

**Republic of Uzbekistan
Ministry of Health**

UZBEKISTAN EMERGENCY COVID-19 RESPONSE PROJECT

**PROJECT PROCUREMENT
STRATEGY FOR DEVELOPMENT
(PPSD)**

DRAFT

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Background

The COVID-19 epidemic is evolving in Uzbekistan at a rapid pace. With the first case reported on March 15, 2020, within ten days, Uzbekistan moved from the no case transmission scenario to sporadic cases and to a country with reported clusters of cases and community transmission. A total of 144 cases and two deaths are reported as of March 29, 2020. A rapid increase in the number of cases can be expected over the coming weeks based on the experience from several other countries.

1. Project Overview

Country:	Republic of Uzbekistan
Full Project Name:	Uzbekistan Emergency COVID-19 Response Project
Total Finance (USD):	95,000,000
Project Number:	P173827

A. Project Description: The Project will consist of three components to support the government to curb the spread of COVID-19 pandemic and strengthen the health system to detect and treat cases and to be added by SP team if needed. The specific activities financed by the Project will : (i) strengthen the short- and long-run capacity of the public health system to provide intensive care; (ii) rapidly address the COVID-19 emergency by identifying, isolating and providing care for patients with COVID-19 to minimize disease spread, morbidity, and mortality, (iii) implement effective communication campaigns for mass awareness and education of the population on how to tackle the COVID-19 emergency.

Component 1: Emergency COVID-19 Response (US\$34.5). This component will provide immediate support to the country to limit local COVID-19 transmission through strengthened preparedness and containment strategies. It will support the enhancement of disease detection and isolation capacities through the provision of laboratory equipment, supplies, and systems, equipment and transportation mean for rapid response and epidemiological teams to facilitate prompt case finding and contact tracing, consistent with WHO guidelines. The component will strengthen the response capacity to address the surge in patients requiring hospital care by mobilizing trained and well-equipped frontline hospital workers.

Component 2: Social and Financial Support to Households (USD59.5). Support for unemployed individuals, those at-risk of becoming unemployed, and at-risk individuals experiencing sharp declines in formal labor income. Support to unemployed population registered with the ESC with: (i) temporarily expand access, top up, and relax eligibility criteria for unemployment cash benefits; for those formally employed but at-risk of unemployment, or a sharp decline in formal labor income: (ii) open wage subsidies to formally furloughed workers compensating for a share of or full their customary income. Temporary cash support for vulnerable households using the existing community (mahalla) network. Patients and their families would need support, especially those who are isolated and less familiar with virtual or delivery services. Continuing to support individuals and groups ranging from community centers to nursing homes would require detailed plans. Additional social support activities would be geared to reduce/eliminate financial barriers to families to seek and utilize needed health services, as well as to help mitigate economic impact on households, particularly among the poor.

Component 3: Implementation Management and Monitoring and Evaluation (USD1.0).

The Project Management sub-component will support the administrative and human resources needed to implement the Project and monitor and evaluate progress. It will support the capacity of the two Project Implementation Units (PIU) involved in the implementation of the Project. Health-related activities will be implemented by the MoH PIU and social support activities by the Ministry of Labour (MoL) PIU. The component will finance staff and consultant costs associated with project management, procurement, financial management, environmental and social safeguards, monitoring and evaluation, reporting and stakeholder engagement; operating and administrative costs; and technical assistance.

B. Project Development Objectives: Proposed Project Development Objectives are to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness.

C. Result Indicators: The expected project beneficiaries will be the population at large given the nature of the disease, including infected people, at-risk populations, particularly the elderly and people with chronic conditions, medical and emergency personnel, medical and testing facilities, and public health agencies engaged in the response in participating countries. Modernization of the emergency medical services, starting from restructuring of pre-hospital dispatch services to upgraded hospital triage system, as well as improvement of skills and knowledge of health providers, is being supported under the ongoing Emergency Medical Services Project (US\$100m).

D. Summary of the key planned needs and procurement activities: The major planned procurement is expected to include: medical equipment, diagnostic supplies (including laboratory reagents and testing kits) for national laboratories, infection protection supplies for frontline staff in hospitals and medical facilities, drugs and supplies, capacity building and training (including for mass-media), development of communication strategies, community outreach and support to the project implementation and monitoring.

The details of procurable items are presented in the table below:

#	Needed item	Unit	Estimated cost per unit (USD)	Quantity	Total (USD)
	I. Personal protective equipment				
1.	Reusable protective overalls with hat	pcs	45.90	15,000	688,525.83
2.	Disposable protective overalls with hat	pcs	10.39	500,000	5,194,142.23
3.	Reusable face mask	pcs	7.77	46,700	362,991.24
4.	Disposable respirator N95	pcs	0.86	500,000	428,030.93
5.	Disposable latex gloves	pcs	0.05	1,000,000	51,153.64
6.	Reusable latex gloves	pcs	0.63	37,500	23,633.61

7.	Protective glasses	pcs	6.04	100,000	603,970.03
8.	Disposable medical face mask	pcs	0.09	1,000,000	94,534.44
	II. Disinfectants				
9.	Liquid antibacterial soap	pcs	0.53	20,000	10,594.16
10.	Antiseptic gel	pcs	0.38	20,000	7,562.76
11.	Antiseptic spray	pcs		100,000	
12.	Alcohol wipes	pcs		500,000	
13.	Disinfectants	kg	3.26	150,000	488,427.93
14.	Disinfection equipment DDA	pcs	68,274.87	16	1,092,397.96
15.	Disinfection equipment DUK	pcs	47,267.22	14	661,741.07
16.	Liquid sprayer "Automax"	pcs	42.02	5,000	210,076.53
17.	Hand spray	pcs	262.60	100	26,259.57
	III. Isolation tools				
18.	Pyrometer	pcs	42.02	20,000	840,306.12
19.	Biobox BIOBOX EBXT-06	pcs	52,519.13	19	997,863.52
20.	Biocamera BIO-BAG EBV 30/40	pcs	9,243.37	54	499,141.84
	IV. Test (PCC) diagnostics				
21.	2019-nCoV Testing System (PCR Diagnostic)	pcs	9.45	500,000	4,726,721.94
	V. Medical Equipment				
22.	Alcohol sodium antiseptic	pcs	7.35	100,000	735,267.86
23.	Dosator (antiseptic)	pcs	37.81	5,000	189,068.88
24.	Cardio monitor	pcs	3,151.15	90	283,603.32
25.	Defibrillator	pcs	6,302.30	30	189,068.88
26.	ALV	pcs	10,713.90	500	5,356,951.54
27.	Console	pcs	1,575.57	610	961,100.13

