



**Minutes of the Local Project Appraisal Committee (LPAC) meeting on
Procurement support services to the Ministry of Health of Ukraine” Project. Phase II**

25 February 2021
12:00 – 13:00

Agenda

- Presentation of the Procurement support services to the Ministry of Health of Ukraine” Project. Phase II
- Discussion/Comments/Recommendations
- Closing remarks

Participants:

- Ms. Svitlana Shatalova, Deputy Minister of Health, MoH (partner representative)
- Ms. Manal Fouani, UNDP Deputy Resident Representative (LPAC Chair);
- Ms. Olena Kulikovska, UNDP Programme Analyst a.i., Governance (QA assessor)
- Mr. Maksym Boroda, UNDP BMO Project Manager;
- Mr. Andrzej Bolesta, UNDP Economic Recovery Specialist;
- Mr. Nazar Grom, UNDP Project Manager Crisis Coordination and Management in Ukraine;
- Ms. Tetiana Grytsenko, UNDP Gender Specialist;
- Ms. Lesia Shyshko, UNDP Strategic Planning, Partnerships and RMB Team Leader a.i.;
- Ms. Natalia Kozenko, UNDP Programme Associate (LPAC Secretary);
- Ms. Olena Ursu, Programme Specialist, Democratic Governance Team Leader;
- Mr. Dorin Rotaru, UNDP Health Programme Specialist;
- Mr. Svilen Konov – UNDP Chief Technical Advisor;
- Ms. Tetiana Diachuk – UNDP Procurement Specialist/Team Lead

The main points discussed:

Introduction

The LPAC meeting was called to discuss the Project document for Procurement support services to the Ministry of Health of Ukraine” Project. Phase II (hereinafter referred to as “the Project”) implemented by UNDP and Ministry of Health of Ukraine.

The project is aimed to support the implementation of the health reform in Ukraine through strengthening the medicine procurement capacity and enhancing the efficiency, effectiveness, transparency and accountability of the national healthcare procurement system, which ultimately will improve the quality, accessibility and affordability of health services.

The Project is linked to the provisions of the new version of the Law on Public Procurement, extending the legal framework allowing international organisations to perform procurement of health products on behalf

of MoH. The new law had entered into force on 19 April 2020 setting a validity period for this instrument until 31 March 2022.

Presentation of the Project and Issues Raised

The LPAC meeting was chaired by Ms. Manal Fouani, UNDP Deputy Resident Representative, and her opening remarks welcomed various stakeholders present at the meeting. Ms. Fouani highlighted that development of the project was inclusive and participatory, and the project has high importance for all stakeholders.

A brief project presentation was done by Mr. Dorin Rotaru, Health Programme Specialist, covering issues of the Project's goals/objectives.

Mr. Rotaru highlighted that the Project activities will focus on three specific objectives:

- Strengthening the capacity of the Ministry of Health of Ukraine to ensure transparency, accountability and effectiveness of the public procurement of medicines and other medical products;
- Procurement of medicines and medical products for the national public health programme;
- Support to the capacity building of the Ministry of Health in implementation the health procurement reform.

Mr. Rotaru explained that the Project will cooperate at the national level with:

- The MoH of Ukraine as a main partner in the medical procurement processes.
- Ukrainian and international pharmaceutical manufacturers: both as goods providers, but also a subject of training on pharmacovigilance, quality assurance and raising the standards of production of local producers to meet the requirements of international markets.
- The State Expert Centre: in their role of a regulator that provides marketing approval for medicines that UNDP procures and that have not been registered in Ukraine previously.
- Ukrainian Public Health Centre: as the institution that provides methodological support for disease prevalence and incidence calculation and quantification of medicines and medical products to be procured for the according diseases and conditions.
- Patients and civil society organisations (including business associations and women's organizations) working in healthcare, anticorruption and transparency with their remit to independently monitor the availability of medicines and their appropriate distribution and use.

Furthermore, in accordance with the Project document (Annex 3), Mr. Rotaru presented the proposed composition of the Grants Selection Committee (Annex 1) in line with the Low-Value Grants procedures as well as Exit strategy (Annex 4).

