

**MONGOLIA
MINISTRY OF HEALTH**

PROJECT IMPLEMENTATION MANUAL

**MONGOLIA COVID-19 EMERGENCY RESPONSE AND HEALTH SYSTEM
PREPAREDNESS PROJECT (P173799)**

(IDA Credit No. 6594-MN, IBRD Loan No. 9082-MN)

**May 2020
Ulaanbaatar, Mongolia**

PREFACE

This Project Implementation Manual (PIM) is designed to assist and guide Project Implementation Unit (PIU) of the Ministry of Health during implementation of the Mongolia COVID-19 Emergency Response and Health System Preparedness Project No. P173799 (COVID-19 Project) to achieve its development objectives.

The COVID-19 Project is financed by the credit of US\$13.10 million from the International Development Association (IDA) and the loan of US\$13.8 million from the International Bank for Reconstruction and Development (IBRD), all under the conditions applicable to IDA Credit and IBRD Loan funds.

This PIM provides the general description, goals and objectives of the Project and outlines 1) activities, 2) organizational, 3) procurement, and 4) financial procedures that are to be followed during the project implementation.

It intends to serve as a tool for all stakeholders involved in the Project implementation, therefore detailed descriptions of relevant procedures are specified in annexes for each topic. The sections, annexes and attachments of this document are closely related to the same topics and can be found in different sections. In order to get a comprehensive picture of these issues all the related sections, annexes and attachments should be studied.

The procedures set herein are consistent with the IDA Financing Agreement No. 6594-MN, IBRD Loan Agreement No. 9082-MN and with the Minutes of the Negotiations signed between the IDA/IBRD and the Government of the Mongolia on March 25, 2020.

During the lifetime of the COVID-19 Project, the Steering Committee (SC) may carry out reviews of the PIM and make recommendations to PIU to make the changes, if necessary. The World Bank must be notified of these changes, and together with the Steering Committee, it must approve these changes prior to their introduction into the PIM.

The names of the Ministries, Agencies and other legal entities mentioned in the PIM may be changed, however this shall not serve as the grounds for the change in their participation and responsibilities in the Project's activities, as stated in the Project Appraisal Document.

ACRONYMS

ACGs	Anti-Corruption Guidelines
APSED	Asia Pacific Strategy for Emerging Diseases
BFP	Bank Facilitated Procurement
CPS	Country Partnership Strategy
CERC	Contingent Emergency Response Component
CRW	Crisis Response Window
CSO	Civil Society Organization
CVDs	Cardiovascular Diseases
CQS	Consultants' Qualification Selection
DA	Designated Account
DC	Direct Contracting
ECMO	Extracorporeal membrane oxygenation
EHP	E-Health Project
EHS	Environment, Health and Safety
ERP	Economic Recovery Program
ESCP	Environment and Social Commitment Plan
ESMP	Environmental and Social Management Plan
FCV	Fragility, Conflict and Violence
FM	Financial Management
FMM	Financial Management Manual
FMFA	Financial Management Framework Agreement
FMS	Financial Management Specialist
FTCF	Fast Track COVID-19 Facility
FTF	Fast Track Facility
GDP	Gross Domestic Product
GIIP	Good Industry International Practices
GOM	Government of Mongolia
HCWMP	Health Care Waste Management Plan
HSSMP	Health Sector Strategic Master Plan
GAVS	General Authority for Veterinary Services
GPN	General Procurement Notice
IBRD	International Bank for Reconstruction and Development
IC	Individual Consultants
IPS	Implementation and Procurement specialist
IDA	International Development Association
ICB	International Competitive Bidding
IFRs	Interim Financial Reports
IHR	International Health Regulations
IMS	Incident Management System
INGOs	International Non-Governmental Organizations
IOC	Incremental Operating Costs
IPF	Investment Project Financing
M&E	Monitoring and Evaluation
MOF	Ministry of Finance
MOFALI	Ministry of Food, Agriculture and Light Industry
MOH	Ministry of Health
MOU	Memorandum of Understanding
MNT	Mongolian Tugrug (National Currency)
MPA	Multiphase Programmatic Approach
NBW	National Bridging Workshops

NCB	National Competitive Bidding
NCD	Non-Communicable Disease
NCS	Non-Consulting Services
NGO	Non-Governmental Organization
NOL	No-Objection
NEMA	National Emergency Management Agency
NFP	National Focal Point
NSO	National Statistics Office
OA	Operational Account
PAD	Project Appraisal Document
PDO	Project Development Objectives
PIU	Project Implementation Unit
PIM	Project Implementation Manual
PMRs	Project Management Reports
PPSD	Project Procurement Strategy for Development
PrDO	Program Development Objective
PSC	Project Steering Committee
PSCN	Pandemic Supply Chain Network
QBS	Quality-Based Section
QCBS	Quality Cost Based Selection
RFQ	Request for Quotation
RRA	Rapid Risk Assessment
SARI	Severe Acute Respiratory Infections
SIDC	Secure Identification Credentials
SOE	Statement of Expenditure
SPD	Standard Procurement Document
SPPCA	State Property Policy and Coordination Agency
SPRP	Strategic Preparedness and Response Plan
SSS	Single-Source Selection
STEP	Systematic Tracking of Exchanges in Procurement
TOR	Terms of Reference
UN	United Nations
UNICEF	United Nations Children's Fund
UNOPS	United Nations Office for Project Services
WB	World Bank
WG	Working Group
WHO	World Health Organization

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A. INTRODUCTION

1. On April 2, 2020, the Board of the World Bank approved the Multiphase Programmatic Approach (MPA), supported under the Fast Track COVID-19 Facility (FTCF). The MPA visibly commits substantial resources and complements funding by countries and activities supported by other partners to help ensure adequate resources to fund a rapid emergency response to COVID-19. In parallel, the Board approved with the MPA the financing of Phase 1 of the Program for 25 Investment Project Financing operations under the Strategic Preparedness and Response Program (SPRP) for countries across the world.
2. Mongolia has made important progress on economic and social development over the past three decades, but key vulnerabilities remain. Fuelled by the mining sector, its economy has expanded significantly. With improved living standards, strong results on human development have been achieved. Mongolia's upcoming graduation from IDA is a sign of confidence in Mongolia's development trajectory and reaffirms its middle-income country status. To fulfil its potential, Mongolia needs to address unstable economic growth, population wellbeing at risk, and growing environmental stress.
3. Mongolia's economy was recovering strongly from the economic crisis started in 2016, but now is expected to be significantly impacted by the COVID-19 outbreak. Thanks to the Government's Economic Recovery Program (ERP)¹, real GDP growth accelerated to 7.2 percent in 2018 from 5.3 percent in 2017, and only slowed to 5.8 percent in 2019. The growth prospects, already faced with risks in the financial sectors and uncertainties around domestic elections and global trade tensions, are now further dampened by COVID-19. A weaker Chinese economy will diminish external demand for Mongolia export of mining products (accounting for 24 percent of GDP), and affect sectors such as transportation (5.4 percent of GDP). If the weakness persists, it could lower inward foreign direct investment. The government's actions to prevent the outbreak in terms of border closure and limiting domestic movements will squeeze domestic demand and also affect retail, tourism and services sectors in the economy. Panic behaviour of consumers to stockpile food products could stroke inflation.
4. Faced with the potential public health and economic impact, the population, especially the vulnerable and the poor will need to be protected. Even before the COVID-19 outbreak, at 28.4 percent in 2018, poverty remains high in Mongolia, with stagnating poverty rates in urban areas. While herders and rural workers have benefited from high meat prices, the robust economic performance of mining and manufacturing has not translated into sufficient income opportunities for most of the urban population. During previous periods of adverse economic conditions, Mongolia has seen weakened human development growth. For example, between 2014 and 2016, the poverty rate in Mongolia climbed back to 29.6 percent with only 35.3 percent of households found to be food secure and 50.2 percent experiencing moderate or severe food insecurity. Protecting the poor and vulnerability in the face of a potential crisis is therefore critical.
5. Mongolia's health system reflects the country's rapid economic and political change. Mongolia has made important gains in declining infant, child and maternal mortality, and achieved a high level of health insurance coverage. However, health disparities persist, largely due to geographical (urban versus rural), income-related and demographic (nomads versus settled population) variations. The burden of disease in Mongolia is evolving:

6. Mongolia is seeing a shift in the burden of disease, moving from communicable to non-communicable diseases (NCDs). Leading causes of mortality are now circulatory system disorders and cancers.
7. Although overall, communicable diseases have decreased over the years, they still account for a high proportion of overall disability-adjusted life years (DALYs) and, outbreaks and health emergencies can lead to significant socioeconomic losses. Mongolia also faces emerging diseases, environmental threats such as toxic chemical hazards, dzud (summer droughts followed by severe winters) and flooding.
8. The large herder population in Mongolia, increases the chances for zoonotic diseases. In recent years zoonotic diseases have expanded and outbreaks of transboundary disease have emerged in animals and humans. Brucellosis, anthrax, tick borne disease and rabies still constitute a threat to human health and welfare.
9. The health sector preparedness is guided by the government's Health Sector Strategic Master Plan (HSSMP) for 2019-2024. Led by the Ministry of Health, surveillance and emergency response coordination systems – including regional emergency operations centers and a laboratory network in aimags (administrative districts) near national borders – have been established. Mongolia has also endorsed the International Health Regulations, or IHR (2005), and the Asia Pacific Strategy for Emerging Diseases (APSED), which has been used to build core capacity for surveillance and response including pandemic influenza.
10. Yet there are substantial challenges. The bulk of health services are provided at three types of facilities (primary, secondary and tertiary) and over two administrative divisions (the capital and the provinces or the aimags). This hospital-oriented system inherited from the socialist period has hindered improving the efficiency of the health system. Service delivery is challenging given the extremely low population density in a vast country. The health system needs to be able to adapt to the changing needs of the population as NCDs become more pervasive and more problematic. Risk assessments are carried out when outbreaks occur, but there is no comprehensive systematic disease surveillance system. Laboratory capacities are weak in both human and animal health domains. Evidence-based decision making and response, and utilization of risk assessment finding need to be further improved.
11. Building the policy, technical, institutional and operational framework for a strengthened disease control system will require more sustained effort. Public health events regularly occur in Mongolia. On average, the national surveillance system detects over 260 public health events a year. The 2016 APSED review concluded that Mongolia remains vulnerable to emerging diseases and public health emergencies, and that challenges exist in national system readiness to respond to large-scale and complex events in an effective and coordinated way. Further, the lack of an effective Incident Management has resulted in a fragmented and disorganized process, leading to life, financial and reputational losses. In the absence of standardized system for emergency management, daily routine activities of the Ministry of Health or organizations under MoH are disrupted. Everyone responds to the emergency, creating a duplicate or parallel system, reporting burden for overburdened staff, and forcing each to work with incomplete or incorrect information. The main lessons learned from the 2009 H1N1 and PanStop exercises were that the current pandemic plan almost entirely focused on health issues and health-related problems. The plan lacks preparedness, contingency planning and integration into national and local disaster management planning. Government Resolution No. 416 in 2015 mandates that individuals, organizations, enterprises, soums, districts, provinces and cities should annually revise their disaster protection plans, including making provisions for resource allocation and stockpiling of emergency supplies for natural disasters and human health emergencies. However, these plans are largely unfunded.

12. Finally, Mongolia's health spending is low. At just over 4%, the share of total health spending in GDP is lower today than in 2003 (6.7%), and lower than in most other middle-income countries. Since 2010, government health spending has remained consistently low, fluctuating between 6-8% of total government spending. Most of the public spending is on recurrent expenditures, with the wage bill as the the fastest growing and largest component. Allocations to maintenance and repairs are extremely low. Poor sector planning that is not based on clear medium-and long-term strategies affects the quality and efficiency of investments and recurrent expenditures. There has been a phenomenal expansion of the private sector in provision of both inpatient and outpatient services.
13. Mongolia faces high risk of the COVID-19 outbreak, but community transmission has not been reported. As of May 17, 2020, 136 confirmed cases have been reported and all are imported cases. Close contacts are under surveillance and closely monitored. Since early January, Ministry of Health has been working with WHO, international partners and stakeholders from non-health sectors to enhance preparedness. Rapid risk assessment (RRA) has been conducted five times to inform decision making, update national COVID-19 response plan, and inform public health interventions at points of entries. The fifth multi-sectoral RRA was performed by ministers and stakeholders of 18 governmental organizations and WHO team in Mongolia and assessed the risk of insufficient control capacities for COVID-19 community transmission as "High". Review of national capacities for COVID-19 health facility preparedness (surge capacity, personal protective equipment, emergency medical equipment) has identified major gaps. Incident Management System (IMS) has been activated at the IHR NFP and several provinces. However, MoH IMS is not fully functional and there are no procedures to direct tertiary hospitals and provinces according to IMS. Draft Disaster protection health procedures have not been approved yet.
14. The authorities have been proactive in preventing the outbreak. The Parliament of Mongolia, the Cabinet, National Security Council and State Emergency Commission have convened multiple times and issued policy decisions regarding prevention of the possible transmission of COVID-19. Decisions were made to impose temporary travel restrictions, adopt social distancing measures, and suspend school and kindergarten and social events. The Government allocated 4.3 billion MNT (USD\$1.5 million) from the Government's Reserve Fund for prevention, preparedness of medical services, and purchasing medicines, medical tools, personal protective equipment and other infection prevention and control supplies. Public awareness and knowledge have improved.
15. The social and economic impacts of the COVID-19 could be severe. The external impact from Covid-19 and the authorities' measures to prevent the outbreak are likely to have significant negative impact on the Mongolian economy and thus on poverty reduction, education and health outcomes. Social norms—such as expectations that women and girls are responsible for doing domestic chores and nursing sick family members—can expose women and girls to greater health risks. Where healthcare systems are stretched by efforts to contain outbreaks, care responsibilities are frequently "downloaded" onto women and girls. School closure and home quarantine are likely pushing more care burden and pressure on caregivers, primarily women. Women constitute over 81.9% of the workers in the health sector in Mongolia and are on the frontlines of the response and face additional challenges including gender pay gaps and specific needs including to meet menstrual hygiene needs.
16. This Project Implementation Manual (PIM) sets forth procedures and rules, which are to be followed by staff of the implementing agency, participating institutions and all stakeholders involved in project implementation. The manual is to promote consistency and transparency in implementation of project activities, particularly in the areas of coordination, procurement, disbursement, financial management, monitoring and evaluation.

