

# Japan Fund for Poverty Reduction Project Administration Manual

Project Number: 55023-001  
Grant Number: {GXXXX}  
June 2021

## Mongolia: Strengthening Rapid Epidemic Response Capacity of Health Systems Project (Financed by the Japan Fund for Poverty Reduction)



## ABBREVIATIONS

ADB	– Asian Development Bank
AEFI	– adverse effects following immunization
APVAX	– Asia Pacific Vaccine Access Facility
COVID-19	– coronavirus disease
DMF	– design and monitoring framework
GDP	– gross domestic product
GRC	– grievance redress committee
GRM	– grievance redress mechanism
IPC	– infection prevention and control
JFPR	– Japan Fund for Poverty Reduction
JICA	– Japan International Cooperation Agency
MOF	– Ministry of Finance
MOH	– Ministry of Health
NCCD	– National Center for Communicable Diseases
ODA	– Official Development Assistance
OHS	– occupational health and safety
PIU	– project implementation unit
PAM	– project administration manual
PIU	– project implementation unit
PPE	– personal protective equipment
PPMS	– project performance management system
PSC	– project steering committee
RFQ	– request for quotations
RT-PCR	– reverse transcription polymerase chain reaction
TOR	– terms of reference
UN	– United Nations
WHO	– World Health Organization



## CONTENTS

### PROJECT AT A GLANCE

I.	PROJECT DESCRIPTION	1
II.	IMPLEMENTATION PLANS	4
A.	Project Readiness Activities	4
B.	Overall Project Implementation Plan	5
III.	PROJECT MANAGEMENT ARRANGEMENTS	6
A.	Project Implementation Organizations – Roles and Responsibilities	6
B.	Key Persons Involved in Implementation	7
C.	Project Organization Structure	9
D.	Grant Management	10
IV.	COSTS AND FINANCING	10
A.	Cost Estimates and Financing Plan	10
B.	Allocation and Withdrawal of Grant Proceeds	11
C.	Detailed Cost Estimates by Expenditure Category	13
D.	Detailed Cost Estimates by Financier	14
E.	Detailed Cost Estimates by Outputs	15
F.	Estimated Disbursement Schedule by Year	16
G.	Contract and Disbursement S-Curve	17
H.	Funds Flow Diagram	18
V.	FINANCIAL MANAGEMENT	19
A.	Financial Management Assessment	19
B.	Disbursement	21
C.	Accounting	22
D.	Auditing and Public Disclosure	22
VI.	PROCUREMENT AND CONSULTING SERVICES	23
A.	Advance Contracting	23
B.	Procurement of Goods, Works, and Consulting Services	24
C.	Procurement Plan	24
VII.	SAFEGUARDS	33
VIII.	GENDER AND SOCIAL DIMENSIONS	34
IX.	PERFORMANCE MONITORING, EVALUATION, REPORTING, AND COMMUNICATION	35
A.	Project Design and Monitoring Framework	35
B.	Monitoring	36
C.	Evaluation	37
D.	Reporting	38
E.	Stakeholder Communication Strategy	38
X.	ANTICORRUPTION POLICY	39
XI.	ACCOUNTABILITY MECHANISM	40
XII.	RECORD OF CHANGES TO THE JFPR PROJECT ADMINISTRATION MANUAL	40

## APPENDIXES

1. Guidance Note on Japanese Visibility
2. Guidance Note on Coordination with the Embassy of Japan and Japan International Cooperation Agency



## **Japan Fund for Poverty Reduction Project Administration Manual Purpose and Process**

This Japan Fund for Poverty Reduction (JFPR) project administration manual (PAM) describes the essential administrative and management requirements to implement JFPR-funded project on time, within budget, and in accordance with the government and Asian Development Bank (ADB) policies and procedures. This JFPR PAM includes references to all available templates and instructions either through links to URLs or directly incorporated in the PAM.

The executing agency—the Ministry of Health (MOH)—and implementing agencies—MOH and the National Center for Communicable Diseases (NCCD)—are wholly responsible for the implementation of the project, as agreed jointly between the grant recipient and ADB, and in accordance with the government and ADB's policies and procedures. ADB staff are responsible to support implementation including compliance by MOH and NCCD of their obligations and responsibilities for project implementation in accordance with ADB's policies and procedures.

MOH, NCCD, and ADB shall agree to the JFPR PAM and ensure consistency with the grant agreement. In the event of any discrepancy or contradiction between the JFPR PAM and the grant agreement, the provisions of the grant agreement shall prevail.

After ADB Board approval of the project's grant assistance report, changes in implementation arrangements are subject to agreement and approval pursuant to relevant government and ADB administrative procedures (including ADB's Project Administration Instructions) and upon such approval, they will be subsequently incorporated in the JFPR PAM.

## PROJECT AT A GLANCE

<b>1. Basic Data</b>		<b>Project Number: 55023-001</b>	
<b>Project Name</b>	Strengthening Rapid Epidemic Response Capacity of Health Systems Project	<b>Department/Division</b>	EARD/EASS
<b>Country Recipient</b>	Mongolia Government of Mongolia	<b>Executing Agency</b>	Ministry of Health (formerly Ministry of Health and Sports)
<b>Country Economic Indicators Portfolio at a Glance</b>	<a href="https://www.adb.org/Documents/LinkedDocs/?id=55023-001-CEI">https://www.adb.org/Documents/LinkedDocs/?id=55023-001-CEI</a> <a href="https://www.adb.org/Documents/LinkedDocs/?id=55023-001-PortAtaGlance">https://www.adb.org/Documents/LinkedDocs/?id=55023-001-PortAtaGlance</a>		
<b>2. Sector</b>	<b>Subsector(s)</b>	<b>ADB Financing (\$ million)</b>	
		Total	0.00
<b>3. Operational Priorities</b>		<b>Climate Change Information</b>	
✓ Addressing remaining poverty and reducing inequalities		GHG reductions (tons per annum)	0.000
✓ Accelerating progress in gender equality		Climate Change impact on the Project	Low
✓ Strengthening governance and institutional capacity			
✓ Fostering regional cooperation and integration		<b>ADB Financing</b>	
		Adaptation (\$ million)	0.00
		Mitigation (\$ million)	0.00
		<b>Cofinancing</b>	
		Adaptation (\$ million)	0.00
		Mitigation (\$ million)	0.00
<b>Sustainable Development Goals</b>		<b>Gender Equity and Mainstreaming</b>	
SDG 1.5, 1.a		Some gender elements (SGE)	✓
SDG 3.3, 3.8		<b>Poverty Targeting</b>	
		General Intervention on Poverty	✓
<b>4. Risk Categorization:</b>	Low		
<b>5. Safeguard Categorization</b>	Environment: C Involuntary Resettlement: C Indigenous Peoples: C		
<b>6. Financing</b>			
<b>Modality and Sources</b>		<b>Amount (\$ million)</b>	
<b>ADB</b>			
None		0.00	
<b>Cofinancing</b>		<b>5.00</b>	
Japan Fund for Poverty Reduction - Project grant (Full ADB Administration)		5.00	
<b>Counterpart</b>		<b>0.36</b>	
Government		0.36	
<b>Total</b>		<b>5.36</b>	
<b>Currency of Financing: US Dollar</b>			



## I. PROJECT DESCRIPTION

1. The coronavirus disease (COVID-19) pandemic is causing significant health, social, and economic impacts on Mongolia. The project will help the country respond to the ongoing outbreak of COVID-19 by providing resources and training support that will help strengthen its capacity for (i) conducting reverse transcription polymerase chain reaction (RT-PCR) tests, (ii) administering COVID-19 vaccines to target populations in compliance with infection prevention and control (IPC) protocols, (iii) ensuring the complete uptake of immunization services by target groups, and (iv) undertaking post-immunization surveillance. The project is closely linked to the Support for COVID-19 Vaccine Delivery in Mongolia under the Asia Pacific Vaccine Access Facility which will provide safe and effective COVID-19 vaccines in Mongolia.<sup>1</sup> The project has strong pro-poor and socially inclusive features.

### A. Project Rationale

2. **COVID-19 pandemic and government response.** On 30 January 2020, the World Health Organization (WHO) declared the COVID-19 outbreak a public health emergency of international concern. On 11 March 2020, WHO declared the COVID-19 a pandemic.<sup>2</sup> By 3 June 2021, nearly 171.6 million people had been diagnosed with COVID-19, with more than 3.7 million deaths, globally.<sup>3</sup> The first case of community transmission in Mongolia was reported on 10 November 2020, and since then several clusters of local transmission have emerged in Ulaanbaatar and in six provinces. The Government of Mongolia initiated stringent measures to prevent the spread of COVID-19, including international and national travel restrictions; the closure of schools and kindergartens and all non-essential business, public awareness campaigns, restrictions on public gatherings, meetings, and celebrations; and preparation of hospitals to manage emergencies in the event of a surge of cases. The government has implemented three rounds of strict lockdowns from November 2020 to mid-April 2021. As of 3 June 2021, there have been 60,372 cases of COVID-19 with 286 deaths recorded in the country (footnote 3). The risk of continued community spread of COVID-19 remains substantial. Of these, some 522,428 people are at high risk (i.e., frontline medical workers, emergency management staff, police and border military personnel, state inspectors, and the elderly).

3. **Socioeconomic impact.** The COVID-19 crisis is more severe and prolonged than the initial expectations in early 2020. In 2020, the economy of Mongolia shrank significantly by 5.3% in 12 months because of the COVID-19 crisis, a drop of 10.5 percentage points compared with 2019. The official job losses reached 63,900 or 5.4% of total unemployment, and unemployment rate increased by 1.0 percentage point to 7.6% in the second half of 2020. Except agriculture, all sectors—including construction, services, trade, transportation, and other industries shrank, affected by negative spillovers of the pandemic. Overall budget deficit increased significantly to 9.6% of the gross domestic product (GDP) in 2020 because of revenue shortfalls, fiscal response measures against the COVID-19, and contraction in GDP. This led to a temporary increase in public debt-to-GDP ratio, including the central bank's external liabilities, by 14.1 percentage points to 92.4% by end of 2020. Public health concerns have been elevated since the first community transmission of COVID-19 in the middle of November 2020.

4. To effectively pursue COVID-19 containment measures, Mongolia needs to expand its network of molecular biology laboratories to increase capacity for RT-PCR testing. The increased

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<sup>1</sup> ADB. [Mongolia: Support for COVID-19 Vaccine Delivery in Mongolia under the Asia Pacific Vaccine Access Facility](#).

<sup>2</sup> WHO. [Coronavirus Disease \(COVID-19\) Pandemic](#) (accessed 4 June 2021).

<sup>3</sup> WHO. [WHO Coronavirus \(COVID-19\) Dashboard](#) (accessed 4 June 2021).

testing capacity will help the government expand screening and surveillance of the population and thereby reduce COVID-19 cases. At the same time, the country needs to rapidly prepare for COVID-19 vaccination to bring the epidemic under control and allow the country to safely reopen borders, enterprises, and schools. The efficient and safe distribution and administration of the vaccine requires capacity development and resource support for social mobilization and community engagement, compliance with IPC protocols at all immunization units, registration, recording and reporting, and post-vaccine surveillance.

5. **ADB's value addition and lessons.** The Asian Development Bank (ADB) is one of the most important and long-standing development partners in Mongolia's health sector. ADB supported the government in critical health system reforms to (i) shift priorities from hospital-based curative services to more efficient and cost-effective primary health care, (ii) improve health financing system to support universal health coverage and increase financial protection of people, (iii) rationalize the hospital sector and provide more autonomy for public hospitals to increase efficiency and quality of care, and (iv) improve patients' safety through optimization of health services and provision of medicines.<sup>4</sup> With ADB's policy support, the government has developed the health sector master plan and amended respective laws and regulations.<sup>5</sup> The project will build on the lessons and achievements from ADB's past health sector assistance, and will be aligned with the following operational priorities of the ADB Strategy 2030: (i) addressing remaining poverty and reducing inequalities, (ii) accelerating progress in gender equality; (iii) strengthening governance and institutional capacity, and (iv) fostering regional cooperation and integration. The project will also support Mongolia's firm commitment to the Central Asia Regional Economic Cooperation health cooperation, with a new Central Asia Regional Economic Cooperation health strategy leading to 2030 under formulation.

6. **ADB's response to the COVID-19 pandemic.** ADB supported Mongolia during the COVID-19 pandemic with the following rapid response measures: reallocation of \$1.4 million under an existing health sector operation to support the procurement of emergency health equipment, a small-scale technical assistance project for emergency response systems, and \$2.5 million in grant support from the Asia Pacific Disaster Response Fund (including \$1.5 million from the Government of Japan) to support further procurement of emergency medical equipment.<sup>6</sup> It also includes short- and medium-term responses, including a \$30.0 million loan to support disease control in the health sector, a \$26.4 million loan and an additional \$73.0 million loan to strengthen social protection measures for vulnerable groups, and technical assistance resources to strengthen the capacity of the domestic violence response in the country.<sup>7</sup> ADB also repurposed \$24 million under ADB's support to the Credit Guarantee Fund to directly support small and medium-sized enterprises in distress.<sup>8</sup> In addition, \$100 million was provided under the COVID-19 Pandemic Response Option/Countercyclical Support Facility modality to support the government to manage the economic impact and respond to the health and social protection

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<sup>4</sup> ADB. [Mongolia: Improving Access to Health Services for Disadvantaged Groups Investment Program](#); ADB. [Mongolia: Improving Health Care Financing for Universal Health Coverage](#); ADB. [Mongolia: Strengthening Hospital Autonomy](#); ADB. [Mongolia: Improving Access to Affordable Medicines in Public Hospitals](#); ADB. [Mongolia: Fourth Health Sector Development Project](#); and ADB. [Mongolia: Fifth Health Sector Development Project](#).

<sup>5</sup> ADB. [Mongolia: Development of the Health Sector Master Plan, 2019–2027](#).

<sup>6</sup> ADB. [Mongolia: Fifth Health Sector Development Project](#); ADB. [Mongolia: Support for Improving the Preparedness and Response to Novel Coronavirus Outbreak](#); ADB. [Mongolia: COVID-19 Emergency Response Project–Phase 1](#); and ADB. [Mongolia: COVID-19 Emergency Response–Phase 2](#).