28.	Portable X-ray machine	pcs	73,526.79	60	4,411,607.15
29.	Portable Ultrasound	pcs	21,007.65	60	1,260,459.19
30.	PCR hardware	pcs	36,763.39	10	367,633.93
31.	ECG	pcs	3,151.15	100	315,114.80
32.	Pulse Oximeter	pcs	525.19	500	262,595.66
33.	Oxygen Generator	pcs	157.56	30	4,726.72
34.	Laryngoscope	pcs	1,050.38	500	525,191.33
35.	Electric suction pump	pcs	1.58	60	94.53
36.	Ambu cap (with masks for children and adults)	pcs	1,575.57	60	94,534.44
37.	Intubation Pipe 7.5	pcs	3.15	3,000	9,453.44
38.	Intubation Pipe 6.0	pcs	3.15	3,000	9,453.44
39.	Intubation Pipe 4.0	pcs	3.15	3,000	9,453.44
40.	Gastric tube size 4.0 for children	pcs	2.10	450	945.34
41.	Gastric tube 8.0 for children	pcs	2.10	450	945.34
42.	Gastric tube size 14.0 for adults	pcs	2.10	750	1,575.57
43.	Gastric tube size 16.0 for adults	pcs	2.10	750	1,575.57
44.	Nose Cognac for Oxygen Transfer	pcs	0.42	3000	1,260.46
45.	Bladder Catheter Foley G16	pcs	1.58	1500	2,363.36
46.	Bladder Catheter Foley G12	pcs	1.58	1500	2,363.36
47.	Bladder Catheter Foley G6	pcs	1.58	750	1,181.68
48.	Subcutaneous Venous Catheter F3	pcs	5.25	750	3,938.93
49.	Subcutaneous Venous Catheter F5	pcs	5.25	3000	15,755.74
50.	Angiocatheter G24	pcs	0.53	3000	1,575.57
51.	Angiocatheter G22	pcs	0.53	3000	1,575.57

52.	Angiocatheter G20	pcs	0.53	3000	1,575.57
53.	Angiocatheter G18	pcs	0.53	3000	1,575.57
54.	Angiocatheter G16	pcs	0.53	3000	1,575.57
55.	Children's Tanometer	pcs	78.78	150	11,816.80
56.	Adult Tanometer	pcs	78.78	150	11,816.80
57.	Nebulizer	pcs	367.63	60	22,058.04
58.	Mattresses against bed wounds	pcs	210.08	150	31,511.48

E. Legal/Policy Requirements:

Applicable procurement framework – Procurement under the project will be carried out in accordance with the World Bank's Procurement Regulations for IPF MoHs for Goods, Works, Non-Consulting and Consulting Services, dated July 1, 2016 (revised in November 2017 and August 2018). The Project will be subject to the World Bank's Anticorruption Guidelines, dated October 15, 2006, revised in January 2011, and as of July 1, 2016.

Use of Systematic Tracking of Exchanges in Procurement (STEP) - It is mandatory for all procurement transactions for post and prior contract review under the project to be respectively recorded in, or processed through the Bank's planning and tracking system, STEP. This ensures that comprehensive information on procurement and implementation of all contracts for goods, works, non-consulting services, and consulting services awarded under the whole project are automatically available. This tool will be used to manage the exchange of information (such as bidding documents, bid evaluation reports, no objections, and so on) between the implementing agencies and the Bank.

Use of National Procurement Procedures - all contracts for goods, works and consultancy services following national market approach shall use the procedures set out in the Public Procurement Law (PPL) dated April 2018. The provisions of the PPL are consistent with the WB Procurement Regulations Section V – Para 5.4 National Procurement Procedures subject to a few conditions specified in PPSD. Further improvement of the 2018 legal and regulatory framework is being carried out GoUZ. *The ongoing reform activities include the development of a new PPL (expected to be effective in June 2020) and its implementation regulations as well as a full-fledged e-procurement system. WB provides support and advice to GOU on the development of this new framework and will update the assessment of the National Procurement Procedures that will be adopted for national competition procurement approach under the project.*

2. Strategic Assessment of Operating Context and MoH Capability

2.1 Operational Context

A. Governance aspects: The Republic of Uzbekistan is a unitary state. The system of government in the Republic of Uzbekistan is presidential, with a Parliament elected by universal suffrage (hereinafter also known as "Oliy Majlis"). Executive power is exercised by the government. Legislative power is vested in the two chambers of the Oliy Majlis: (i) the Senate and (ii) the Legislative Chamber. The judiciary is composed of the Supreme Court, Constitutional Court, and Higher Economic Court exercising judicial power.

- Budget Code (2014): replaced the previous Budget System Law and introduced the principle of the effectiveness of the use of the budgets of the budget system, the principle of transparency, the preparation of the budget for more than one fiscal year, the strengthening of financial independence of regions.
- Tax Code (2008): introduced the tax system and regulates the rights and obligation of taxpayers, tax control and inspection, the non-compliance responsibility; it is currently being amended covering more aspects of the new tax policy, risk management system, and update on practice in relation to the changing social and economic environment.
- Law on Public Procurement (2018): public procurement regulation and the related documentation, procurement methods, monitoring and control, complaints.
- Customs Code (2016): regulates the transportation and import and export of goods across the country border, payment of duty, customs clearance procedure and documentation; customs control and inspection and the related information for the public; also, in process of being updated to reflect changes in customs administration and control aligned to international practice.
- Law on Parliamentary Control (2016): regulates the procedures applied in deliberations of the budget and the audit report undertaken by the Parliament.

In addition to the laws approved by the bicameral Parliament of Uzbekistan, the public finance management area is strongly regulated through decrees, regulations, ordinances, decisions and other normative documents which are strictly complied with. The regulatory documents are uploaded and publicized on www.regulation.uz.