Ms. Olena Kulikovska, Programme Analyst a.i., highlighted the following things:

- Project benefited from the previous project, phase I;
- Quality assurance assessment of the project is satisfactory (Annex 5);
- The Project is well incorporated with the CPD Theory of Change (ToC), contributes to UNDAF Outcome 3 and will be implemented under CPD Output 1.1;
- The project has HRBA and gender components;
- No social and environmental risks were identified during SESP exercise. The project is identified as low-risks project (Annex 6);
- The project is qualified as GEN2.

Ms. Tetiana Grytsenko, Gender Specialist, presented the gender review of the project and stressed the importance of proper integration of gender equality considerations in all implementations. The full list of recommendations can be found in Annex 2.

Ms. Svitlana Shatalova, Deputy Minister of Health, speaking on behalf of the Ministry of Health, expressed her gratitude to the UNDP and noted that such cooperation would definitely contribute to the health reform in the country, as well as substantial support with fighting COVID-19. She stressed that the lessons learned during Phase I of the project implementation should further be addressed during the Phase II. Ms Shatalova emphasized that the MoH has planned its work to react dynamically to all bureaucratic delays that may occur and is looking forward to the possibility of working with UNDP under the 2021 procurement cycle.

Ms. Fouani assured that UNDP is ready to assist the MoH with ongoing capacity development demands, work on supply chain process and structural development to fully lead the medicine procurement process at the national and regional level in a transparent, accountable, gender responsive and effective manner.

Mr. Andrzej Bolesta shared his vision on how the quality/standards of the work of local manufacturers could be improved as concerns regulatory measures and the quality of human capital. He stressed that the development of the sector may depend on its local actors' engagement with international stakeholders, who would bring technology, innovation, financial resources and ensure access to international market as well as on creating mechanisms for intra-sectoral cooperation, in clusters and associations, in which companies compete (to improve quality of products), but also cooperate (to pull resources and innovate).

Ms. Shatalova voiced full support to the project and noted that all possible assistance would be provided to the Project team.

Ms. Fouani closed the meeting with voicing the expectation for further successful implementation of the Project and strengthen the partnership with the Ministry of Health.

Major points discussed/suggested

- The Project document was unanimously recommended for approval (Annex 3).
- The results of design and appraisal quality assurance (Annex 5) are endorsed with additional gender review (Annex 2) and should be approved.
- Exit Strategy for the project was reviewed and endorsed (Annex 4).
- The SESP analysis (Annex 6) was endorsed as no social and environmental risks have been identified.
- The grant selection committee (Annex 1) was approved and authorized to deal with grant process of behalf of the Project Board as envisioned in UNDP procedures.
- The Project's first Board meeting will take place on 26 February 2021.

Prepared by Olena Kulikovska, Programme Analyst a.i., Governance, UNDP

Olena Kulikovska

Approved by Manal Fouani, UNDP Deputy Resident Representative

Manal Fouani

Annex 1: Procurement Support Services to the Ministry of Health of Ukraine, Phase II Grant Selection Committee composition

Permanent members:

- Chief Technical Advisor, Procurement Support Services to the MOH of Ukraine Project
- Senior Procurement Specialist, Procurement Support Services to the MOH of Ukraine Project
- Data Management, Monitoring & Evaluation Programme Associate, Procurement Support Services to the MOH of Ukraine Project
- Finance and Administrative Specialist, Procurement Support Services to the MOH of Ukraine Project
- Project Coordinator, Strengthening the National Council on TB and HIV/AIDS in Ukraine Project
- Programme Analyst, Democratic Governance

Alternative members:

- Programme Specialist, Democratic Governance Team Leader
- Grant Coordinator / Youth Officer, Civil Society for Enhanced Democracy and Human Rights
- Project Coordinator / Civil Society Team Leader, Civil Society for Enhanced Democracy and Human Rights
- Capacity Development Specialist EU-UNDP Parliamentary Reform

Secretary:

- Project Associate, Procurement Support Services to the MOH of Ukraine Project

Alternative Secretaries:

- HR4U Project Associate
- CSDR Project Associate

Members with an advisory vote:

- UNDP Accelerator Lab, Head of Exploration
- UNDP Accelerator Lab, Head of Solution Mapping
- Invited experts

Alternative members with advisory vote from Operations:

- Procurement Analyst
- Procurement Associate

Annex 2: Gender review of project document

GENDER REVIEW OF PROJECT DOCUMENT

Procurement Support Services to the Ministry of Health of Ukraine, Phase II

Situation analysis

- Does the situation analysis take into account the different social, economic, cultural and political experiences of men and women?
- Does the analysis reflect an awareness of the gender-differentiated impacts of socio-economic and development processes, particularly in the context of the proposed project?

The situation analysis acknowledges that

- 1) The government and local authorities should ensure that women and men, especially the most vulnerable, have equal access to medicine and health care services, leaving no one behind. Important to adopt measures to guarantee the right to access treatment for the most affected groups, e.g. to ensure that people living with HIV have at least 4 months of antiretroviral treatments, preferably delivered to their homes in order to reduce the level of exposure to coronavirus.
- 2) The global COVID-19 pandemic, which is more than a health crisis, has a deep impact on the lives of women, men, girls and boys, especially the most vulnerable, putting at stake any advances towards the SDGs, and risks intensifying socio-economic inequalities and vulnerabilities.
- 3) Women account for 82% of the total health and social workers (compared to 70% average worldwide). Many of these women also suffer from distress and anxiety, which can negatively impact their professional motivation while further debilitating their personal health.
- 4) Only 14% of the women who work in healthcare system said that they were fully provided with personal protective equipment. Also, there is a growing concern that standard PPE, which often has a unisex design, doesn't always fit women properly. Even the smallest sizes can be too big for some women. If it is too big it can be less effective in providing a complete barrier to the virus.

In addition, the prodoc recognises that efficient procurement of medicine related to women's and children's health significantly contributes to promoting gender equality and women's empowerment as women in Ukraine are primary caregivers for children and especially mothers of children with certain conditions, diseases or disabilities. Having a child in poor health imposes additional time and financial constraints for parents that can impact their labour supply. Children's health problems also may increase the cost of childcare, and reduce its availability, which would likely reduce parents' labour force participation. Improving child healthcare is vital for increasing women's labour participation in Ukraine, which makes a significant contribution to gender equality and empowerment of women in Ukraine.

Data and statistics

- Have data and statistics provided as background and/or justification for the project been disaggregated by sex? If not, has a reason (e.g., non-availability of such data, inappropriateness of disaggregation against a particular indicator) been given for the omission?

The situation analysis provides such sex-disaggregated data: 1) 82% of the total health and social workers are women (compared to 70% average worldwide); 2) only 14% of the women who work in healthcare system said that they were fully provided with PPE.

- Is it proposed to address gender gaps in data as one of the activities under the project? For instance, has collection of sex-disaggregated data been specified in the proposal for baseline survey?

The prodoc acknowledges that the collection of data disaggregated on the number of grounds (e.g., age, sex, etc.) will be an integral part of the project implementation. The data will provide quantitative information for the analysis and taking evidence-informed decisions for further reform of the health sector and promotion of rights of citizens for affordable and quality health services.

Strategy

- Does the proposed strategy specify how it will address the dimensions of gender inequality described in the analysis? If not, is there an explanation given of why this aspect has not been considered?

The proposed strategy

- 1) recognises that a crucial part in the health reform is the coherent supply of medicines and medical products in the country that respond to the needs of women, men, girls and boys from diverse groups, especially the most vulnerable.
- 2) stipulates for advancing the development of relevant national stakeholders and supporting the implementation of transparent, efficient, gender-responsive and corruption-free health procurement practices.
- 3) envisions the provision of training courses on medical procurement and supply chain management, including gender-responsive procurement, with tutored hands-on experience and web-based elements and certification of participants aimed at future national-based procurers.
- 4) suggests ensuring gender mainstreaming by working with women's and patients' organizations, preparing gender-related analytical products, ensuring equal involvement of men and women both in expert and training work, promoting gender activities as part of the communications work and other actions.

- Does the strategy include any measures to mitigate any possible negative impacts of the project on gender equality?

The SES includes a brief gender-related risks assessment.

As part of the Project's risk management strategy, in the implementation of the activities under the prodoc, UNDP as the Implementing Partner will handle any sexual exploitation and abuse (SEA) and sexual harassment (SH) allegations in accordance with its regulations, rules, policies and procedures. The Project will ensure, with respect to the activities of any of its responsible parties, sub-recipients and other entities engaged under the project, either as contractors or subcontractors, their personnel and any individuals performing services for them, that those entities have in place adequate and proper procedures, processes and policies to prevent and/or address SEA and SH.

Monitoring indicators

- Does the monitoring framework include gender equality indicators that enable to measure:
 - whether activities and processes were implemented as planned.
 - whether they will measure progress toward influencing a change—that is, e.g., (a) reducing gender gaps in education, access to training, etc.; (b) ensuring women's equal access to economic resources, opportunities, and services; (c) increasing women's opportunities to participate in decision making and leadership; and (iv) reducing inequalities and eliminating discrimination by advancing the rights of women via policies and legislation.
 - whether there were able to measure any intended impacts, results, or consequences.
- If only general indicators have been included, are there any gender equality- specific indicators that could be suggested?

The monitoring indicators are sex disaggregated.

Implementation

- Have specific actions for promoting gender equality been mandated (e.g., specified percentage of seats reserved for women in decision-making bodies set up under the project, gender-related training programmes, study tours and other learning opportunities, job opportunities, equal wages, increased access to resources, support for entry into non-traditional roles and spaces)?

The project envisions to 1) assist MOH, relevant state enterprises and other stakeholders in increasing job expertise in gender equality, 2) conduct capacity building events on gender equality (workshops, training) for MoH and other relevant stakeholders, 3) procure medicines and medical products that respond to the needs of women and men from diverse groups, especially the most vulnerable, for the 2020 and 2021 National Public Health Programs.

Budget

- Have adequate resources been provided for the proposed gender equality activities and/or experts?
- Will it be possible to track the flow of these resources?

The budget allocated on gender-related activities is not specified. Gender experts are not listed in the budget.

Atlas Marker Score

- What score has the CO assigned to this project on the Atlas Gender Marker?

GEN₂

- Does this score match your own assessment?

Yes. However, activities, indicators, and budget allocations should better respond to the situation analysis and better measure impact on gender equality as a cross-cutting issue.

Results

- Does the monitoring framework include measurable gender equality indicators that enable the measure: whether a change was achieved (see the scale of the results below) or progress was made toward influencing a change—that is, whether planned objectives, outcomes, or other types of results were achieved?
 - *Gender negative*: results aggravate or reinforce existing gender inequalities and norms
 - *Gender blind*: gender inequality is not recognised or addressed in any way
 - *Gender targeted*: women, men, or marginalized populations targeted in the result
 - *Gender responsive*: results address differential needs of men or women and equitable distribution of benefits, resources, status, rights but did not address root causes of inequalities in their lives
 - *Gender transformative*: results contribute to changes in norms, cultural values, power structures and the root causes of gender inequalities and discrimination

The expected key results are gender responsive:

- 1) The capacity of national stakeholders involved in the health procurement and supply chain process is developed to fully lead the medicine procurement process at the national and regional level in a transparent, accountable, gender-responsive and effective manner.
- 2) Improved availability of medicines and effectiveness of diagnosis and treatment through a stronger national health care procurement system that respond to the needs of women and men from diverse groups, especially the most vulnerable.

Recommendations

- to include actions that address the issues mentioned in the situation analysis, such as:
 - women health workers' low access to appropriate PPE and other health products, especially those that protect them from COVID-19
 - procurement of medicine related to women's and children's health
- to collect sex-disaggregated data on recipients of the procured health products
- to conduct gender equality capacity assessment of stakeholders prior and after the training sessions to measure their level of understanding
- to train stakeholders (personnel, contractors or subcontractors, service providers) on proper procedures, processes, and policies to prevent and/or address SEA and SH
- to engage women's and patients' organizations among CSOs that receive low-value grants to strengthen mechanisms for civic oversight and monitoring of availability and accessibility of medicines at local level
- to ensure a proper integration of gender equality considerations in all implementations, including planning, monitoring, evaluations, reporting, capacity building, communications, etc.
- to track the flow of the resources for the proposed gender equality activities and/or experts.