<sup>7</sup> ADB. [Mongolia: Fifth Health Sector Development Project \(Emergency Assistance Loan for Additional Financing\)](#); ADB. [Mongolia: Shock-Responsive Social Protection Project](#); ADB. [Mongolia: Second Shock-Responsive Social Protection Project](#); and ADB. [Mongolia: Addressing and Preventing Domestic Violence during the COVID-19 Crisis](#).

<sup>8</sup> ADB. [Mongolia: Supporting the Credit Guarantee System for Economic Diversification and Employment Project](#).

needs the pandemic has created.<sup>9</sup> To facilitate the purchase of screening equipment at selected border crossing points, \$75,000 was reallocated from ADB's Regional Improvement of Border Services project.<sup>10</sup> Finally, in response to an urgent government request, ADB approved a vaccine support project (footnote 1), financed from its Asia Pacific Vaccine Access Facility (APVAX).<sup>11</sup>

7. **Development partner coordination.** A joint health sector task force led by the United Nations (UN) and the Ministry of Health (MOH) is coordinating the COVID-19 emergency response actions in Mongolia. Task force members include ADB, European Commission, nongovernment organizations, specialized UN agencies, the WHO, and the World Bank. This task force also has the mandate to coordinate international assistance to the health sector. So far, most assistance has been provided by ADB and various bilateral agencies, with the Government of Japan providing testing equipment and UN agencies financing the purchase of personal protective equipment (PPE) for the National Emergency Management Agency. The World Bank approved a loan to support the purchase of medical equipment.<sup>12</sup> Together with the ADB-funded APVAX project (footnote 1), the grant complements these efforts by providing the needed laboratory equipment, supplies, and PPE; and improving the health system's capacity to respond to the COVID-19 and other infection epidemics.

## B. Impact and Outcome

8. The impact will be morbidity and mortality of COVID-19 reduced.<sup>13</sup> The outcome will be COVID-19 detection and containment strengthened.

## C. Outputs and Key Activities

9. **Output 1: Goods and services for COVID-19 testing and immunization procured.** The grant will (i) expand RT-PCR testing capacity of 10 molecular biology laboratories through procurement, supply, and installation of laboratory equipment; (ii) ensure safe immunization through procurement and supply of PPE, hand sanitizers, and thermometers to all permanent and temporary immunization units; and (iii) support printing and distribution of vaccination record books and certificates. The equipment will increase the existing laboratory capacity of urban districts in Ulaanbaatar and in remote *aimag* (province) health facilities without RT-PCR laboratory capacity.<sup>14</sup>

10. **Output 2: Capacity for efficient and safe vaccination of COVID-19 improved.** This output will support the provision of training of about 44,500 health care and non-health care workers, educators, volunteers, social mobilizers, and journalists involved in the efficient and safe vaccination campaigns, and for post-vaccine surveillance. The health care workers will be trained on the importance of COVID-19 vaccines, related laws and regulations, COVID-19 vaccination preparation and coverage, safe immunization, IPC, vaccination technique, vaccine management,

<sup>9</sup> ADB. [Mongolia: COVID-19 Rapid Response Program](#); and ADB. [Policy Paper: ADB's Comprehensive Response to the COVID-19 Pandemic](#).

<sup>10</sup> ADB. [Mongolia: Regional Improvement of Border Services](#).

<sup>11</sup> The APVAX is an ADB-financed resource envelope for support to developing member countries as they procure and deliver COVID-19 vaccines. ADB. 2020. [ADB's Support to Enhance COVID-19 Vaccine Access](#). Manila.

<sup>12</sup> World Bank. 2020. [Mongolia COVID-19 Emergency Response and Health System Preparedness Project](#). Washington, DC.

<sup>13</sup> Government of Mongolia. 2021. [COVID-19 National Deployment and Vaccination Plan](#). Ulaanbaatar.

<sup>14</sup> The seven urban districts are (i) Baganuur, (ii) Bayangol, (iii) Bayanzurkh, (iv) Chingeltei, (v) Khan-Uul, (vi) Songinokhairkhan, and (vii) Sukhbaatar. The *aimag* health facilities without RT-PCR laboratory capacity include (i) Bayan-Ulgii *Aimag* General Hospital, (ii) Darkhan-Uul *Aimag* General Hospital, (iii) Mandal *Soum* General Hospital from Selenge *Aimag*, and (iv) Tosontsengel *Soum* General Hospital from Zavkhan *Aimag*.

medical waste management, information and risk communication, contact tracing, and supportive supervision. They will be also trained on post-vaccine surveillance that will include topics on adverse effects following immunization (AEFI) surveillance (e.g., types of AEFIs and immunization safety surveillance system including the structure, roles, and responsibilities); reporting; investigating; patient care; and crisis communication and management. Simulation exercises will be done to enhance training retention. The non-health sector and faith-based organization workers (e.g., military and police personnel, teachers and school staff, and workers from other sectors), for whom training is required prior to mobilization, will be trained per the standard WHO training protocols on the importance of vaccination and vaccine confidence, immunization target groups, general organization of COVID-19 vaccination, risk communication, and community engagement. The volunteers, social mobilizers, educators, and journalists, who will play an important role in maintaining high levels of trust in vaccination while maintaining community commitment to other protective behaviors against COVID-19, will be trained on the importance of vaccine and vaccine confidence, mobilization of the immunization target groups, general organization of COVID-19 vaccination, risk communication, and community engagement.

11. Project management will establish the project implementation unit (PIU) in MOH. The PIU will consist of four staff and an environment consultant.

## II. IMPLEMENTATION PLANS

### A. Project Readiness Activities

Indicative Activity	2021								Responsible Agency
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
Staff review meeting									ADB
GOJ approval of JFPR grant									ADB
Grant negotiations									MOF, MOH, ADB
Advance contracting actions									MOH
ADB President approval									ADB
Grant Agreement signing									ADB, MOF
Government legal opinion provided									MOF
Grant effectiveness									ADB

ADB = Asian Development Bank, GOJ = Government of Japan, JFPR = Japan Fund for Poverty Reduction, MOF = Ministry of Finance, MOH= Ministry of Health.  
Source: ADB.

**B. Overall Project Implementation Plan**

Activity	2021			2022			2023			2024			
	2	3	4	1	2	3	4	1	2	3	4	1	2
<b>A. Design and Monitoring Framework</b>													
<b>Output 1: Goods and services for COVID-19 testing and immunization procured</b>													
1.1 Finalize the lists of RT-PCR laboratory equipment and supplies and PPE to be procured		■											
1.2 Advertise the contract packages for RT-PCR laboratories and for PPE		■											
1.3 Procure, deliver, and install the equipment with supplies in RT-PCR laboratories in the selected health care facilities		■	■										
1.4 Design and print adult vaccination record books and passports		■	■	■									
1.5 Distribute adult vaccination record books and passports				■	■								
1.6 Procure and supply PPE to vaccinators in immunization units		■	■										
<b>Output 2: Capacity for efficient and safe vaccination of COVID-19 improved</b>													
2.1 Together with WHO, develop training modules for the (i) vaccinators and health staff on COVID-19 vaccination protocols; (ii) social mobilizers, journalists, and other civil society groups on community engagement and risk communication methods; and (iii) for health care and non-health care staff on identifying adverse events following immunization		■	■	■	■	■	■	■	■	■	■		
2.2 Train health sector vaccinators (of which 80% are women) on safe vaccination practices		■	■	■	■	■	■	■	■	■	■		
2.3 Train volunteers/social mobilizers and journalists on risk communication and community engagement practices		■	■										
2.4 Train medical doctors on post-vaccine surveillance and monitoring		■											
<b>B. Project Management Activities</b>													
Establish PIU and start project implementation		■											
Review (update if necessary) and implement procurement plan		■	■										
Review (update if necessary) project participation plan and JFPR visibility plan			■										
Implement safeguard requirements		■	■	■	■	■	■	■	■	■	■	■	■
Monitor project progress, including DMF indicators and activities, and safeguard requirements		■	■	■	■	■	■	■	■	■	■	■	■
Submit quarterly and annual progress reports		■	■	■	■	■	■	■	■	■	■	■	■
Submit audited annual financial statements					■	■			■	■			■
Inception, midterm, final, and bi-annual review missions		■		■		■		■		■		■	
Grant completion report													■

COVID-19 = coronavirus disease, DMF = design and monitoring framework, JFPR = Japan Fund for Poverty Reduction, PIU = project implementation unit, PPE = personal protective equipment, Q = quarter, RT-PCR = reverse transcription polymerase chain reaction, WHO = World Health Organization.  
 Source: Asian Development Bank.

### III. PROJECT MANAGEMENT ARRANGEMENTS

#### A. Project Implementation Organizations – Roles and Responsibilities

Project Implementation Organizations	Management Roles and Responsibilities
<b>Executing agency</b> MOH	<ul style="list-style-type: none"> <li>• Assumes overall accountability and responsibility for project planning, management, and implementation</li> <li>• Ensures timely and effective execution of the grant agreement</li> <li>• Co-signs, together with MOF, approval of withdrawal applications</li> <li>• Submits quarterly and annual progress reports to ADB</li> <li>• Facilitates auditing of project accounts</li> <li>• Recruits the PIU staff and consultant</li> <li>• Chairs the PSC</li> <li>• Provides overall guidance and support to the implementing agencies</li> <li>• Addresses any safeguards assessments and issues, if required</li> <li>• Provides timely policy support</li> <li>• Establish and proactively lead the work of the PSC</li> </ul>
<b>Implementing agencies</b> MOH Department of Public Health Policy Implementation and National Center for Communicable Diseases	<ul style="list-style-type: none"> <li>• Assume direct accountability and responsibility for project implementation and management</li> <li>• Coordinate with and provide policy and logistics support to the PIU</li> <li>• Review PIU quarterly and annual progress reports and submit these reports to MOH</li> <li>• Coordinate the preparation and delivery of any domestic safeguard requirements</li> <li>• Facilitate project stakeholder activities, e.g., meetings and trainings, community engagement</li> </ul>
<b>Oversight body</b> PSC	<ul style="list-style-type: none"> <li>• Comprises State Secretary, MOH (chair), and members including NCCD; MOF; representatives of the Ulaanbaatar City and <i>Aimag</i> regional health departments; and secretary (PIU coordinator)</li> <li>• Reviews and assesses project implementation progress and plans</li> <li>• Provides advice on policy matters related to the project, especially advocacy and facilitation for efficient, effective, and safe vaccination</li> <li>• Meets at least twice a year</li> </ul>
<b>Project implementation unit</b>	<ul style="list-style-type: none"> <li>• Comprises five staff: financial specialist, environment specialist (consultant), procurement specialist, project coordinator, and training/deputy project coordinator</li> <li>• Supports the executing and implementing agencies in daily project implementation, planning, coordination, financial management, and procurement</li> <li>• Monitors project progress against the DMF, PAM, and stakeholder communication matrix</li> <li>• Ensures compliance with the project safeguard requirements, including periodic site inspections</li> <li>• Prepares quarterly and annual project progress reports</li> <li>• Prepares consolidated project financial statements for audit purposes</li> </ul>

Project Implementation Organizations	Management Roles and Responsibilities
	<ul style="list-style-type: none"> <li>• Ensures that relevant reports and financial statements are uploaded to the MOF ODAFIN, ODAMIS, and other systems</li> <li>• Ensures the implementation of relevant government regulations</li> </ul>
ADB	<ul style="list-style-type: none"> <li>• Oversees project administration and timely execution of the grant agreement by the executing and implementing agencies</li> <li>• Disburses grant proceeds</li> <li>• Reviews and, as needed, approves procurement, consultant recruitment, progress reports, and audit reports</li> <li>• Reviews project compliance and targets against the DMF, safeguard requirements, and PAM</li> <li>• Monitors project progress and conducts review missions</li> <li>• Discloses monitoring reports on the ADB website</li> <li>• Acts as an observer in the PSC meetings</li> <li>• Coordinates with the EOJ in Mongolia, JICA, and ADB-JFPR team</li> <li>• Invites EOJ in Mongolia, JICA, and ADB-JFPR team to project events and missions (for JFPR team, inform up to 4 months ahead)</li> <li>• Informs on project progress and provides key reports and materials</li> <li>• Informs and/or discusses potential changes in scope</li> <li>• Responds to inquiries and/or information requests</li> <li>• Supports donor visibility on dissemination of outcomes and lessons</li> </ul>
<b>Other participating agencies</b>  1. MOF	<ul style="list-style-type: none"> <li>• Represents government in the grant negotiations</li> <li>• Signs grant agreement on behalf of government</li> <li>• Co-signs, together with MOH, approval of withdrawal applications</li> <li>• Reviews project progress and audit reports, as needed</li> </ul>
2. Other development partners	<ul style="list-style-type: none"> <li>• Project will collaborate and coordinate with existing donor efforts to support the health care systems in Mongolia, especially UNICEF, JICA, the World Bank, and World Health Organization projects, through regular meetings of the National Coordination Committee</li> </ul>
3. EOJ in Mongolia	<ul style="list-style-type: none"> <li>• Represents the Government of Japan</li> <li>• Acts as an observer in the PSC meetings</li> <li>• May choose to attend project events, meetings, and field visits</li> <li>• Provides guidance and feedback on Japanese visibility in project activities</li> </ul>

ADB = Asian Development Bank, DMF = design and monitoring framework, EOJ = Embassy of Japan, JFPR = Japan Fund for Poverty Reduction, JICA = Japan International Cooperation Agency, MOF = Ministry of Finance, MOH = Ministry of Health, EOJ = Embassy of Japan, PAM = project administration manual, PIU = project implementation unit, PSC = project steering committee, UNICEF = United Nations Children's Fund.

Source: ADB.