B. Economic aspects: Uzbekistan is a lower-middle-income, mineral-rich, doubly landlocked Central Asian. It has the largest population in Central Asia – 32.96 million as of 2018. Over the past decade, Uzbekistan has maintained high and stable economic growth rates and has gradually diversified its economy. Coinciding with this economic growth, official poverty estimates have declined from 27.5 percent in 2001 to 11.4 percent in 2018. This has been accompanied by equity gains, with B40 incomes growing faster than T60 over the period 2008–2013. Per capita GNI rose from US\$560 in 2001 to US\$1,910 in 2019.

C. Sustainability aspects: The proposed project supports the GoU contingency plan which is in line with WHO recommendations regarding best practice for limiting the human and economic impacts of the COVID-19 epidemic. The activities in the plan include a package of (a) country level coordination; (b) risk communication and community engagement; (c) surveillance; (d) PoE identification and isolation of cases; (e) case investigation and rapid response; (f) strengthening the national laboratory system; (g) infection prevention and control; (h) case management; and

(i) multisectoral action to mitigate social and economic consequences. The proposed Project focuses on items (c) through (h) while other development partners are supporting the GoU in the remaining items. The design of the Project is flexible to accommodate changing needs in the face of a rapidly changing epidemic. Since the entire response to the COVI-19 epidemic is assigned to a single component with a unique expense category, activities can easily be accommodated to a changing epidemic profile without requiring restructuring.

D. Technological aspects: The World Bank and donors support will focus on strengthening activities in (a) surveillance; (b) infection prevention and control; and (c) case management through procurement of essential goods (e.g. medical equipment, PPEs, essential medications) and services (e.g. training). The “soft” activities such as risk communication and community engagement and workforce training will be supported by other major development partners.

2.2 Assessment of MoH Capability and Project Implementation Unit

The MOH will have the overall responsibility for implementing activities under the Health component of the project. The RSC EMC, through the PIU, located in the RSC EMC, that is responsible for implementation of Emergency Medical Services project, also will be implementing activities under this COVID project. The PIU has project director, procurement officers, financial management (FM) specialist, chief accountant, disbursement officer, M&E officer, and environmental and social safeguards specialist. Additional technical experts involved in the COVID 19 operation in the country, will provide technical support during the implementation of the project.

Procurement implementation will be undertaken by the MoH with the support of the existing PIU which provides fiduciary support to the ongoing health operation implemented by the same ministry. It has been agreed that the internal processes established under the ongoing operation will be replicated under the proposed project to avoid delays in implementation and initial set-up. The existing PIU within the MoH employs two national Procurement Specialists (PS) who will also work on the proposed project. However, given a large volume of planned procurement activities, it was agreed with the MoH that should the need arise, the existing PIU capacities will be enhanced by employing additional technical and procurement expertise.

2.3 Market Research and Analysis

This section provides an overview of details of a market analysis summary for the supply of critical medical products required to respond the COVID-19 outbreak. The analysis identifies the main market segments, the major suppliers for each segment and supply chain risks. Informed by this analysis, procurement options and actions are outlined to help address market supply issues.

The supply of medical products required to respond to the COVID-19 outbreak is consolidated in five separate market segments:

- Personnel Protective Equipment
- Medical Device Equipment
- Medical Consumables
- Chemicals

As well as manufacturers who act as suppliers, there are also distributors, procurement agents and wholesalers who operate in this market. This analysis focuses on the OEM (Original

Equipment Manufacturers). Medical products are highly regulated and usually subject to many laws at a country, and sometimes also at a regional level e.g. European Union.

Personnel Protective Equipment (PPE): Many products in this category are impacted by surging demand from the public for protective equipment e.g. masks. Normally, the majority buyers in this market are in the health sector, rather than the general public. Therefore, this supply market is not geared-up to respond to mass demand from the general public. Generally, across the market, backlogs on orders are running at 4 to 6 months. Production of PPE items have been significantly shifted from the U.S. to Mexico who are experiencing 100% utilization rates (capacity is full), and this is expected to continue for the next 4 to 6 months. Distribution is a through a mixture of supply from manufacturers and wholesalers. The U.S. represents the largest buyer, followed by Europe. Both these geographies have domestic manufacturers, but the market place is dominated by Chinese suppliers (due to lower cost of production). Other geographies have rapidly expanding local manufacturing base offering low-cost product lines.

Surgical Masks: China is the main producer of surgical marks, accounting for approximately 50% of worldwide capacity. Other supplier countries include India, Thailand, Malaysia, Japan, Mexico, US, Korea and several European countries.

Surgical Gloves: The distribution of manufacturing capacity for surgical gloves is more diversified than surgical masks. Though China does produce significant amounts of gloves, the greatest production capacities are in Malaysia, Thailand and Indonesia. Distribution is a through a mixture of supply from manufacturers and wholesalers.

Surgical Gowns: Disposable surgical gowns are preferred more than reusable surgical gowns. The disposable surgical gowns segment dominates the market with approximately 68-70% of market share. This is a highly globalized market with main manufacture in Europe, Asia and North America.

Scrubs: North America and Europe are the largest medical protective clothing markets due to major market players being domiciled in these regions.

Goggles: The market is highly consolidated due to the presence of a few global suppliers and numerous local manufacturers in different parts of the world. Key manufacturers in this market are based in the USA and Europe, with some local manufacturers present mostly in Asia Pacific region.

Respirator Fit Testers: The USA holds significant market share from the sales of respirator fit testers due to stringent government regulations and standards enforced by United States Department of Labor.

Oxygen Concentrator: The USA is the leading supplier of Oxygen Concentrators followed by Europe then China. Oxygen concentrators can be complex to buy and subject to many local regulations.

Tubes (Lab Equipment / Laboratory Glassware): The market is dominated by a number of key suppliers mainly from North America and Europe due to the bigger demand of downstream applications. In 2017, these two regions took 62.04% of global laboratory glassware consumption in total.

Portable Ventilators: The global ventilators market is highly consolidated with 5 companies accounting for more than half of the global market share. Portable ventilators can be complex to buy and subject to many local regulations.

Pulse Oximeter: North America is the largest supplier of pulse oximeters, with a production market share nearly 46% in 2015. Asia is the second largest supplier of pulse oximeters with a production market share nearly 33% in 2015.

