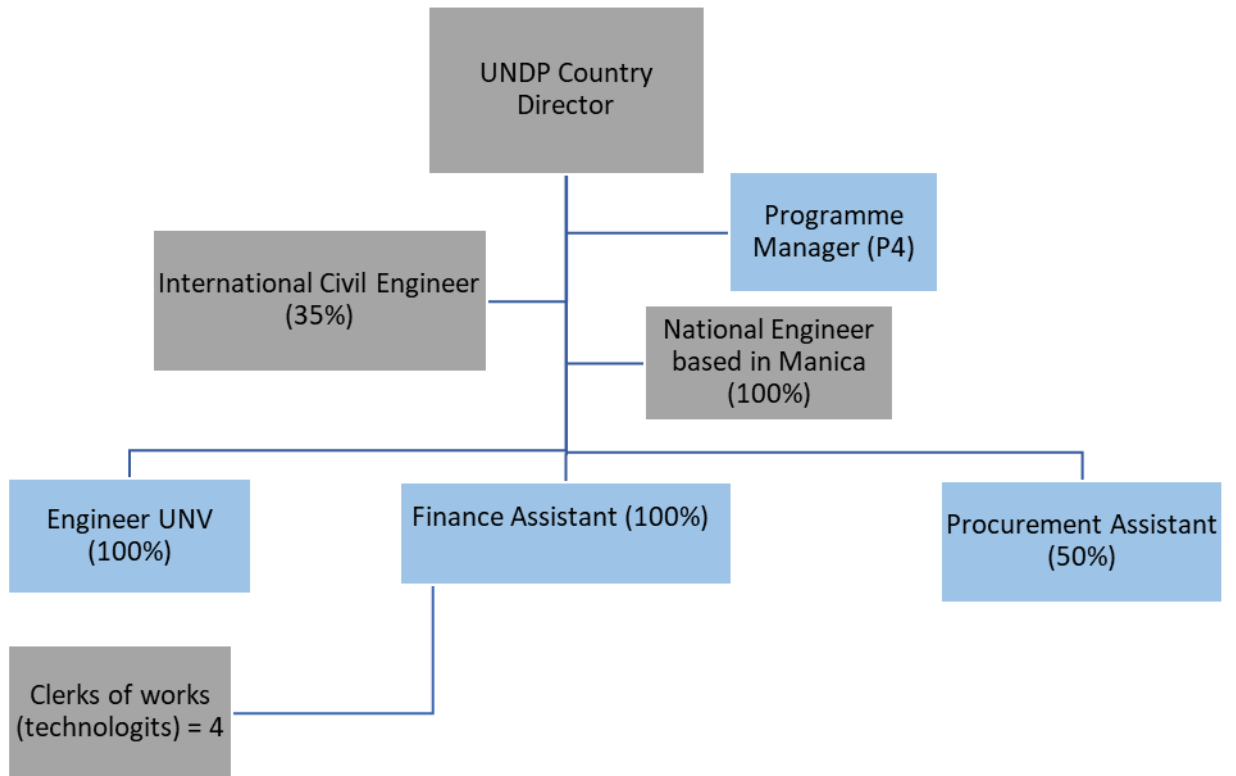
XII. GOVERNANCE AND MANAGEMENT ARRANGEMENTS

The joint Project Board will act as the coordination mechanism for the project. As the project will be implemented using the Direct Implementation Modality, the Project Board will be chaired by the UNDP Country Director and co-chaired by the Permanent Secretary of the Ministry of Health. Other UN Agencies and main stakeholders, including representatives of the Global Fund will be members of the Project Board.



At the **Project Management Unit level**, it is proposed that a Project Manager be in charge of the project supported by an international engineer (35%). The International Engineer will be home based and provide period supervision and validation of the status of the work. International UNV engineer based in Chimoio will provide technical support to the MoH and will oversee the civil works. A national engineer will be hired to supervise the construction of the Manica provincial warehouse. A project support based in UNDP Maputo will provide administrative support to the project management team should also be included as part of the project management structure. The proposed structure is as shown below:

In phase II (renovation work), additional 5 clerks of work will be needed for period of 6-9 months on temporary replacement. The Clerks of work will supervise workmanship, validate the quality of the construction material and report to the IUNV engineer and project manager.



XIII. LEGAL CONTEXT

This Project Document together with the United Nations Development Assistance Framework (UNDAF) for Mozambique (2017-2020) and the UNDP Country Programme Document (2017-2020) will be the instrument referred to as such in Article I of the Standard Basic Assistance Agreement between the Government of the Republic of Mozambique and the United Nations Development Program (signed by the parties in 1976).

The Implementing Partner agrees to undertake all reasonable efforts to ensure that none of the UNDP funds received pursuant to the Project Document are used to provide support to individuals or entities associated with terrorism and that the recipients of any amounts provided by UNDP hereunder do not appear on the list maintained by the Security Council Committee established pursuant to resolution 1267 (1999).