## B. Key Persons Involved in Implementation

**Executing Agency**  
MOH

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**Implementing Agencies**  
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and NCCD

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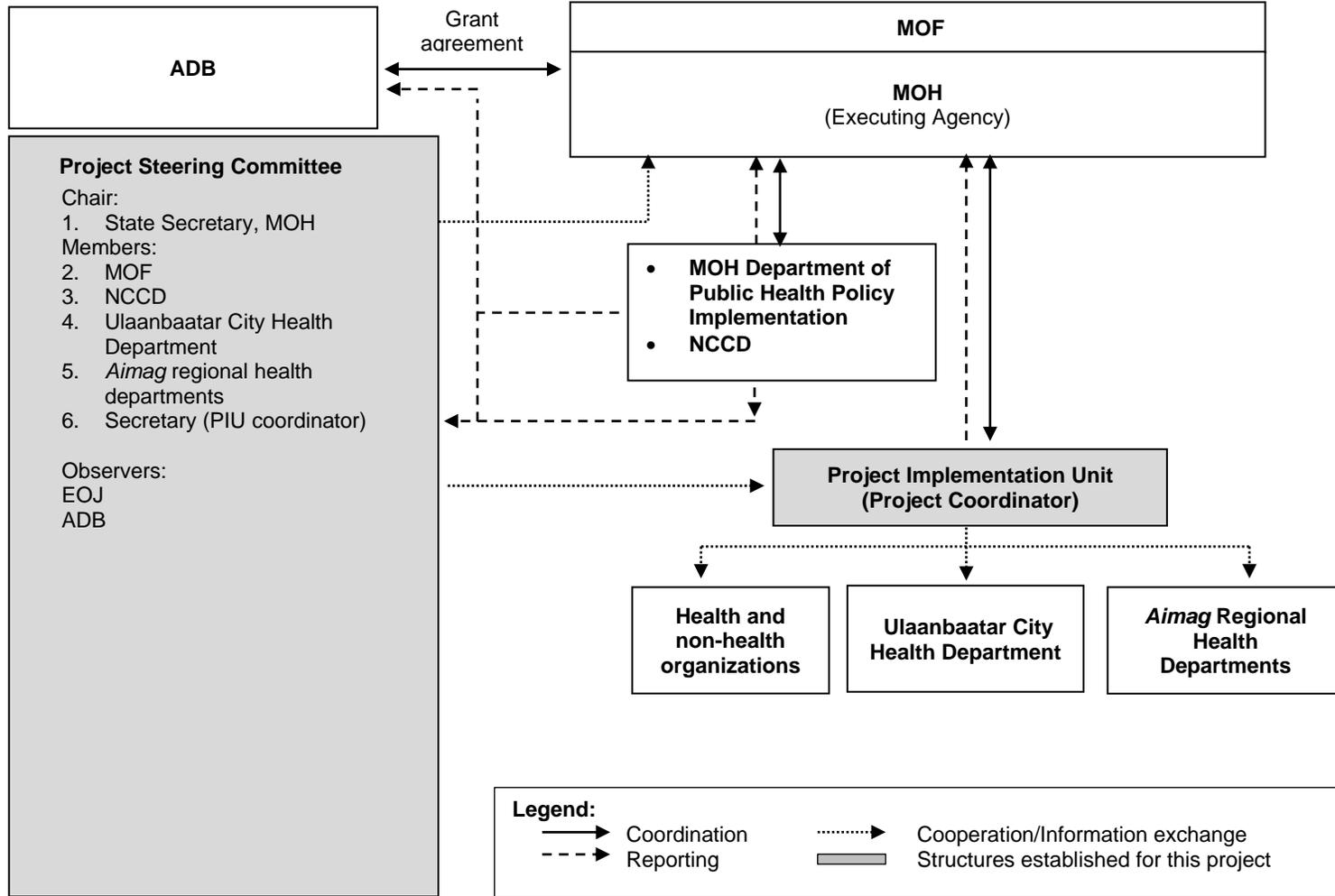
**Mission Leaders**

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C. Project Organization Structure

Figure 1: Project Organization Structure



ADB = Asian Development Bank, EOJ = Embassy of Japan, MOF= Ministry of Finance, MOH = Ministry of Health, NCCD = National Center for Communicable Diseases, PIU = project implementation unit.

Source: ADB.

## D. Grant Management

12. The project will be implemented over a 3-year and 5-month period from 1 July 2021 to 31 December 2024. Component 1 of the project activities will be implemented in the (i) seven districts of Ulaanbaatar: Baganuur, Bayangol, Bayanzurkh, Chingeltei, Khan-Uul, Songinokhairkhan, and Sukhbaatar; and (ii) four *aimag* health facilities: Bayan-Ulgii *Aimag* General Hospital, Darkhan-Uul *Aimag* General Hospital, Mandal *Soum* General Hospital of Selenge *Aimag*, and Tosontsengel Sourn General Hospital of Zavkhan *Aimag*.

13. MOH will be the executing agency, and the MOH Department of Public Health Policy Implementation and NCCD will be the implementing agencies.<sup>15</sup> A PIU will support the executing and implementing agencies, and lead the project coordination, planning, and implementation according to the project targets and requirements for administration, monitoring, and reporting. The PIU team will comprise of five staff recruited for the project, including the financial specialist, procurement specialist, project coordinator, and training/deputy project coordinator; and an environment consultant. Project implementation arrangements, reporting, and recruitment processes will be in line with the “Regulations on Receiving, Utilizing, Managing, Recording, and Reporting of Foreign Assistance” approved by Government Resolution No. 176, and other relevant regulations that are approved and amended from time to time.

14. The project steering committee (PSC) will provide oversight to the activities of the executing and implementing agencies and PIU. The PSC will ensure close coordination and will meet to assess and discuss the project implementation at least twice per year. The State Secretary of MOH will chair the PSC that will include representatives of the Ministry of Finance (MOF), NCCD, Ulaanbaatar City Health Department, *aimag* regional health departments and hospitals, other relevant ministries and agencies, and the PIU coordinator will serve as secretary. The project teams in MOH, NCCD, and the PIU will work closely with all the project stakeholders including the (i) development partners, and (ii) *aimag* government officials. The project will complement and build on lessons learned from the completed and ongoing health sector projects funded by ADB, the World Bank, and other development partners.

## IV. COSTS AND FINANCING

### A. Cost Estimates and Financing Plan

15. The project is estimated to cost \$5,358,748 (Table 1). The Japan Fund for Poverty Reduction (JFPR) will provide grant financing equivalent to \$5,000,000 to be administered by ADB.<sup>16</sup>

<sup>15</sup> MOH will also be the executing agency for the ADB-funded APVAX project (footnote 1).

<sup>16</sup> The grant is linked to the project jointly financed by ADB and the Asian Infrastructure Investment Bank (footnote 1).

**Table 1: Cost Estimates**

<b>Item</b>	<b>Amount<sup>a</sup> (\$)</b>	<b>Share of Total (%)</b>
<b>A. Base Cost<sup>b</sup></b>		
1. Goods and services for COVID-19 testing and immunization procured	3,983,924	74.3
2. Capacity for efficient and safe vaccination of COVID-19 improved	755,213	14.1
3. Effective project management	293,233	5.5
<b>Subtotal (A)</b>	<b>5,032,371</b>	<b>93.9</b>
<b>B. Contingencies<sup>c</sup></b>	<b>326,378</b>	<b>6.1</b>
<b>Total (A+B)</b>	<b>5,358,748</b>	<b>100.0</b>

COVID-19 = coronavirus disease.

<sup>a</sup> Includes value-added tax of \$369,353. The Ministry of Finance will exempt \$358,748 on goods through tax exemption. The taxes and duties for project management will be financed by the Asian Development Bank.

<sup>b</sup> In 2021 prices as of 21 March 2021.

<sup>c</sup> Physical and price contingencies, and a provision for exchange rate fluctuation are included.

Source: Asian Development Bank estimates.

16. The executing and implementing agencies and ADB project team prepared the cost estimates and financing plan. Any proposed revisions to the project budget during project implementation will be prepared by the executing agency and implementing agencies and the PIU, submitted to MOF for review and endorsement, and then to ADB for approval and adjustments in the ADB Grant Financial Information Services system.

## **B. Allocation and Withdrawal of Grant Proceeds**

17. The grant will fund procurement of goods, training, consulting services, project management, and unallocated costs. Taxes and duties are included in the base cost. MOF has granted an exemption of value-added taxes and duties for \$358,748 on goods purchased by the project.

18. There is no civil works, land acquisition or involuntary resettlement under the project or related costs. The central, Ulaanbaatar City, and *aimag* governments will provide in-kind support in the form of office accommodation, venues for meetings, and miscellaneous administrative expenses. These costs will be included in the annual budgets of the government agencies. There are no parallel or joint-financing arrangements.

19. Table 2 summarizes the allocation and withdrawal of grant proceeds.

**Table 2: Allocation and Withdrawal of Grant Proceeds<sup>a</sup>**

<b>Number</b>	<b>Item</b>	<b>Total Amount Allocated for ADB Financing (\$)</b>	<b>Percentage and Basis for Withdrawal from the Grant Account</b>
1	Goods, Services, and Training	4,380,390	100% of total expenditure claimed <sup>b</sup>
2	Project Management	293,233	100% of total expenditure claimed
3	Unallocated <sup>c</sup>	326,377	
<b>Total</b>		<b>5,000,000</b>	

<sup>a</sup> No withdrawals shall be made from the grant account until the executing agency engages a financial specialist to be responsible for accounting and financial management and reporting.

<sup>b</sup> Exclusive of value-added taxes and duties imposed on Goods within the territory of the Recipient.

<sup>c</sup> This amount also serves as a reserve for (i) currency fluctuations; and (ii) payment of Asian Development Bank's administration fees, bank charges, and other charges pursuant to the Arrangement Letter/the applicable provisions of Japan Fund for Poverty Reduction.

Source: Asian Development Bank.

**Table 3: Description of Project Cost**

<b>Project Cost</b>	<b>Description</b>
Goods	(i) Molecular biology laboratory equipment and supplies (ii) Personal protective equipment, hand sanitizers, and thermometers (iii) PIU office equipment and software
Consulting Services	Environment (medical waste monitoring) specialist
Training	Training of vaccinators
Project Management	(i) PIU staff salaries <sup>a</sup> (ii) PIU domestic travel expenses (iii) PIU office stationery and supplies (iv) Translation services (v) Stakeholder communications and Japan visibility (vi) Financial audit reports
Unallocated Costs	Physical and price contingencies

PIU = project implementation unit.

<sup>a</sup> Recruitment of PIU staff will comply with the Ministry of Finance Order No. 176.

Source: Asian Development Bank.

### C. Detailed Cost Estimates by Expenditure Category

**Table 4: Detailed Cost Estimates by Expenditure Category**

Item	MNT million			\$			Total	% of Total Base Cost
	Foreign Exchange	Local Currency	Subtotal	Foreign Exchange	Local Currency	Subtotal		
<b>A. Project Costs</b>								
1. Equipment	0	0	0	0	733,260	733,260	733,260	14.6%
2. Goods and services <sup>a</sup>	0	0	0	0	3,212,966	3,212,966	3,212,966	63.8%
3. Training	2,151	0	2,151	0	0	0	755,213	15.0%
4. Consultants	107	0	107	0	0	0	37,699	0.7%
5. Project management	835	0	835	0	0	0	293,233	5.8%
<b>Subtotal (A)</b>	<b>3,094</b>	<b>0</b>	<b>3,094</b>	<b>0</b>	<b>3,946,226</b>	<b>3,946,226</b>	<b>5,032,371</b>	<b>100.0%</b>
<b>B. Contingencies</b>								
1. Physical	0	0	0	0	179,374	179,374	179,374	3.6%
2. Price	176	0	176	0	85,348	85,348	147,004	2.9%
<b>Subtotal (B)</b>	<b>176</b>	<b>0</b>	<b>176</b>	<b>0</b>	<b>264,722</b>	<b>264,722</b>	<b>326,378</b>	<b>3.6%</b>
<b>Total Project Cost (A+B)</b>	<b>3,270</b>	<b>0</b>	<b>3,270</b>	<b>0</b>	<b>4,210,948</b>	<b>4,210,948</b>	<b>5,358,748</b>	<b>106.5%</b>

Note: Numbers may not sum precisely because of rounding.

<sup>a</sup> Exclusive of value-added taxes and duties imposed on Goods within the territory of the Recipient.

Source: Asian Development Bank estimates.

## D. Detailed Cost Estimates by Financier

Table 5: Detailed Cost Estimates by Financier

Item	Japan Fund for Poverty Reduction		Government		Total Cost	
	Amount (\$)	% of Cost Category	Amount (\$)	% of Cost Category	Amount (\$)	Taxes and Duties
<b>A. Project Costs</b>						
1. Equipment	666,600	90.9	66,660	9.1	733,260	66,660
2. Goods and services <sup>a</sup>	2,920,878	90.9	292,088	9.1	3,212,966	292,088
3. Training	755,213	100.0	0	0.0	755,213	0
4. Consultants	37,699	100.0	0	0.0	37,699	0
5. Project management	293,233	100.0	0	0.0	293,233	10,605
<b>Subtotal (A)</b>	<b>4,673,623</b>	<b>92.9</b>	<b>358,748</b>	<b>7.1</b>	<b>5,032,371</b>	<b>369,353</b>
<b>B. Contingencies</b>						
1. Physical	179,374	100.0	0	0.0	179,374	0
2. Price	147,004	100.0	0	0.0	147,004	0
<b>Subtotal (B)</b>	<b>326,378</b>	<b>100.0</b>	<b>0</b>	<b>0.0</b>	<b>326,378</b>	<b>0</b>
<b>Total Project Cost (A+B)</b>	<b>5,000,000</b>	<b>93.3</b>	<b>358,748</b>	<b>6.7</b>	<b>5,358,748</b>	<b>369,353</b>

Note: Numbers may not sum precisely because of rounding.

<sup>a</sup> Exclusive of value-added taxes and duties imposed on Goods within the territory of the Recipient.

Source: Asian Development Bank estimates.

## E. Detailed Cost Estimates by Outputs

Table 6: Detailed Cost Estimates by Outputs

(\$)

Item	Total	Output 1: Goods and services for COVID-19 testing and immunization procured		Output 2: Capacity for efficient and safe vaccination of COVID-19 improved		Effective project management	
		Amount	% of Cost Category	Amount	% of Cost Category	Amount	% of Cost Category
<b>A. Project Costs</b>							
1. Equipment	733,260	733,260	100.0%	0	0.0%	0	0.0%
2. Goods and services <sup>a</sup>	3,212,966	3,212,966	100.0%	0	0.0%	0	0.0%
3. Training	755,213	0	0.0%	755,213	100.0%	0	0.0%
4. Consultants	37,699	37,699	100.0%	0	0.0%	0	0.0%
5. Project management	293,233	0	0.0%	0	0.0%	293,233	100.0%
<b>Subtotal (A)</b>	<b>5,032,371</b>	<b>3,983,924</b>	<b>79.2%</b>	<b>755,213</b>	<b>15.0%</b>	<b>293,233</b>	<b>5.8%</b>
<b>B. Contingencies</b>							
1. Physical	179,374	179,374	100.0%	0	0.0%	0	0.0%
2. Price	147,004	85,348	58.1%	55,463	37.7%	6,193	4.2%
<b>Subtotal (B)</b>	<b>326,378</b>	<b>264,722</b>	<b>81.1%</b>	<b>55,463</b>	<b>17.0%</b>	<b>6,193</b>	<b>1.9%</b>
<b>Total (A+B)</b>	<b>5,358,748</b>	<b>4,248,647</b>	<b>79.3%</b>	<b>810,676</b>	<b>15.1%</b>	<b>299,426</b>	<b>5.6%</b>

COVID-19 = coronavirus disease.