Laryngoscope: The market is highly fragmented with many suppliers, with Europe and North America suppliers considered the leading companies supplying Laryngoscopy technology.

Ultrasound: The global Ultrasound market is dominated by 5 main suppliers that represent 90% of market supply. Ultrasound can be complex to buy and subject to many local regulations.

Bio-Hazard Bags: North America is the largest bio-hazard bag market at present followed by Europe. This is mainly due to stringent government regulations regarding waste disposal, an aging population and large amounts of bio-hazard waste generated.

Chlorine: The USA, Canada, Brazil, Japan, China and India are major producers of chlorine.

Price Analysis:

Price benchmark information is in the public domain for a number of medical products as detailed below. This type of information can be used to support MoHs in establishing how much of premium is being charged due to increased demand.

PPE Product	Price Median (\$)
Exam Gloves	\$6.55
Isolation Gowns	\$49.50
Respirators	\$10.52
Shoe Covers	\$49.50
Surgical Masks	\$55.00

Key Conclusions: health care industry and governments are currently mobilizing to boost supply and put measures in place to stop speculation and stock piling. WHO is working with governments, industry and the PSCN to boost production and secure stock allocations for critically affected and at-risk countries. Generally, governments are being encouraged to develop incentives for industry to rapidly increase production, including easing restrictions on the export and distribution of personal protective equipment and other medical supplies.

It is to be highlighted that given the global COVID-19 emergency situation, the project may be significantly constrained in identifying and eventually procuring critically needed supplies and materials due to significant disruption in the supply chain, especially for PPE and ventilators (ALV). It is therefore recommended to retain the possibility for the project to benefit from the HEIS and BFP arrangements presented further below.

Procurement interventions should focus at three levels:

- Support MoHs by providing access to contractual arrangements that ensure supply, are easy to use, efficient and effective and provide cost protection.
- Engage with industry through PSCN to develop solutions that prioritize supply based on need, remove barriers to distribution, effectively manage cost and facilitate increased production.
- More detailed market analysis, supported by industry experts/specialist medical sector consultants, to identify other sources of supply, benchmark data on prices and monitor trends.

Based on the above, possible procurement approaches are:

- MoH procure as a direct source under normal emergency procedures:** Fast to implement if a MoH has an existing contract where additional volume can be added and has capacity. Direct contracting is the fastest procurement method.
- MoHs procure through UN Agencies at the project level:** The MoH procures through UN agencies, leveraging their existing supply arrangements, stocks and logistics support (e.g. WHO, UNICEF, UNOPS). This has the benefit of fast implementation, low integrity concerns, good VFM and low risk. It provides access to UNOPS stocks and levers their existing supply frameworks and purchasing influence/power.
- MoH's use their own existing supply arrangements with health providers:** It is common for countries who have existing supply agreements for medical equipment/consumables and stocks held locally. This has the benefit of fast implementation and the MoH retains full ownership, however there is possibility of integrity and VFM risks depending on how good their arrangements are and the level of leverage the MoH's has with its purchasing power/local influence. However, if supplies are short they may not be a preferred customer for manufacturers e.g. if they have a bad payment record or are considered by suppliers as difficult to deal with.
- Hands-on expanded implementation support (HEIS):** If requested by the MoH, the Bank will provide HEIS to help expedite all stages of procurement – from help with supplier identification, to support for bidding/selection and/or negotiations to contract signing and monitoring of implementation. Given the global COVID-19 emergency situation, the project may be significantly constrained in purchasing critically needed supplies and materials due to significant disruption in the supply chain, especially for PPE and ventilators. As part of HEIS, the Bank will provide at MoH request, Bank Facilitated Procurement (BFP) to proactively assist them in accessing existing supply chains. Once the suppliers are identified, the Bank could proactively support MoH with negotiating prices and other contract conditions. The MoH will remain fully responsible for signing and entering into contracts and implementation, including assuring relevant logistics with suppliers such as arranging the necessary freight/shipment of the goods to their destination, receiving and inspecting the goods and paying the suppliers, with the option of using the World Bank's system of making direct payment to the contractors or suppliers or consultants on behalf of the Client from the proceeds of the financing, in accordance with the terms of the Financing Agreement. The BFP would constitute additional support to the MoH over and above usual HEIS which will remain available. If needed, the Bank could also provide hands-on support to the MoH in contracting to outsource logistics. **However, procurement execution remains the responsibility of the MoH and HEIS does not result in the Bank carrying out procurement on behalf of the MoH.**

The proposed procurement approaches prioritize fast track emergency procurement for the required goods, works and services. Key measures to fast track procurement include: Bid Securing Declaration may be used instead of a Bid Security; Performance Security may not be required for small contracts for works and supply of goods (however, retention money may be retained during the defects liability period for works contracts and manufacturer warranties will be requested for goods contracts); Advance payment may be increased to up to 40% of the contract price while secured with an advance payment guarantee; Bidding/Proposals preparation time may be reduced to 15 business days for international competition, 7 business days for national competition and 3 business days for the Request for Quotations depending on the value and complexity of the requested scope of bid and capacity of firms (local and international) to prepare responsive bids in the proposed periods; Standstill period will not apply in any procurement under the project.

3. Procurement Risk Analysis

A. Procurement risks: The major risks to procurement are: (a) border closure and restrictions applied on cargo movements. These restrictions may affect timely delivery of essential goods and services; (b) poor contract management system with potential time and cost overrun and poor-quality deliverable; (c) lack of familiarity in dealing with such a novel epidemic which may result into slow decision making; and (d) increased risk of F&C (abuse of simplified procurement procedures, false delivery certification, inflated invoices). These risks are elevated by the global nature of the COVID-19 outbreak, which creates shortages of medical goods supplies and necessary services. This may result in increased prices and cost. Moreover, various health care industries are feeling the impact of COVID-19 that subsequently impacts the procurement process and implementation of the contracts. To deal with potential procurement delays because of the spreading of COVID-19, the Bank will support the MoH in applying any procedural flexibilities (e.g. extension of bid submission deadlines, advising on the applicability of force majeure, electronic bid submission, etc.). The Bank team will also monitor and support implementation to agree with the MoH on reasonableness of the procurement approaches and obtained outcomes considering the available market response and needs.