The list can be accessed via http://www.un.org/sc/committees/1267/aq_sanctions_list.shtml

This provision must be included in all sub-contracts or sub-agreements entered into under/further to this Project Document.

XIV. RISK MANAGEMENT

Option b. UNDP (DIM)

1. UNDP as the Implementing Partner will comply with the policies, procedures and practices of the United Nations Security Management System (UNSMS.)
2. UNDP as the Implementing Partner will undertake all reasonable efforts to ensure that none of the project funds are used to provide support to individuals or entities associated with terrorism and that the recipients of any amounts provided by UNDP hereunder do not appear on the list maintained by the Security Council Committee established pursuant to resolution 1267 (1999). The list can be accessed via http://www.un.org/sc/committees/1267/aq_sanctions_list.shtml. This provision must be included in all sub-contracts or sub-agreements entered into under this Project Document.
3. Social and environmental sustainability will be enhanced through application of the UNDP Social and Environmental Standards (<http://www.undp.org/ses>) and related Accountability Mechanism (<http://www.undp.org/secu-srm>).

4. UNDP as the Implementing Partner will: (a) conduct project and programme-related activities in a manner consistent with the UNDP Social and Environmental Standards, (b) implement any management or mitigation plan prepared for the project or programme to comply with such standards, and (c) engage in a constructive and timely manner to address any concerns and complaints raised through the Accountability Mechanism. UNDP will seek to ensure that communities and other project stakeholders are informed of and have access to the Accountability Mechanism.
5. All signatories to the Project Document shall cooperate in good faith with any exercise to evaluate any programme or project-related commitments or compliance with the UNDP Social and Environmental Standards. This includes providing access to project sites, relevant personnel, information, and documentation.
6. UNDP does not assume liability with regard to any claims arising out of or relating to or connected with the works to be procured under the present document. UNDP shall not pre-finance any activity under the Project. Pricing of works is tentative and subject to change. Subsequently, works to be procured under the Project may be reduced and/or changed by UNDP if affected by market conditions (including but not limited to freight cost, construction materials cost and inflationary circumstances), operational market currency restrictions and fluctuations in terms of pricing. The defects liability period for the works shall expire with the termination date of the present document.
7. UNDP as the Implementing Partner will ensure that the following obligations are binding on each responsible party, subcontractor and sub-recipient:
 - a. The responsibility for the safety and security of each responsible party, subcontractor and sub-recipient and its personnel and property, and of UNDP's property in such responsible party's, subcontractor's and sub-recipient's custody, rests with such responsible party, subcontractor and sub-recipient. To this end, each responsible party, subcontractor and sub-recipient shall:
 - i. put in place an appropriate security plan and maintain the security plan, taking into account the security situation in the country where the project is being carried;
 - ii. assume all risks and liabilities related to such responsible party's, subcontractor's and sub-recipient's security, and the full implementation of the security plan.
 - b. UNDP reserves the right to verify whether such a plan is in place, and to suggest modifications to the plan when necessary. Failure to maintain and implement an appropriate security plan as required hereunder shall be deemed a breach of the responsible party's, subcontractor's and sub-recipient's obligations under this Project Document.
 - c. Each responsible party, subcontractor and sub-recipient will take appropriate steps to prevent misuse of funds, fraud or corruption, by its officials, consultants, subcontractors and sub-recipients in implementing the project or programme or using the UNDP funds. It will ensure that its financial management, anti-corruption and anti-fraud policies are in place and enforced for all funding received from or through UNDP.
 - d. The requirements of the following documents, then in force at the time of signature of the Project Document, apply to each responsible party, subcontractor and sub-recipient: (a) UNDP Policy on Fraud and other Corrupt Practices and (b) UNDP Office of Audit and Investigations Investigation Guidelines. Each responsible party, subcontractor and sub-recipient agrees to the requirements of the above documents, which are an integral part of this Project Document and are available online at www.undp.org.
 - e. In the event that an investigation is required, UNDP will conduct investigations relating to any aspect of UNDP programmes and projects. Each responsible party, subcontractor and sub-recipient will provide its full cooperation, including making available personnel, relevant documentation, and granting access to its (and its consultants', subcontractors' and sub-recipients') premises, for such purposes at reasonable times and on reasonable conditions as may be required for the purpose of an investigation. Should there be a limitation in meeting this obligation, UNDP shall consult with it to find a solution.
 - f. Each responsible party, subcontractor and sub-recipient will promptly inform UNDP as the Implementing Partner in case of any incidence of inappropriate use of funds, or credible allegation of fraud or corruption with due confidentiality.