Note: Numbers may not sum precisely because of rounding.

<sup>a</sup> Exclusive of value-added taxes and duties imposed on Goods within the territory of the Recipient.

Source: Asian Development Bank estimates.

## F. Estimated Disbursement Schedule by Year

**Table 7: Estimated Disbursement Schedule by Year**  
(\$)

Item	Total	2021	2022	2023	2024
<b>A Project Costs</b>					
1. Equipment	733,260	0	733,260	0	0
2. Goods and services <sup>a</sup>	3,212,966	515,620	1,348,673	1,348,673	0
3. Training	755,213	151,043	302,085	302,085	0
4. Consultants	37,699	6,283	15,708	15,708	0
5. Project management	293,233	91,545	122,044	79,644	0
<b>Subtotal (A)</b>	<b>5,032,371</b>	<b>764,491</b>	<b>2,521,770</b>	<b>1,746,110</b>	<b>0</b>
<b>B Contingencies</b>					
1. Physical	179,374	23,437	94,633	61,303	0
2. Price	147,004	0	58,028	88,976	0
<b>Subtotal (B)</b>	<b>326,378</b>	<b>23,437</b>	<b>152,662</b>	<b>150,279</b>	<b>0</b>
<b>Total Project Cost (A+B)</b>	<b>5,358,748</b>	<b>787,928</b>	<b>2,674,431</b>	<b>1,896,389</b>	<b>0</b>
<b>% Total Project Cost</b>	<b>100.0%</b>	<b>14.7%</b>	<b>49.9%</b>	<b>35.4%</b>	<b>0%</b>

Note: Numbers may not sum precisely because of rounding.

<sup>a</sup> Exclusive of value-added taxes and duties imposed on Goods within the territory of the Recipient.

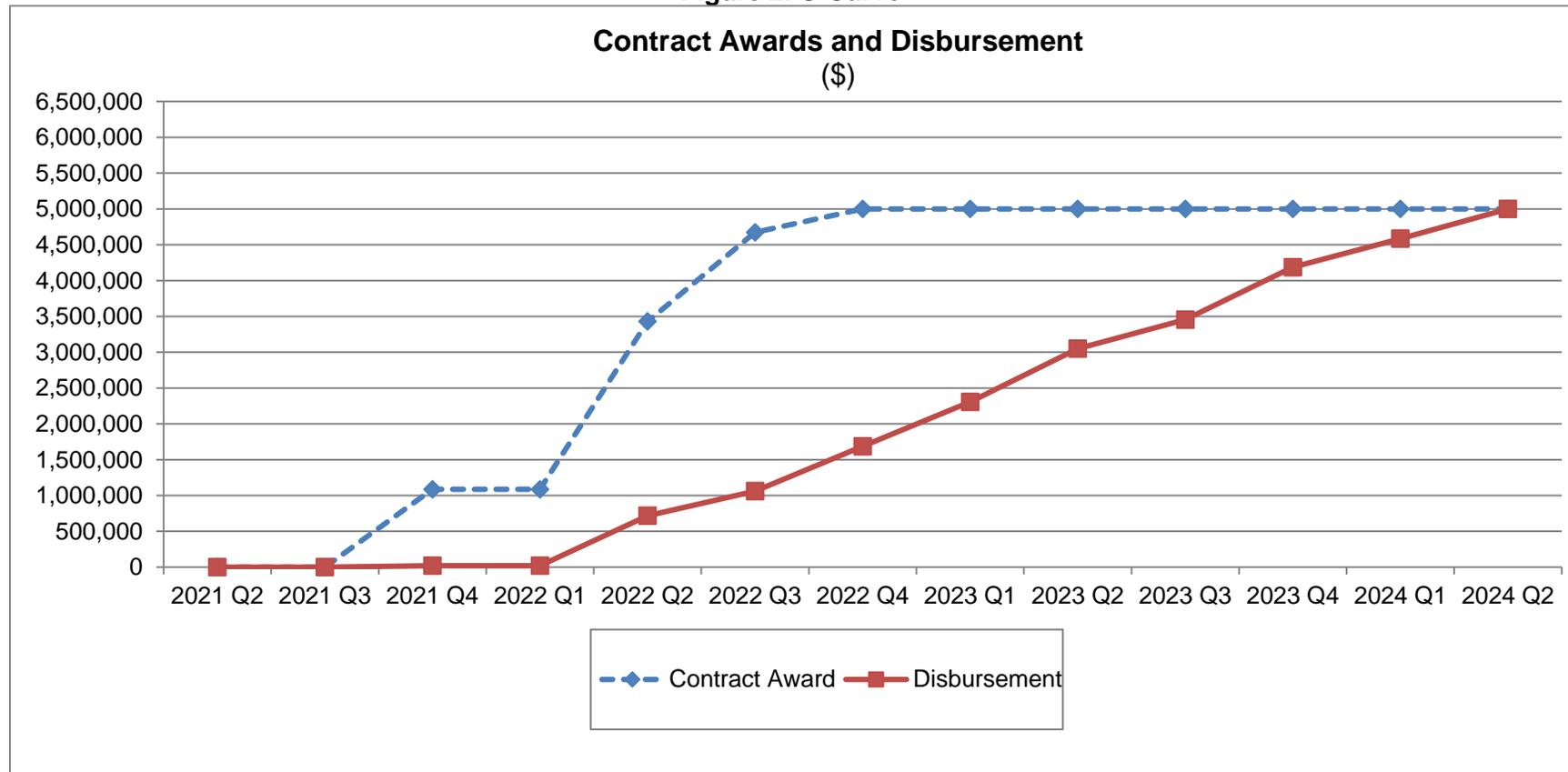
Source: Asian Development Bank estimates.

**G. Contract and Disbursement S-Curve**

20. The projected contract awards and disbursements under the grant, and the corresponding S-curve, are presented below.

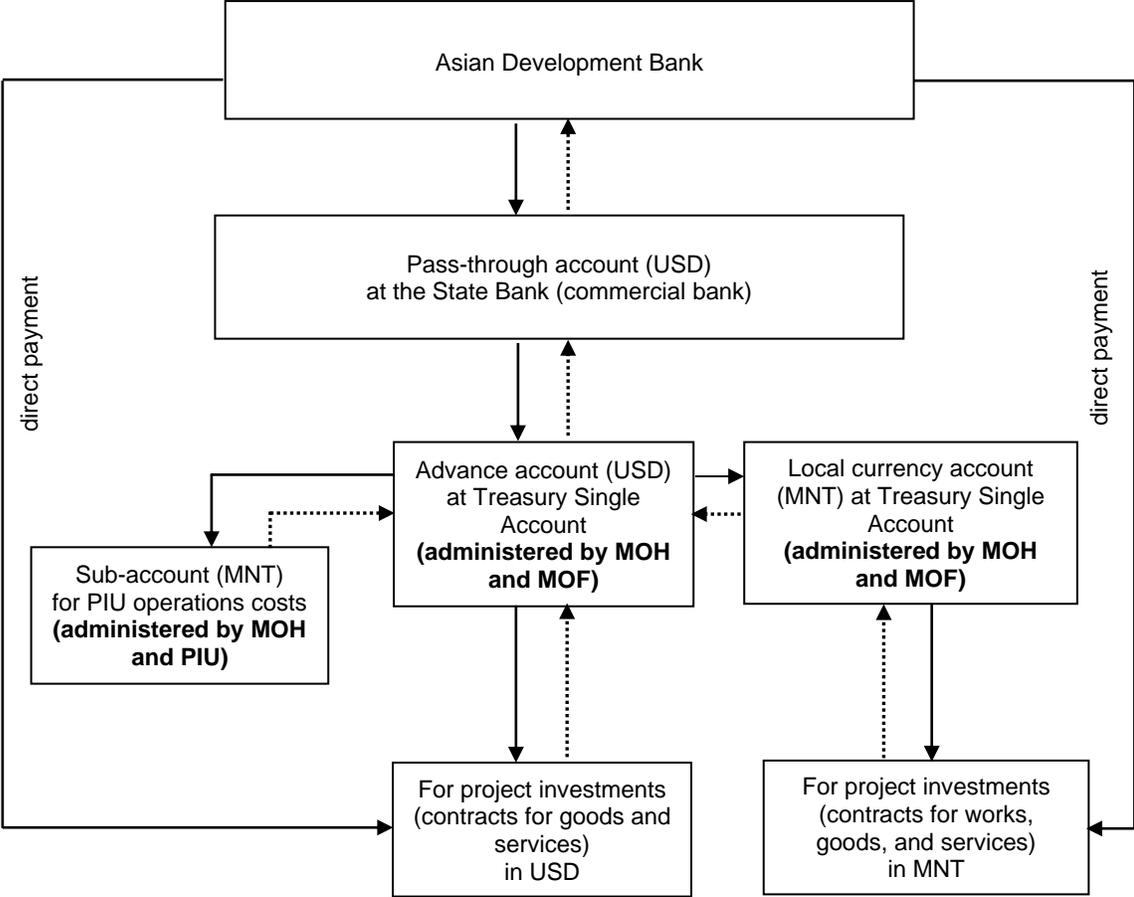
Years	Contract Awards (\$)					Disbursement (\$)				
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
2021	0	0	0	1,086,145	1,086,145	0	0	0	20,938	20,938
2022	0	2,343,728	1,243,750	326,377	3,913,855	0	696,678	343,773	625,473	1,665,924
2023	0	0	0	0	0	620,441	742,816	404,806	731,184	2,499,247
2024	0	0	0	0	0	399,219	414,672	0	0	813,891
<b>Total</b>					<b>5,000,000</b>					<b>5,000,000</b>

**Figure 2: S-Curve**



H. Funds Flow Diagram

Figure 3: Funds Flow Diagram



—————> flow of funds  
.....> payment requests and withdrawal applications  
MNT = togrog, MOF = Ministry of Finance, MOH= Ministry of Health, PIU = project implementation unit, USD = United States dollar.  
Source: Asian Development Bank.

## V. FINANCIAL MANAGEMENT

### A. Financial Management Assessment

21. A financial management assessment of MOH, the project executing agency, was conducted in March 2021 in accordance with ADB's guidelines for the Financial Management and Analysis of Projects, *Financial Due Diligence: A Methodology Note*.<sup>17</sup> Assessment of the overall pre-mitigation financial management risks was based on the definitions provided in ADB's *Financial Management Technical Guidance Note on Financial Management Assessment*.<sup>18</sup> The financial management assessment considered the capacity of the executing agency and the PIU including funds flow arrangements, staffing, accounting and financial reporting systems, financial information systems, and internal and external auditing arrangements.

22. The overall pre-mitigation financial management risk of the executing agency and PIU is concluded to be *moderate*. The main risks to project implementation will be due to strained capacity resources in MOH to implement the project. MOH recently established an internal audit team in December 2020. The PIU requires a qualified financial specialist experienced with ADB project accounting procedures. The PIU will contract a qualified financial specialist with ADB project experience full-time for the duration of the project. Given the small size and budget of the project, it is likely that any error could be quickly identified and corrected, with limited impact on project operations and viability. The executing agency has the capacity to administer advance account and statement of expenditure procedures.

23. The project will implement the following mitigation measures in the financial management action plan.

**Table 8: Financial Management Action Plan**

<b>Risk</b>	<b>Activities to Mitigate</b>	<b>Responsibility</b>	<b>Timeline</b>
<ul style="list-style-type: none"> <li>Financial management staff in MOH do not have significant ADB financial management expertise. Thus, financial systems and procedures, especially financial reporting and auditing, may not meet ADB requirements; and financial management staff in the PIU may not be able to receive guidance from existing financial management staff in MOH, who are experienced with financial management for ADB projects.</li> </ul>	<ul style="list-style-type: none"> <li>ADB will review financial management performance and provide assistance and training to PIU and MOH accounting staff.</li> <li>MOH will recruit a qualified PIU financial specialist under the project.</li> </ul>	ADB and MOH	<ul style="list-style-type: none"> <li>Review of financial management in Q3 2021 and Q4 2021 by an ADB finance specialist, who can then provide training and mentoring to financial staff in the PIU and MOH.</li> <li>Financial specialist to be contracted in Q3 2021 prior to grant effectiveness.</li> </ul>

<sup>17</sup> ADB. 2005. *Financial Management and Analysis of Projects*. Manila; and ADB. 2009. *Financial Due Diligence: A Methodology Note*. Manila.

<sup>18</sup> ADB. 2015. *Financial Management Technical Guidance Note: Financial Management Assessment*. Manila.

Risk	Activities to Mitigate	Responsibility	Timeline
<ul style="list-style-type: none"> <li>The MOH internal audit team was only established in December 2020 and may not have significant experience with ADB audit standards and project financial management procedures.</li> </ul>	<ul style="list-style-type: none"> <li>An ADB finance specialist will review the first MOH internal audit of the project and will provide guidance on how future audits can be improved.</li> </ul>	ADB	<ul style="list-style-type: none"> <li>ADB will review the draft internal audit prepared by MOH and provide feedback and guidance by Q4 2021.</li> </ul>
<p><b>Reporting and Monitoring</b></p> <ul style="list-style-type: none"> <li>Regular financial reports are produced and are suitable for user needs.</li> </ul>	<ul style="list-style-type: none"> <li>Accounting and financial reporting software will be procured and used for the project's accounting and financial records and reports, supported by maintenance of hardcopy ledgers and records.</li> </ul>	MOH and PIU	<ul style="list-style-type: none"> <li>At the time of grant effectiveness and recruitment of the PIU.</li> </ul>
<p><b>Implementing Entity</b></p> <ul style="list-style-type: none"> <li>Project financial management policies and procedures are adequate.</li> </ul>	<ul style="list-style-type: none"> <li>The PIU will develop detailed accounting procedures to ensure effective management and control of the grant funds and assets.</li> <li>This action plan will be regularly reviewed and/or updated during project implementation to ensure the project responds dynamically to risks (at least semiannually during grant review missions).</li> </ul>	ADB, MOH, and PIU	<ul style="list-style-type: none"> <li>Commencing from the inception mission or within 3 months of grant effectiveness to the final review mission.</li> </ul>
<ul style="list-style-type: none"> <li>MIS system for financial management in MOH accurately captures and reports data.</li> </ul>	<ul style="list-style-type: none"> <li>Audit of the MIS system to be conducted by a third-party expert in MIS systems.</li> </ul>	ADB	<ul style="list-style-type: none"> <li>Audit to be completed in Q3 2021, or within 3 months after grant effectiveness.</li> </ul>
<p><b>Funds Flow</b></p> <ul style="list-style-type: none"> <li>Understanding of and adherence to ADB disbursement requirements and procedures.</li> </ul>	<ul style="list-style-type: none"> <li>ADB will provide financial training and mentorship to the executing agency as needed.</li> </ul>	ADB	<ul style="list-style-type: none"> <li>Starting after grant negotiations and as needed during implementation.</li> </ul>

ADB = Asian Development Bank, MIS = management information system, MOH = Ministry of Health, PIU = project implementation unit, Q = quarter.

Source: ADB.

## B. Disbursement

### 1. Disbursement Arrangements for ADB Funds

24. The JFPR grant proceeds will be disbursed in accordance with ADB's *Loan Disbursement Handbook* (2017, as amended from time to time),<sup>19</sup> and detailed arrangements agreed upon between the government and ADB. Online training for project staff on disbursement policies and procedures is available.<sup>20</sup> Government officials of the executing and implementing agencies and PIU staff are encouraged to undertake this training to help ensure efficient disbursement and fiduciary control. The schematic funds flow for the project is in Figure 3.

25. MOH will be responsible for (i) submitting a request to MOF to establish a pass-through account at the State Bank and an advance account at the State Treasury for the grant; (ii) transferring money from the pass-through account to the advance account established at the State Treasury; (iii) submitting withdrawal applications to MOF; and (iv) preparing and submitting reports to ADB. PIU will prepare the documents for the necessary submissions to MOF. MOF will review, endorse, and submit the withdrawal applications to ADB.

26. **Advance fund procedure.** After grant effectiveness, the executing agency will immediately establish an advance account for the project. The currency of the advance account will be the US dollar. A corresponding local currency (MNT) account will also be established at the State Treasury to pay expenditures in local currency. The advance account will be administered by MOH and MOF and will be used exclusively for ADB's share of eligible expenditures (i.e., the JFPR funds) and according to the financing arrangements described in this PAM. The pass-through account for the JFPR grant will be established in the State Bank and funds immediately transferred to the advance account at the Treasury in US dollar. MOH is accountable and responsible for proper use of advances to the advance account, including advances to the sub-account.

27. The total outstanding advance to the advance account should not exceed the estimate of ADB's share of expenditures to be paid through the advance account for the forthcoming 6 months. MOH may request for initial and additional advances to the advance account, through the pass-through account, based on an Estimate of Expenditure Sheet setting out the estimated expenditures to be financed through the account for the forthcoming 6 months.<sup>21</sup> Supporting documents should be submitted to ADB or retained by the executing and implementing agencies in accordance with ADB's *Loan Disbursement Handbook* (2017, as amended from time to time) when liquidating or replenishing the advance account.

28. **Project sub-account.** A sub-account in MNT will be established for PIU operations costs, to be administered by MOH and PIU. The sub-account will be used exclusively for ADB's share of eligible expenditures. The grant recipient should ensure that every liquidation and replenishment of the sub-account is supported by sufficient documentation in accordance with ADB's *Loan Disbursement Handbook* (2017, as amended from time to time).

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<sup>19</sup> The handbook is available electronically from ADB website: <https://www.adb.org/sites/default/files/adb-loan-disbursement-handbook-2017.pdf>.

<sup>20</sup> Disbursement eLearning: [http://wpqr4.adb.org/disbursement\\_elearning](http://wpqr4.adb.org/disbursement_elearning).

<sup>21</sup> Estimate of Expenditure sheet is available in Appendix 8A of ADB's *Loan Disbursement Handbook* (2017, as amended from time to time).

29. **Statement of expenditure procedure.**<sup>22</sup> The statement of expenditure (SOE) procedure may be used for liquidation of the advances to the advance account and for reimbursement of eligible expenditures. MOH, through the PIU, will prepare the withdrawal application and transmit it together with the SOE to ADB. Supporting documents and records for the expenditures claimed under the SOE should be maintained and made readily available for review by ADB's disbursement and review missions, upon ADB's request for submission of supporting documents on a sampling basis, and for independent audit.

30. Before the submission of the first withdrawal application, the borrower should submit to ADB sufficient evidence of the authority of the person(s) who will sign the withdrawal applications on behalf of the government, together with the authenticated specimen signatures of each authorized person. The minimum value per withdrawal application is stipulated in the ADB's *Loan Disbursement Handbook* (2017, as amended from time to time). Individual payments below such amount should be paid (i) by the executing agency and subsequently claimed to ADB through reimbursement, or (ii) through the advance fund procedure, unless otherwise accepted by ADB. The borrower should ensure sufficient category and contract balances before requesting disbursements. Use of ADB's Client Portal for Disbursements system is encouraged for submission of withdrawal applications to ADB.<sup>23</sup>

31. **Interest.** Interest earned on the advance and sub-accounts, net of bank charges, can be used for the project. Any unused interest should be returned to the JFPR account maintained at ADB upon project completion and before closing of the JFPR account.

32. **Condition for withdrawals.** No withdrawals shall be made from the grant account until the executing agency engages a qualified financial specialist meeting the requirements set out in the terms of reference (TOR) in Section VI D of this PAM, to be responsible for the project's accounting and financial management. Such engagement shall be satisfactory to ADB.

### C. Accounting

33. The executing agency will maintain, or cause to be maintained, separate books and records by funding source for all expenditures incurred on the project following International Public Sector Accounting Standard for accrual-based accounting. On behalf of executing agency, the PIU will prepare consolidated project financial statements in accordance with the government's accounting and financial reporting laws and regulations, which are consistent with international accounting principles and practices.

### D. Auditing and Public Disclosure

34. The executing agency will cause the detailed consolidated project financial statements to be audited in accordance with International Standards on Auditing, by an independent auditor acceptable to ADB. The audited project financial statements together with the auditors' opinion will be submitted in the English language to ADB within 6 months from the end of the fiscal year by the executing agency.

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<sup>22</sup> SOE forms are available in Appendix 7B of ADB's *Loan Disbursement Handbook* (2017, as amended from time to time).

<sup>23</sup> The Client Portal for Disbursements facilitates online submission of withdrawal application to ADB, resulting in faster disbursement. The forms to be completed by the executing agency are available online at: <https://www.adb.org/documents/client-portal-disbursements-guide>.

35. The audit report for the project financial statements will include a management letter and auditor's opinions, which cover (i) whether the project financial statements present an accurate and fair view or are presented fairly, in all material respects, in accordance with the applicable financial reporting standards; (ii) whether the proceeds of the grant were used only for the purpose(s) of the project; and (iii) whether the grant recipient or executing agency was in compliance with the financial covenants contained in the legal agreements (where applicable).

36. Compliance with financial reporting and auditing requirements will be monitored by review missions and during normal project supervision, and followed up regularly with all concerned, including the external auditor.

37. The government and the executing and implementing agencies have been made aware of ADB's approach to delayed submission, and the requirements for satisfactory and acceptable quality of the audited project financial statements.<sup>24</sup> ADB reserves the right to require a change in the auditor (in a manner consistent with the constitution of the grant recipient), or for additional support to be provided to the auditor, if the audits required are not conducted in a manner satisfactory to ADB, or if the audits are substantially delayed. ADB reserves the right to verify the project's financial accounts to confirm that the share of ADB's financing is used in accordance with ADB's policies and procedures.

38. Public disclosure of the audited project financial statements, including the auditor's opinion on the project financial statements, will be guided by ADB's Access to Information Policy.<sup>25</sup> After the review, ADB will disclose the audited project financial statements and the opinion of the auditors on the project financial statements no later than 14 days of ADB's confirmation of their acceptability by posting them on ADB's website. The management letter and additional auditor's opinions will not be disclosed.<sup>26</sup>

## VI. PROCUREMENT AND CONSULTING SERVICES

### A. Advance Contracting

39. To expedite project implementation, the government has requested advance contracting for all the goods packages and for the engagement of four PIU staff, i.e. project coordinator, financial specialist, procurement specialist, and training/deputy project coordinator. Before contract signing for each PIU position, MOH will submit for ADB's no-objection the following: (i) copy of advertisement in national newspapers and on the government's e-procurement system; (ii) report on non-committal inquiry, (iii) minutes of selection committee meeting, (iv) TOR,

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<sup>24</sup> ADB approach and procedures regarding delayed submission of audited project financial statements:

- (i) When audited project financial statements are not received by the due date, ADB will write to the executing agency advising that (a) the audit documents are overdue; and (b) if they are not received within the next 6 months, requests for new contract awards and disbursement such as new replenishment of advance accounts, processing of new reimbursement, and issuance of new commitment letters will not be processed.
- (ii) When audited project financial statements are not received within 6 months after the due date, ADB will withhold processing of requests for new contract awards and disbursement such as new replenishment of advance accounts, processing of new reimbursement, and issuance of new commitment letters. ADB will (a) inform the executing agency of ADB's actions; and (b) advise that the grant may be suspended if the audit documents are not received within the next 6 months.
- (iii) When audited project financial statements are not received within 12 months after the due date, ADB may suspend the grant.

<sup>25</sup> Available at: <https://www.adb.org/sites/default/files/institutional-document/450636/access-information-policy.pdf>.

<sup>26</sup> This type of information would generally fall under access to information policy exceptions to disclosure. ADB. 2018. *Access to Information Policy*. Paragraph 17(iv)–(vi).

(v) budget cost estimates, (vi) signed evaluation sheets, (vii) narrative evaluation of strengths and weaknesses of shortlisted candidates, (viii) curriculum vitae of candidates, and (ix) draft contract. The TOR of PIU staff and consulting services are in section D. All advance contracting will be undertaken in conformity with the ADB Procurement Policy (2017, as amended from time to time), and Procurement Regulations for ADB Borrowers (2017, as amended from time to time).<sup>27</sup> In accordance with the government regulation on advance procurement, the executing agency will submit a request to MOF and obtain the necessary endorsements.

40. The project will not undertake retroactive financing.

## B. Procurement of Goods, Works, and Consulting Services

41. On behalf of the executing agency, the PIU will be responsible for procurement under the project. Procurement (including consulting services) to be financed by the JFPR will follow ADB's Procurement Policy (2017, as amended from time to time) and Procurement Regulations for ADB Borrowers (2017, as amended from time to time). To expedite procurement, request for quotations (RFQ) procedures will be used for goods contracts.

42. In this project, RFQ procurement packages include the purchase of (i) RT-PCRs and extraction machines, (ii) laboratory freezers and refrigerators, (iii) centrifuges and laboratory cabinets, (iv) PPEs and vaccination unit consumables, (v) printing of adult vaccination record books, and (vi) other PCR laboratory supplies.

43. Recruitment of consultant will be done through individual consultant selection. Relevant sections of ADB's Anticorruption Policy (1998, as amended to date) will be included in all the procurement documents and contracts.

44. An 18-month procurement plan, which indicates the goods and consulting service contract packages, procurement methods, and review procedures, is in Section C. The TOR for PIU staff and consulting services are detailed in Section D.

## C. Procurement Plan

Basic Data		
Project Name: Strengthening Rapid Epidemic Response Capacity of Health Systems in Mongolia		
Project Number: 55023-001	Approval Number: XXXX	
Country: Mongolia	Executing Agency: Ministry of Health	
<b>Project Procurement Classification:</b> Category B	Implementing Agencies: Ministry of Health's Department of Public Health Policy Implementation and National Center for Communicable Diseases	
Procurement Risk: Medium		
Project Financing Amount: \$5,358,748 JFPR Financing: \$5,000,000 Non-ADB Financing: \$358,748	Project Closing Date: 31 December 2024	
Date of First Procurement Plan <b>{loan/grant approval date}</b> :	Date of this Procurement Plan: 13 April 2021	
Procurement Plan Duration: 18 months	Advance contracting: Yes	eGP: Yes

<sup>27</sup> Checklists for actions required to contract consultants by method available in e-Handbook on Project Implementation accessible at <https://www.adb.org/documents/handbook-project-implementation>.

## 1. Methods, Review, and Procurement Plan

45. Except as ADB may otherwise agree, the following methods shall apply to procurement of goods, works, nonconsulting services, and consulting services.

<b>Procurement of Goods, Works and Nonconsulting Services</b>	
<b>Method</b>	<b>Comments</b>
Request for Quotations (RFQ)	First RFQ contract is subject to ADB prior review, All other RFQ contracts are subject to ADB post review
<b>Consulting Services</b>	
<b>Method</b>	<b>Comments</b>
Individual Consultant Selection for Individual Consultant	All PIU staff contracts are subject to ADB prior review

## 2. List of Active Procurement Packages (Contracts)

46. The following table lists goods, works, nonconsulting, and consulting services contracts for which the procurement activity is either ongoing or expected to commence within the procurement plan's duration.

<b>Goods, Works, and Nonconsulting Services<sup>a</sup></b>							
<b>Package Number</b>	<b>General Description</b>	<b>Estimated Value (\$)</b>	<b>Procurement Method</b>	<b>Review (Prior/Post)</b>	<b>Bidding Procedure</b>	<b>Advertisement Date (quarter/year)</b>	<b>Comments</b>
G1	RT-PCRs and extraction machines	603,509	RFQ	Prior	N/A	Q2/2021	No. of contracts: Single Advance Contracting: Yes COVID-19 response: Yes Suppliers: Local laboratory equipment suppliers First RFQ contract
G2	Laboratory freezers and refrigerators	112,491	RFQ	Post	N/A	Q2/2021	No. of contracts: Single Advance Contracting: Yes COVID-19 response: Yes Suppliers: Local laboratory equipment suppliers
G3	Centrifuges and laboratory cabinets	156,842	RFQ	Post	N/A	Q2/2021	No. of contracts: Single Advance Contracting: Yes COVID-19 response: Yes Suppliers: Local laboratory equipment suppliers
G4	Other PCR laboratory supplies	21,895	RFQ	Post	N/A	Q2/2021	No. of contracts: Single Advance Contracting: Yes COVID-19 response: Yes Suppliers: Local laboratory equipment suppliers
G5	PPEs and vaccination unit consumables	2,663,133	RFQ	Post	N/A	Q2/2021	No. of contracts: Multiple Advance Contracting: Yes COVID-19 response: Yes Suppliers: Local PPE suppliers
G6	Printing of adult vaccination record books	264,000	RFQ	Post	N/A	Q2/2021	No. of contracts: Multiple Advance Contracting: Yes COVID-19 response: Yes Suppliers: Local printing companies
G7	PIU equipment and accounting software	14,000	RFQ	Prior	N/A	Q2/2021	No. of contracts: Multiple Advance Contracting: Yes COVID-19 response: Yes

Goods, Works, and Nonconsulting Services <sup>a</sup>							
Package Number	General Description	Estimated Value (\$)	Procurement Method	Review (Prior/ Post)	Bidding Procedure	Advertisement Date (quarter/year)	Comments
							Suppliers: Local printing companies

COVID-19 = coronavirus disease, N/A = not applicable, PIU = project implementation unit, PPE = personal protective equipment, RFQ = request for quotations, RT-PCR = reverse transcription polymerase chain reaction.

<sup>a</sup> The Ministry of Finance has granted an exemption of value-added taxes and duties for \$358,748 on goods purchased by the project.

Consulting Services <sup>a</sup>							
Package Number	General Description	Estimated Value (\$)	Recruitment Method	Review (Prior/ Post)	Type of Proposal	Advertisement Date (quarter/year)	Comments
CS1	Project coordinator	84,000	ICS	Prior	N/A	Q2/2021	Assignment: National Expertise: Health COVID-19 Response: Yes Advance Contracting: Yes 24 person-months
CS2	Financial specialist	67,200	ICS	Prior	N/A	Q2/2021	Assignment: National Expertise: Finance Covid-19 Response: Yes Advance Contracting: Yes 24 person-months
CS3	Training/ deputy project coordinator	84,000	ICS	Prior	N/A	Q2/2021	Assignment: National Expertise: Health Covid-19 Response: Yes Advance Contracting: Yes 24 person-months
CS4	Procurement specialist	42,000	ICS	Prior	N/A	Q2/2021	Assignment: National Expertise: Health Covid-19 Response: Yes Advance Contracting: Yes 12 person-months
CS5	Environment (medical	37,700	ICS	Prior	N/A	Q2/2021	Assignment: National Expertise:

Consulting Services <sup>a</sup>							
Package Number	General Description	Estimated Value (\$)	Recruitment Method	Review (Prior/ Post)	Type of Proposal	Advertisement Date (quarter/year)	Comments
	waste monitoring) specialist						Environment COVID-19 Response: Yes Advance Contracting: Yes 12 person-months

COVID-19 = coronavirus disease, ICS = individual consultant selection, N/A = not applicable.

<sup>a</sup> Packages CS1–CS4 are for recruitment of the project implementation unit staff, who will be recruited in compliance with Government Resolution No. 176, and package CS5 is for recruitment of an individual consultant.

### 3. List of Indicative Packages (Contracts) Required Under the Project

47. The list of goods, works, and consulting services contracts for which procurement activity is expected to commence beyond the procurement plan duration and over the life of the project (i.e., those expected beyond the current procurement plan period) will be prepared during project implementation.

#### D. Terms of Reference

48. MOH will use advance contracting to engage four PIU staff and an individual consultant. The TOR, including person-month inputs, are described below. ADB's no-objection will be required before contract signing and the supporting documents to be submitted to ADB are listed in para. 39.

**Table 9: Project Implementation Unit Staff Inputs**

Project Implementation Staff	Person-Month
1. Project coordinator	24
2. Financial specialist	24
3. Training/deputy project coordinator	24
4. Procurement specialist	12
<b>Total</b>	<b>84</b>

Source: Asian Development Bank.

#### 1. Project Coordinator (national, 24 person-months, intermittent)

49. The project coordinator will be responsible for the overall management and monitoring of project implementation under the supervision of MOH, the executing agency. The project coordinator will work closely with the executing and implementing agencies, ADB, and other development partners.

50. The project coordinator will be an experienced health care specialist with a postgraduate degree in public health, health management, or related fields; at least 10 years of professional experience in team leadership, specifically in complex health sector projects and programs involving vaccination, health care management, and capacity building. Experience with ADB or other international financial institution-funded projects will be an advantage. The project coordinator's responsibilities include the following tasks:

- (i) manage and provide guidance to PIU staff and consultants on a day-to-day basis, including distribution of responsibility within the PIU;
- (ii) perform roles and responsibilities mentioned in the Government Resolution No. 176;
- (iii) report to MOH (the executing agency) and PSC;
- (iv) liaise with the executing and implementing agencies and ADB;
- (v) establish strong working relationships with MOF, MOH, NCCD and other stakeholders, including the Ulaanbaatar city and *aimag* governments, international partners, and civil society organizations involved in the health sector;
- (vi) ensure that sufficient counterpart funds are included in the draft MOH budget submitted to MOF;
- (vii) review and ensure consistency of all available baseline data for project monitoring;
- (viii) prepare quarterly and annual project progress reports (covering all outputs and activities), for review by the executing and implementing agencies, and ensure that the reports are of high quality and submitted on time to ADB;<sup>28</sup>
- (ix) monitor the implementation of project activities and achievement of design and monitoring framework (DMF) targets and indicators and report to the executing and implementing agencies and ADB;
- (x) assist the executing agency in recruiting consultants and in procurement of goods and supplies, and ensure that procurement activities are in accordance with the ADB's guidelines and government requirements;
- (xi) ensure overall coordination among the PIU staff and consultants;
- (xii) prepare annual project work plans approved by the executing agency and NCCD;
- (xiii) ensure that procurement activities and fund flow arrangements are in accordance with ADB guidelines and government requirements;
- (xiv) arrange annual audit of project accounts and ensure timely submissions of the audit reports; and
- (xv) assist ADB review missions by preparing project implementation status reports in advance of the mission team's arrival, supporting development of the mission agenda, and participating and providing updates during the review mission meetings.

## 2. Financial Specialist (national, 24 person-months, intermittent)

51. The financial specialist will have a degree in accounting, finance, public finance management, or related fields. The financial specialist will have at least 5 years of demonstrated work experience in project accounting and financial management. Work experience in financial management with ADB or other international organizations, including fluency in English, is required. Under the project coordinator's supervision and in close coordination with MOF and the executing and implementing agencies, the financial specialist's responsibilities include:

- (i) ensure proper management and disbursement of the project funds following a sound accounting, budgeting, financial control, and audit procedures in line with ADB policies and guidelines and acceptable to the Government of Mongolia;
- (ii) develop detailed accounting and financial reporting procedures to ensure effective management and control of the grant funds and assets;
- (iii) coordinate with executing and implementing agencies, PIU specialists, and consultants;
- (iv) disburse service contract amounts according to rules set by the executing agency;

<sup>28</sup> Executing agency's progress report content available at: <https://www.adb.org/sites/default/files/institutional-document/33431/pai-5-01.pdf>.

- (v) prepare regular budgets in line with the project's planned activities;
- (vi) maintain the project bank account(s);
- (vii) maintain proper accounting records and prepare detailed consolidated project financial statements in accordance with the government's accounting laws and regulations which are consistent with international accounting principles and practices;
- (viii) use tailored financial accounting software acceptable to ADB, supported by hard copy records;
- (ix) prepare regular financial reports and arrange timely financial information for internal and external audits;
- (x) ensure all financial transactions are recorded and accounted timely and accurately;
- (xi) prepare all requests for payments;
- (xii) prepare withdrawal applications and their supporting documents according to ADB guidelines and government procedures;
- (xiii) maintain accounting books in accordance with ADB and government guidelines;
- (xiv) review invoices and contracts as part of implementation and execution of payments under such contracts;
- (xv) carry out control and filing of all payment documents, invoices, and other financial documents relating to project transactions;
- (xvi) ensure that all documents, information, and supporting materials are kept in safe custody and are readily available when requested by ADB and auditors;
- (xvii) support the executing and implementing agencies on financial management of the ADB-financed project;
- (xviii) ensure compliance with the financial covenants of the project in coordination with the executing and implementing agencies;
- (xix) regularly review and update as necessary an action plan for financial risk mitigation;
- (xx) prepare regular financial reports for ADB, and the executing and implementing agencies; and
- (xxi) take prompt remedial actions in respect to irregularities identified by the auditor or ADB.

### **3. Training/Deputy Project Coordinator** (national, 24 person-months, intermittent)

52. The training/deputy project coordinator will have at least 5 years of professional experience in conducting capacity development and training to health care staff. Capacity development experience in the projects financed by ADB and other international development partners will be an advantage. The training/deputy project coordinator should have excellent communication and interpersonal skills, and be fluent in English. He/she will report to the project coordinator and will carry out the following tasks:

- (i) work closely with the executing and implementing agencies, PIU staff, and consultants;
- (ii) in close coordination with WHO, MOH, and NCCD experts, develop a training program to be carried out under the project;
- (iii) in close coordination with WHO, MOH, and NCCD experts, prepare relevant training materials, including modules, slides, simulation exercises, reference handouts, needs assessments, and course evaluations;
- (iv) coordinate the preparation and implementation of the training workshops, including the preparation, logistics, transportation and other items required for efficient and effective training of the project target groups;

- (v) closely coordinate and liaise with Japan International Cooperation Agency (JICA), World Bank, United Nations Children’s Fund (UNICEF) and other international donor organizations involved in the health care sector; and
- (vi) prepare and submit to MOH, NCCD, and ADB training progress and evaluation reports on the conducted training program.

**4. Procurement Specialist** (national, 12 person-months, intermittent)

53. The procurement specialist will support the executing agency on procurement and contract management for both the APVAX project (footnote 1) and this JFPR project, and in compliance with the ADB procurement procedures. The procurement specialist will work closely with MOH, NCCD, ADB, and the PIU staff to closely monitor the project and report procurement progress in line with ADB procedures. He/she will report to the project coordinator and will carry out the following tasks:

- (i) perform roles and responsibilities mentioned in the Government Resolution No. 176;
- (ii) report to the project coordinator and work closely with the executing agency, and other PIU and consulting services experts;
- (iii) service contract process: review the TOR with PIU and MOH staff, supervise the publication on ADB website and newspapers, prepare the answers to clarifications from consultant companies, assist in shortlisting, and participate in the evaluation and contracting process;
- (iv) participate in drafting, negotiating, and signing of contracts (equipment procurement, and consulting services) and provide inputs on legal and logistical matters;
- (v) develop and implement procedures for contract management and administration in compliance with ADB and relevant Mongolian laws and regulations;
- (vi) serve as the point of contact for contractors on contractual performances; act as contractual “contact person” between company employees and client (MOH or PIU) ensuring timely review and approval/reconciliation of variations;
- (vii) on all standard and nonstandard contracts, provide recommendations and negotiate directly with the contractor until consensus has been reached;
- (viii) manage all records and documentation such as contract amendments, control of all contract correspondence, contact information sheets, status reports, and other documents for all projects;
- (ix) ensure contract closing, extension, or renewal with support from relevant specialists;
- (x) goods and related services contract process: review the equipment list for the different facilities, prepare tender schedule in coordination with MOH, prepare the tender documents in coordination with MOH and government agencies, publish the tender and follow-up, prepare the minutes, prepare all answers for clarifications from contractors, ensure the bid evaluation committee nomination by MOH is made, participate as a secretary to the bid evaluation committee and prepare the reports, organize the technical envelope bid opening, prepare the administrative and technical evaluation report, organize the financial envelope bid opening, prepare the financial evaluation report, and prepare the contracts; and
- (xi) contracts monitoring: prepare the variation orders; prepare contract amendments; follow-up if all required contract documents were provided on time and are valid (bank guarantees, social security, insurances, etc.); and ensure that all documents are approved, signed, and published on time.

**5. Environment (Medical Waste Monitoring) Specialist** (national, 12 person-months, intermittent over 3 years)

54. The environment specialist will support MOH, NCCD, and PIU in administration of the APVAX project (footnote 1) and this JFPR project and ensure the project implementation will comply with ADB environmental safeguards procedures and WHO recommendations related to medical waste management and monitoring as well as occupational health and safety (OHS)-related issues. The environment specialist will work closely with MOH, ADB, and the PIU staff to closely monitor medical waste management milestones of the project, including the medical waste generation, segregation, transportation, storage, and disposal; and ensure regular reporting of the medical waste management progress is in line with the medical waste-related national legislation and government regulations and orders, ADB requirements, and WHO recommendations.

55. The environment specialist should have at least a master's degree in environmental sciences, environmental engineering, or a related field, and at least 5 years of experience in coordinating the implementation of project environmental management plans, preferably in projects financed by international financial institutions. Experience in medical waste management and monitoring will be an advantage. The specialist will assist the MOH, NCCD, PIU, and the relevant Ulaanbaatar district and *aimag* regional hospitals in coordinating the implementation of the medical waste monitoring and reporting.

56. The environment specialist will be responsible for the following tasks:
- (i) work in close relation with the project coordinator, MOH, NCCD, MOF, and other PIU experts and consultants;
  - (ii) in close cooperation with WHO and MOH experts, prepare training materials on medical waste management and monitoring, including the risks related to medical waste and safe medical waste management practices including OHS for health workers, and importance of proper and regular medical waste monitoring and reporting;
  - (iii) in close cooperation with WHO and MOH experts, carry out training workshops on medical waste management and monitoring for the staff of the Ulaanbaatar district and *aimag* hospitals covered by the project;
  - (iv) develop and operationalize the medical waste monitoring and reporting system within 1 month after the assignment and submit the plan to MOH, NCCD, and ADB for their endorsements;
  - (v) regularly visit the project sites to ensure compliance of the project hospitals and laboratories with the recommended medical waste management and monitoring practices;
  - (vi) prepare and submit to MOH, NCCD, and ADB quarterly medical waste monitoring reports that will include keeping records of types and quantities of waste, autoclaved waste, waste disposed in landfill site after autoclaving, as well as OHS-related issues for health workers and people involved in physically transporting, loading/unloading, storing, etc.; and
  - (vii) keep track of the performance of grievance redress mechanism (GRM) to resolve environmental and social concerns and grievances of the project-affected persons.