B. To mitigate the identified risks: the following actions are recommended in addition to those mentioned above: (a) maintaining accountability for following the expedited approval processes for emergency; (b) assigning staff with responsibility of managing each contract; (c) ensuring oversight by the Bank teams in close coordination with the MoH's oversight agencies; and (d) Government of Uzbekistan considering BFP options, where the option of using the World Bank's system of making direct payment to the contractors or suppliers or consultants on behalf of the Client from the proceeds of the financing, in accordance with the terms of the Financing Agreement, can be adopted. The procurement risk is High.

C. Bank's oversight arrangements: The Bank's oversight of procurement will be done through increased implementation support, HEIS, if requested, and increased procurement post review based on a 20% sample. Bank's prior review will not apply. For Risk based monitoring for physical progress, the Bank may rely on alternative arrangements such as Third-Party Monitoring, beneficiary feedback, reliance on UN agencies with presence in Uzbekistan, independent verification agents, and implementation support missions whenever and wherever possible.

The risks associated with the procurement and relevant mitigation measures identified and summarized in the table below:

1. **Supply Shortages/out of stock.** The WHO has warned that severe and mounting disruption to the global supply of personal protective equipment (PPE), caused by rising demand, panic buying, hoarding and misuse, is putting lives at risk. Shortages are particularly acute in the supply of surgical gloves, medical masks, respirators, goggles, face shields, gowns, and aprons. For example, demand for surgical masks has increased six-fold, while demand for N95 respirators has trebled and gowns has doubled. Based on WHO modelling, an estimated 89 million medical masks are required for the COVID-19 response each month. For examination gloves, that figure goes up to 76 million, while international demand for goggles stands at 1.6 million per month. To meet rising global demand, WHO estimates that industry must increase manufacturing by 40 per cent. WHO has so far shipped nearly half a million sets of personal protective equipment to 47 countries, but supplies are rapidly depleting.
2. **Cost Increase.** Since the start of the COVID-19 outbreak, prices have surged, with some countries introducing price regulation. However, this has the potential to distort supply with suppliers opting to supply those customers who are willing and able to pay inflated prices, quickly.
3. **Long Leadtime.** Stocks are rapidly depleting and market manipulation is a risk, with stocks potentially being sold to the highest bidder that pays fastest. Manufacturers are attempting to expand production, with either “mothballed” production facilities being reopened or running production at higher volumes. Leadtime will also be compounded by any manufacturer shutdowns due to worker quarantines, transport disruption and any selling preferences to existing/domestic customers.
4. **Manufacturer Shutdowns.** The main manufacturers of PPE (China) are based in countries which have outbreaks of the virus, quarantines, creating the potential for factory shutdowns and further limiting supply, and increasing lead time.
5. **Transportation Disruption.** International shipping and transportation, especially from China, is facing considerable disruption caused by road blocks and quarantine measures, as well as lower availability of transportation and freight containers.

Risk Description	Likelihood	Impact	Overall risk	Description of Mitigation	Risk Owner
Supply Shortages/out of stock	5	5	25	Direct contracting with suppliers who has enough goods based on market analysis. Consider use of HEIS and BFP	MoH
Cost Increase	3	4	12	Deep market analysis. Use of BFP/HEIS	MoH
Potential procurement delays: Experience with the past and on-going projects in the country show frequent procurement delays due to poor procurement planning and lack of appropriate market analysis.	5	5	25	Careful and prompt procurement planning based on a dynamic market analysis and realistic scheduling; advanced preparation of technical specifications or TORs; close Bank supervision and monitoring, particularly from the country offices.	MoH

				Usage of RFQ method without thresholds limitations, decrease of the time for bids or quotations submission and usage only post review approach for all packages.	
Manufacturer Shutdowns	5	5	25	Market analysis to determine manufacturers who is still working and based on the virus free territory. Use of HEIS and BFP	MoH
Inadequate contract management and lower-than-required quality of procured equipment	5	5	25	Establish a continuous progress monitoring of COVID-19 procurement related and contract implementation. A Contracting monitoring team will be created to serve the above purpose. More emphasis and training on appropriate contract management; regular physical inspections by Bank supervision mission.	MoH
Perceived high level of corruption as measured by Transparency International. Overall procurement environment is unsuitable for effective procurement.	3	5	15	Bank Anticorruption Guidelines will be enforced. Close supervision by the Bank staff.	MoH
Transportation Disruption	5	5	25	Market analysis to determine manufacturers who is still working and based on the virus free territory. Discuss with neighbouring countries possibility of transit.	MoH

D. Contract Management Measures: The MoH will introduce an effective contract management process for all large value contracts. This is a critical tool for ensuring that the suppliers and the purchaser meet their contractual commitments to time, cost, quality and other agreed matters. It requires systematic and efficient planning, execution, monitoring, and evaluation to ensure that both parties fulfil their contractual obligations with the ultimate goal of achieving value for money and contractual results. The contract management process involves: (i) tracking and monitoring cost, time, quality and deliverables; (ii) collaborating to improve performance and promote

opportunities for ongoing innovation, if applicable; (iii) being clear on roles and responsibilities of both MoH and suppliers; (iv) managing relationships with the suppliers and key stakeholders; (v) managing payments in accordance with agreed terms; (vi) being proactive throughout the contract to anticipate problems and issues before they arise; and (vii) managing problems and issues as they arise, quickly, effectively, fairly, and in a transparent manner.

E. Anti-Corruption Measures: The Bank task team intends to maintain customary oversight and will carry out prior review of all major contracts according to the thresholds that will be regularly reviewed and reflected in the Procurement Plan. The following measures will be carried out to mitigate corruption risks:

- Training of fiduciary staff starting from the project launch and periodically thereafter customized to procedure and methods that would be required in the next 12 months period. Following the project launch, on-the-job training;
- Complaints: all complaints by bidders will be diligently addressed and monitored in consultation with the Bank;
- Require each staff involved in procurement, including each member of a tender or evaluation committee, to certify in writing that his or her involvement does not create any conflict of interest, i.e., relationship with a supplier or consultant, etc.;
- Put in place the necessary mechanisms to ensure that suppliers and consultants are paid according to their contract terms without any delays;
- To maintain up-to-date procurement records and to make these available to the Bank staff, auditors, etc. as required;
- Put in place mechanisms to ensure that no debarred firms or individuals are allowed to participate in bidding or secure any contract award for post review contracts (listed on the World Bank web site: www.worldbank.org/debarr)

4. Stakeholder Analysis

The expected project beneficiaries will be the population at large given the nature of the disease, including infected people, at-risk populations, poor and vulnerable households, laid-off workers, particularly the elderly and people with chronic conditions, medical and emergency personnel, medical and testing facilities, and public health agencies engaged in the response in participating countries.