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

- g. UNDP will be entitled to a refund from the responsible party, subcontractor or sub-recipient of any funds provided that have been used inappropriately, including through fraud or corruption, or otherwise paid other than in accordance with the terms and conditions of the Project Document. Such amount may be deducted by UNDP from any payment due to the responsible party, subcontractor or sub-recipient under this or any other agreement.
- Where such funds have not been refunded to UNDP, the responsible party, subcontractor or sub-recipient agrees that donors to UNDP (including the Government) whose funding is the source, in whole or in part, of the funds for the activities under this Project Document, may seek recourse to such responsible party, subcontractor or sub-recipient for the recovery of any funds determined by UNDP to have been used inappropriately, including through fraud or corruption, or otherwise paid other than in accordance with the terms and conditions of the Project Document.
- Note: The term “Project Document” as used in this clause shall be deemed to include any relevant subsidiary agreement further to the Project Document, including those with responsible parties, subcontractors and sub-recipients.
- h. Each contract issued by the responsible party, subcontractor or sub-recipient in connection with this Project Document shall include a provision representing that no fees, gratuities, rebates, gifts, commissions or other payments, other than those shown in the proposal, have been given, received, or promised in connection with the selection process or in contract execution, and that the recipient of funds from it shall cooperate with any and all investigations and post-payment audits.
- i. Should UNDP refer to the relevant national authorities for appropriate legal action any alleged wrongdoing relating to the project or programme, the Government will ensure that the relevant national authorities shall actively investigate the same and take appropriate legal action against all individuals found to have participated in the wrongdoing, recover and return any recovered funds to UNDP.
- j. Each responsible party, subcontractor and sub-recipient shall ensure that all of its obligations set forth under this section entitled “Risk Management” are passed on to its subcontractors and sub-recipients and that all the clauses under this section entitled “Risk Management Standard Clauses” are adequately reflected, *mutatis mutandis*, in all its sub-contracts or sub-agreements entered into further to this Project Document.

XV. ANNEXES

1. Social and Environmental Screening Template

Project Information

<i>Project Information</i>	
1. Project Title	Health System Strengthening
2. Project Number	Award: 00114992; Output 00112777
3. Location (Global/Region/Country)	Mozambique, countrywide

Part A. Integrating Overarching Principles to Strengthen Social and Environmental Sustainability

QUESTION 1: How Does the Project Integrate the Overarching Principles in order to Strengthen Social and Environmental Sustainability?
<i>Briefly describe in the space below how the Project mainstreams the human-rights based approach</i>
The project will strengthen the health system to address health issues of the most vulnerable population. The proposed interventions aim at improvement of the medical supply chain management and MDR-TB treatment services to ensure equity and access to quality health services to men, women and youth.
<i>Briefly describe in the space below how the Project is likely to improve gender equality and women's empowerment</i>
Although there is no gender related inequity in infrastructure supply chain management and TB clinics, hence no interventions were proposed to tackle gender related inequities, the proposed M&E approach remains sensitive to early detection of signals of possible gender inequality (in PHC service coverage and utilization) through the following mechanisms: <ul style="list-style-type: none"> → All operational research, MDR-TB treatment coverage evaluation surveys and KAP surveys specifically, will collect sex-disaggregated data and analyze it from a gender perspective; → Recording and reporting of sex-disaggregated data through routine medical statistics will be ensured and national District health information system (DHIS). The project also will address such a bottlenecks as <i>gender inequity in the MDR-TB treatment outcomes due to the cultural factors</i> , in order to ensure achieving and sustaining MDR-TB treatment outcomes.
<i>Briefly describe in the space below how the Project mainstreams environmental sustainability</i>
The project does not directly contribute to environmental sustainability. It will cover environmental sustainability in the framework of building health system infrastructure.