B. PROJECT STRATEGIC GOALS

17. The emergency operation will provide immediate support to emergency preparedness, but also benefit the health sector in the longer term in line with the Country Partnership Strategy. The project was not specifically envisioned in the latest Performance and Learning Review (December 2019) which extended the current Country Partnership Strategy (CPS) (Report No. 67567-MN) to December 2020. The emergency nature of the COVID-19 outbreak and its potential negative impacts call for swift support by the Bank to enhance the health sector emergency preparedness in Mongolia and protect the vulnerable and high-risk population. The COVID-19 outbreak has further highlighted the critical importance of improved access and better delivery of basic services in the health sector—Pillar 3 under the CPS. Beyond the short-term support, this emergency operation will contribute to the further strengthening of the health sector and service delivery in Mongolia.

C. PROJECT DESCRIPTION

18. The **MPA Program Development Objectives (PrDO)** is to prevent, detect and respond to the threat posed by COVID-19. Countries and regional organizations under the MPA would aim to address all aspects of the PDO, or the ones that are most relevant for them.
19. **This Project was selected for COVID-19 financing because Mongolia faces an elevated risk for COVID-19 outbreak spread.** The scope and the components of this Project are fully aligned with the COVID-19 Fast Track Facility, using standard components as described in Annex 2 of the COVID-19 Board paper. This Project complements the longer-term development work in the Health Sector, including the Mongolia's E-Health Project (P131290) which seeks to improve integration and utilization of health information and e-health solutions for better health service delivery in selected pilot sites.
20. **A phased response through the COVID-19 Fast Track Facility is proposed.** While support will surely be needed to respond to the economic impact of COVID-19 on households, businesses and government budgets, the World Bank's approach is to lead with the health response. As a first step, the majority of operations processed through the Fast Track Facility will be health sector operations to respond to urgent preparedness and response needs related to the COVID-19 outbreak. One of the challenges with the response to COVID-19 is the availability (and price) of medical equipment and supplies. The global PSCN (Pandemic Supply Chain Network), of which the World Bank is a co-convenor, has identified a list of medical products critical to the response. The task team will work with MOH to customize this list further to develop a positive list of goods to be procured with World Bank financing. Further the health system has been weak, with years of underinvestment and neglect. Rapid investments to build capacity, including through procurement of equipment, will be necessary to ensure the system is able to meet the increased demand from complicated COVID-19 cases. Indeed, there will likely be growing disruption to economic activities, businesses and livelihoods. Options for support through other financing instruments are being explored as the facility is established and through country consultations.
21. While addressing the COVID-19 is an immediate priority for the Government of Mongolia the Project will in tandem strengthen health system preparedness for similar future public health emergencies. The Project will therefore address some of the immediate needs for responding to COVID-19 including risk communication, strengthening response capacity and investing in the building blocks for a coordinated multi-sectoral approach. It will further address health system gaps in the availability of drugs, medical supplies and equipment in key hospitals and aimag centers to meet the surge of expected patients and enhance the quality of patient care.

22. The COVID-19 Project shall be implemented over a three-year period. The Project effectiveness date is April 24, 2020, the completion date (upon which no new activities are initiated) is 31 December 2022, and the closing date (accounts are cleaned up from the funds, all reports are completed) is 31 March 2023, after which financing would not be available for any uncompleted or commenced activities.

D. DEVELOPMENT OBJECTIVES

23. **Project Development Objectives (PDO)** is to strengthen Mongolia’s capacity to prevent and respond to the COVID-19 outbreak and strengthen national systems for public health preparedness.
24. The scope of this project will be nationwide, benefiting the entire population of 3.2 million of which **1.5 million (47%) live in Ulaanbaatar, the capital city**. The project interventions will cover all 21 Aimags and their soums, and selected hospitals. The primary beneficiaries of the Project will include the patients visiting hospitals and health facilities. Patients will receive timely and comprehensive diagnostic and treatment services and care will be managed effectively and efficiently through identified care pathways. The second group of beneficiaries will include the community at large, especially vulnerable and high-risk populations such as the elderly. Support for community outreach services will include advocacy on non-pharmaceutical public health measures (hand washing, respiratory etiquette, social distancing etc.) together with risk communication among the general population which will help reduce number of at-risk and infected patients. The third group of beneficiaries will include health care providers in Aimags, Districts and selected hospitals who will be providing care to COVID-19 infected and other patients.
25. The **PDO level results indicators** are outlined below (see Results Matrix in Annex 1 which also includes intermediate indicators):
- Proportion of laboratory-confirmed cases of COVID-19 responded to within 48 hours (gender disaggregated);
 - Samples from suspected cases of COVID-19 / SARI that are confirmed within the stipulated WHO standard time;
 - Number of hospitals meeting MOH established standards to manage Severe Acute Respiratory Infections (SARI) patients including intensive care;
 - Number of designated laboratories with COVID-19 diagnostic capacities established per MOH guidelines.

E. PROJECT FINANCING AND DISBURSEMENTS

26. **The total financing amount for Project is US\$ 26.9 million.** To meet the emergency needs of Mongolia, the project will utilize a US\$13.1 million IDA credit from the additional allocation, and a US\$13.8 million IBRD loan reprioritized from the country program, both under the FTCTF. Aligned with the approved FTCTF design, the commitment fee for the first year of the IBRD loan will be waived.

Financing	Amount (US\$ million)
International Bank for Reconstruction and Development	13.80
International Development Association	13.10
Total amount	26.90

27. **Retroactive financing** will be allowed for up to US\$4.2 million for eligible expenditures incurred by the Government from January 1, 2020.

28. Project **expected disbursements** have been forecast as indicated in below table:

Year	FY2020	FY2021	FY2022	FY2023
Annual	5.40	13.73	4.86	2.90
Cumulative	5.40	19.14	24.00	26.90

F. PROJECT COMPONENTS

29. The COVID-19 Project has four components, out of which the first two directly address the shortcomings listed in previous sections: (1) Emergency COVID-19 Prevention and Response, (2) Strengthening Health Care Delivery Capacity, (3) Project Management, and (4) Contingent Emergency Response Component (CERC). The cost distribution is provided in below table:

Cost Distribution (US\$ million)	Total	IDA	IBRD
<i>Component 1: Emergency COVID-19 Response</i>	2.50	2.50	-
Sub component 1.1 Risk Communication and Community Engagement	1.10	1.10	-
Sub-Component 1.2 Response support	0.65	0.65	-
Sub-Component 1.3 Creating an enabling environment for One Health	0.30	0.30	-
Sub-Component 1.4 Human resource development	0.45	0.45	-
<i>Component 2: Health Care Strengthening</i>	23.75	9.95	13.8
Sub-component 2.1 Provision of medical and laboratory equipment and reagents	22.38	8.58	13.8
Sub-component 2.2 Provision of medical supplies, including PPE and medicines	1.37	1.37	-
<i>Component 3: Implementation Management and Monitoring and Evaluation</i>	0.65	0.65	-
<i>Component 4: Contingent Emergency Response Component (CERC)</i>	-	-	-
Total amount	26.9	13.10	13.80

30. **Component 1: Emergency COVID-19 Prevention and Response (Total US\$2.5 million COVID19 FTF):** The aim of this component is to slow down and limit the spread of COVID-19 in the country and improve preparedness for future public health emergencies. This will be achieved through providing immediate support for a comprehensive communication and behavior change intervention, strengthening capacity for active case detection and response, building an enabling platform for One Health and strengthening capacity of the health work force to manage the current and future public health emergencies.
31. **Sub-Component 1.1: Risk Communication and Community Engagement (US\$1.1 million COVID19 FTF):** There will be a comprehensive communication and behaviour change intervention to support key prevention behaviours (hand washing, social distancing etc.), including i) developing and testing messages and materials; and ii) further enhancing infrastructure to disseminate information from national to aimag and soum levels, and between the public and private sectors. Community mobilization will take place through existing Government and community institutions such as aimag/city and soum/district Governor's offices, health and education sector social workers, local CSOs, and bagh/khoroo (lowest administrative unit) Governors and doctors. A community engagement, risk communication, and social distancing program for the highly populated capital city will also be mobilized. Communication campaigns will include messages regarding appropriate care for sick family

members, to decrease health risks to caregivers (often female) and provide information on to minimize psychosocial impacts. These modes for communication will include TV, radio, social media and printed materials as well as outreach through the community health workers who will need to be trained and compensated for this activity considering a specific need.

32. **Sub-Component 1.2: Response support (US\$0.65million COVID19 FTF):** This sub-component would help strengthen disease surveillance systems, and epidemiological capacity for early detection and confirmation of cases; combine detection of new cases with active contact tracing; support epidemiological investigation; strengthen risk assessment; and provide on-time data and information for guiding decision making and response and mitigation activities. It will improve public health emergency preparedness including the health facility preparedness. Aimag/district hospitals will prepare pandemic preparedness and response plans that are grounded in sound gender analyses and needs of other vulnerable populations. Health care workers will have access to all populations in need, and any movement restrictions relating to COVID-19, will account for the needs of different vulnerable groups especially the elderly and women. Support under this sub-component will: i) improve management of public health events and emergencies; ii) place incident management systems within the health sector and across other sectors, including at local levels; iii) develop M&E system to measure performance of health security systems; iv) improve coordination on public health emergencies and disaster management within the health sector and beyond at national and local levels; v) continue to strengthen system readiness to implement emergency plans, and vi) conduct strategic risk assessment and health risk and resource mapping.
33. **Sub-Component 1.3: Human resource development (US\$0.45 million COVID19 FTF):** This component will finance activities related to preparedness, capacity building and trainings. It will enhance human resource capacity in diagnosing and treating the COVID-19 and conduct epidemiological and clinical research. Key areas will include support for i) training for emergency care doctors, nurses and paramedical staff in diagnosing, triage and providing first aid care; ii) training for health care staff on infection control; iii) building diagnostic capacity for COVID-19 at the national; district and aimag level; iv) providing psychosocial support to frontline responders v) translating, adapting and disseminating guidance to triage, treat, manage and follow up people with mild suspected symptoms in primary care settings, non-health facilities, community settings and at home; v) epidemiological and clinical research studies to take stock of the COVID-19 detection and treatment.
34. **Sub-Component 1.4: Creating an enabling environment for One Health (US\$0.3 million COVID19 FTF):** This subcomponent will strengthen capacities for multi-sectoral response operations to emerging and new infectious diseases. Working with the General Authority for Veterinary Services (GAVS), Ministry of Food, Agriculture, and Light Industry (MOFALI) and National Emergency Management Agency (NEMA) it will support capacity for joint response for new and emerging infectious diseases. This subcomponent will i) organize National Bridging Workshops (NBW) to analyze and improve the collaboration between the MOH, GAVS, MOFALI for the prevention, detection and response to zoonotic diseases and other health events at the animal-human interface ii) enhance institutional policies, plans, procedures and linkages to facilitate improved multi-sectoral communication, coordination and collaboration; iii) strengthen public health law enforcement and review to address inconsistencies; iii) conduct joint surveillance and risk assessments by MOH and GAVS; and iv) create joint data sharing platform between MOH and GAVS, both for early warning systems and joint control of disease outbreaks.
35. **Component 2: Strengthening Health Care Delivery Capacity (Total US\$ 23.75 million including US\$9.95 million from COVID19 FTF, US\$13.8 million IBRD)** The aim of this component is to strengthen essential health care service delivery to be able to provide the best care possible in the event of a surge in demand. It will also provide ongoing support for people

falling ill in the community to minimize the overall impact of the disease. Assistance will be provided to the health care system for preparedness planning to provide optimal medical care, maintain essential lifesaving services, and minimize risks for patients and health personnel. Strengthened clinical care capacity will be achieved by establishing specialized units in selected hospitals; publishing treatment guidelines, and hospital infection control interventions; strengthening waste management systems; and procurement of essential additional inputs for treatment such as oxygen delivery systems and medicines. Local containment will be supported through the establishment of local isolation units in hospitals. Widespread infection control training and measures will be instituted across health facilities.