5. Procurement Objectives

The core procurement objective of the project is to ensure timely selection of suppliers and consultants so that project objectives and indicators are met in a timely, quality and effective manner to obtain of the best possible quality of goods and services from suppliers and consultants and other service providers. Besides this, project procurement to be met the following objectives:

- Use all allocated financial resources of the project in core procurement principals: value for money, economy, integrity, fit for purpose, efficiency, transparency and fairness;
- Support Operational Requirements: this objective requires purchasing in the project's requirements: **to purchase goods and services at the right price, from the right sources, at right time and at the right specification, right quantity/quality that meets needs considering COVID-19 emergency situation;**

- Identify opportunities where the procurement team will add a value: evaluation and selection of suppliers through true value: (a) all purchases should go through the approved procurement processes; (b) engineering and other functional inputs are part of this process; (c) all bidders should not be allowed to enter contractual agreements without transparent procurement’s involvement; (d) increasing involvement of local potential suppliers, contractors and service providers;
- Develop integrated purchasing strategies that support organizational strategies.
- Monitor supply markets and trends (e.g., material price increases, shortages, changes in suppliers) and interpreting the impact of these trends on company strategies;
- Support the procurement policy to ensure that the process is in line with internal control systems to avoid the risk of fraud, the process is both ethical and efficient, and the code of conduct is followed.

6. Procurement Approach Options and Recommendation

Recommended Procurement Approach for the Project

- Option 1 Procurement of goods through open bidding
- Option 2 Procurement through UN agency

Option 1 - SWOT Analysis for Procurement of goods through open bidding

<p><u>Strengths:</u> Fast to implement if a MoH has an existing contract where additional volume can be added and has capacity. Direct contracting is the fastest procurement method.</p>	<p><u>Weaknesses:</u> Lack of MoH coordination may lead to fragmented supply, market frustrations and countries competing with each other for limited resources, higher costs and health outcome less certain. Higher national procurement thresholds, streamlined supervision, and direct sourcing, fully justified under policy, have some inherent integrity risks.</p>
<p><u>Opportunities:</u> Many products in this category are impacted by surging demand from the public for protective equipment e.g. masks. Normally, the majority buyers in this market are in the health sector, rather than the general public. Therefore, this supply market is not geared-up to respond to mass demand from the general public. Generally, across the market, backlogs on orders are running at 4 to 6 months. Production of PPE items have been significantly shifted from the U.S. to Mexico who are experiencing 100% utilization rates (capacity is full), and this is expected to continue for the next 4 to 6 months. Distribution is a through a mixture of supply</p>	<p><u>Threats:</u> This option also involves a cost premium which varies from UN agency to agency, depending on services, and may be negotiated. While it is not possible to provide an average across agencies, the following are indicative examples of fees charged, UNFPA is a flat 5%, UNICEF is between 3% to 8.5% depending on type of commodity (e.g. diagnostic test kits are 4% while pharmaceuticals are 8%.) with ½% discount for developing countries; and WHO supplies are 7% and TA is 13%.</p>

from manufacturers and wholesalers. The U.S. represents the largest buyer, followed by Europe. Both these geographies have domestic manufacturers, but the market place is dominated by Chinese suppliers (due to lower cost of production).	
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Option 2 - SWOT Analysis for Procurement through UN agency

<p>Strengths: Leverages existing UN medical supply framework contracts. This approach is tested, supported by existing Bank systems, procedures and templates and the option is already being contemplated by some COVID-19 projects (e.g. Afghanistan).</p>	<p>Weaknesses: Lack of coordination by MoH, may lead to them competing with each other for limited supplies and there is no incentive for the UN to pre-order supplies.</p>
<p>Opportunities: Speed up the process of contracting, increase logistics capacity, more leverage with suppliers than most of our clients, better pricing through bulk procurement, and relevant technical expertise</p>	<p>Threats: This option also involves a cost premium which varies from UN agency to agency, depending on services, and may be negotiated. While it is not possible to provide an average across agencies, the following are indicative examples of fees charged, UNFPA is a flat 5%, UNICEF is between 3% to 8.5% depending on type of commodity (e.g. diagnostic test kits are 4% while pharmaceuticals are 8%.) with ½% discount for developing countries; and WHO supplies are 7% and TA is 13%.</p>

7. Goods - RFQ and Direct contracting

No	Subject	Description key features		Risk and mitigation
		Request for Quotation	Direct Contracting	
1.	Scope	<ul style="list-style-type: none"> Items required for the emergency response operations. Streamlined competitive process: expected to be used irrespective of value 	<ul style="list-style-type: none"> Expected to be used for values irrespective of value 	<p>Risk: impact of less rigorous competitive method</p> <p>Mitigation: enhanced provisions compared to conventional request for quotations such as:</p> <ul style="list-style-type: none"> Risk of including an
2.	Simplified Procurement	<ul style="list-style-type: none"> Electronic issuance of RFQ 	<ul style="list-style-type: none"> Electronic issuance of 	<ul style="list-style-type: none"> Risk of including an