Part B. Identifying and Managing Social and Environmental Risks

<p>QUESTION 2: What are the Potential Social and Environmental Risks? <i>Note: Describe briefly potential social and environmental risks identified in Attachment 1 – Risk Screening Checklist (based on any “Yes” responses). If no risks have been identified in Attachment 1 then note “No Risks Identified” and skip to Question 4 and Select “Low Risk”. Questions 5 and 6 not required for Low Risk Projects.</i></p>	<p>QUESTION 3: What is the level of significance of the potential social and environmental risks? <i>Note: Respond to Questions 4 and 5 below before proceeding to Question 6</i></p>			<p>QUESTION 6: What social and environmental assessment and management measures have been conducted and/or are required to address potential risks (for Risks with Moderate and High Significance)?</p>
<p><i>Risk Description</i></p>	<p><i>Impact and Probability (1-5)</i></p>	<p><i>Significance (Low, Moderate, High)</i></p>	<p><i>Comments</i></p>	<p><i>Description of assessment and management measures as reflected in the Project design. If ESIA or SESA is required note that the assessment should consider all potential impacts and risks.</i></p>
<p>Risk 1: Human rights: Capacity of local authorities and duty-bearers might be limited to support and enable results expected within the Project, due to lack of knowledge and skills and their engagement with other priorities at the district level</p>	<p>I – 3 P- 2</p>	<p>Moderate</p>		<p>Close cooperation will be maintained with local authorities; capacity building activities are envisaged to increase adherence and accountability to project results; the schedule of activities is adjusted to ensure the effective and timely implementation of project activities in the project target areas</p>
<p>Risk 2: Community Health, Safety and Working Conditions Potential that construction and renovation works pose the safety risk to local communities, including children (due to possibility of structural collapse, and physical hazard to health and safety of people during operations)</p>	<p>I – 2 P - 1</p>	<p>Low</p>		<p>Applicable policies, laws and regulations related to potential community, health and safety risks will be properly reviewed and taken into account in design and implementation of all structural and renovation works. When needed, gap-filling measures will be undertaken.</p>
<p>QUESTION 4: What is the overall Project risk categorization?</p>				

Select one (see SESP for guidance)		Comments
<i>Low Risk</i>	<input type="checkbox"/>	
<i>Moderate Risk</i>	<input checked="" type="checkbox"/>	Capacities of the national and sub-national government institutions and duty-bearers might be limited to ensure appropriate function and prioritization of the HSS and immunization activities, thus affecting the quality of service provided
<i>High Risk</i>	<input type="checkbox"/>	
QUESTION 5: Based on the identified risks and risk categorization, what requirements of the SES are relevant?		
Check all that apply		Comments
<i>Principle 1: Human Rights</i>	<input checked="" type="checkbox"/>	Capacities of the national and sub-national government institutions and duty-bearers might be limited to ensure project results (require regular monitoring and timely mitigation measures)
<i>Principle 2: Gender Equality and Women's Empowerment</i>	<input type="checkbox"/>	
<i>1. Biodiversity Conservation and Natural Resource Management</i>	<input type="checkbox"/>	
<i>2. Climate Change Mitigation and Adaptation</i>	<input type="checkbox"/>	
<i>3. Community Health, Safety and Working Conditions</i>	<input checked="" type="checkbox"/>	Risks associated with construction and rehabilitation infrastructure (easy to manage and mitigate)
<i>4. Cultural Heritage</i>	<input type="checkbox"/>	
<i>5. Displacement and Resettlement</i>	<input type="checkbox"/>	
<i>6. Indigenous Peoples</i>	<input type="checkbox"/>	
<i>7. Pollution Prevention and Resource Efficiency</i>	<input type="checkbox"/>	

Final Sign Off

<i>Signature</i>	<i>Date</i>	<i>Description</i>
QA Assessor		UNDP staff member responsible for the Project, typically a UNDP Programme Officer. Final signature confirms they have “checked” to ensure that the SESP is adequately conducted.
QA Approver		UNDP senior manager, typically the UNDP Deputy Country Director (DCD), Country Director (CD), Deputy Resident Representative (DRR), or Resident Representative (RR). The QA Approver cannot also be the QA Assessor. Final signature confirms they have “cleared” the SESP prior to submittal to the PAC.
PAC Chair		UNDP chair of the PAC. In some cases PAC Chair may also be the QA Approver. Final signature confirms that the SESP was considered as part of the project appraisal and considered in recommendations of the PAC.