36. As COVID-19 will place a substantial burden on inpatient and outpatient health care services, support will be provided to rehabilitate and equip selected health facilities for the delivery of critical medical services and to cope with increased demand. Health system strengthening efforts will therefore focus on provision of medical and laboratory equipment, PPE, medical supplies and laboratory tests to selected hospitals and health facilities. The Government of Mongolia has several health facilities as additional designated hospitals where COVID-19 patients will be admitted for treatment. These include i) Medical University Teaching Hospital; ii) Perinatology Center of Ulaanbaatar City; iii) the Third State Central Hospital known Shastin Central Hospital; and iv) all provincial and district general hospitals.
37. **Sub-component 2.1. Provision of medical and laboratory equipment and reagents (Total US\$22.38 million, including US\$8.58 million from COVID-19 FTF and US\$13.8 million IBRD)** : This sub-component will upgrade health facilities in 21 provinces and 9 districts of Ulaanbaatar city and selected hospitals for diagnostics and treatment of COVID-19 infection capacity through procurement of intensive care unit equipment and devices including Extracorporeal membrane oxygenation (ECMO) machine; establishment of oxygen mini-factory; provision of oxygen balloons, emergency beds, laboratory reagents and waste management facilities. This subcomponent will also support short trainings on use of equipment, devices, and tests for health providers and technicians.
38. **Sub-component 2.2. Provision of medical supplies, including PPE and medicines (US\$1.37 million COVID19 FTF)**: This subcomponent will support the health system with supplies including Personal Protective Equipment like N95 respirators, medical masks, goggles, gloves, gowns etc. It will also support medical counter measures and medical supplies for case management and infection prevention, as well as procurement of drugs such as antivirals, antibiotics and essential medicines for patients with co-morbidity and complications such as CVDs and diabetes.
39. **Component 3: Implementation Management and Monitoring and Evaluation (US\$0.65 million COVID19 FTF)**: The Project will use currently existing PIU staff of the ongoing E-Health Project and include additional capacity and expertise as required. This component would also support monitoring and evaluation of prevention and preparedness, building capacity for clinical and public health research, and joint-learning across and within countries. As may be needed, this component will also support third-party monitoring of progress and efficient utilization of project investments.
40. **Component 4: Contingent Emergency Response Component (CERC) (US\$0 million)**: In the event of an Eligible Crisis or Emergency, the project will contribute to providing immediate and effective response to said crisis or emergency. A zero-value component has been included to ensure funds can be deployed through the project depending on the specific needs that may arise.

G. KEY IMPLEMENTATION ARRANGEMENTS, ROLES AND RESPONSIBILITIES

41. The stakeholders will have varying levels of responsibility and authority when participating on project activities which will evolve over the course of the project life cycle. Their responsibility and authority will range through the project implementation cycle and will entail management, coordination and supervision, as well as contributions to communications and sensitization, citizen's engagement, monitoring and evaluation. At the Ministries level ensuring political support amongst all communities will be essential.
42. Project management arrangements will be adapted under the ongoing e-health Project (P131290), currently functioning satisfactorily, to utilize existing capacity in Ministry of Health (MOH) and coordinate with all stakeholders. Through its central departments and provincial offices, the MOH will be responsible for the overall implementation of the project, including overall coordination, results monitoring and communicating with the World Bank on the implementation of the project.
43. **The Director of the Medicines, Industry and Technology Department** of the Ministry of Health will function as the Project Director, to provide oversight and coordinate the project implementation with relevant divisions and departments of MOH. Focal point for Component 1 of the Project shall be the Surveillance and Public Relations Division of the Public Health Department and Medical Care Department of the MOH. Investment Division of the Economics, Finance and Investment Department jointly with the Health Technology Department of the MOH shall be focal point for Component 2.
44. Current E-Health Project Steering Committee (PSC), chaired by the Minister of Health will be used for oversight and to provide strategic policy advice and guidance to the Project. Membership of the PSC will be extended to include additional members from MOH, National Center for Communicable Disease, Center for Zoonotic Diseases and Public Health Institute. The Project Steering Committee will also be responsible for ensuring synergies between the project activities and the State emergency preparedness plan. The Project Steering Committee will meet on a regular schedule to review progress of the project, ensure coordinated efforts by all stakeholders and conduct annual reviews of the project. The multi-sectoral aspects of the COVID-19 response will be guided by National Emergency Commission chaired by Deputy Prime Minister. The Project Steering Committee will meet on a regular schedule to review progress of the project, ensure coordinated efforts by all stakeholders and conduct annual reviews of the project.
45. **The Project Implementation Unit of the ongoing E-Health Project** (P131290) currently functioning satisfactorily shall provide day-to-day implementation support to the COVID-19 Project. Existing E-Health Project PIU consists of the Project Coordinator, Health Specialist, Information Technology Specialist, Financial Management Specialist, and Implementation and Procurement Specialist, and will be expanded and staffed with relevant experts including bio-medical engineer, environment and occupational health specialist, risk communication and community engagement officer, and procurement officer with good English language skills. The Investment Division along with the Department of Pharmaceuticals, Health Industry and Technology of the MOH will second a staff member to work closely with the PIU to provide technical advice and support. This strengthened and amalgamated PIU will provide all support to the Project implementation.
46. Coordination with UN and donors is undertaken by the National Emergency Commission and assistance through various channels is delivered in an integrated manner.

H. DATA SECURITY

47. Large volumes of personal data, personally identifiable information and sensitive data (Data) are likely to be collected and used in connection with the management of the project under circumstances where measures to ensure the legitimate, appropriate and proportionate use and processing of that Data may not feature in national law or data governance regulations, or be routinely collected and managed in health information systems. In order to guard against abuse of that Data, the project will incorporate best international practices for dealing with such Data in such circumstances. Such measures may include, by way of example, data minimization (collecting only Data that is necessary for the purpose); data accuracy (correct or erase Data that are not necessary or are inaccurate), use limitations (data are only used for legitimate and related purposes), data retention (retain data only for as long as they are necessary), informing data subjects of use and processing of data, and allowing data subjects the opportunity to correct information about them, etc. In practical terms, the project will ensure that these principles apply through assessments of existing or development of new data governance mechanisms and data standards for emergency and routine healthcare, data sharing protocols, rules or regulations, revision of relevant regulations, training, sharing of global experience, unique identifiers for health system clients, strengthening of health information systems, etc. The specific means by which this issue will be managed in the country-specific context should be delineated in this section, including detailing roles/responsibilities of implementers.
48. As specified in Schedule 2, Section II.B.3 of the Loan Agreement and Schedule 2, Section I.A of the Financing Agreement, the MOH shall ensure that the information, report or document related to the activities sharing with the World Bank does not include Personal Data, unless otherwise requested or agreed by the Bank.

I. ENVIRONMENTAL AND SOCIAL SAFEGUARDS

49. The project will have positive environmental and social impacts, insofar as it should improve COVID-19 surveillance, monitoring, treatment and containment. The environmental risks are nonetheless considered substantial because of the current uncertainty around specific activities, occupational and community health and safety risks and risks associated with medical waste management. The main environmental risks of the proposed project activities are: (i) the occupational health and safety issues related to testing specimens and handling of supplies and the possibility that they are not safely used by laboratory technicians and medical crews; (ii) the occupational health and safety issues related to the treatment of COVID-19 patients; and (iii) medical waste management and community health and safety issues related to the handling, transportation and disposal of healthcare waste. The environmental risks associated with the proposed project activities will be mitigated through the preparation and implementation of an Environmental and Social Management Plan (ESMP). Mitigation measures will largely be based on WHO technical guidance on COVID-19 response, World Bank EHS Guidelines and other good industry international practice (GIIP), including an elaboration of roles and responsibilities within the Ministry of Health, training requirements, timing of implementation and budgets. The ESMP will also include a Health Care Waste Management Plan (HCWMP). Procurement of goods (purchase of testing kits, medical equipment such as oxygen suppliers, etc.) and consultancy activities for COVID-19 communication can be initiated as soon as the project is approved. However, the ESMP should be finalized before establishing the isolation units, quarantine facilities, and/or construction activities at any scale (if included). In addition, any activities that have been screened for environmental and social risks will not be carried out without the completed, consulted and disclosed ESMP.

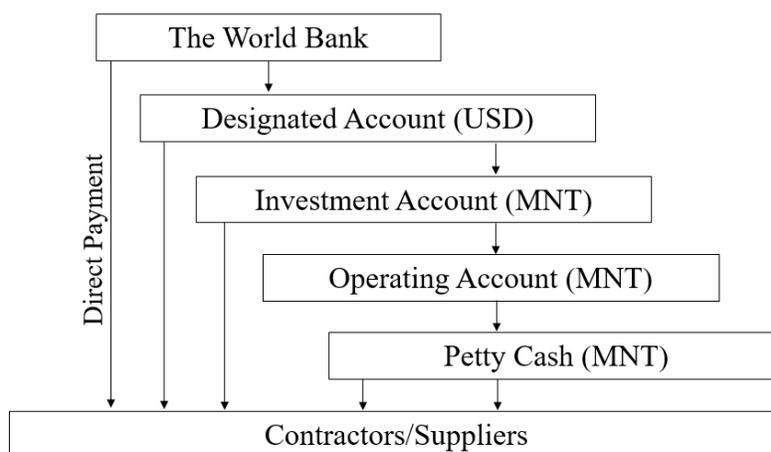
J. FINANCIAL MANAGEMENT AND DISBURSEMENT ARRANGEMENTS

50. The project will leverage the existing and well-established financial management and disbursement arrangements of the ongoing E-Health project for its implementation. The PIU staff responsible for implementing the E-health project will be tasked to carry out the day-to-day fiduciary work under the proposed project. A separate Financial Management Manual (FMM) will be developed for the new operation, and the FMM of the E-Health project will be used as the main template for developing the manual. The internal control procedures and other financial management arrangements prescribed in the new manual will be followed. A segregated US\$ denominated Designated Account will be utilized to withdraw funds from the Bank and disburse against eligible expenditures incurred in US\$. For local currency MNT payments of the project, a Sub-account in local currency will be opened within the Treasury Single Account and used for transaction processing. The funds flow arrangements will essentially mimic that of the E-health project and further details will be laid out in the project FMM. A lower threshold of US\$900,000 for direct payments and a high ceiling of US\$4.5 million for the project's Designated Account will be allowed.
51. The disbursements will be based on Statements of Expenditures (SOEs), and SOEs will be audited as part of the annual financial audit of the project. A single disbursement category containing all eligible expenditures will be used for the project plus a category amounting to nil for the eligible expenditures under CERC component. The project will submit simplified bi-annual interim financial reports to the Bank which will initially be prepared manually in Excel before switching to computerized system during early implementation period. Mongolian National Audit Office will select and contract a private audit firm to conduct the annual financial audits of the project. Retroactive financing up to an aggregate amount not to exceed US\$4.2 million of the total project financing amount will be allowed for eligible expenditures of the project incurred by the Government on or after January 1, 2020. FM supervision will be based on the project FM risk rating, but the initial FM supervision missions will be on a more frequent basis to ensure effective and efficient fiduciary arrangements are well established.
52. **Fraud and Corruption (F&C) and Audit Rights:** Contracts that were procured in advance of the signing of the Financing Agreement and are included in the Procurement Plan will be eligible for the Bank's retroactive financing if the contractor has explicitly agreed to comply with the relevant provisions of the Bank's Anti-Corruption Guidelines, including the Bank's right to inspect and audit all accounts, records, and other documents relating to the Project that are required to be maintained pursuant to the Financing Agreement.
53. **Financial Management (FM)** under the project will be carried out in accordance with the Financial Management Manual for World Bank Investment Project Financing (last revised in February 2017) and documented in accordance with the World Bank's Guidance: Preparing the Project Appraisal Document (PAD) for the Multiphase Programmatic Approach (MPA) Using Investment Project Financing (IPF) (issued May 2018).
54. **Flexible FM arrangements**, modelled along those allowed under emergency operations, will be applied to the Project. Streamlined procedures to expedite decision making and approval of FM exceptions under country projects were agreed and documented in the financing agreement. For operations engaging UN agencies, the FM arrangements are based on the Financial Management Framework Agreement (FMFA) which includes the Single Audit Principle.
55. The Ministry of Health will maintain adequate financial management system to ensure that they can provide the Government and the World Bank with accurate and timely information regarding project resources and expenditures. The financial management arrangements will be:
(i) capable of correctly and completely recording all transactions and balances related to the Project, (ii) able to facilitate the preparation of regular, timely and reliable financial statements

and safeguard the project's assets; and (iii) subject to auditing arrangements acceptable to the Bank. Such financial management system will include:

- i. **Adequate staff**, with clearly defined functional and personal responsibilities, based on TORs that are satisfactory to the Bank.
 - ii. **A proper accounting system**, which is going to be updated and maintained for the purpose of assurance of business transactions recording. The project will use (please specify which finance and reporting system will be used) with agreed procedures).
 - iii. **Internal control system** that will ensure reliability and completeness of financial records. The system will also ensure proper recording and safeguarding of assets and resources, adherence to management policies and conduction of the business in an orderly and efficiently manners.
 - iv. **Financial monitoring reports** will be provided bi-annually in accordance with the Bank's requirements. The project's Financial Management Specialist will prepare the required documentation:
 - a. Summary of Cost Estimates;
 - b. Overall Disbursement Arrangements Financial Management Roles and Responsibilities;
 - c. Financial Management System;
 - d. Procedures for using and replenishing Special Account;
 - e. Signatories to the Special account.
56. **Authorized Signatures.** Before funds from the Financing Account may be withdrawn or committed, the authorized representative of the country (as designated in the Financing Agreement) must furnish to the Bank, electronically through the Client Connection website (<http://clientconnection.worldbank.org>), or through an authorized signatory designation letter, the name(s) of the official(s) authorized (a) to sign and submit applications for withdrawal and applications for a special commitment (collectively, Applications), and (b) to receive Secure Identification Credentials (SIDC) from the Bank. The authorized signatories of the Project are (a) Director of Treasury Fund Department of Ministry of Finance, (2) State Secretary of the Ministry of Health. The borrower must notify the World Bank of any changes in signature authority, either electronically in Client Connection or through an updated authorized signatory designation letter.
57. **Three disbursement methods** (advance, reimbursement and direct payment) are available for and can be used by the Project. The primary method of disbursement for the Project will be advance. All Bank withdrawal applications should be prepared together with the relevant supporting documents as required by the Disbursement Letter and signed by authorized representatives from both the MOH and MOF. The PIU will use the World Bank's electronic disbursement system for preparing and submitting the withdrawal applications together with the relevant supporting documents, e.g. Summary Sheet, DA reconciliation statement, etc.
58. The PIU at MOH will maintain and manage one Designated Account (DA) in USD at a commercial bank, on terms and conditions satisfactory to the Bank, including appropriate protection against set-off, seizure and attachments. The IDA/IBRD credit proceeds will flow from the Bank to the DA, and will be disbursed against all eligible project expenditures. The ceiling of the designated account shall be USD4,500,000.00 (Four million five hundred) as indicated in the World Bank-issued Disbursement Letter for the project.

59. Further advances will be made from the DA to an operating account (OA) in MNT to be opened at a commercial bank acceptable to the Bank and managed by the PIU. The ceilings of the operating account shall be equivalent to USD900,000.00 (Nine hundred thousand).
60. The PIU would be directly responsible for the management, maintenance, reconciliations of the DA and OA balances and preparing Withdrawal Applications. The DA would be used to pay the main project expenditures with approvals from the MOF and MOH, and the OA would be used to pay incremental operating expenditures with an approval from the MOH. Use of OA advances will be reconciled with the DA expenditure on a monthly basis and an outstanding balance of the OA will be reported as a separate item in the DA reconciliation statement.
61. The PIU can maintain petty cash not exceeding MNT500,000.00 to cover small cash expenditures.
62. The funds flow of the Project can be summarized as follows:



63. **Withdrawal Applications** and their relevant supporting documents should be made available for review by auditors and World Bank and MOF implementation review missions. If the auditors or the World Bank finds any disbursement that is not justified by the supporting documentation or made for ineligible expenditures, the World Bank may take necessary actions in line with relevant policies.
64. **Retroactive financing** is available under the project for disbursing resources quickly in response to urgent needs for Project activities under Components 1 and 2. As per the legal agreement, the project will qualify for up to 40 percent for retroactive financing.
65. **Retroactive financing** enables the Bank to reimburse the borrower for payments made under contracts prior to the signing of the financing agreement. In order for the contract to be eligible, the procurement procedures followed by the Borrower shall be consistent with Sections I, II and III of the Procurement Regulations. The Bank’s Project Procurement Specialist supports the task team in reviewing contracts and determining whether they meet these requirements. Note that the test is “consistent with” rather than “in accordance with” i.e. the borrower is not required to have followed the Procurement Regulations. The method of procurement should be fit for purpose including consideration that fast track emergency procedures such as procurement without competition may be applicable for procurement required to respond to emergencies.
66. The following checklist is to be used in determining the eligibility of contracts for retroactive financing:
 - ✓ Are the expenditures eligible (as defined in the financing agreement).

- ✓ Were the procurement procedures followed consistent with Sections I, II and III of the Procurement Regulations.
 - ✓ Did the contract specify the application of the World Bank's Anti-Corruption Guidelines and Sanctions Framework? If not, has the supplier/consultants/contractor signed the [Letter of Acceptance of the World Bank's Anti-Corruption Guidelines and Sanctions Framework \(Contractors, Suppliers or Consultants\)](#).
 - ✓ Was the payment made consistent with the conditions of the contract?
 - ✓ Was the payment made by the borrower before the signing of the financing agreement, but after the date specified in the financing agreement (this is normally a date not earlier than 12 months prior to signing date for the financing agreement)?
67. **Waivers.** Given the emergency conditions, the World Bank identified areas that would benefit from narrow and targeted waivers to enable a more agile and timely delivery of Bank financing, while ensuring compliance with substantive fiduciary, environmental and social requirements and standards.
68. ***Flexibility in application of Anti-Corruption Guidelines to Bank-financed procurement where retroactive financing is used.*** Consistent with the Bank's procurement policy, all contractors, suppliers and consultants receiving financing under SPRP projects will have to comply with the Bank's Anti-Corruption Guidelines (ACGs). This means that the Bank will be able to audit, investigate (through INT) and sanction such contractors if they are determined to have engaged in fraud and corruption. These requirements will equally apply to retroactive financing under SPRP projects, which can finance eligible contracts concluded by the borrower prior to effectiveness of such projects, if they comply with the Bank's procurement requirements. To qualify a given contract for such retroactive financing, a borrower must ensure that it is subject to ACGs (which may require the borrower to amend the contract concluded with the winning bidder). However, it would not be possible for the borrower to extend the application of ACGs to losing bidders with whom it has no relationship once the contract is awarded to someone else. (When the bidding is carried out under the Bank's procurement rules, ACGs extend to all bidders participating in the process, not just the winning bidder; this enables INT to investigate allegations of collusion among bidders etc.). A limited waiver with respect to the application of ACGs to such losing bidders is therefore required.
69. ***IDA Waivers.*** Although implementation of projects under the SPRP is expected to be through government systems of recipient countries, there are a selected few country contexts where implementation is likely to require working through third parties. Based on the unique and urgent circumstances of the SPRP, several IDA waivers are needed to be able to maximize the effectiveness of IDA resources and achieve the SPRP development objectives.
70. With respect to third parties (such as UN Agencies, INGOs, and regional organizations which IDA has experience working with):
71. A waiver of the Crisis Response Window (CRW) eligibility criteria, to allow CRW financing to flow directly to third parties and on all grant terms, and the waiver of the application of the IDA Commitment Charge to such third parties for the duration of the SPRP.
72. For projects in areas where the Bank does not have a physical presence, such as in countries in active conflict, or where country capacity is insufficient to implement the urgent activities under the SPRP, the following waivers: application of the criteria related to eligible recipients of funding under the policy relating to IDA; application of the IDA Commitment Charge to such third parties for the duration of the SPRP; application of the Anti-Corruption Guidelines²; and

² Agreements with UN agencies include requirements that make them consistent with the Bank's ACGs.

the requirement that IDA financing terms be the same as those for IDA country allocations, and instead be on all grant terms.

73. For countries receiving IDA Transitional Support, waiver of first-year commitment fee with respect to IDA Transitional Support, consistent with the waiver approved under the Fast Track Facility for IBRD projects processed under COVID-19 Response. This would be consistent with these borrowers not having access to IDA's concessional windows.
74. **Coordination of budgeting process:** The PIU will prepare a work plan for the entire implementation period of the Project, with annual breakdowns, which will identify the detailed Project activities. In line with the approved annual work plan, the project shall develop an annual disbursement plan/budget with quarterly breakdowns and obtain approval on the document from the Project Steering Committee and thereafter the World Bank. As part of the project's quarterly financial reporting, the project should prepare budget vs. actual variance analysis which should be an essential tool for managing and monitoring the project activities.
75. The World Bank does not mandate its own financial reporting requirements but in turn encourages adoption by the borrowers of formats laid out in the International Public Sector Accounting Standards. The PIU will adopt the cash basis of accounting for preparing financial statements. The Project financial statements will include the following:
 - Balance Sheet of the Project;
 - Statement of Sources and Uses of Funds by Project Components;
 - Statement of Monthly Disbursements;
 - Statement of Designated Account;
 - Statement of Investment Account;
 - Statement of Operating Account; and
 - Notes to the Financial Statements.
76. The PIU will prepare interim (unaudited) financial reports (IFRs) that should be submitted to the World Bank for review on a semi-annually basis within 45 days after the end of each half year. The IFRs will be used for project monitoring and supervision. In addition to complying with the reporting requirements as stipulated in the Financing Agreement, the project should also satisfy any reporting obligations of the Government of Mongolia as regulated by the relevant laws and regulations.
77. **Audit Arrangements:** The World Bank requires that project financial statements be audited in accordance with standards and by auditors acceptable to the World Bank. Following the practice of the other World Bank-financed projects in Mongolia, the Government of Mongolia through the Mongolian National Audit Office will appoint an independent external auditor to conduct annual audits of the project accounts in accordance with International Standards on Auditing, under terms of reference satisfactory to the Bank. The audit will be financed from the IDA proceeds.
78. The auditors will: (a) express an opinion on the annual financial statements; (b) determine whether the Designated Account has: (i) been correctly accounted for, and (ii) been used in accordance with the Financing Agreement; and (c) determine the adequacy of supporting documents and controls surrounding the use of Statement of Expenditures (SOEs) as a basis for disbursement. The auditors will also furnish a separate Management Letter, which will: (a) identify any material weaknesses in the project accounting and internal controls as well as asset management; (b) report on the degree of compliance of financial covenants of the Financing Agreement; and (c) communicate matters that have come to the attention of the auditors which might have a significant impact on the implementation of the Project.

79. The annual audit report of project financial statements will be due to the Bank within 6 months after the end of each calendar year. This requirement is stipulated in the Financing Agreement. The responsible agency and timing are summarized as follows:

Audit Reports	Submitted by	Date Due
Project Financial Statements	PIU under MOH	June 30 of each calendar year

80. **Internal control:** Appropriate internal control procedures and practices should be established and maintained by the PIU for the Project activities. The key participants in the project internal control system will be the MOF, MOH, the Project Steering Committee as well as the relevant PIU staff. Proper authorization for payment approvals, segregation of duties, and other internal control mechanisms should be fully and adequately implemented by all the parties involved. Detailed internal control procedures will be laid out in the Financial Management Manual (FMM).
81. **Payments from Designated Account, Investment Account and Operating Account:** Eligible expenditures for goods, consultant services and training contracts will be paid from the Designated Account or through the direct payments from the World Bank. Eligible expenditures for goods, consultant services and training contracts will be paid from the Investment Account. Eligible expenditures of small training and incremental operating costs will be paid from the Operating Account. The signatories on the DA will be authorized representatives of MOH and MOF. For OA payments, both the Project Coordinator and the FMS will be the signatories and shall be responsible for completeness and correctness of all supporting documents concerning the payments.
82. **Petty Cash control:** The petty cash ceiling should not exceed MNT 500,000.00 and the use of petty cash should be approved by the Project Coordinator. The petty cash ceiling does not apply to the overseas training activities which should be considered cash advances. Petty cash is a certain amount of cash kept on hand withdrawn from the operating account as required for immediate payments. The petty cash should be kept in a secure box, locked, in the custody of the Cashier (a PIU staff member other than the FMS and the Project Coordinator). The petty cash fund will be used for:
- Travel and per diem expenses
 - Small training and workshop expenses
 - Small office supplies and repairs
 - Communication and routine office expenses
 - Other miscellaneous cash expenses
83. Recording and reporting forms for petty cash transactions will be maintained by the FMS who will also record the petty cash transactions in the project accounting software on at least a monthly basis. Petty cash count and reconciliation should be done at least on a quarterly basis.
84. **Record keeping procedures:** Categories of payments will be the same as those on the procurement plan and no objection (NOL) to the prior review contracts shall be submitted together with the actual contracts as supporting documentation for processing of payments. In order to provide consistency between the procurement plan and disbursement plan/budget, the latter should effectively follow the Project Procurement Plan in terms of activity classifications and procurement methods including cost estimates. Actual disbursements shall be recorded against the relevant planned amounts.
85. Supporting documents required for payments for goods delivered: Contract for the delivery of goods, NOL for prior review contracts or a checklist extract from the procurement plan for post

review contracts; Approved Delivery and Acceptance Form indicating contracted goods delivered, and inspected against technical requirements; Invoice from the contractor. Based on supporting documents, the payment can be made by the PIU through a bank transfer. The component coordinators will control delivery of goods and services for their respective components.

86. Supporting documents required for payments for consulting services: Contract signed by the Client and the Consultant; No objection letter provided by the World Bank for prior review contracts; Approval of reports or deliverables made by Clients on acceptance of deliverables; Invoice (original or electronic copy is acceptable).
87. Requirements for payments for training and workshops: “Training and Workshops” means the reasonable costs of training, workshops and conferences conducted in the territory of the Recipient or, subject to the prior no-objection of the Association, attended overseas by participants, including the purchase and publications of material, rental of facilities, course fees and travel and subsistence allowances for trainees that have supported following documents. The PIU will get no objection to all overseas trainings and study tours from the World Bank before release of any payments. Signed request forms for overseas training, including all supporting documents should be submitted to the PIU three weeks prior to the commencement of overseas training. Local training and seminars will be carried out by the implementation entities within the local training plan approved by the Project Director. Signed request forms for local training, including all supporting documents should be submitted to the PIU at least one week prior to the commencement of local training. Supporting documents required for payment for training and workshops: Approved request form for local and overseas training including agenda/program, venue, the number of participants and handouts to be distributed to the participants. The form should clearly indicate under what component and subcomponent of the project this training would be carried out; Approved cost estimate for local and overseas training and workshop; The name of participants for overseas training as approved by the relevant management of the components; No objection to overseas training provided by the Project Director and the World Bank; and Other supporting documents as appropriate to evidence the costs and programs of the training in consideration.
88. Requirements for payments for Incremental Operating Costs: “Incremental Operating Costs” means reasonable expenditures directly related to the project including expenditures for consumable materials, office supplies, communication services (including postage handling, telephone and internet costs), publication services, translation services, office space rental and utilities, maintenance of office equipment and operation and but excluding salaries, bonuses, fees and honoraria of members of the Recipient’s civil service. Supporting documents required for payments for Incremental Operating Costs (IOC): An approved disbursement plan for IOC and payments will be made within the approved amount and items indicated in the plan; Price quotations and contracts with suppliers, if applicable; Delivery and acceptance form, if applicable; Invoice; and Other supporting documents as appropriate to provide evidence of the payments.
89. Recording Forms: The creation and maintenance of records is integral to the operation of the financial management system of the project. A record is created for each financial transaction. The PIU will adopt the following financial management procedures and forms:

1	Procurement Plan
2	Disbursement Plan/Budget
3	Asset Register (to record assets purchased under the project)
4	Goods Delivery Acceptance Form
5	Consultant’s Delivery Acceptance Form
6	Request Form for Overseas Training

7	Request Form for Local Training and Workshops
8	Training Report Form
9	Template for Local Training Plan
10	Invoice Template
11	Payroll Sheet
12	Advance Request Form
13	Cash Receipt Form
14	Cash Payment Form
15	Other forms and records as appropriate for the project internal control

K. PROCUREMENT ARRANGEMENTS

90. Procurement for the project will be carried out in accordance with the **World Bank's Procurement Regulations for IPF Borrowers for Goods, Works, Non-Consulting and Consulting Services, dated July 1, 2016** (revised in November 2017 and August 2018). The Project will be subject to the World Bank's Anticorruption Guidelines, dated October 15, 2006, revised in January 2011, and as of July 1, 2016. The Project will use the Systematic tracking of Exchanges in Procurement (STEP) to plan, record and track all procurement transactions.
91. **The project has 2 main components:** Emergency COVID-19 Response (Total US\$2.5 million IBRD) with the aim of slowing down and limiting the spread of COVID-19 in the country and improving preparedness for future public health emergencies. This component will finance a multi-media and multi-modal public communication and relation campaign focusing on information about COVID-19 and recommended behavioural change (such as hand washing and social distancing). The component will also strengthen disease surveillance systems and information management systems and will create an enabling environment for One Health program strengthening the capacity for multi-sectoral response operations to emerging and new infectious diseases. Finally, the component will finance activities related to preparedness, capacity building and trainings. The activities will largely be procured as Technical Assistance, Non-Consulting Services and Training.
92. The other component Health Care Strengthening (Total US\$ 23.75 including US\$9.95 million from COVID19 FTF, US\$13.8 million IBRD) will comprise the bulk of the planned procurement and will upgrade health facilities in 21 provinces and 9 districts of Ulaanbaatar city for diagnostics and treatment of COVID-19 infection capacity through procurement of intensive care unit equipment and devices; establishment of an oxygen mini-factory; provision of oxygen balloons, emergency beds, laboratory reagents and waste management facilities. In addition, the project will support the health system with medical counter measures including drugs and medical supplies for case management and infection prevention, as well as procurement of drugs such as antivirals, antibiotics and essential medicines for patients with co-morbidity and complications such as CVDs and diabetes, this will include medical/laboratory equipment and consumables, supplies and commodities, diagnostic reagents, including kits and the procurement and distribution of masks;
93. Given the large range of equipment and services being procured the Borrower will use a streamlined Project Procurement Strategy for Development (PPSD) that will be finalized during the first months of implementation. This strategy will take into account the likely high demand on manufacturers and suppliers of commodity goods that is one needing adaptation and a strategic approach to procurement. An initial procurement plan for the first three/six months has been agreed with the Borrower and will be updated during implementation.

94. The proposed procurement approach prioritizes fast track emergency procurement for the required goods, works and services. All procurements under this project will be subject to Post Review (there will be no Prior Review). Key measures to fast track procurement include:
- 1) Direct Contracting and/or Limited Competition with identified manufacturers of equipment;
 - 2) Use of CQS, RFQ or National Open/Limited Competitive procurement procedures as appropriate and agreed with the Bank in the Procurement Plan;
 - 3) Considering existing framework agreements with international agencies like UNICEF, WHO, UNOPS and other UN agencies for procurement of medicines, medical supplies and commodity equipment for emergency requirements where the terms offered are more beneficial (such as delivery times);
 - 4) Increasing advance payments to 40% when supported by an advance payment guarantee;
 - 5) Waiving the conditions for bid securities and replacing them with Bid Securing Declarations;
 - 6) Maximizing the use of direct payments to foreign suppliers;
 - 7) Allowing submission of bids using emails in encrypted files where it is not feasible to receive bids in hardcopy;
95. Recognizing the significant disruptions in the usual supply chains for medical consumables and equipment for COVID-19 response, in addition to the procurement approaches described above, the Bank will provide, at the Borrowers' request, **Bank Facilitated Procurement (BFP)** to proactively assist the Government in accessing existing supply chains. Borrowers will remain fully responsible for signing and entering into contracts and implementation, including assuring relevant logistics with suppliers such as arranging the necessary freight/shipment of the goods to their destination, receiving and inspecting the goods and paying the suppliers. If needed, the Bank could also provide hands-on support to Borrowers in contracting to outsource logistics. BFP in accessing available supplies may include aggregating demand across participating countries, whenever possible, extensive market engagement to identify suppliers from the private sector and UN agencies.
96. All procurement under the project will be carried out by MOH's existing PIU that was established under the existing e-Health project (P131290). The unit will be strengthened by additional staff specialized in communications campaigns and surveillance systems as well as expertise in the procurement of emergency medical equipment and drugs.
97. Given the emergency of the situation, procurement under the project will be frontloaded to the maximum extent possible, according to the availability of medical supplies during the first year of project implementation. The majority of project funds have been allocated for supporting priority containment and mitigation activities under Component 2.
98. As allowed under the financing agreement, procurement approaches will utilize the flexibility provided by the Bank's Procurement Framework for fast track emergency procurement. Key measures to fast track procurement include: (i) use of simple and fast procurement and selection methods fit for an emergency situation including direct contracting, as appropriate, (ii) streamlined competitive procedures with shorter bidding time, (iii) use of framework agreements including existing ones, (iv) procurement from UN Agencies enabled and expedited by Bank procedures and templates, (v) use of procurement agents, (vi) force account, as needed, and (vii) increased thresholds for Requests For Quotations and national procurement, among others.

99. **Annual Procurement Plan.** The Procurement Plan, including its updates, shall include: (i) a brief description of the activities/contracts; (ii) the selection methods to be applied; (iii) cost estimates; (iv) time schedules; (v) the Bank’s review requirements; and (vi) any other relevant procurement information. As part of planning and management, using the procurement plan and disbursement schedule, consider preparing/using a Gantt chart to define the steps to be followed for the implementation of activities under each component, dates, and responsible parties. Gantt charts are particularly helpful in tracking implementation of emergency operations and have been used in several countries (See sample in Annex 2).
100. The MOH prepared a procurement plan for contracts to be procured during the first three-months of Project implementation. The procurement plan will be agreed with the World Bank by negotiations. It will be made available in the Projects Database and on the World Bank’s external website. The procurement plan will be updated annually or as required to reflect implementation needs and improvements in institutional capacity.
101. **The procurement thresholds** are provided in below table.

	Procurement/Selection Method Thresholds (\$million)		
	ICB	NCB	RFQ
Goods, NCS	>1.0	<1.0	>0.5
Works	>1.0	<1.0	>0.5
CS	>1.0	<1.0	>0.5

Note: ICB (International Competitive Bidding), NCB (National Competitive Bidding), RFQ (Request for Quotation, Shopping)

102. **Procurement Supervision** by the World Bank will be carried once contracts subject to post review are signed. The sampling ratio will be at least 1 in 5 contracts.
103. International Competitive Bidding (ICB). For international competitive bidding, the project will use the Bank’s Standard Procurement Documents (SPDs), available on the Bank’s website at www.worldbank.org/procurement/standarddocuments.
104. National Competitive Bidding (NCB). For procurement involving national competitive bidding, the project will use its own procurement documents, acceptable to the Bank.
105. Procurement from UN Agencies shall be undertaken in accordance with the MOU established between the World Bank and relevant UN agency. When using this method, the MOH shall have memorandum of understanding with the UN agency that outlines responsibilities of parties and relevant clauses specifying payment and service conditions.
106. In case of Direct Contracting (DC), the MOH shall approach the manufacturer or the authorised distributor present in country to solicit the pricing and contracting conditions.
107. Consulting Services shall be procured by Quality and Cost-Based Section (QCBS), Quality-Based Section (QBS), Selection Based on Consultants’ Qualification (CQS), Selection of Individual Consultants (IC) and Single-Source Selection (SSS) where QBS shall be the most preferred method in line with the Project nature.
108. No Civil Works have been planned under this Project.

L. PROJECT PLANNING, MONITORING AND REPORTING

109. The progress and achievement of the PDO will be monitored and assessed through (a) regular/routine monitoring, (b) mid-term review, and (c) completion review. A set of results monitoring indicators has been developed to measure Project outputs, intermediate outcomes, and final development outcomes. To the extent possible, the results M&E arrangements for the Project will be integrated into the existing national surveillance and hospital information

systems. Where possible project monitoring data will be analyzed by gender, age and disability. In addition, a project end review will be conducted during the last year of Project implementation.

110. **Reporting:** The MOH will produce a quarterly report based on agreed targets and the progress on implementation of critical project activities. This report will contain tables of performance against indicators for the proposed project.
111. **Supervision and implementation support:** An experienced in-country World Bank team of health, operational, and fiduciary specialists will provide day-to-day implementation support to the MOH with additional regular support from staff from other World Bank offices. Implementation support missions will be carried on a regular basis and will include relevant partners.
112. **Annual Work Programs** will include (when feasible for each component/activity under the project): (i) total allocated budget and budget for the coming year; (ii) statements of aim and objectives for the coming year; (iii) description of planned activities (including training) with responsible institutions/persons and detailed budgeted expenditures for the coming year; (iv) description of civil works/goods/equipment to be procured during the coming year; and (v) expected deadlines for delivery of services, outputs, goods and civil works. The MOH shall prepare and furnish to the World Bank for its no-objection no later than December 1 of each fiscal year an annual work plan and budget during the implementation of the Project containing relevant Project activities and expenditures proposed to be included in the Project in the following fiscal year, including a specification of the sources of financing. The PIU will be responsible for preparation of quarterly Project Management Reports (PMRs) which are to include Financial Management Reports and Procurement Management Reports. Annual Project Management Reports following the same approach as for preparation of the quarterly PMRs, the PIU will be responsible for preparation of annual PMRs.
113. The **Mid-Term Review** will be undertaken at the time of the estimated mid-point implementation 18 months. The review will be coordinated by Ministry of Health and will be conducted with support of technical assistance to be engaged for this purpose. The review will be conducted within the agreed M&E framework and in consultation with the Bank. The report will include progress achieved in the implementation of the project and measures recommended to ensure the achievement of the Project's operation and development objectives during the remaining period. After receipt of the Mid-Term Review report, the Bank will assess project status and implementation progress, to date (including the PDOs), and jointly agree with the government on an implementation strategy for the remaining period of implementation. This implementation strategy would reflect discussion regarding whether the revision of any project components, indicators, indicator targets, etc., would be needed in the project's second phase.
114. **Monitoring and Evaluation (M&E).** The project is supporting monitoring and evaluation of prevention and preparedness, building capacity for clinical and public health research, including veterinary, and joint-learning across and within countries. The project also will also support training in participatory monitoring and evaluation at all administrative levels, and evaluation workshops.
115. To assess the environmental and social risks and impacts of proposed Project activities, an **Environmental & Social Management Plan (ESMP)** shall be prepared and cleared by the World Bank prior to commencement of Project activities. This ESMP will include measures to ensure that individuals or groups who, because of their particular circumstances, may be disadvantaged or vulnerable, have access to the development benefits resulting from the Project.

ANNEX 1. Results Framework

COUNTRY: Mongolia

MONGOLIA COVID-19 EMERGENCY RESPONSE AND HEALTH SYSTEM PREPAREDNESS PROJECT

Project Development Objectives(s)

The proposed project development objective is to strengthen the Government of Mongolia's capacity to prevent and to respond to the COVID-19 outbreak and strengthen national systems for public health preparedness.

Project Development Objective Indicators

Indicator Name	DLI	Baseline	End Target	Frequency	Data Source	Methodology for Data Collection	Responsibility For Data Collection
Emergency COVID-19 Response							
1. Proportion of laboratory-confirmed cases of COVID-19 responded to within 48 hours (Percentage)		40	80	6-monthly	Health Management Information System	Monthly reports of (i) the number of laboratory-confirmed COVID-19 cases, and (ii) the number of cases responded to with rapid response teams, contact tracing, and public messaging within 48 hours (by gender)	National Center for Communicable Diseases and Center for Health Development
2. Samples from suspected cases of COVID-19 / SARI that are confirmed within the stipulated WHO standard time. (Percentage)		0	75	6-monthly	Health Management Information System	Monthly reports of (i) the number of specimens submitted for COVID-19/SARI testing, and (ii) Number of specimens submitted for COVID-19/SARI laboratory testing confirmed within WHO stipulated time	National Center for Communicable Diseases and Center for Health Development
Health System Strengthening							
3. Number of hospitals with established capacity to manage Severe Acute Respiratory Infections (SARI) patients including intensive care (Number)		0	24	6-monthly	Report of M&E and Auditing Department of Ministry of Health	Reports submitted by relevant hospitals to the Ministry of Health guideline	M&E and Auditing Department of Ministry of Health
4. Number of designated laboratories with COVID-19 diagnostic capacities		0	5	6-monthly	Report of Ministry of Health	COVID-19 diagnostic laboratory capacity determined by Ministry of Health (by guideline)	Ministry of Health

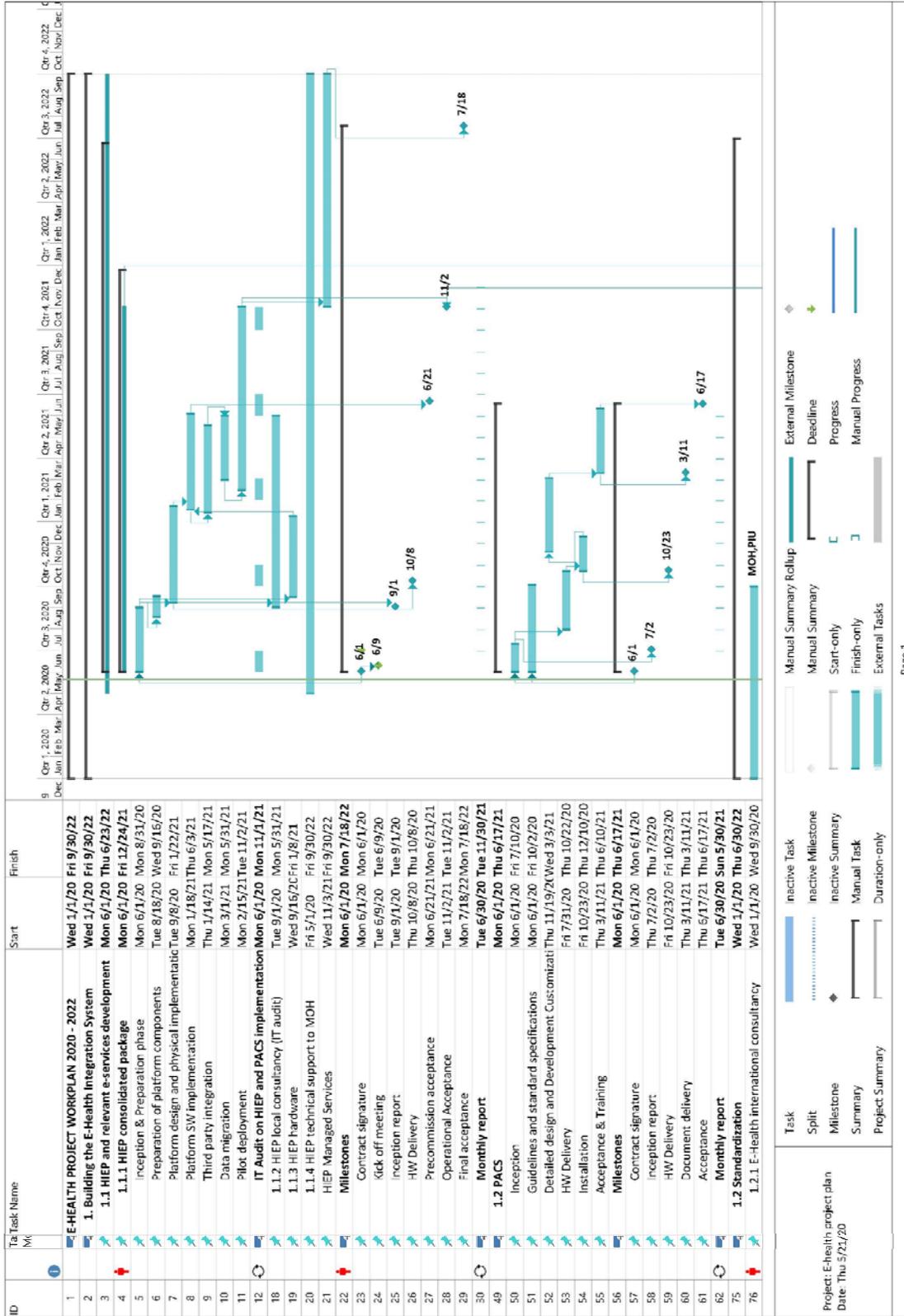
established per MOH guidelines (Number)							
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Intermediate Results Indicators by Components

Indicator Name	DLI	Baseline	End Target	Frequency	Data Source	Methodology for Data Collection	Responsibility For Data Collection
Emergency COVID-19 Response							
1. Number mass media messages disseminated on emerging infectious diseases, six monthly. (Number)		0	20	6-monthly	Report of Emergency Operation Center of Ministry of Health	Reports submitted by Emergency Operation Center of Ministry of Health	Ministry of Health
2. Proportion of identified contacts who are successfully traced (Percentage)		0	90	6-monthly	Health Management Information System	Monthly reports of (i) Number of contacts of COVID-19 cases identified and (ii) number of contacts of COVID-19 cases successfully traced.	National Center for Communicable Diseases
3. Number of “One Health”-based simulation exercises conducted and certified by Ministry of Health/ Agriculture at national and sub-national levels; (Number)		0	3	6-monthly	Report of Public Health Department of Ministry of Health	Reports submitted by Public Health Department of Ministry of Health and National Center for Communication Diseases.	Ministry of Health
4. Number of medical specialists trained on emerging infectious diseases management (Number)		0	500	6-monthly	Report of the PIU	Reporting by project PIU	PIU
Health System Strengthening							
5. Number of ventilators provided to hospitals (Number)		0	100	6-monthly	Report of the PIU	Reporting by project PIU	PIU
6. Percentage of Aimag/district hospitals with pandemic preparedness and response plans which based on		0	80	6-monthly	Report of M&E and Auditing Department of Ministry of Health	Reports submitted by relevant hospitals to the Ministry of Health	M&E and Auditing Department of Ministry of Health

sound gender analysis per Ministry of Health Guidelines (Percentage)							
7. Percentages of provincial and district general hospitals with personal protective equipment and infection control products and supplies, without stock-outs in preceding two weeks (Percentage)		0	80	6-monthly	Report of Investment Division of Ministry of Health	Reports submitted by Investment Division of Ministry of Health	Investment Division of Ministry of Health
Implementation Management and Monitoring and Evaluation							
8. Independent review of equipment utilization carried out annually (Text)		NA	Yes	Annually	Report of the PIU	Reporting by project PIU	Ministry of Health, PIU

ANNEX 2. Gantt chart



ANNEX 3. PIU book of procedures

The PIU is responsible for coordination and all day-to-day Project implementation activities on behalf of MOH. In that term, PIU performs all organizational, technical, financial, legal and other related duties, in general. PIU reports, through the Project Coordinator to the PSC.

The PIU is required to **perform a public service on behalf of the Borrower**. Its staff is, accordingly, obliged to conduct in a manner similar to that required of civil servants. The following main principles will be adopted:

- PIU staff will act by the principles of professional impartiality, responsibility, honesty, transparency, openness, efficiency and effectiveness in relations with third parties like consultants or suppliers of goods, works or services, or people or institutions involved in any way in activities or results of those activities, and may not practice any form of discrimination or preferential treatment;
- PIU staff is expected to accord equal and fair treatment to the users of the services supplied by the Project;
- PIU staff will use the available resources in the manner of a good host, and maximum cost-effectiveness in relation to the general objectives of COVID-19 project should always be sought in decision-making at all levels within the PIU and in the practical application of its procedures;
- PIU staff will not use available official information for private purposes;
- PIU staff may not directly, or through an intermediary, hold any interest in companies, or have responsibilities in public or private institutions having commercial relations with the PIU or benefiting from its activities, and they may not receive any gifts, remuneration, commission or fee of any kind from such companies or institutions. Compliance with this obligation is an express condition of engagement with the PIU;
- PIU staff will not be engaged in political propaganda;
- The Minister of Health and the Project Director are the only authorized persons to issue instructions to PIU staff;
- PIU will not permit the employment of a relative in any situation;
- PIU shall keep evidence of working time and attendance of the staff for payroll; and
- PIU shall process and keep all management documentation.

PIU work is based on following **principles**:

- Conformity with the Constitution of the Mongolia and other local laws;
- Autonomy of PIU: In terms of making decisions related to the Project, according to the delegation of the full authority in day-to-day management by the Project Coordinator to the PIU staff;
- Impartiality in relations with third parties: The PIU will not practice any form of discrimination or preferential treatment and will exclusively apply the decision making criteria and selection procedures described in the approved documents;
- Transparency: The Project implementation methods will be transparent and controllable, and goods, works and services will be procured on competitive way. The public and potential suppliers of goods and works and service providers will be informed properly about the availability of funds. The reporting to all partners should be accurate;

- Quality: Contracts will be made only with those contractors, suppliers and service providers that undertake to ensure that their works, goods and services meet high quality standards. Technical proposals offered by contractors, suppliers and service providers will need to include credible quality assurance mechanisms. These mechanisms will be evaluated by the PIU, as part of their overall evaluation of the proposals;
- Cost effectiveness: The resources will be used at maximum efficiency, and the results will be monitored and evaluated in the limits imposed by the Project;

Project monitoring activities should be carried out to ensure that:

- Works, goods and services are delivered in the quantities specified and according to the schedule and quality standards established in the contract;
- Problems are identified early, and that any corrections necessary are applied quickly and effectively;
- Financial transactions are carried out in a proper and timely manner, and are supported by the necessary documentation;
- Effective coordination is occurring between suppliers/contractors/service providers and other interested parties;
- The overall program is implemented in a transparent manner through widely drawn public disclosure of program information.

Employment conditions

Organization of the work in the PIU is based on the principle of organizational unity and division of labor according to professional qualifications and other skills needed for the determined positions in the PIU. Only the persons that meet the following criteria can be the PIU staff:

- Is a citizen of Mongolia, aged 18 or above;
- Has the required educational background;
- Has not been sentenced for criminal acts on at least 6 month imprisonment or for other act that makes him/her unsuitable for performance in the administrative body;

New PIU staff is selected based on the public advertisement, interview and possible testing.

PIU staff work based on the **individual consulting contracts** will be signed in accordance with the Finance Minister's Order No.196. Once the financing becomes effective, the contracts with the new PIU staff will be signed for the first 12 months and then extended on an annual basis for 12 months subject to satisfactory performance and continuing needs of the Project of particular skills. Before signing of contracts, an employee is requested to provide documentation evidencing diplomas and degrees and statement of no conflicts of interests. Termination of contract is possible on the request of either side and is subject to the applicable laws and regulations in force in Mongolia and on the basis of the contract.

For the **temporary, occasional or short-time work** of professional or non-professional nature (e.g. assistance in preparation of specifications and evaluation in procurement of computers for PIU), the PIU can engage short term consultants. The selection should follow Individual Consultants selection or Selection Based on Consultant's Qualifications as described in the PIM.

Work week is defined as from Monday through Friday, and working hours are from 8.30 hours through 17:30 hours. Saturdays, Sundays and national holidays of Mongolia defined as official holiday are non-working days. Project Director can determine that the staff working longer in order to complete the assignment that cannot be delayed if it cannot be completed within the regular working hours. PIU staff remuneration includes occasional overtime and no other additional remuneration will be provided.

The **performance evaluation** of PIU employees is the responsibility of the Project Coordinator who shall discuss and document the performance and professional development of the staff. Progress in the previous year, functions and goals for the succeeding year, and suggestions for enhancing the individual's personal and professional development will be discussed and documented. PIU personnel will receive his/her performance review during the month of January except for employees who are on a probation period. By the approval of Project Coordinator, the PIU staffs can take **annual leave** according to their service contract.

PIU encourages employees to improve and **develop** their job-related professional skills. Job-related training includes, but is not limited to short-term courses, training seminars and workshops. Staff development activities are for the benefit of the organization and decisions will be made accordingly. In addition, PIU offers employees a range of other opportunities for professional development. For example, seminars and workshops conducted by staff, local or foreign consultants, public and governmental agencies on topics relevant to the PIU program mission. The Credit funds will finance limited training of PIU staff to acquire specific skills specific to the Bank-financed projects only (Project management training courses, Flagship courses, procurement and financial management courses).

The PIU staff is materially responsible for delivery of their work, according to the relevant Mongolian Law. PIU staff has the contracted fees determined on the basis of complexity and scope of work, level of responsibility and budget that WB allocated. Fee calculation is made based on the evidence of attendance that is together with the report on the work done submitted to Project Coordinator. Remuneration fee is paid in "gross" to the account of the staff not later than 5th day of the coming month. PIU staffs are responsible for fiduciary obligations (including payment of social insurances) individually.

Training days (for training included in the implementation plan and approved by the Project Director designated in the contract) are counted as working days.

PIU staff shall receive reimbursement of fuel expenses incurred for use of own car for PIU business purposes and expenses related to approve by the Project Director by issuance of the proper written order to approved business trips outside of city (accommodation, per diem, travel, in-town transportation). The reimbursement for use of the own car should be approved by the Project Coordinator by issuance of the proper written order. The reimbursement fuel cost pays according to the norms and tariff approved by PSC. Staff is entitled to, in course of the business trip, stay for the night in the place of business or place in proximity, if due to the distance, transportation means, duration and other relevant conditions, he/she cannot reach the destination before 24,00 (0,00) hours. The reimbursement is made based on the original hotel bill, except for "de lux" category, when the reimbursement is made based on the price of the nearest "A" category hotel. Per-diem is calculated only for trip outside Ulaanbaatar which requires overnight stay. Per-diem rate is the rate approved by order no.196 of MOF. The business trips can be undertaken based on the prior approval of the Project Director/Project Coordinator made in a written form.

In case of official trips to foreign countries the PIU will buy the air tickets and the reimbursement of other costs is based on actual expenses. The per diem is calculated by order no.196 of MOF.

PIU staff will keep the business confidential information during the engagement in the PIU and after it's termination in accordance with the confidentiality clause of the contract.

PIU ensures accurate and on-time preparation, sending, receiving and archiving of all business documentation and follow-up of its circulation. The business documentation is understood as:

- All the documentation that PIU makes or receives from the third persons, related to Project (e.g. agreements, invitations, minutes, evaluation reports, contracts, reports, guarantees, bills, evidences, No Objections etc.);
- Contracts and general acts regulating the legal status of PIU;

- Financial documentation;
- Staff dossiers and evidences related to staff contracts; and
- Other relevant documents.

The staff dossiers shall contain application, copy of the interview minutes, evaluation report, a copy of the contract including the TORs, copy of the monthly payment orders for fee, monthly evidences on the attendance, copy of written warnings, termination of the contract and other classified data on staff accessible only by the Project Coordinator.

During the working hours, the documents and materials must not be left unattended and after working hours all stored in the locked cabinets in the locked premises to ensure the safety.

Correspondence management comprises the receiving, opening, reading and distribution of mails and acts, grouping and forwarding for processing, administrative-technical processing, sending, classification by subject and archiving. Staffs are responsible for receipt, review and distribution of mail, track record of documents, delivery of mail and filing. Every act for official communication will have the common interface, with memo of PIU, name and address of recipient, title, text, official seal and signature. Mails sent from the staff individual address have to be copied to the central address. The use of electronic mail is encouraged. Mails should be copied to all relevant staff inside the PIU in reasonable way.

Each PIU staff gives professional international calls whenever judged appropriate and for official purposes related to the Project only. Staff is trusted to make a reasonable use of this facility.

All forms of **internal communication** are organized on a liberal basis. This means that management trusts each staff a priori, and that each staff is expected to act responsibly and reasonably in all forms of written communication, until the demonstration of the opposite has been made. The objective is to minimize internal bureaucracy by limiting prior authorizations or straight prohibitions; any detected abuse, negligence, etc. will be severely repressed.

All communication and contact with the **media** should be organized through the Project Director and the Public Relations Department of MOH. It is advisable when any of above listed high officials have contacts with the media, the Project Coordinator should be present. The individual communication of the PIU staff and the members of the Working Groups with the media representative is not recommendable.

Upon authorization and as delegated by the Minister of Health, the Project Director may sign contracts. Upon authorization by the Minister of Health/Project Director, Project Coordinator may sign small value contracts and invoices.

ANNEX 4. Job descriptions of key PIU staff

The **Mongolia COVID-19 Emergency Response and Health System Preparedness Project** shall utilize the current existing PIU of the E-Health Project, specifically the Project Coordinator and the Financial Management Specialist, and shall be complemented by the following four specialists:

- Risk communication and community development specialist;
- Environmental and occupational health specialist;
- Medical equipment specialist; and
- Procurement specialist.

PROJECT COORDINATOR

SCOPE OF WORK/OVERALL RESPONSIBILITIES

The following Terms of Reference define the primary responsibilities of the Coordinator of the Project Implementation Unit established by the Ministry of Health of the Mongolia for the implementation of the E Health Project.

MOH ultimately is responsible for the overall Project implementation but for the operational purposes will delegate full authority of day-to-day Project management to the Project Coordinator. Project Coordinator will manage and facilitate all planned technical assistance packages under the Project.

The Project Coordinator will lead and manage the team of staff in the PIU in carrying out the day-to-day activities in support of implementation of the E Health Project. In order to ensure the effective implementation of the Project, the Project Coordinator will organize weekly regular meetings with the PIU staff.

The Project Coordinator will participate at the meetings of the Steering Committee and will report on the progress of the Project implementation. The Project Coordinator role will be to regularly review the progress of overall management and guidance on Project implementation, to ensure coordination with the other agencies involved in implementation (MOH and the MOF) and to quarterly report on these issues to the SC.

Project Coordinator will approve the written agreement between selected staffs on the distribution of the work and responsibility.

SPECIFIC RESPONSIBILITIES

Specific responsibilities include, but are not limited to, those listed below:

- Ensure through contact between the Ministry of Health and the World Bank team for all matters related to activities under the E Health Project;
- Ensure contact and communication with other entities involved in the health sector to ensure cooperation and coherency in planned and ongoing programs, as well as regular exchanges of up-to-date information regarding the Project;
- Acquire adequate facilities, equipment and other resources to ensure the efficient operation of the Project Implementation Unit and fulfilment of its responsibilities;
- Arrange and approve short-term staff training, as needed, for PIU staff in areas as may be considered appropriate;
- Supervise daily activities of the Project Implementation Unit, evaluating performance and operating effectiveness (including ongoing staff performance evaluations and feedback), making recommendations for change as necessary;

- Oversee the selection and hiring of short or long-term technical assistance (for example, auditors, translators and interpreters, Project management support, health economists, etc.) to the PIU, including approval of Terms of Reference and shortlists of candidates and supervise the work of such contractual assistance;
- With the assistance of concerned PIU staff, develop and oversee the implementation of standardized administrative and operating procedures for the Unit, including, reporting formats for financial transaction under the Project (Credit and counterpart fund accounts) with the Financial Officer; procurement and contracting tracking system with the Procurement Officer, IT, Change management and Clinical specialists, etc.;
- Ensure that goods and services under the Credit are procured in accordance with World Bank Guidelines, providing assistance as needed and together with the Procurement Officer, to project Working Groups, etc., in drafting Terms of Reference, defining technical specifications, negotiating of contracts, etc.;
- Together with the Procurement Officer, provide contact with interested suppliers of goods and services regarding the status of Project-related activities, and planned or ongoing procurement;
- Ensure regular monitoring of the status of Project activities (through the preparation and updating of implementation plans and schedules, disbursement projections, etc.), including preparation and transmission of comprehensive progress reports as required under the conditions of the Financing Agreement, and other reporting requirements under the Project (for example, annual audits);

FINANCIAL MANAGEMENT SPECIALIST

The Financial management specialist (FMS) is full-time position for the duration of the Project. The Financial Officer will be responsible for overall financial, accounting and administrative aspects of the Project. FMS will also be responsible for establishing, prior to Project effectiveness, and maintaining an effective financial management system for the Project implementation, including management of Project accounts.

The FMS will ensure that financial management and accounting information is up-to-date and regularly reported to the Project Coordinator, and that the financial management system is in accordance with World Bank and Mongolian requirements for financial management, reporting and accounting FMS will work with the other PIU staff (the Implementation and Procurement Officer) to help them understand the details of the financial management and accounting aspects of the Project implementation for the respective Project components and sub-components.

The FMS will contribute to the management planning and budgeting activities carried out by the Project Coordinator. FMS will have a detailed understanding of World Bank requirements for Project financial management, reporting and accounting, and be familiar with financial management systems and software. The FMS directly reports to and responsible for his/her work to the PIU Project Coordinator.

SCOPE OF WORK/ OVERALL RESPONSIBILITIES

Without limiting the generalities of the foregoing, the following are the specific objectives and activities to be implemented:

Objective1: General Tasks

- Together with the concerned PIU staff develop and maintain the financial part of Project Implementation Manual within an agreed timeframe;
- Responsible for the implementation of a sound and acceptable financial management system to be developed by an independent consultant;

- In collaboration with the PIU staff to establish and maintain systems of financial part of the internal control (including procurement goods, works and services, fixed assets, civil works);
- Establishing relationship, when applicable, with the Ministry of Finance, Tax department, Customs and other financially related governmental bodies;
- Collecting keep up-to-dated information regarding the laws and amendments to the laws in order to adjust the PIU financial rules and regulations.

Objective 2: System and Reporting

- Developing and maintaining the accounting system;
- Preparing the Financial Monitoring Report (FMR) every quarter, in coordination with the Project Director. The format of the FMR has been defined. An important aspect of the FMR will be the accompanying narrative interpreting the progress of the Project's implementation. Preparing quarterly and annual Project financial statements, as well as reporting on material variances; recommending remedial action, as appropriate, within an agreed time frame;
- Review and verify all requests for payments for suppliers and consultants;
- Review and verify all requests for advance or other payments for the office or other Project related purposes;
- Monitoring performance against agreed Financial Performance Indicators – these will need to be prepared by the Project team.

Objective 3: Specific accounting tasks

- Ensuring that all accounting records and bank accounts are up-to-date using computerized accounting software system;
- Managing PIU's bank accounts;
- Preparing the Project's Budgets/Cash Flow Projections;
- Preparing monthly Bank Reconciliation for all Bank Accounts on a timely basis;
- Preparing Monthly Reports for the Project Director for onwards transmission to the Ministry of Finance in compliance with Government accounting reporting requirements;
- Preparing Quarterly and Annual Financial Statements for the IDA Credit, as well as reporting to the Steering Committee through the Project Director on material variances in accordance with an agreed timetable;
- Liaising with the internal/external auditors and following up, in consultation with the Project Director, any audit queries/management letters.

Objective 4: Other Specific financing tasks

- Ensuring compliance with operating procedures of Government and the World Bank e.g. Disbursements, Special Accounts, statements of expenditures (SOEs), Special Commitments etc.;
- Prepare the bank withdrawal requests (Payment Orders);
- Prepare the replenishment requests (sent to the World Bank);
- Review financial and other pertinent documentation;
- Maintain book-keeping for the Project, following local regulations for accounting in budgetary institutions;

- Organize archives of documentation (financial documents, goods supply documents, PIU elementary purchasing documents and PIU consumable material purchasing documents);
- Maintain regular communication with PIU staff, Project Director and Procurement Officer to ensure that financial tracking information is well coordinated with other Project planning, Project budgeting and other Project progress information;
- Prepare IFRs that will be submitted to the World Bank on a quarterly basis.

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT SPECIALIST

A. INTRODUCTION

1. Contract number:	2. Organization: Ministry of Health
3. Project name: Mongolia COVID-19 Emergency Response and Health System Preparedness Project	3.1. Position: Risk Communication and Community Engagement Specialist
4. Direct supervisor: Project Coordinator	

B. RESPONSIBILITIES

1. Purpose of the position:	The purpose of the position is to: <ul style="list-style-type: none"> a) Provide support in coordinating the risk communication and ensuring public engagement, improving the preparedness of health facilities and readiness of the emergency public care under the strategic framework of the Mongolia COVID-19 Emergency Response and Health System Preparedness Project b) Support the MoH to prepare and implement Stakeholder Engagement Plan and Environmental and Social Management Plan (ESMF) per ESCP as a part of Financing Agreement. 	
2. Objectives of the position:	<ol style="list-style-type: none"> 1. Coordinate the dissemination of information on prevention of COVID-19 disease and provide support in improvement of risk communication infrastructure 2. Provide support in response activities against the COVID-19 outbreak 3. Provide support in improvement of public health activities and management of emergency care services during the COVID-19 outbreak 4. Provide support in improving capacity of the human resources in diagnosing and treating the COVID-19 infection 5. Cooperate with PIU and implementing partners, participate as team member in other project activities and maintain close dialogue and communication with WHO and WB safeguard team. 	
3. Principal activities of the position:		Time and schedule
1. Coordinate the dissemination of information on prevention of COVID-19 disease and provide support in improvement of risk communication infrastructure		
1.1. Provide support in the development and dissemination of the public messages, training, and information materials aimed at		As needed

improving knowledge on prevention and protection of COVID-19	
1.2. Provide support in improving national and local level capacity to disseminate information through television, radio, and social media	As needed
1.3. Finalize the stakeholder engagement plan (SEP) developed by the Ministry of Health and prepare a implementation plan of the SEP	As needed
1.4. Provide input to preparation of the COVID-19 project Environmental and Social Management Framework (ESMF) including design and implementation set-up of adequate	In cooperation with Environmental and Occupational Health specialist
1.5. Cooperate with the education entities to strengthen understanding of the youth and students on prevention of COVID-19 infection	As needed
1.6. Ensure that appropriate project information on E&S risk and impact is disclosed to stakeholders in timely, understandable, accessible and in adequate manner and format.	As needed
1.7. Strengthen COVID-19 webpage (https://covid19.mohs.mn/) through establishing and operationalizing the grievance mechanism that will receive, record, resolve and respond to concerns and complains related to project activities from project affected parties.	Continuously
2. Provide support in response activities against the COVID-19 outbreak	
2.1. Localize and implement the COVID-19 preparedness and response guidance produced by the WHO	1 st quarter
2.2. Provide support in improving the emergency public care services on a national level during COVID-19 outbreak	As needed
2.3. Provide support in improving the emergency public care services on a local level during COVID-19 outbreak	As needed
2.4. Provide support in improving linkage and cooperation of inter-sectoral emergency public care services during COVID-19 outbreak	As needed
3. Provide support in improvement of public health activities and management of emergency care services during the COVID-19 outbreak	
3.1. Provide support in undertaking the strategic risk assessment and health risk assessment of the COVID-19 outbreak	As needed
3.2. Provide support in development, approval and implementation of the resource mapping and emergency response plans related to the COVID-19 outbreak	As needed
3.3. Provide support in strengthening the system readiness to implement the emergency plans	As needed
3.4. Provide support in conducting the epidemiological research and reducing the infection outbreak	As needed
4. Provide support in improving capacity of the human resources in diagnosing and treating the COVID-19 infection	
4.1. Provide support in organizing COVID-19 diagnostics and treatment trainings	As needed
4.2. Develop capacity for provision of emergency care services to the vulnerable population groups	As needed

4.3.	Provide support to public and non-governmental organizations in organizing COVID-19 related trainings	As needed
5.	Cooperate with PIU and implementing partners, participate as team member in other project activities and maintain close dialogue and communication with WHO and WB safeguard team.	
5.1.	Provide technical assistance to the PIU specialists and maintain close dialogue and communication with WHO and WB safeguard team	As needed
5.2.	Provide support in effective organization of trainings, workshops and meetings among the stakeholders	As needed
5.3.	Participate in development of project plans, provide relevant support in review and approval of the plans by the relevant authorities	As needed
5.4.	Participate in internal monitoring of the project plan implementation	As needed
Note: Time and schedule of activities shall be defined by annual work plans.		

C. REQUIREMENTS

1. Position requirements	1.1. General requirements:	Criteria	Mandatory	
		Education	Master degree	
		Profession	Public health, social development, media/journalism, medical science, hygiene and epidemiology field	
		Experience	<ul style="list-style-type: none"> At least 7 years of work experience in public health and epidemiology field Work experience in field of public relations/ media/communication field will be an advantage 	
	Skills	<ul style="list-style-type: none"> Ability to coordinate the emergency public healthcare services Ability to coordinate the medical emergency services Public relationship skills 	<ul style="list-style-type: none"> Ability to develop infographics Photography skills Video editing skills 	
	1.2. Specific requirements	Advanced level of English in written and spoken (supported by certificates or other relevant documents). Past experience working with diverse environment; able work in rural areas for extended period of time.		

ENVIRONMENTAL AND OCCUPATIONAL HEALTH SPECIALIST

A. INTRODUCTION

1. Contract number:	2. Organization: Ministry of Health
3. Project name: Mongolia COVID-19 Emergency Response and Health System Preparedness Project	3.1. Position: Environmental and Occupational Health Specialist
4. Direct supervisor: Project Coordinator	

B. RESPONSIBILITIES

1. Purpose of the position:	The purpose of this position is to provide support in the development, implementation, and monitoring of the action plan of the environmental and occupational health and safety framework under the strategic framework of the Mongolia COVID-19 Emergency Response and Health System Preparedness Project	
2. Objectives of the position:	<ol style="list-style-type: none"> 1. Develop environmental and occupational health and safety framework action plan and relevant supporting documents. 2. Support the implementation of environmental and occupational health and safety action plan implementation. 3. Support the coordination of environmental and occupational health and safety matters during the COVID-19 outbreak. 4. Cooperate with PIU, WHO and implementing partners, participate as team member in other project activities. 5. Support the planning and implementation of the infection prevention and control (IPC) planning activities for health care workers (HCWs), health care managers at national and local level and IPC teams at the facility level 	
3. Principal activities of the position:		Time and schedule
1. Develop environmental and occupational health and safety framework action plan and relevant supporting documents		
1.1 Develop an Environmental and Social Management Framework (ESMF) according to WBG requirement		1 st month
1.2 Prepare the list of ineligible activities under the project		1 st month
1.3 Develop the Labor Management Plan (LMP) per Labor Management Procedure.		1 st month
1.4 Design and operationalize the Grievance Redress Mechanism to be used under project		1 st month
2 Support the implementation of environmental and occupational health and safety action plan implementation		
2.1 Implement the Labor Management plan (LMP)		As needed
2.2 Prepare the instruments for the Site-based Environment & Social monitoring, elaborate, consult with relevant stakeholders and organize information dissemination activities		As needed

2.3	Assist in the implementation of site-based environmental, safety, and social monitoring.	As needed
2.4	Preparation of incident-based, monthly, and six-monthly monitoring reports on the environmental, occupational health and safety (ESHS) performance of the Project	As needed
3	Support the coordination of environmental and occupational health and safety matters during the COVID-19 outbreak	
5.5.	Support the development, implementation, and monitoring of the medical waste management, medical instrument disinfection and disposal, and incineration of COVID-19 victims	As needed
5.6.	Assist the development of organizational policy, regulation and cooperation supporting the intersectoral and intra-organizational synergy, cooperation, and coordination during COVID-19 outbreak	As needed
5.7.	Establish M&E structure to evaluate the health and safety system	As needed
5.8.	Support the organization of training, workshops, and consultations according to the project plan	As needed
4.	Cooperate with PIU and implementing partners, participate as a team member in other project activities	
4.1.	Provide technical assistance to the PIU specialists including working closely with RCCE specialist and other relevant specialists (IPC, waste) of the MOH and related agencies	As needed
4.2.	Provide support in effective organization of training, workshops, and meetings among the stakeholders	As needed
4.3.	Participate in the development of project plans, provide relevant support in review and approval of the plans by the relevant authorities	As needed
4.4.	Participate in internal monitoring of the project plan implementation	As needed
5.	Support the planning and implementation of the infection prevention and control (IPC) planning activities for health care workers (HCWs), health care managers at national and local level and IPC teams at the facility level	
5.1.	Support the planning and implementation of the infection prevention and control (IPC) planning activities for health care workers (HCWs), health care managers at national and local level and IPC teams at the facility level	As needed
5.2.	Support the planning and implementation of the infection prevention and control (IPC) planning activities for health care workers (HCWs), health care managers at national and local level and IPC teams at the facility level	As needed
5.3.	Support the planning and implementation of the infection prevention and control (IPC) planning activities for health care workers (HCWs), health care managers at national and local level and IPC teams at the facility level	As needed
Note: Time and schedule of activities shall be defined by annual work plans.		

B. REQUIREMENTS

1. Position requirement	1.2. General requirements:	Criteria	Mandatory	Recommended
		Education	Bachelor or higher degree	Master degree in Public health is an advantage
		Profession	University graduate in medical science, Public health, Environmental health, Hygiene, and Occupational health field	
		Experience	<ul style="list-style-type: none"> • At least 5 years of experience in public health, epidemiology, and occupational health • Work experience in environmental health assessment will be an advantage 	
	Skills	<ul style="list-style-type: none"> • Ability to conduct environmental health and occupational safety assessment • Ability to handle citizen's grievance • Self-motivated, organized, and have well developed analytic and realization skills 	<ul style="list-style-type: none"> • Able to produce fair and clear reports • Good computer skills • Highly developed analytic skills • Good document preparation and handling skills 	
	1.2. Specific requirements	Advanced level in English writing and speaking (supported by certificates or other relevant documents)		

MEDICAL EQUIPMENT ENGINEER

A. GENERAL

1. Contract number:	2. Organization name: Ministry of Health
3. Project name: Emergency COVID-19 response and health system preparedness project	4. Position title: Medical Equipment Specialist/Engineer
5. Title of direct supervisor: Project Coordinator	

B. RESPONSIBILITIES

1. Position objective:	The objective of this position is to guarantee the supply quality and adequate medical equipment, supplies and PPE in line with project development objective of the "Emergency COVID-19 Response and Health System Preparedness Project".
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2. Main goals of the position:	<ol style="list-style-type: none"> 1. Provide support in the procurement of the medical equipment, supplies and PPE under the Project; 2. Develop the specifications and requirements of the medical equipment; 3. Monitor the delivery of the medical equipment, commissioning, handover, and organize training; 4. Cooperate with and provide technical assistance to the Project Implementation Unit /PIU/ and the health professionals of the Project sites, and contribute in the other Project activities.
Main activities of the Position	Timeline and Schedule
1. Provide support in the procurement of the medical equipment and accessories to be supplied under the Project	
1.1.Prepare a consolidated list of the equipment and accessories to be supplied under the Project	As needed
1.2.Conduct market research of the medical equipment, devices and suppliers	As needed
1.3 Distribute the consolidated list of the equipment into the bidding packages	As needed
2. Develop the specifications and requirements of the medical equipment	
2.1. Develop technical specifications and requirements of medical equipment of each bidding package	As needed
2.2. Collect feedback on the technical specifications of the medical equipment from the Project sites	As needed
2.3. Present technical specifications and requirements of the medical equipment to the Purchaser	As needed
3. Monitor the delivery of the medical equipment, commissioning, handover, and organize training	
3.1. Receive medical equipment, supplies and consumables, PPE delivered by the suppliers and coordinate with suppliers any pre-installation works	As needed
3.2.Develop a draft resolution of the Minister of Health for the distribution of medical equipment, accessories, and devices, and have it approved	As needed
3.3.Coordinate the delivery of the goods according to the medical institutions according to the approved schedule, commission, and resolve technical issues arisen during the commissioning	As needed
3.4.Organize and coordinate the training amongst the medical doctors and staffs in cooperation with the vendors and suppliers	As needed
4. Cooperate with and provide technical assistance to the Project Implementation Unit /PIU/ and the health professionals of the Project sites, and contribute in the other Project activities	
4.1 Provide technical assistance to the PIU and health professionals of the Project sites who received medical equipment	As needed
4.2 Provide effective support in meetings, trainings and workshops conducted with the stakeholders	As needed

4.3 Collaborate with the project team on effective improvement of medical equipment supply, and hire the consultancy services, if needed	As needed
4.4 Participate in the development of the project implementation plan, and provide support in review and approval of the plans by the relevant departments	Continuously
4.5 Participate in the PIU monitoring and internal control of the project implementation plan	Continuously
Note: The timeline and schedules of the tasks shall be determined according to the annual work plan.	

C. REQUIREMENTS

1. Requirements for the Position	1.1. General requirement:	Criteria	Mandatory requirement	Recommended
		Education	Bachelor or higher degree	Master degree shall be an advantage
		Profession	University degree in medical equipment, engineering	
		Experience	<ul style="list-style-type: none"> Professional experience of at least 10 years At least 5 years of experience of working in medical equipment and device field Have knowledge and experience of the health information system Have an experience or procuring medical equipment and devices 	
		Skills	<ul style="list-style-type: none"> Ability to conduct the procurement of the medical equipment and devices Ability to develop a supply plan of the medical equipment and device, ensure implementation Be able to perform the procurement, supply and reporting of the medical equipment and devices, be able to explain and communicate in a field of medical equipment area, and ability to develop technical and design solutions. 	<ul style="list-style-type: none"> Extensive computer skills Analytic skills Ability to develop documents
	1.2. Specific requirement	Advanced level of English (supported by certificates or other relevant documents)		

PROCUREMENT SPECIALIST

A. GENERAL

1. Contract number:	2. Employer name: Ministry of Health
3. Project name: Emergency COVID-19 response and health system preparedness project	3.1. Position: Procurement Specialist
4. Title of direct supervisor: Project Coordinator	

B. RESPONSIBILITIES

1. Objectives of the position:	The objective of this position is to manage and undertake all aspects of the project procurement activities in accordance with the World Bank procurement procedure and ensure implementation of activities.		
2. Main goals of position:	<ol style="list-style-type: none"> 1. Carry out the market survey of price and technical specifications in relation to procurement, prepare performance reports 2. Prepare procurement plan of the Project, apply necessary changes, acquire approvals of relevant authorities in a timely manner and implement such plans. 3. Work towards enhancing the information system of the project procurement. 4. Effectively undertake project procurement. 5. Participate in other project activities as a team member. 		
3. Main activities:	Time, duration	Key performance indicators	
Objective 1. Conduct market price analysis and technical studies, prepare implementation data and reports			
1.1 Undertake procurement of the Project in accordance with the World Bank procurement regulations	Continuously	Percentage of procurements in compliance	
1.2 Participate in drafting of terms of reference, technical specifications, contract negotiations	As needed	Percentage of participation	
1.3 Based on the Financing Agreement, provide assistance as needed to Project Implementing Unit (PIU) staff and evaluation committee/working groups in drafting Terms of Reference, Bidding Documents, Requests for Proposals, defining technical specifications, and negotiating contracts, submitting such documents to the World Bank (Bank) for review and acceptance	As needed	Percentage of participation	
1.4 Be responsible for updating procurement-related information in transparency account (shilendans.org) of the Project within specified time		Number of reports and information uploaded	
1.4(a). Annual procurement plan and related reports and information,	Annually		
1.4(б). General tender information on investment and operating expenses in accordance with Clauses 8, 9 of the Mongolian Law on regulating public and personal	As needed		

interests in public service and prevention of conflict of interest		
1.5 Update necessary information in government management information system of loans and credit projects in odamis.gov.mn	Continuously	
1.6 Enter all procurement actions taken in the World Bank's STEP (Systematic tracking of exchanges in procurement), obtain the relevant approval from the World Bank through the system and ensure the principle of bidding transparency and issue contract awards	Continuously	
Objective 2: Prepare procurement plan of the Project, apply necessary changes, acquire approvals of relevant authorities in a timely manner and implement such plans		
2.1 In accordance with the Financing Agreement, develop, analyze, improve and maintain the project procurement plan, submit it to the World Bank for approval, and perform the work with the PIU on a regular basis and at the time required by the WB	Biennially and as needed	Percentage of participation
2.2 Prepare general procurement notice and update as needed	As needed	Number of notices prepared
2.3 Prepare procurement related quarterly reports	Quarterly	Number of reports prepared
Objective 3. Work towards enhancing the information system of the project procurement		
3.1 In cooperation with PIU, work effectively on enhancing procurement system, hire consulting services if needed	Continuously	Percentage of participation
3.2 Develop database of quotations, bids and proposals submitted by consisting companies and suppliers, prepare shortlist of qualified suppliers	Continuously	Status of database developed
Objective 4. Effectively organize the Project procurement		
4.1 Cooperate with the technical/working groups established for development of technical specifications and lists of equipment (medical equipment, devices and medicines, information technology equipment, furniture, etc.) by Project components, sub-components and procurement method to be procured within the Project	As needed	Percentage of participation
4.2 Notify the successful company in timely fashion, draw up contracts for approval and signature by those individuals authorized to sign on behalf of the MOH, ensuring submission to the Bank of draft contracts requiring prior review and no-objection	As needed	Percentage of participation
4.3 Facilitate the process for customs clearance, distribution, installation and other procurement activities in relation to the goods imported within the Financing Agreement and Loan Agreement	As needed	Percentage of participation
4.4 Ensure payments for goods, works and services received within the Financing Agreement are processed once contract conditions fully met	Continuously	Percentage of participation
4.5 Maintain regular communication with PIU staff to ensure that procurement tracking information is well-coordinated with	Continuously	Percentage of participation

other project planning, budgeting and other financial reporting information		
4.6 Ensure the World Bank’s regulation on Prevention of Corruption complied in all activities implemented under the Financing Agreement	Continuously	Percentage of participation, number of disclosures
Objective 5. Participate in other project activities as a team member		
5.1 Provide assistance in preparing project implementation plan, submitting such documents to related authorities for review and approval	As needed	Number of assistance
5.2 Monitor PIU internal correspondence flow, apply rules and regulations relevant to document and filing	As needed	Number of advice provided
5.3 Participate effectively in internal activities within PIU to monitor and audit project implementation progress, provide relevant inputs	As needed	Number of internal activities participated
Note: Timeline and schedule of activities shall be determined by the Project annual activities work plan.		

C. REQUIREMENTS

1. Requirements for the position	1.1. General requirements	Criteria	Mandatory requirement	Recommended
		Education	Bachelor or higher degree	Master degree shall be an advantage
		Profession	University degree in law, engineering, finance, economics or related field	
		Experience	<ul style="list-style-type: none"> ▪ Professional experience of at least 10 years, ▪ At least 5 years of direct relevant experience in procurement and supply, ▪ Have an experience in procuring medical equipment and devices is an advantage 	
		Skills	<ul style="list-style-type: none"> ▪ Ability to manage procurement process, ▪ Ability to develop business and financial plans, ensure implementation, ▪ Have project management knowledge 	<ul style="list-style-type: none"> ▪ Extensive computer skills ▪ Analytic skills ▪ Ability to develop documents
1.2. Specific requirement	Advanced level of English (supported by certificates or other relevant documents)			