## VII. SAFEGUARDS

57. **Environment (category C).** Under ADB's Safeguard Policy Statement (2009),<sup>29</sup> an environmental management plan is not required for category C projects although environmental implications related to medical waste management need to be reviewed. The environment specialist (consultant) will support the PIU in ensuring the medical waste monitoring under the project.

58. The PIU is responsible for ensuring that all the environmental documentation related to medical waste monitoring is properly and systematically kept as part of the project record. The PIU shall make these documents available in a form, language, and at a location in which they can be easily accessed by all stakeholders. The medical waste monitoring reports will be included in the project's quarterly and annual progress reports submitted to ADB.

59. **Grievance redress mechanism.** The PIU will establish a GRM before project activities start in consultation with the executing and implementing agencies and community representatives. A grievance redress committee (GRC) with representatives of the PIU, executing and implementing agencies, project agencies, and the communities will operate the GRC at the PIU level. The GRC will prepare the procedures of contacting complainants, complaint submission, their handling, and resolution. It will have multiple access points such as verbal and written complaints, a hotline number, drop boxes, and e-mail contacts. The PIU and executing and implementing agencies will disseminate information regarding the GRC—its role, powers, complaint handling process, and the time frame for resolving them. The GRM will be accessible to all persons at no cost and without any room for retribution. The PIU and executing and implementing agencies will brief contractors on the role of GRM. It will function during the project's lifetime. The GRM will receive and record complaints, grievances, and concerns regarding environmental, social, and health issues. It will address each complaint and concern promptly in a transparent, gender-responsive, culturally appropriate manner. The GRC will maintain a register of complaints, grievances, results of GRC's intervention, and the results of appeals. The GRC will resolve each complaint within 3 weeks. If a complainant is unhappy with the decision of the GRC, they can appeal to the executing agency for relief. In this process, the GRM will not impede a complainant's access to Mongolia's judicial or administrative remedies. The PIU will report on complaints and grievances and the progress in their resolution to ADB in the quarterly project progress report.

60. **Involuntary resettlement (category C).** The project will not involve land acquisition or trigger involuntary resettlement impacts.

61. **Indigenous peoples (category C).** The project will not cause adverse or differential impact on ethnic groups.

62. **Prohibited activities.** Pursuant to the Safeguard Policy Statement, ADB funds may not be applied to activities described on the ADB *Prohibited Investment Activities List* set forth in Appendix 5 of the Safeguard Policy Statement. All project activities will also comply with all applicable national laws and regulations and policies and plans.

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<sup>29</sup> ADB's Safeguard Policy Statement (2009) is available in English and Mongolian language at: <http://www.adb.org/documents/safeguard-policy-statement>; and <http://www.adb.org/mn/documents/safeguard-policy-statement>.

## VIII. GENDER AND SOCIAL DIMENSIONS

63. The project is categorized as having *some gender elements*.<sup>30</sup> Priority groups for vaccination under the National Deployment and Vaccination Plan (footnote 13) and health training include health care workers, of which 80% are women. In case of educators of teachers and workers at pre-school educational establishments, 96% are women. About 81% of teachers in primary and secondary schools are women. Thus, they have high risk of exposure to COVID-19. This risk is exacerbated by the increased burden of unpaid care work at home due to national lockdowns as well as the nature of women's jobs (such as service sector, tourism, and hospitality). The project will specifically target women for awareness raising, reducing vaccine hesitancy, particularly related to effects on fertility, capacity building, and safety and training for COVID-19 vaccine administration.

64. The project beneficiaries will be at least 989,060 persons. Vulnerable groups will be prioritized for vaccination. To ensure that all population groups, including the poor and disadvantaged, are covered by vaccination, several measures will be arranged including support to COVID-19 vaccination efforts through capacity building on vaccination-related infection prevention and control, provision of PPEs and personal hygiene supplies for health workers, strengthening of PCR laboratories in *aimags*, setting up and implementation of post-vaccine surveillance system, and development of vaccine registry and database.

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<sup>30</sup> ADB. 2021. [Guidelines for Gender Mainstreaming Categories of ADB Projects](#). Manila.

## IX. PERFORMANCE MONITORING, EVALUATION, REPORTING, AND COMMUNICATION

### A. Project Design and Monitoring Framework

<b>Impact the Project is Aligned with</b> Morbidity and mortality of COVID-19 reduced (COVID-19 National Deployment and Vaccination Plan) <sup>a</sup>			
<b>Results Chain</b>	<b>Performance Indicators with Targets and Baselines</b>	<b>Data Sources and Reporting Mechanisms</b>	<b>Risks and Critical Assumptions</b>
<b>Outcome</b> COVID-19 detection and containment strengthened	By 2024: a. Monthly number of laboratory diagnostics tests increased (2021 baseline: 60,000)  b. At least 20,800 trained health care workers engaged in COVID-19 testing and immunization (2021 baseline: 0)	a–b. MOH report	R: Limited health care staff, and potential pessimism and disbelief of the population in immunization
<b>Outputs</b> 1. Goods and services for COVID-19 testing and immunization procured  2. Capacity for efficient and safe vaccination of COVID-19 improved	By 2023: 1a. At least 10 additional RT-PCR laboratories upgraded with necessary equipment and supplies (2021 baseline: 0)  1b. At least 85% of vaccinators in each immunization unit provided with necessary and appropriately sized PPE according to national laboratory biosafety requirements (at least 80% women) (2021 baseline: 0)  2a. At least 20,800 identified health sector vaccinators with increased knowledge to handle, store, and administer COVID-19 vaccines of which 80% are women (2021 baseline: 0)  2b. At least 23,700 volunteers, social mobilizers, and journalists are trained and report improved skills in risk communication and community engagement practices for COVID-19 (2021 baseline: 0)  2c. At least 200 medical doctors trained and report improved skills on post-vaccine surveillance and monitoring, of which 50% are women (2021 baseline: 0)	1a–b. Quarterly PIU reports with lists of items procured and procurement progress  2a. Quarterly training registers, manuals, and pre- and post-training assessments  2b–c. Quarterly PIU reports including pre- and post-training assessments	R: Delays in delivery of equipment and supplies because of high global demand and overstretched manufacturing capacities of producers  R: Decline in general population enrollment in the diagnostics and training due to the work overload

**Key Activities with Milestones****1. Goods and services for COVID-19 testing and immunization procured**

- 1.1 Finalize list of RT-PCR laboratory equipment and supplies and PPE to be procured (Q3 2021)
- 1.2 Advertise the contract packages for RT-PCR laboratories and for PPE (Q3 2021)
- 1.3 Procure and set up equipment in respective health facilities (Q3–Q4 2021)
- 1.4 Design and finalize adult vaccination record book and certificate in close collaboration with MOH and WHO (Q3–Q4 2021)
- 1.5 Print adult vaccination record books and certificates (Q4 2021–Q1 2022)
- 1.6 Distribute adult vaccination record books and certificates (Q1–Q2 2022)
- 1.7 Procure and supply PPE to vaccinators in immunization units (Q3–Q4 2021)

**2. Capacity for efficient and safe vaccination of COVID-19 improved**

- 2.1 Together with WHO, develop training modules for (i) vaccinators and health staff on COVID-19 vaccination protocols; (ii) social mobilizers, journalists, and other civil society groups on community engagement and risk communication methods; and (iii) health care and non-health care staff on identifying adverse events following immunization (Q3 2021–Q4 2023)
- 2.2 Train vaccinators, health workers, social mobilizers, journalists, civil society, and other groups on COVID-19 vaccination rollout (Q3 2021–Q4 2023)
- 2.3 Train non-health care staff on identifying adverse events following immunization (Q3 2021–Q4 2021)
- 2.4 Roll out and cascade the trainings (Q4 2021–Q4 2023)

**Project Management Activities**

- Establish PIU (Q3 2021)
- Advertise consultant posting on ADB consultant management system and in national mass media (Q3 2021)
- Shortlist relevant candidates and finalize consultant recruitment (Q4 2021)
- Facilitate and oversee procurement activities (Q3 2021–Q1 2022)
- Develop and approve the training plan under guidance of the project steering committee (Q4 2021)
- Organize training activities (Q1 2022–Q4 2023)
- Produce and submit quarterly PIU reports (quarterly)

**Inputs**

- Japan Fund for Poverty Reduction: \$5,000,000 (grant)
- Government: In-kind support in the form of office accommodation, venues for meetings, miscellaneous administrative expenses; and \$358,748 value-added tax exemption on goods

ADB = Asian Development Bank, COVID-19 = coronavirus disease, MOH = Ministry of Health, PIU = project implementation unit, PPE = personal protective equipment, Q = quarter, R = risk, RT-PCR = reverse transcription polymerase chain reaction, WHO = World Health Organization.

<sup>a</sup> Government of Mongolia. 2021. *COVID-19 National Deployment and Vaccination Plan*. Ulaanbaatar. Source: ADB.

**B. Monitoring**

65. The DMF is the basis for monitoring the project progress. During project implementation, the project performance management system will monitor achievement of the key milestone dates for activities, outputs, and outcome.<sup>31</sup> The DMF will be reviewed during project implementation and if needed, adjusted to reflect changing circumstances so that the project outcome can be achieved. Following project completion, the project is subject to an assessment of the outcome along with recommendations for enhancing and sustaining the outcome.

<sup>31</sup> ADB's project performance management system (PPMS) is a results-based approach to project planning, performance monitoring, and evaluation of results. The PPMS has five components: (i) DMF; (ii) project performance report; (iii) grant recipient's M&E (at the central, and executing and implementing agency levels); (iv) project completion report; and (v) project performance evaluation report, and where appropriate, impact evaluation studies. The DMF is the basis of the PPMS. It establishes quantified, time-bound targets and measurable indicators, and identifies risks that are used to monitor and evaluate performance in the project performance report, project completion report, and project performance evaluation report.

66. The PIU will monitor project implementation and seek feedback from the executing and implementing agencies, PSC, project beneficiaries, and other stakeholders. ADB will monitor project performance in five aspects, i.e., technical, procurement, disbursement, financial management, and safeguards, through the executing agency's quarterly and annual progress reports (prepared by the PIU and endorsed by MOH and the executing and implementing agencies), day-to-day communication with the PIU, and regular ADB review missions.

67. **Compliance monitoring.** The PIU, on behalf of the executing and implementing agencies, will monitor compliance with covenants stipulated in the grant agreement. ADB will monitor the compliance status through the executing agency's quarterly and annual progress reports, day-to-day communication with the PIU, and ADB review missions; and take necessary remedial measures for any non-compliance.

68. **Medical waste monitoring.** During implementation, the PIU will monitor the project compliance with the medical waste management procedures. PIU team members will be required to screen, monitor, and report project activities under their coordination responsibilities and as part of their TOR (Section VI, D). Medical waste monitoring reporting will be submitted as part of the quarterly and annual project progress reports. In the event of any environmental incidents, accidents, or complaints related to medical waste management, the PIU will immediately report these to the executing and implementing agencies and ADB.

69. **Social safeguards monitoring.** No involuntary resettlement impacts or impacts on indigenous peoples are anticipated. The PIU will immediately inform the executing and implementing agencies, and ADB of any unanticipated social safeguard concerns. Corrective actions will be developed following applicable laws and regulations and ADB's safeguard policy requirements; and agreed among ADB; executing and implementing agencies; PIU; affected persons, if any; and relevant agencies.

70. **Gender and social dimensions monitoring.** The PIU will record sex-disaggregated data on the project's social, gender, and participatory aspects during project implementation. The executing and implementing agencies will allocate personnel to check the veracity of gender and social monitoring and report to PIU and ADB.

### C. Evaluation

71. **ADB's e-Operations project implementation module.** ADB's overall grant implementation rating will be based on five performance indicators: technical, procurement, disbursement, financial management, and safeguards. ADB's method for deriving the overall grant implementation rating is described in section 5.08 of the Project Administration Instructions.<sup>32</sup> Such rating will be updated based on the project's quarterly and annual progress reports, and ADB review missions. Within 6 months of physical completion of the project, the executing agency will submit a grant completion report to ADB.<sup>33</sup>

72. ADB will conduct an inception mission when the grant becomes effective.<sup>34</sup> ADB and the government will jointly field review missions of the project at least twice a year. The missions will

<sup>32</sup> Project Administration Instructions available at: <https://www.adb.org/documents/project-administration-instructions>.

<sup>33</sup> Project completion reports available at: <https://www.adb.org/projects/documents/doctype/Completion%20Reports>.

<sup>34</sup> Due to the COVID-19 pandemic related travel restrictions, the inception mission and review missions will be held virtually until the restrictions are lifted.

(i) review overall implementation of the project and update the project implementation schedule, in consultation with the executing agency and implementing agencies; (ii) examine existing and potential implementation problems, and identify measures to resolve them; (iii) review progress in procurement and disbursement; (iv) review the grant recipient's compliance with grant covenants and, where there is any non-compliance or delay, discuss proposed remedial measures; and (v) assess the likelihood of attaining the project outcome.

73. ADB and the government will undertake a midterm review at the beginning of the second year of project implementation, to assess implementation status and take appropriate measures—including modification of scope and implementation arrangements, and reallocation of grant proceeds, as appropriate—to achieve the project's outcomes and impact.

74. A final review mission will take place before physical completion of the project to (i) assess project performance against targets and benchmarks including any revisions as agreed during the midterm review; (ii) identify any incomplete activities, or unused project funds; and (iii) determine the project satisfactory rating. ADB will prepare a grant completion report based on the government's completion report. In case ADB's Independent Evaluation Department selects the project for project performance evaluation reporting, the project will be subject to more detailed performance evaluation and impact assessment about three or more years after completion.

#### **D. Reporting**

75. The PIU, on behalf of the executing and implementing agencies, will provide ADB with (i) quarterly progress reports in a format consistent with ADB's project performance reporting system; (ii) consolidated annual reports including (a) progress achieved by output as measured through the DMF indicators and performance targets against the baseline data, and (b) key implementation issues and solutions; (iii) updated procurement plan; (iv) updated implementation plan for each 12 months; and (v) a grant completion report within 6 months of physical completion of the project. The grant completion report will present the government's assessment of the project's effectiveness and will take into account the findings of ADB's final review.

76. The PIU shall include the results of implementing the environmental safeguards guidelines, including those related to medical waste management, and summary poverty reduction and social strategy in the quarterly and annual reports to be submitted by the executing agency to ADB.

#### **E. Stakeholder Communication Strategy**

77. **Stakeholder consultations.** During project preparation, the project design team held extensive stakeholder consultations that included representatives of the national government ministries, development partners, the Embassy of Japan (EOJ), and JICA office in Mongolia.

78. The project team and the stakeholders discussed the project scope, design, implementation arrangements, and opportunities for collaboration and partnership in strengthening capacity of the health care systems of Mongolia. The stakeholder observations have been incorporated into the project design.

79. **Donor visibility.** The visibility of ADB and JFPR is assured under the project. All project reports, training programs, events, seminars, workshops, press briefings, and gatherings organized under the project will promote ADB-JFPR visibility by indicating the funding from the

Government of Japan and using JFPR and Japan Official Development Assistance (ODA) logos for the event materials and banners based on branding guidelines.<sup>35</sup> The procured laboratory equipment and the PIU office will also carry the ADB-JFPR and Japan ODA logos. Press events will be organized to publicize important project milestones, e.g., grant signing ceremony, inception workshop, launch of training workshops, and other important events.

80. The government, including the executing and implementing agencies, are requested to ensure that JFPR-financed activities are well covered by local print and electronic media, and that all related publicity materials, official notices, reports, and publications explicitly acknowledge Japan as the source of funding received. The executing and implementing agencies and PIU will collect and maintain a database of high-resolution photographs of the project activities, for use in project communication activities and for provision to the government, ADB, and Embassy of Japan in Mongolia, which may be used for public awareness and visibility purposes.

81. **Dissemination of project results to the Government of Japan.** The PIU will provide the executing implementing agencies and ADB with reporting materials on the project activities, including high-resolution photos, testimonials from project recipients and implementers, publications, and other knowledge products. In turn, the ADB project team will provide this information to ADB's JFPR team, as well as back-to-office reports and grant completion report. Information and methods for donor visibility and coordination are described in Appendixes 1 and 2.<sup>36</sup>

82. Other details of stakeholder communication strategy are in Appendixes 1–2.

## X. ANTICORRUPTION POLICY

83. ADB reserves the right to investigate, directly or through its agents, any violations of the Anticorruption Policy relating to the project.<sup>37</sup> All contracts financed by ADB shall include provisions specifying the right of ADB to audit and examine the records and accounts of the executing agency and all project contractors, suppliers, consultants, and other service providers. Individuals and entities on ADB's anticorruption debarment list are ineligible to participate in ADB-financed activity and may not be awarded any contracts under the project.<sup>38</sup>

84. To support these efforts, relevant provisions are included in the grant agreement and will be included in the procurement documents and consultant contracts financed by the grant. Risks and mitigating measures were discussed and agreed between ADB and the grant recipient during grant processing per the Second Governance and Anticorruption Action Plan.<sup>39</sup> ADB will conduct integrity knowledge management sessions for the MOH, PIU, and other project stakeholders to increase their awareness and compliance with ADB's Anticorruption Policy.

<sup>35</sup> ADB. 2019. *Japan Fund for Poverty Reduction: Guidance Note on Japanese Visibility*. Manila.

<sup>36</sup> ADB. 2018. *Japan Fund for Poverty Reduction: 2018 Policy Guidelines for Project Grant*. Manila.

<sup>37</sup> Anticorruption Policy: <https://www.adb.org/documents/anticorruption-policy>.

<sup>38</sup> ADB's Integrity Office web site: <https://www.adb.org/site/integrity/main>.

<sup>39</sup> Governance and Anticorruption Action Plan II Guidelines. <https://www.adb.org/sites/default/files/institutional-document/32022/gacap-ii-guidelines.pdf>. See also Sourcebook: Diagnostics to Assist Preparation of Governance Risk Assessments. <https://www.adb.org/sites/default/files/institutional-document/157127/diagnostics-assist-preparation-gras.pdf>.

## **XI. ACCOUNTABILITY MECHANISM**

85. People who are, or may in the future be, adversely affected by the project may submit complaints to ADB's Accountability Mechanism. The Accountability Mechanism provides an independent forum and process whereby people adversely affected by ADB-assisted projects can voice, and seek a resolution of their problems, as well as report alleged violations of ADB's operational policies and procedures. Before submitting a complaint to the Accountability Mechanism, affected people should make a good faith effort to solve their problems by working with the concerned ADB operations department. Only after doing that, and if they are still dissatisfied, should they approach the Accountability Mechanism.<sup>40</sup> The project GRM is described in Section VII of this PAM.

## **XII. RECORD OF CHANGES TO THE JFPR PROJECT ADMINISTRATION MANUAL**

86. All revisions and/or updates during course of implementation should be retained in this section to provide a chronological history of changes to implemented arrangements recorded in this JFPR PAM.

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<sup>40</sup> Accountability Mechanism. <https://www.adb.org/site/accountability-mechanism/main>.

## JAPAN FUND FOR POVERTY REDUCTION

### GUIDANCE NOTE ON JAPANESE VISIBILITY

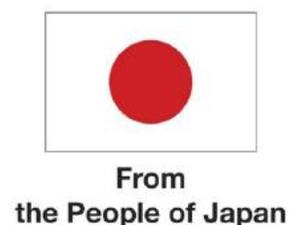
#### A. Introduction

1. The Revised Operating Framework for the Japan Fund for Poverty Reduction (JFPR) was approved on 6 October 2009, combining Japan's project grant and technical assistance support under one umbrella, and paving the way for a more comprehensive approach to the use of these funds toward addressing poverty, building up human resources, and empowering institutions and communities in the region. Japan has been making generous contributions for technical assistance activities through the Japan Special Fund, and for poverty reduction projects through JFPR, since they were established in 1988 and 2000, respectively. It is but fitting and proper that said contributions are acknowledged and the recipients and general public are informed of the source of the funding assistance both at the Fund level and at the level of the individual technical assistance (TA) and project grants. The purpose of this note is to provide guidance on measures to ensure that the contribution of Japan in supporting JFPR is widely recognized.

#### B. Statement on Japanese Visibility

2. Project teams are required to help promote the visibility and local awareness of JFPR in recipient countries through the following:

- (i) All press releases issued by the Asian Development Bank (ADB) with respect to JFPR should refer to the financial contribution from the Government of Japan;<sup>1</sup>
- (ii) Signing ceremonies and other publicity events should be encouraged, inviting Japanese embassy officials, Japan International Cooperation Agency (JICA) staff, and local and international press;<sup>2</sup>
- (iii) Civil works, project billboards/signages, vehicles, and equipment must carry the JFPR and Japan Official Development Assistance logos (see below). Likewise, all publications and training programs must bear the said logos, including all collaterals used (i.e., training materials, banners, posters, flyers, etc.) that are financed by JFPR;



- (iv) Publications, reports, training programs, seminars, and workshops financed by JFPR should acknowledge receipt of funding from the Government of Japan;

<sup>1</sup> Staff may coordinate with the Department of Communications.

<sup>2</sup> Coordination with resident missions are necessary.

- (v) Recipients should be encouraged to ensure that JFPR-financed activities are well covered by local print and electronic media, and that all related publicity materials and official notices explicitly acknowledge funding from the Government of Japan. The following is the suggested standard text to be used by those who prepare publicity materials: *"The grant fund for (project name/activity) was received from the Japan Fund for Poverty Reduction financed by the Government of Japan through the Asian Development Bank."*

### **C. Participation of Japanese Entities in Implementation**

3. It is also important to generate visibility of the project within Japan. Involvement or cooperation with Japanese experts, financial resources, and technologies are encouraged; occasional information sessions on JFPR for Japanese organizations may also be conducted. It is also highly recommended that ADB involve and cooperate with Japanese organizations including nongovernment organizations, civil society organizations, aid agencies particular JICA and Japan Bank for International Cooperation, private sector enterprises, or academic institutions.

### **D. Reporting**

4. At the end of the project, the completion report submitted by the project team should include evidences of Japanese visibility such as photos (preferably high-resolution), press releases, articles or write ups, and testimonials from project recipients and/or implementers. Sample products generated from the project grant are requested to be made available to the Partner Funds Division (SDPF) of ADB's Sustainable Development and Climate Change Department for inclusion in future exhibits. Copies of publications that are outputs of the project should also be provided to SDPF..

### **E. Visibility Support by ADB**

5. SDPF promotes visibility of JFPR by (i) informing office and department heads of the importance of achieving high visibility to garner support for JFPR from Japanese officials and taxpayers; (ii) informing country directors of the importance of signing ceremonies to Japanese officials and the public to ensure recognition and support for JFPR funding; and (iii) continuing widespread distribution of the JFPR annual report, inclusion of JFPR information in relevant ADB documents, and occasional information sessions for Japanese organizations.

6. Resident mission staff are requested to forward copies of all visibility materials, such as press releases, newspaper and magazine articles, and photographs (including descriptive captions) to SDPF's assigned focal staff for JFPR or e-mail to [jfpr@adb.org](mailto:jfpr@adb.org).

## JAPAN FUND FOR POVERTY REDUCTION

### GUIDANCE NOTE ON COORDINATION WITH THE EMBASSY OF JAPAN AND JAPAN INTERNATIONAL COOPERATION AGENCY

#### **A. Introduction**

1. The Final Report on the Review of Japanese Official Development Assistance (ODA)<sup>1</sup> underscores the need for strategic and effective aid. One way to ensure alignment of Japan Fund for Poverty Reduction (JFPR) projects and technical assistance (TA) with Government of Japan's bilateral assistance strategy for a particular developing member country is by bringing on board the comments and suggestions of the Embassy of Japan (EOJ) and the Japan International Cooperation Agency (JICA).<sup>2</sup> Thus, the summary of consultations with EOJ and JICA (to include, date of consultation, name and position of staff met, and EOJ and JICA's response) should be included in the proposal submitted to the Partner Funds Division (SDPF) of ADB's Sustainable Development and Climate Change Department.<sup>3</sup> This guidance note provides detailed instructions regarding coordination activities with EOJ and JICA.

#### **B. EOJ and JICA Contact Persons**

2. As soon as the project officer informs SDPF of the intent to apply for JFPR funding,<sup>4</sup> SDPF will identify the appropriate contact persons in EOJ and JICA. The contact persons' information<sup>5</sup> will be provided by SDPF to the project officer to start consultation.

#### **C. Consultation with EOJ and JICA – Proposal Preparation**

3. At concept stage, the project officer should consult with EOJ and JICA<sup>6</sup> through e-mail about the proposed project to (i) seek if it is in line with Japan ODA priorities, (ii) ensure no duplication, and (iii) present the concept itself, with copy to SDPF.

4. Upon SDPF's confirmation to proceed with proposal preparation, the project officer may arrange the project design meeting with EOJ and JICA. This meeting intends to explain and discuss the actual project design. This is ideally conducted during fact-finding mission.<sup>7</sup> The proposal, should be provided to EOJ and JICA with copy to SDPF at least 5 working days before the meeting to give ample time for review and consideration.<sup>8</sup> After the meeting, if needed, SDPF in coordination with the project officer, may follow-up with EOJ and JICA, and respond to requests for clarification.

5. In the case of regional technical assistance (TA) projects, the draft TA summary and report should be sent by e-mail to EOJ and JICA contact persons on no-objection basis.

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<sup>1</sup> Ministry of Foreign Affairs of Japan. 2010. *ODA Review–Summary of the Final Report*. Tokyo.

<sup>2</sup> Incorporated administrative agency in charge of administering Japan's ODA.

<sup>3</sup> The Government of Japan gives importance on the inputs provided by EOJ and JICA during the internal approval process.

<sup>4</sup> Project name and brief outline of proposal should be provided to SDPF.

<sup>5</sup> Name, status, telephone number, and e-mail address.

<sup>6</sup> Please refer to the contact persons provided by SDPF.

<sup>7</sup> If a meeting with EOJ and/or JICA is not possible, e-mail exchange, telephone discussion, or any other form of communication may be used.

<sup>8</sup> Draft grant assistance report (for project grants) and draft TA summary report (for TAs).

#### **D. Role of the Resident Mission and SDPF**

6. Project officer's communications with EOJ and JICA should be done in coordination with the resident mission with copy to SDPF.<sup>9</sup> If needed, SDPF supports to identify the appropriate staff to be consulted.

7. Resident mission also arranges the grant agreement/TA letter signing event (section E) and in the overall coordination/relationship management with EOJ and JICA.

8. SDPF's role are as follows: (i) provide contact details of relevant staff from EOJ and JICA for project consultation, (ii) liaise any need for clarification by EOJ and JICA in coordination with the project officer during project consultation, (iii) inform EOJ and JICA when there is withdrawal or cancellation of a project, and (iv) forward all completion reports to both agencies.

#### **E. Coordination with EOJ and JICA – Upon Approval of the Proposal**

9. The project officer should inform EOJ and JICA about ADB's approval. Project officers are strongly encouraged to conduct signing or launching ceremonies with the attendance of EOJ officials.<sup>10</sup>

10. In coordination with the resident mission, the project officer should inform EOJ and SDPF of the signing ceremony—at least 10 working days in advance. SDPF then informs the Government of Japan of this activity. The project officer should also draft news release in consultation with the Department of Communications and coordinate arrangements with the resident mission. Local and international press are invited to these ceremonies.

#### **F. Coordination with EOJ and JICA – During Project Implementation and Upon Project Completion**

11. Throughout implementation, the project officer should inform EOJ about project progress, milestones, and outcomes; and discuss when major changes in scope and objectives are required. Progress and outcomes of JFPR projects are also requested to be shared with JICA. From time to time, EOJ and JICA may also wish to join completion review missions to see project results and to interact first-hand with project recipients. Lessons from the JFPR projects are also requested to be shared to enable both sides to explore and seek potential collaboration. Completion reports are required to be submitted by the project officer to SDPF for forwarding to EOJ and JICA.<sup>11</sup>

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<sup>9</sup> Please inquire with respective resident missions on their protocols or coordination arrangements with EOJ and JICA.

<sup>10</sup> Please refer to the Guidance Note on Japanese Visibility for details on visibility requirements under JFPR.

<sup>11</sup> Links to the completion reports will suffice.