SESP Attachment 1. Social and Environmental Risk Screening Checklist

Checklist Potential Social and Environmental Risks		
Principles 1: Human Rights		Answer (Yes/No)
1.	Could the Project lead to adverse impacts on enjoyment of the human rights (civil, political, economic, social or cultural) of the affected population and particularly of marginalized groups?	No
2.	Is there a likelihood that the Project would have inequitable or discriminatory adverse impacts on affected populations, particularly people living in poverty or marginalized or excluded individuals or groups? ⁷	No
3.	Could the Project potentially restrict availability, quality of and access to resources or basic services, in particular to marginalized individuals or groups?	No
4.	Is there a likelihood that the Project would exclude any potentially affected stakeholders, marginalized groups, from fully participating in decisions that may affect them?	No
5.	Is there a risk that duty-bearers do not have the capacity to meet their obligations in the Project?	Yes
6.	Is there a risk that rights-holders do not have the capacity to claim their rights?	No
7.	Have local communities or individuals, given the opportunity, raised human rights concerns regarding the Project during the stakeholder engagement process?	No
8.	Is there a risk that the Project would exacerbate conflicts among and/or the risk of violence to project-affected communities and individuals?	No
Principle 2: Gender Equality and Women's Empowerment		
1.	Is there a likelihood that the proposed Project would have adverse impacts on gender equality and/or the situation of women and girls?	No
2.	Would the Project potentially reproduce discriminations against women based on gender, especially regarding participation in design and implementation or access to opportunities and benefits?	No
3.	Have women's groups/leaders raised gender equality concerns regarding the Project during the stakeholder engagement process and has this been included in the overall Project proposal and in the risk assessment?	No
4.	Would the Project potentially limit women's ability to use, develop and protect natural resources, taking into account different roles and positions of women and men in accessing environmental goods and services?	No
Principle 3: Environmental Sustainability: Screening questions regarding environmental risks are encompassed by the specific Standard-related questions below		
Standard 1: Biodiversity Conservation and Sustainable Natural Resource Management		
1.1	Would the Project potentially cause adverse impacts to habitats (e.g. modified, natural, and critical habitats) and/or ecosystems and ecosystem services?	No
1.2	Are any Project activities proposed within or adjacent to critical habitats and/or environmentally sensitive areas, including legally protected areas (e.g. nature reserve, national park), areas proposed for protection, or recognized as such by authoritative sources and/or indigenous peoples or local communities?	No
1.3	Does the Project involve changes to the use of lands and resources that may have adverse impacts on habitats, ecosystems, and/or livelihoods? (Note: if restrictions and/or limitations of access to lands would apply, refer to Standard 5)	No
1.4	Would Project activities pose risks to endangered species?	No
1.5	Would the Project pose a risk of introducing invasive alien species?	No

⁷ Prohibited grounds of discrimination include race, ethnicity, gender, age, language, disability, sexual orientation, religion, political or other opinion, national or social or geographical origin, property, birth or other status including as an indigenous person or as a member of a minority. References to "women and men" or similar is understood to include women and men, boys and girls, and other groups discriminated against based on their gender identities, such as transgender people and transsexuals.

1.6	Does the Project involve harvesting of natural forests, plantation development, or reforestation?	No
1.7	Does the Project involve the production and/or harvesting of fish populations or other aquatic species?	No
1.8	Does the Project involve significant extraction, diversion or containment of surface or ground water?	No
1.9	Does the Project involve utilization of genetic resources? (e.g. collection and/or harvesting, commercial development)	No
1.10	Would the Project generate potential adverse transboundary or global environmental concerns?	No
1.11	Would the Project result in secondary or consequential development activities which could lead to adverse social and environmental effects, or would it generate cumulative impacts with other known existing or planned activities in the area?	No
Standard 2: Climate Change Mitigation and Adaptation		
2.1	Will the proposed Project result in significant ⁸ greenhouse gas emissions or may exacerbate climate change?	No
2.2	Would the potential outcomes of the Project be sensitive or vulnerable to potential impacts of climate change?	No
2.3	Is the proposed Project likely to directly or indirectly increase social and environmental vulnerability to climate change now or in the future (also known as maladaptive practices)?	No
Standard 3: Community Health, Safety and Working Conditions		
3.1	Would elements of Project construction, operation, or decommissioning pose potential safety risks to local communities?	Yes
3.2	Would the Project pose potential risks to community health and safety due to the transport, storage, and use and/or disposal of hazardous or dangerous materials (e.g. explosives, fuel and other chemicals during construction and operation)?	No
3.3	Does the Project involve large-scale infrastructure development (e.g. dams, roads, buildings)?	No
3.4	Would failure of structural elements of the Project pose risks to communities? (e.g. collapse of buildings or infrastructure)	Yes
3.5	Would the proposed Project be susceptible to or lead to increased vulnerability to earthquakes, subsidence, landslides, erosion, flooding or extreme climatic conditions?	No
3.6	Would the Project result in potential increased health risks (e.g. from water-borne or other vector-borne diseases or communicable infections such as HIV/AIDS)?	No
3.7	Does the Project pose potential risks and vulnerabilities related to occupational health and safety due to physical, chemical, biological, and radiological hazards during Project construction, operation, or decommissioning?	No
3.8	Does the Project involve support for employment or livelihoods that may fail to comply with national and international labor standards (i.e. principles and standards of ILO fundamental conventions)?	No
3.9	Does the Project engage security personnel that may pose a potential risk to health and safety of communities and/or individuals (e.g. due to a lack of adequate training or accountability)?	No
Standard 4: Cultural Heritage		
4.1	Will the proposed Project result in interventions that would potentially adversely impact sites, structures, or objects with historical, cultural, artistic, traditional or religious values or intangible forms of culture (e.g. knowledge, innovations, practices)? (Note: Projects intended to protect and conserve Cultural Heritage may also have inadvertent adverse impacts)	No
4.2	Does the Project propose utilizing tangible and/or intangible forms of cultural heritage for commercial or other purposes?	No
Standard 5: Displacement and Resettlement		
5.1	Would the Project potentially involve temporary or permanent and full or partial physical displacement?	No
5.2	Would the Project possibly result in economic displacement (e.g. loss of assets or access to resources due to land acquisition or access restrictions – even in the absence of physical relocation)?	No
5.3	Is there a risk that the Project would lead to forced evictions? ⁹	No

⁸ In regards to CO₂, 'significant emissions' corresponds generally to more than 25,000 tons per year (from both direct and indirect sources). [The Guidance Note on Climate Change Mitigation and Adaptation provides additional information on GHG emissions.]