No	Subject	Description key features		Risk and mitigation
		Request for Quotation	Direct Contracting	
	Process	and submission of Quotations	invitation for direct contracting and submission of offers	<ul style="list-style-type: none"> unqualified supplier/manufacturer is expected to be managed prior to requesting quotations i.e. when the list of firms to be requested to submit quotations is established Quality control: reference to WHO recommended specifications and standards; Manufacturer's authorization required for non-manufacturers Electronic submission of quotations in the form of un-editable scanned files Suppliers may request clarifications on why they are not successful; to be addressed by the Purchaser within a reasonable time (no pause). Publication of contract award within 15 days or as soon as practicable thereafter (noting the emergency nature) Advance payment guarantees for advances normally exceeding 10% Provisions such as dispute settlement, force majeure, termination, F&C and Bank's auditing rights included.
<ul style="list-style-type: none"> Electronic communications including (e-procurement systems, email and fax) as primary form of communications between Purchaser and Suppliers; Any meetings-virtual (audio/video) 				
<ul style="list-style-type: none"> No Public opening of quotations 		N/A		
<ul style="list-style-type: none"> No Bid Security 		N/A		
<ul style="list-style-type: none"> Performance security normally not required; in exceptional circumstances performance security may be requested (risk based) 				
<ul style="list-style-type: none"> Option: Delivery Period from a specified milestone (if there are urgencies short delivery periods could be specified) 				
<ul style="list-style-type: none"> Option: Delivery may or may not include inland transportation costs depending on circumstances (to minimize risk perception of foreign suppliers; allow flexibility) 				
<ul style="list-style-type: none"> Option: for partial and/or phased delivery (flexibility) 				
<ul style="list-style-type: none"> Option: CIP/FCA for Goods from abroad to fit the purpose- negotiable 				
<ul style="list-style-type: none"> Option: evaluation could be for the whole items, item-wise or item-wise corresponding to partial delivery (flexibility) 	<ul style="list-style-type: none"> Evaluation done item-wise 			
<ul style="list-style-type: none"> Simplified evaluation and contract awarded based on least evaluated cost after confirming technical 	<ul style="list-style-type: none"> Offer negotiated and contract concluded (this could happen virtually in a short period of time)- a number of 			

No	Subject	Description key features		Risk and mitigation
		Request for Quotation	Direct Contracting	
		<p>compliance- see <i>negotiations tips</i> in finalizing the contract.</p> <ul style="list-style-type: none"> Single foreign currency of supplier's choice (to simplify evaluation while managing supplier's risk perception) 	<p>provisions are negotiable- see <i>negotiations tips</i>.</p>	
		<ul style="list-style-type: none"> Suppliers may request clarifications on the award/complain. Purchaser addresses within a reasonable time. Templates for including requirements (items, quantities etc.), quotation form etc. (to make it easier for both parties) 		
3.	Technical Specifications	<ul style="list-style-type: none"> Link provided to the WHO recommended list, technical specs and standards Standardized approach allows for quick review and contract award decision 	<ul style="list-style-type: none"> Standardized approach allows for quick review, negotiations and contract award decision 	
4.	Contract Form	<ul style="list-style-type: none"> A single contract template i.e. No GCC and SCC Options provided as appropriate e.g. <u>payment terms are negotiable to fit the purpose.</u> To minimize risk perceptions of suppliers in the absence of L/C (which does not seem to be a feasible option here) advance payment as high as 40% to be provided for supply from abroad (10% without guarantee and 30% with guarantee)- <u>this is negotiable</u> <u>Performance security clearly highlighted as normally not required</u> i.e. only in exceptional circumstances (just to enable it only) Bonus payment provision included to encourage suppliers to accelerate delivery 		

No	Subject	Description key features		Risk and mitigation
		Request for Quotation	Direct Contracting	
		<ul style="list-style-type: none"> • Mode of international cargo transport: air to the extent practicable • Contract award: <u>electronic</u>. Use of electronic signature such as DocuSign whenever possible • Contract notices: electronic; any contract-related meetings (could be virtual) 		

Attribute	Selected arrangement
Specifications	Performance
Sustainability Requirements	No
Contract Type	Traditional
Pricing and costing mechanism	Lump Sum
Supplier Relationship	Collaborative
Price Adjustments	None, fixed price
Form of Contract (Terms and Conditions)	State any special conditions of contract
Selection Method	Requests for Bids (RFB) Requests for Quotations (RFQ) Direct Selection
Selection Arrangement	Not applicable
Market Approach	Type of Competition: <ul style="list-style-type: none"> • Open International • Open National • No Competition – Direct Selection Number of Envelopes/Stages: <ul style="list-style-type: none"> • Single Envelope • Single Stage
Pre/Post Qualification	Post-Qualification
Evaluation of Costs	Life-Cycle Costs
Domestic Preference	Yes
Rated Criteria	Not applicable

PROCUREMENT PLAN Uzbekistan : Uzbekistan Emergency COVID-19 Response Project

General Information
Country: Uzbekistan **Bank's Approval Date of the Original Procurement Plan:** 2020-05-20
Revised Plan Date(s): (comma delineated, leave blank if none) 2020-05-20
Project ID: P173827 **GFN Date:**
Project Name: Uzbekistan Emergency COVID-19 Response Project
Loan / Credit No: IDA / 66370
Executing Agency(ies): Ministry of Health of the Republic of Uzbekistan

WORKS

Activity Reference No. / Description	Loan / Credit No.	Component	Review Type	Method	Market Approach	Procurement Process	Prequalification (Y/N)	High SEA/SH Risk	Procurement Document Type	Estimated Amount (US\$)	Actual Amount (US\$)	Process Status	Draft Pre-qualification Documents		Prequalification Evaluation Report		Draft Bidding Document / Justification		Specific Procurement Notice / Invitation		Bidding Documents as Issued		Proposal Submission / Opening / Minutes		Bid Evaluation Report and Recommendation for Award		Signed Contract		Contract Completion		
													Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual		Planned	Actual