5.4	Would the proposed Project possibly affect land tenure arrangements and/or community based property rights/customary rights to land, territories and/or resources?	No
Standard 6: Indigenous Peoples		
6.1	Are indigenous peoples present in the Project area (including Project area of influence)?	No
6.2	Is it likely that the Project or portions of the Project will be located on lands and territories claimed by indigenous peoples?	No
6.3	Would the proposed Project potentially affect the human rights, lands, natural resources, territories, and traditional livelihoods of indigenous peoples (regardless of whether indigenous peoples possess the legal titles to such areas, whether the Project is located within or outside of the lands and territories inhabited by the affected peoples, or whether the indigenous peoples are recognized as indigenous peoples by the country in question)?	No
6.4	Has there been an absence of culturally appropriate consultations carried out with the objective of achieving FPIC on matters that may affect the rights and interests, lands, resources, territories and traditional livelihoods of the indigenous peoples concerned?	No
6.5	Does the proposed Project involve the utilization and/or commercial development of natural resources on lands and territories claimed by indigenous peoples?	No
6.6	Is there a potential for forced eviction or the whole or partial physical or economic displacement of indigenous peoples, including through access restrictions to lands, territories, and resources?	No
6.7	Would the Project adversely affect the development priorities of indigenous peoples as defined by them?	No
6.8	Would the Project potentially affect the physical and cultural survival of indigenous peoples?	No
6.9	Would the Project potentially affect the Cultural Heritage of indigenous peoples, including through the commercialization or use of their traditional knowledge and practices?	No
Standard 7: Pollution Prevention and Resource Efficiency		
7.1	Would the Project potentially result in the release of pollutants to the environment due to routine or non-routine circumstances with the potential for adverse local, regional, and/or transboundary impacts?	No
7.2	Would the proposed Project potentially result in the generation of waste (both hazardous and non-hazardous)?	No
7.3	Will the proposed Project potentially involve the manufacture, trade, release, and/or use of hazardous chemicals and/or materials? Does the Project propose use of chemicals or materials subject to international bans or phase-outs?	No
7.4	Will the proposed Project involve the application of pesticides that may have a negative effect on the environment or human health?	No
7.5	Does the Project include activities that require significant consumption of raw materials, energy, and/or water?	No

⁹ Forced evictions include acts and/or omissions involving the coerced or involuntary displacement of individuals, groups, or communities from homes and/or lands and common property resources that were occupied or depended upon, thus eliminating the ability of an individual, group, or community to reside or work in a particular dwelling, residence, or location without the provision of, and access to, appropriate forms of legal or other protections.

2. Risk Analysis.

Project Title: Resilient sustainable system for health	Award ID: 00114992	Date: November 2018
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Description of risk	PROBABILITY (high, medium, low)	IMPACT (high, medium, low)	Mitigation Measures
Activity 1B:			
Institutional Risks: Internal – Governments internal review and approval procedures (related to public expenditure management and procurement) could cause delay in the procurement of goods and services and thus, in project implementation	Medium	Medium	The procurement of the medical stores equipment will be directly managed by UNDP CO with the support of PSU in Copenhagen, GF HIST will provide technical guidance on risk management The MoH will communicate the civil works project plan for 2018-2020 to the Government to secure support from relevant line ministries and set clear time line.
Delays and high level bureaucracy between CMAM-MISAU in the approval of the relevant project documents (needs assessment of 10 provinces and other relevant documents) could impact negatively the implementation of initial activities	Medium	Medium	UNDP will commission a needs assessment mission as soon as the CSA and Prodoc are signed.
Fiduciary Risks: Sub-contractors selected through public procurement mechanism to construct new and rehabilitate existing medical store and TB facilities fail to achieve the value-for-money objective or do not use some portion of funds for intended purpose	Medium	Low	UNDP will hire a team of engineers and clarks of work locally to ensure quality of civil works, quality of construction material in line with the BoM as well as quality of workmanship. Fiduciary risk assessment of potential vendors will be conducted prior to contracting and strict mechanisms of financial accountability and operational monitoring and evaluation will be incorporated in the service contracts to minimize misappropriation of funds
The purchase of Land Legal documents (DUAT) for the construction of new Warehouse in Chimoio and the 10 new warehouses may lead to delays in the full implementation of activities.	Low	Medium	UNDP will advocate WITH Ministry of Health and Ministry of Public Works to ensure smooth process.
Operational Risks: External - Fiscal space shrinks limiting the state's ability to take over fully operational costs and sustain critical health services including MDR-TB Treatment and medical stores	Medium	Medium	The MoH in consultations with the development partners will re-prioritize interventions under these objective to match resource requirements for the operation with available internal and external funding resources.

Description of risk	PROBABILITY (high, medium, low)	IMPACT (high, medium, low)	Mitigation Measures
Programmatic and Performance Risks: External- Epidemiological situation deteriorates (out-breaks of communicable diseases) due to the climate change related threats (Chikinkuya, dange fever, heamorrhagic fevers, Cholera, Meningits etc) and a need arises to reallocate scarce resources urgently	Low	Medium	The MoH will apply to in-country and international donors to provide emergency support for the management of outbreak(s).
Other Risks:			
Overall Risk Rating for Activity 1.B	Medium		
Activity 1.C:			
Institutional Risks: No objective specific risk			
Fiduciary Risks: Sub-contractors selected through public procurement mechanism to construct new and rehabilitate existing health facilities fail to achieve the value-for-money objective or do not use some portion of funds for intended purpose	Medium	Low	<ul style="list-style-type: none"> • UNDP will hire a team of engineers and clarks of work locally to ensure quality of civil works, quality of construction material in line with the BoM as well as quality of workmanship. • Fiduciary risk assessment of potential vendors will be conducted prior to contracting and strict mechanisms of financial accountability and operational monitoring and evaluation will be incorporated in the service contracts to minimize misappropriation of funds
Operational Risks: no objective specific risk			
Programmatic and Performance Risks: Coverage of hard-to-reach population in some parts of Mozambique can be impeded due to violent, terrorist activities, unusually harsh climatic conditions or natural disasters	Low	Low	The MoH may consider temporary reallocation of these services to other geographical areas (less affected by the climate) or compensation of missed opportunities through accelerated delivery of services whenever appropriate
Other Risks:			
Overall Risk Rating for Activity 1.C	Low	Low	
Activity 2.A			
Institutional Risks: no objective specific risk			
Fiduciary Risks:			
Operational Risks:			
Programmatic and Performance Risks: External - Political situation deteriorates and the government is not able to adhere to the implementation of long-term health strategies due to turnover of key decision makers and changes in priorities	Low	Low	The MoH will adjust the implementation plan of the long-term health strategies (at targets if necessary) to compensate unexpected delays and move toward attainment of development goals.

Description of risk	PROBABILITY (high, medium, low)	IMPACT (high, medium, low)	Mitigation Measures
			The MoH in collaboration with partners will increase the visibility of public health strategies securing understanding and support from legislative and other branches of executive government to minimize a possible negative impact of turnover of key decision makers and associated revision of health sector priorities
Other Risks:			
Overall Risk Rating for Activity 2.A	Low	Low	
Activity 2.B			
Institutional Risks: no objective specific risk			
Fiduciary Risks: no objective specific risk			
Operational Risks: no objective specific risk			
Programmatic and Performance Risks: External - Socio-economic situation deteriorates and financial barriers impede access to and utilization of health services.	Low	Medium	The MoH together with development partners will introduce alternative financing mechanisms and will reallocate available funding to high priority public interventions such as HIV/AIDS, TB and Malaria to mitigate this risk
Other Risks:			
Overall Risk Rating for Activity 2.B	Low	Medium	

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

1. General information about the Project

Resilient sustainable system for health is one of the main objective of any healthcare system in any government. There are more than 2000 health facilities in the country. However there is still a chronic issues of access to quality health services with quality health products. Private sector is not well developed in healthcare service delivery and is mostly confined to pharmacies and dentists in the capital city and some major urban settings.

Moreover, some populations in rural areas live far away from PHC facilities or cannot access them seasonally due to harsh climate and poor communication infrastructure. Also some of the rural health centers and health posts are dilapidated and not fully staffed, therefore cannot deliver the required volume and quality basic services to the population in their catchment areas. Absence of appropriate working conditions (combined with relatively low remuneration of healthcare professionals) makes the attraction and/or retention of qualified human resources even more difficult.

The main objective of the project is to **strengthen the national health system** by **reinforcing the medical supply chain system management** and **enhancing the MDR-TB treatment outcome** through:

Output 1 - Improved safety, security and storage conditions of medicines, vaccines and other health products at sub-national level; and

Output 2 - Improved conditions of clinical care for MDR TB patients.

2. Project Board/Steering Committee: structure and membership

The Project Board (PB) makes a central element of the Project and is aimed to provide overall guidance and strategic direction to the project, including development, periodic revision, and implementation of the project strategy, and adaptation of global policies and best practices to country circumstances. The PB carries out monitoring and progress assessment of the Project activity and contributes to establishing mechanisms for the Project sustainability in Mozambique. The PB is responsible for ensuring and monitoring of project technical and substantive quality.

The PB will serve as a platform for the major stakeholders of the project to discuss the overall progress of the project, and make strategic decisions and recommendations to be implemented by the project team.

The PB will consist of senior staff of UNDP, Ministry of health, Ministry of public works, representatives of relevant government agencies representing interests of beneficiaries, and donor organizations. The PB meetings is chaired by UNDP Country Director and co-chaired by the Permanent Secretary of the MoH.

The responsibilities of Co-Chairs include:

- Organization of the Project Board's meetings and invitation of participants.
- Conducting meetings and encouraging all members for equal participation in discussions and evaluation of project;
- Maintaining the meeting procedures as per principles of transparency and efficiency;
- Approving of the Project Board's resolutions and sign Committee minutes.

Regular members of Project Board include representatives/senior staff of the following entities:

1. UN agencies (WHO, UNICEF, WFP) - To provide technical support to the equipment specification and construction standards for the medical warehouse and TB wards.
2. Ministry of Health of the Republic of Mozambique (CMAM and MOH PMU). – is the owner and end-user of the health facilities in this project document. MoH provides inputs into the technical specifications of the equipment and designs of the construction.
3. Ministry of Public works, housing and water resources – is the government ministry with mandate with planning, building and ensuring effective investment of the public works. In line with Article 2 of Government of the republic of Mozambique resolution 19/2015 of the Statute of Ministry of Public works, housing and Water Resources, the Ministry is responsible for Construction, rehabilitation and maintenance of public infrastructures, namely roads and bridges, water supply, sanitation, water retention, protection and storage systems. Under the framework of this project the ministry of Public Works, Housing and water resource will provide construction permits and certification and quality control.

Due to the complexity and inclusiveness of the Project activities, the PB may also invite to the meetings independent representatives and technical experts from other governmental organization, UN agencies, local civil society organizations and international partner organizations, depending on the specific objectives and topic discussed at the specific PB's meeting.

3. Role and main functions of the Project Board

The PB will act as the coordination and management mechanism for the project. Its major role is to provide strategic oversight and direction of the programme, in order to ensure that it retains strategic focus, and delivers the agreed benefits. *It will:*

- Make strategic decisions and provide guidance to senior management of implementing agencies;
- Review and approve a consolidated summary annual work plan prepared by the project implementing agencies, ensuring that it is focused and consistent with deliverables set out in the Project Document;
- Receive and if necessary approve progress reports against the work plans and take strategic decisions on how to address any major challenges brought to the PB's attention;
- Monitor progress and impact of any wider issues - e.g. sector reform and other legislative changes, financial situation, programmes by other partners - that might impact upon the project and ensure that these are reflected as necessary within the project.
- Consider and approve any substantive changes in the action plan or budget of the project upon submission of a solid justification by implementing agencies, should this be necessary;
- Represent, as necessary, the interests of the project in high level government and development partners' discussions.

4. Responsibilities of the PB members

Each member of the PB should have a possibility to carry out the following functions:

- Get acquainted with the concepts of the project, progress reports and annual work plans in advance, before the PB's meeting is held;
- Consider the progress of the project against the targets set in the project logframe, provide remarks and comments as to reports and work plans;
- Participate in monitoring of the execution of the Project in the field;
- Participate in monitoring and evaluation of the activities implemented by UN agencies and the entire programme as a whole;
- Participate in fact-finding visits to potential beneficiaries;
- If necessary, participate in training and capacity building exercises that the project holds for potential beneficiaries.

5. Requirements to the work and representatives to the PB

- The members of the PB should take all required measures to ensure full objectivity of the PB decision, both actual and formal (visible), and should avoid conflicts of interest or excessive influence. The representatives to the PB are obliged to ensure objectivity in the decision-making process using a principle of consensus, to exclude questions of personal character and conflict of interests as well as possible external influences.
- In a case where a representative to the PB has any financial interest in the project or a conflict of interests with the project's vendors and contractors, s/he is obliged to inform the members of the PB well in advance and abstain from participation in the discussion even if s/he is not an executor under the project.

6. Financing

- Members of the PB will fulfil the duties on a voluntary no-pay basis, without a financial compensation.
- A compensation of expenses related to projects monitoring and evaluation and other Project related activities can be carried out upon submission of all confirming documents, according to the UN procedures and standards, and should be approved prior to expenses are made.

7. Steering Committee's meetings

The PB will meet semi-annually to ensure coherence, review progress, adjust programming and endorse joint annual work plans.

The minutes of the PB will be taken by the assigned Project responsible staff. UNDP office in Mozambique will ensure that discussions and decisions taken at the PB are complementary and well communicated to all stakeholders and partners.