GOODS

Activity Reference No. / Description	Loan / Credit No.	Component	Review Type	Method	Market Approach	Procurement Process	Prequalification (Y/N)	Estimated Amount (US\$)	Actual Amount (US\$)	Process Status	Draft Pre-qualification Documents		Prequalification Evaluation Report		Draft Bidding Document / Justification		Specific Procurement Notice / Invitation		Bidding Documents as Issued		Proposal Submission / Opening / Minutes		Bid Evaluation Report and Recommendation for Award		Signed Contract		Contract Completion		
											Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	
UZ-COVID19/DC/2001 / procurement of artificial lung ventilation machines	IDA / 66370	Strengthening National Health System to respond to COVID-19	Post	Direct Selection	Direct			4,400,000.00	0.00	Pending Implementation					2020-06-01		2020-06-06									2020-07-11		2021-01-07	
UZ-COVID19/DC/2002 / Anesthesia and respiratory equipment	IDA / 66370	Strengthening National Health System to respond to COVID-19	Post	Direct Selection	Direct			1,380,000.00	0.00	Pending Implementation					2020-06-01		2020-06-06									2020-07-11		2021-01-07	
UZ-COVID19/DC/2003 / procurement of heart monitors	IDA / 66370	Strengthening National Health System to respond to COVID-19	Post	Direct Selection	Direct			800,000.00	0.00	Pending Implementation					2020-06-01		2020-06-06									2020-07-11		2021-01-07	
UZ-COVID19/DC/2004 / Procurement of defibrillators	IDA / 66370	Strengthening National Health System to respond to COVID-19	Post	Direct Selection	Direct			300,000.00	0.00	Pending Implementation					2020-06-01		2020-06-06									2020-07-11		2021-01-07	
UZ-COVID19/DC/2005 / Procurement of electrocardiographs	IDA / 66370	Strengthening National Health System to respond to COVID-19	Post	Direct Selection	Direct			480,000.00	0.00	Pending Implementation					2020-06-01		2020-06-06									2020-07-11		2021-01-07	
UZ-COVID19/DC/2006 / Procurement of electrosurgical apparatus	IDA / 66370	Strengthening National Health System to respond to COVID-19	Post	Direct Selection	Direct			380,000.00	0.00	Pending Implementation					2020-06-01		2020-06-06									2020-07-11		2021-01-07	
UZ-COVID19/DC/2007 / procurement of electric suction pumps	IDA / 66370	Strengthening National Health System to respond to COVID-19	Post	Direct Selection	Direct			120,000.00	0.00	Pending Implementation					2020-06-01		2020-06-06									2020-07-11		2021-01-07	
UZ-COVID19/DC/2008 / Procurement of bronchoscopes	IDA / 66370	Strengthening National Health System to respond to COVID-19	Post	Direct Selection	Direct			3,120,000.00	0.00	Pending Implementation					2020-06-01		2020-06-06									2020-07-11		2021-01-07	
UZ-COVID19/DC/2009 / Syringe pumps	IDA / 66370	Strengthening National Health System to respond to COVID-19	Post	Direct Selection	Direct			840,000.00	0.00	Pending Implementation					2020-06-01		2020-06-06									2020-07-11		2021-01-07	
UZ-COVID19/RPQ/2006 / Oxygen station	IDA / 66370	Strengthening National Health System to respond to COVID-19	Prior	Request for Quotations	Open - International	Single Stage - One Envelope		1,600,000.00	0.00	Pending Implementation							2020-07-06									2020-09-13		2021-03-12	

UZ-COVID19/DC/2010 / Procurement of PCR apparatus	IDA / 66370	Strengthening National Health System to respond to COVID-19	Post	Direct Selection	Direct			1,500,000.00	0.00	Pending Implementation					2020-06-01		2020-06-11						2020-07-16		2021-01-12
UZ-COVID19/RQ/2005 / Procurement of Tonometers for children, adult tonometers, nebulizers, Ambu bag (with masks for children and adults), Mobile quartz lamps	IDA / 66370	Strengthening National Health System to respond to COVID-19	Post	Request for Quotations	Open - International	Single Stage - One Envelope		674,000.00	0.00	Pending Implementation							2020-07-11						2020-09-18		2021-03-17
UZ-COVID19/RQ/2004 / endotracheal tubes, urinary and subcutaneous catheters, angiocatheters	IDA / 66370	Strengthening National Health System to respond to COVID-19	Post	Request for Quotations	Open - International	Single Stage - One Envelope		1,565,000.00	0.00	Pending Implementation							2020-07-11						2020-09-18		2021-03-17
UZ-COVID19/RQ/2001 / 1. Blood Gas and Chemistry Analysis System 2. Portable (mobile) laboratory 3. Portable (mobile) diagnostic point	IDA / 66370	Strengthening National Health System to respond to COVID-19	Prior	Request for Quotations	Open - International	Single Stage - One Envelope		4,700,000.00	0.00	Pending Implementation							2020-07-06						2020-09-13		2021-03-12
UZ-COVID19/RQ/2003 / Vibro-acoustic apparatus (vibrojang) Pulse oximeter Laryngoscope	IDA / 66370	Strengthening National Health System to respond to COVID-19	Post	Request for Quotations	Open - International	Single Stage - One Envelope		3,280,000.00	0.00	Pending Implementation							2020-07-25						2020-10-02		2021-03-31
UZ-COVID19/RQ/2002 / Multislice CT scan Mobile Digital X-Ray Mobile Ultrasound	IDA / 66370	Strengthening National Health System to respond to COVID-19	Prior	Request for Quotations	Open - International	Single Stage - One Envelope		12,400,000.00	0.00	Pending Implementation							2020-08-11						2020-10-19		2021-04-17

NON CONSULTING SERVICES

Activity Reference No. / Description	Loan / Credit No.	Component	Review Type	Method	Market Approach	Procurement Process	Prequalification (Y/N)	Estimated Amount (US\$)	Actual Amount (US\$)	Process Status	Draft Pre-qualification Documents		Prequalification Evaluation Report		Draft Bidding Document / Justification		Specific Procurement Notice / Invitation		Bidding Documents as Issued		Proposal Submission / Opening / Minutes		Bid Evaluation Report and Recommendation for Award		Signed Contract		Contract Completion			
											Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual		

CONSULTING FIRMS

Activity Reference No. / Description	Loan / Credit No.	Component	Review Type	Method	Market Approach	Contract Type	Estimated Amount (US\$)	Actual Amount (US\$)	Process Status	Terms of Reference		Expression of Interest Notice		Short List and Draft Request for Proposals		Request for Proposals as Issued		Opening of Technical Proposals / Minutes		Evaluation of Technical Proposal		Combined Evaluation Report and Draft Negotiated Contract		Signed Contract		Contract Completion			
										Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual		

INDIVIDUAL CONSULTANTS

Activity Reference No. / Description	Loan / Credit No.	Component	Review Type	Method	Market Approach	Contract Type	Estimated Amount (US\$)	Actual Amount (US\$)	Process Status	Terms of Reference		Invitation to Identified/Selected Consultant		Draft Negotiated Contract		Signed Contract		Contract Completion											
										Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual										