UNITED NATIONS DEVELOPMENT PROGRAMME

PROJECT DOCUMENT

Project Title: **A malaria free Vanuatu, contributing to the good health and well-being of the population**

Project Number: 00130166

Implementing Partner: Ministry of Health, Malaria Programme, Vanuatu

Start Date: 01 January 2020 **End Date: 31 December 2023** **Global Fund Approval: 05 October 2022**

Brief Description

The revision is made in line with the Implementation Letter Number: 2 (dated 5 October 2022) to incorporate the Global Fund reprogramming approved of 2021 and 2022 savings to support Vanuatu Ministry of Health Malaria Programme.

This project support Vanuatu's Ministry of Health vision to achieve a 'malaria-free Vanuatu' with investments being specifically directed to support Vanuatu's commitment to reduce local transmission of malaria to zero in all provinces by the end of 2023. This project contribution to this malaria elimination approach through the provision of long-lasting insecticide treated bed nets (LLINs), enhancing malaria case management, and support to building a resilient and sustainable health system with focus on health information management and human resource capacity.

Contributing Outcome:

United Nations Pacific Strategy (UNPS) 2018 – 2022

Outcome 4: Equitable basic services

By 2022, more people in the Pacific, particularly the most vulnerable have increased equitable access to and utilization of inclusive, resilient and quality basic services

Sub-regional programme document for PICTs (SRPD) 2018 - 2022

Outcome 5.3 More women and men benefit from strengthened governance systems for equitable service delivery, including access to justice.

Indicative output(s) with Gender Marker[2]:

1. Vector Control (GEN 2)
2. Case Management (GEN 2)
3. Resilient and Sustainable Systems for Health (RSSH): Health management information systems and M&E (GEN 2)

Gen 2: The malaria elimination model of surveillance and response moves service delivery beyond facility-based service delivery to the community. This approach will significantly increase the penetration of malaria services into the rural periphery; increasing access for women, remote populations, those impacted by natural disasters and other marginalised groups.

Total resources required:	USD 2,968,368	
Total resources allocated:		
	UNDP TRAC:	
	Donor:	USD 2,968,368
	Government:	
	In-Kind:	
Unfunded:		

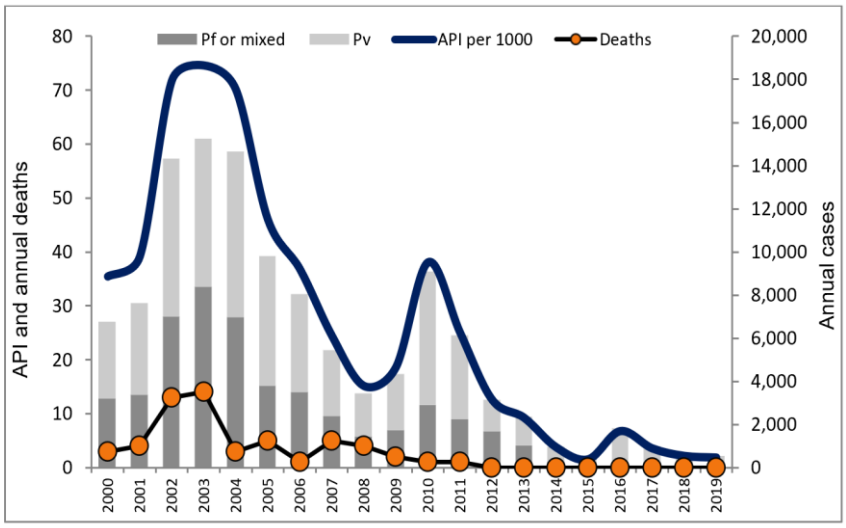
Government	UNDP
Name: Authority:	Levan Bouadze Resident Representative DocuSigned by: C72335FE30FF4E0...
Date:	Date: 16-Dec-2022

I. DEVELOPMENT CHALLENGE

Background:

Vanuatu is currently on track to reach the target annual parasite incidence (API) of 1 per 1,000 nationally in 2020, as defined by the National Malaria Strategic Plan 2015-20. Vanuatu also declared the successful elimination of malaria in its southern-most province of Tafea in 2017. This 2021-2023 project is geared towards supporting the Ministry of Health (MoH) achieve its vision of 'a malaria-free Vanuatu'. It will co-finance a new, rigorous National Strategic Plan for Malaria Elimination 2021-2026 (NSPME), representing a final surge-effort to end malaria. Specifically, this Global Fund (GF) investment will support Vanuatu's commitment to reduce local transmission of malaria to zero in all provinces by the end of 2023.

Development Challenge: Under the previous Strategic Plan, the program goals had been to reduce the API to < 1 per 1,000 nationally by the end of 2020 and maintain zero confirmed deaths from malaria.



The National API has decreased from 3.8 per 1,000 in 2017 to 2.2 per 1,000 in 2018 and 1.9 per 1,000 in 2019, with no confirmed malaria deaths since 2011 (Ministry of Health, 2020). In addition to success in Tafea, malaria incidence is now very low in Penama and Torba provinces and most of Shefa province.

Most cases are now reported from Malampa and Sanma provinces and the island of Epi in Shefa province. [1]

Despite limited entomological data, Anopheles farauti s.s. is known to be the only vector of malaria in Vanuatu, existing and breeding almost exclusively within a few kilometres of the coast. Whilst there is some evidence of a shift in the behaviour of this vector to early outdoor biting, there is no evidence of pyrethroid resistance and females continue to rest indoors frequently and for long enough that both long lasting insecticide treated bed nets (LLINs) and indoor residual spraying (IRS) remain effective vector control strategies.

Root Causes:

Based on the National Statistics Office (NSO) 2016 mini-census data, majority of the 75% of the population defined as ''rural'' reside in close proximity to the coast. The focal-coastal nature of malaria means transmission is most likely to occur among the most mobile populations, and this presents a significant risk to case re-importation and re-establishment in an elimination scenario. With disease burden similar in males and females, there is no evidence of occupational malaria, suggesting that transmission is primarily within villages. Women and populations impacted by natural disasters do, however, risk disproportioned barriers to access and the NSPME specifically prioritises interventions to address these barriers.

Relevance to National & Global Development Priorities:

The commitment of the Government of Vanuatu (GOV) to health as a development priority is specifically articulated in the People's Plan 2016-2030 (Government of Vanuatu, 2016), which reinforces alignment with the Sustainable Development Goals. The Plan specifically targets a reduction of the incidence of communicable and non-communicable diseases (SOC3.2), which maps through to the soon-to-be updated Health Sector Strategy (HSS) 2017-2020 (Ministry of Health, 2017).

[1] National Vector Borne Disease Control Programme (NVBDCP) 2019 Annual Report

The commitment to eliminate indigenous malaria transmission (a notifiable disease) by the end of 2023 is operationalised via the NSPME 2021-2026 (Ministry of Health, 2020). Vanuatu aims to achieve WHO malaria-free certification no later than the end of 2026. NSPME sets out clear, time-bound indicators for the implementation period (Table 1).

Table 1 NSPME 2021-2026 Timelines and Targets (abbreviated)

	2019	2021	2022	2023	2024	2025	2026
Confirmed cases (microscopy/ RDT)	576	≤280	≤140	≤56	0	0	0
Annual parasite incidence: Confirmed cases per 1000 persons per year	1.9	≤1.0	≤0.5	≤0.2	≤0.1	≤0.1	≤0.1
Provinces reporting zero cases of malaria at end of year (of 6)	1	3	4	6	6	6	6
Zero indigenous cases by end of year		Penama, Torba	Shefa	Malampa, Sanma			Certification
Maintain prevention of re-establishment	Tafea	Tafea	+Torba, Penama	+ Shefa	All	All	All
Inpatient malaria deaths	0	0	0	0	0	0	0
Test positivity rate	2.4	<1.25	<1	<1	0	0	0
Number of active foci	26	36	18	8	0	0	0

II. STRATEGY

In line with the UNPS outcome 4, the programme is geared towards supporting national efforts in working towards a malaria free Vanuatu thereby contributing to the good health and wellbeing of the population.

The **Project Goals** are fully aligned to the National Strategic Plan for Malaria Elimination (NSPME) for 2021-2026, which is to

1. Prevent re-establishment of transmission in all provinces where transmission has been interrupted
2. Achieve zero indigenous malaria cases in all provinces of Vanuatu by the end of 2023
3. Receive World Health Organization (WHO) certification of malaria-free status in 2026

Project Objectives are also fully aligned to the NSPME 2021-2026

1. To maintain universal coverage with long-lasting insecticidal mosquito nets (LLINs); and to rapidly reduce malaria transmission in selected high burden areas using indoor residual spraying (IRS).
2. To roll out case-based surveillance and response nationwide using the '1-7-60' approach
3. To test all fever cases for malaria by rapid diagnostic test (RDT) or microscopy and provide prompt radical treatment and care for all confirmed cases according to the national Malaria Diagnosis and Treatment Guidelines.
4. To mobilize communities through health promotion and leverage the support of all stakeholders in a multi-sectoral effort to accelerate the elimination of malaria.
5. To ensure that malaria and other VBD prevention, surveillance and case management are well integrated into disaster preparedness and response activities

Strategic Objectives (Supporting Elements)

SE1. Maintain a high level of political commitment to malaria elimination; and to strengthen program management at national level and implementation at provincial and local levels through improved mechanisms for workforce management, program planning, disbursement of funds, information and data management, technical assistance and cooperation, procurement and supply chain management, and performance monitoring.

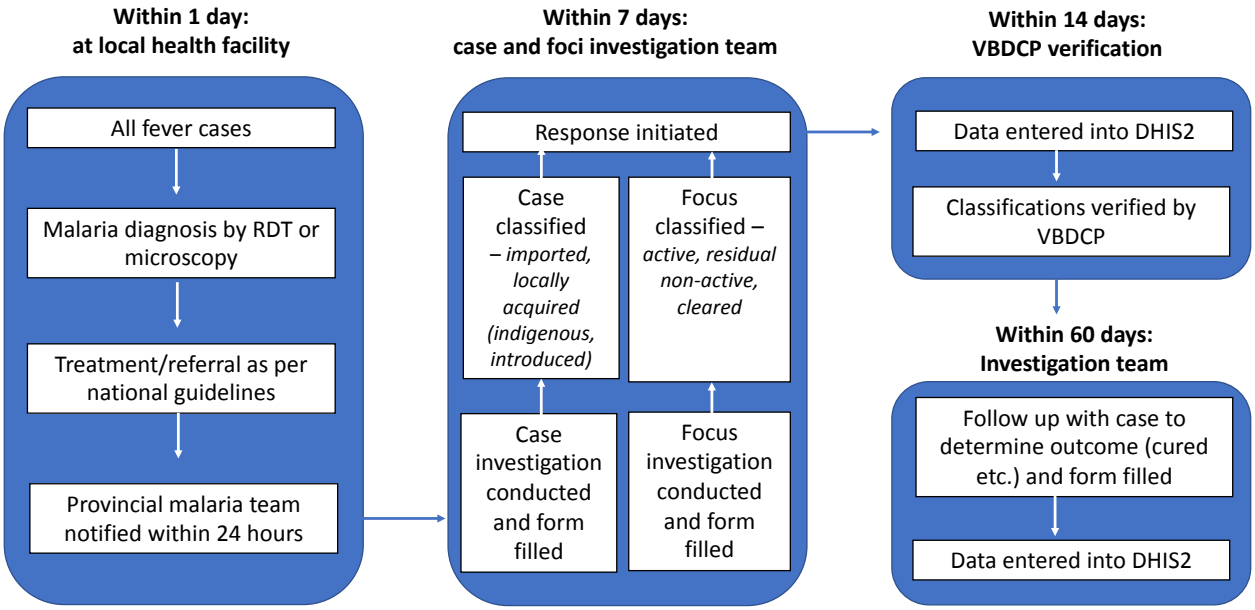
SE2. Leverage technical partnerships in support of innovation by generating new knowledge and applying it to improve delivery and quality of malaria services.

The Elimination Approach

The most significant change under the new NSPME is the move to an elimination model of surveillance and response, using a '1-7-60' approach. This means cases will be reported within one day of detection; investigation and classification of cases and suspected foci and any response actions must be taken within seven days of detection; and follow-up assessments must be made within 60 days of detection to confirm completion of radical treatment and detect possible relapses of P vivax (Figure 5).

Informed by experience in Tafea, the NSPME aims for very high coverage of interventions in defined at-risk populations, supported by highly targeted IRS where required. For efficiency, provinces and health zones with zero transmission are progressively removed from the 'at risk' compartment, with subsequent rounds focused on an ever-smaller denominator. LLINs are delivered through regular 'rolling' mass distributions whereby one-third of health-zones will be targeted annually (at a coverage of 1.25 people per net).

Figure 5: 1-7-60 Case-based surveillance.



RDT: rapid diagnostic test; VBDCP: Vector Borne Diseases Control Program; DHIS2: district health information system

Project Activities

To support national efforts in implementing its malaria elimination model, the project will support the following key areas

1. **Vector Control**: Procurement and distribution of LLINs through universal mass campaigns as well as community based continuous distribution
2. **Case Management**:
    i. Support facility-based treatment through training of HCW; procurement of rapid diagnostic tests (RTDs) and consumables; procurement of microscope; and support to supportive supervisory visits to health zones (integrated testing, treatment and surveillance supervision visits)
    ii. Support epidemic preparedness through the development of disaster relief plans specific for malaria to ensure an adequate response to national disasters
3. **Building resilient and sustainable systems for health**
    i. Through Integrated service delivery and quality improvement: This includes support to quality of care for malaria patients through annual yearly engagement of all health care workers at provincial and central level and through provision of technical assistance with WHO as key provider; procurement of equipment's, vehicles, and furniture's and maintenance and service costs of non-health equipment
    ii. Through human resources for health, including community health workers: This includes funding the malaria community mobilization officer, the finance and administration officer, the WHO vector laboratory technician and the WHO supply chain and procurement officer.

4. **Program Management:** Provide grant management and PR transition support through UNDP as well as support MOH PMU operational costs as well as the establishment of the National Elimination Steering Committee (MESC).

Development Process:

The proposed project approach was devised and agreed upon through a wide consultative approach at country and regional level involving all relevant stakeholders including government and civil society representatives, members of the Vanuatu Country Coordinating Mechanism (VCCM), members of the Pacific Islands Regional Multi-Country Coordinating Mechanism (PIRMCCM), DFAT, and regional technical partners including UNDP, WHO and UNAIDS. The process of grant planning and design was led by an independent consultant.

National and Regional Guiding Documents:

The proposed project approach is guided by the following key documents

- National Strategic Plan for Malaria Elimination 2021-2026
- Global Fund portfolio analysis 2019
- Elimination-focussed health systems Landscape analysis 2020 (UNSF/Nossal)

Detailed expert-led country dialogue was held with key informants from the senior MoH leadership, and wider stakeholders from government, civil society and development partners.

Gender Programming

Gender analysis: Lack of knowledge and awareness about malaria are major risk factors in malaria control and prevention in general and among women in particular. Evidence suggests, for example, that barriers to information access result in women sometimes being less able to correctly identify the malaria parasite as a causative agent for malaria. Similarly, numerous barriers to access can make facility-based service delivery less accessible and less available to women. High levels of gender discrimination in Vanuatu would suggest these barriers require special attention.

Data show women bear a significant burden of violence and discrimination in communities . Three in five women have experienced sexual and/or physical violence, and the practice of bride-price further undermines their status. Whilst the impact is a pervasive and cross-cutting constraint to equitable national development, the impact on access to malaria services is less clear. Certainly, with travel times to health facilities often 4 hours (and sometimes 12 hours), it's reasonable to assume significant barriers to accessing facility-based care, particularly for pregnant women. The 2013 Demographic and Health Survey (DHS) revealed that despite high LLIN coverage, utilisation of LLINs in Vanuatu was unacceptably low (41% amongst pregnant women).

Addressing the gender gap in service access: With the proposed malaria elimination model, the shift in service delivery from being facility-based to the community will make significant contributions to reducing barriers to service access by women particularly pregnant mothers. Training for Provincial Health Teams for Malaria Elimination (PHT-ME) will have a heavy focus on barriers and enablers to equitable access and utilisation. Similarly, IEC/BCC training will incorporate gender dimensions, as will community mobilisation activities. This will include localising awareness and prevention campaigns. Here decision making on the bed-net distribution, implementation, program review and evaluation will be done consultatively with the enhanced participation of women, and with the explicit objective of improving LLIN access for women and pregnant women.

The work of partners in Vanuatu: It is also important to note that the recently designed DFAT bilateral health programme has a significant gender equity component. It is anticipated that the DFAT investment will assist the government to incorporate gender-equity initiatives into provincial health operations, supported by new Vanuatu provincial health grants (Australian Department of Foreign Affairs and Trade, 2019).

Gender monitoring and reporting

The NVBDCP will be monitoring the use of insecticide-treated nets by females as per the agreed data disaggregated requirements of its global fund performance indicators. Additionally, the NVBDCP will be monitoring the impact of BCC/IEC activities on women as per the requirements of the NSPME results framework. Several approaches have been identified to ensure the collection and reporting of gender-disaggregated data. This includes

i. A request has been made for the inclusion of malaria survey questions, including the use of bed nets by pregnant women and children into the National Statistics Office 2020 census. This is a nationwide survey across all provinces and health zones and is planned for November 2020 with results most likely becoming available in 2021.

ii. Targeted post-distribution survey in Health Zones. The final 2021-2023 performance framework requires the NVBDCP to report on LLIN usage indicators annually. Therefore the NVBDCP will also conduct post-distribution mini-surveys to collect this outcome level data annually for the new grant cycle. In September 2020, the NVBDCP with support from WHO commenced engagements with a local contractor to pilot this mini-survey across five of six provinces. Selection of provinces was based on incidence data and location of LLIN distribution in the 2018-2020 grant cycle. The NVBDCP is currently working towards revising data collection forms to enable assessment of the proportion of women sleeping under an LLIN the previous night. Gaps and lessons learned from the 2020 data collection process will be used to improve survey activities in 2021 to ensure the collection of reliable and meaningful data for GF reporting

iii. Opportunities will also be identified to include gender-sensitive LLIN indicators in other large nationwide surveys (eg. STEPS survey, which has now been delayed to 2021)

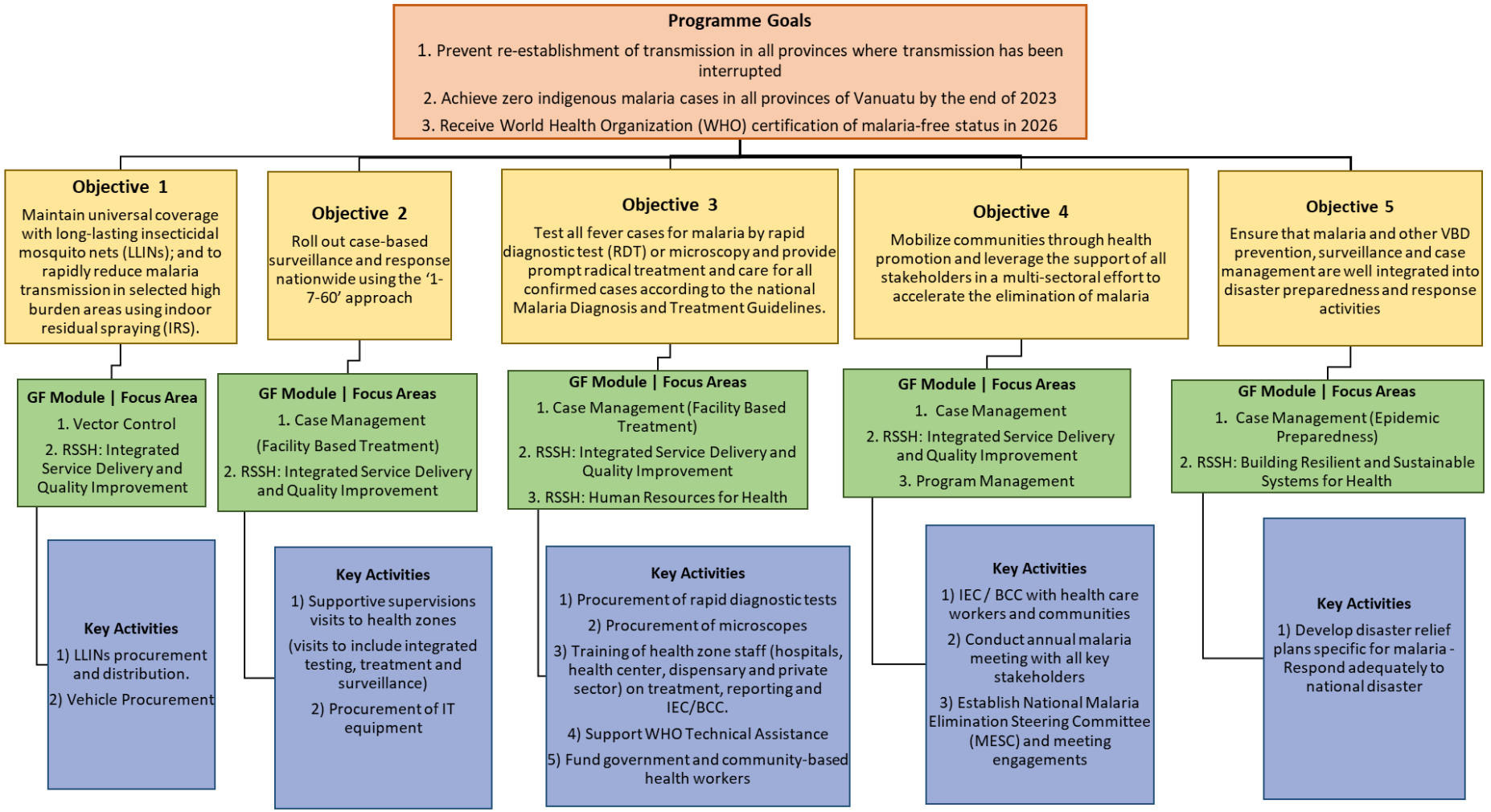
Addressing Other Barriers and Disruptions to Service Access

Natural Disasters: Vanuatu is particularly vulnerable to natural disasters including earthquakes, cyclones and volcanic eruption. Such events can result in large population displacements with a rapid, dramatic reduction in access to health and other services and risk of malaria and other disease outbreaks. Severe Tropical Cyclone (TC) Harold, which struck the most populous mid-northern provinces of Vanuatu on April 6, 2020, is the most recent natural disaster to affect the country. The more targeted, stratification-based approach to vector control will be supported through reprogramming 2018-2020 grant resources which will allow around 38,000 additional LLINs to be distributed in 2021. The programme will also support epidemic preparedness through the development of disaster relief plans specific for malaria to support the programmes response to natural disasters.

Geographical Challenges: Small, remote and outer island communities have poorer access to health and malaria services than those communities in the main islands or in more urban settings. The agility and responsiveness required for elimination are particularly challenging; the deployment of skilled staff to remote rural areas is not unique to Vanuatu, but the need for travel by small boat to many locations across 65 inhabited islands present significant logistical challenges for service delivery, supply chain and supervision.

Overall, the transition to an elimination model will significantly increase the penetration of malaria services into the rural periphery; increasing access for women, remote populations and those impacted by natural disasters.

III. RESULTS AND PARTNERSHIPS



RSSH: Refers to Building Resilient and Sustainable Systems for Health. Under the RSSH Module, the health systems included for strengthening includes: (1) integrated service delivery and quality improvements; (2) health products management; (3) human resources for health including community workers; (4) health management information systems and M&E; (5) community systems strengthening; (6) health sector governance and planning; (7) financial management systems and (8) laboratory systems

Expected Results

Programme Goals:

1. Prevent re-establishment of transmission in all provinces where transmission has been interrupted
2. Achieve zero indigenous malaria cases in all provinces of Vanuatu by the end of 2023
3. Receive World Health Organization (WHO) certification of malaria-free status in 2026

Programme Objectives:

1. To maintain universal coverage with long-lasting insecticidal mosquito nets (LLINs); and to rapidly reduce malaria transmission in selected high burden areas using indoor residual spraying (IRS).
2. To roll out case-based surveillance and response nationwide using the '1-7-60' approach
3. To test all fever cases for malaria by rapid diagnostic test (RDT) or microscopy and provide prompt radical treatment and care for all confirmed cases according to the national Malaria Diagnosis and Treatment Guidelines.
4. To mobilize communities through health promotion and leverage the support of all stakeholders in a multi-sectoral effort to accelerate the elimination of malaria.
5. To ensure that malaria and other VBD prevention, surveillance and case management are well integrated into disaster preparedness and response activities

Objective 1: To maintain universal coverage with long-lasting insecticidal mosquito nets (LLINs); and to rapidly reduce malaria transmission in selected high burden areas using indoor residual spraying (IRS).

SMART Objective 1: By 2023, to have the Annual Parasite Incidence (API) reduced to 0.2 per 1000 population and the total number of reported malaria cases reduced to 56 cases or less

GF Modules / Focus Areas: Vector Control and RSSH (Intergrated Service Delivery and Quality Improvement)

Programme interventions

1. Long lasting insecticide nets – mass campaign – universal
2. Long lasting insecticide nets – continuous distribution – community based
3. Service delivery infrastructure

Key activities

- LLINs procurement and distribution
- Vehicle procurement to support LLINs distibution

Coverage indicators

- Number of LLINs distributed to at risk populations through mass campaigns
- Number of LLINs distributed to targeted risk groups through continuous distribution

Outcome indicators

- Proportion of population that slept under an insecticide treated net the previous night
- Proportion of population using an insecticide -treated net among those with access to an insecticide treated net

Impact indicators

- Reported malaria cases (presumed and confirmed)
- Annual Parasite Incidence

Objective 2: To roll out case-based surveillance and response nationwide using the '1-7-60' approach

SMART Objective 2: By 2023, Achieve in a reduction in malaria foci to 8 cases per year with all malaria foci and confirmed cases being fully investigated and classified. Ie 100% case and foci investigation and classification

GF Modules / Focus Areas: Case Management and RSSH (Human Resources for Health and Intergrated Service Delivery and Quality Improvement)

Key Global Fund interventions

1. Facility-based testing
2. Service delivery infrastructure

Key activities

- Conduct supportive supervision visits to health zones (integrated testing, treatment and surveillance supervision visits)
- Procurement of IT equipment (computers, computer equipment, software and applications) to support surveillance activities
- HR Support

Coverage indicators

- Percentage of malaria foci fully investigated and classified
- Percentage of confirmed cases fully investigated and classified
- Completeness of facility reporting: Percentage of expected facility monthly reports that are actually received

Impact Indicators

- Number of active foci of malaria

Objective 3: To test all fever cases for malaria by rapid diagnostic test (RDT) or microscopy and provide prompt radical treatment and care for all confirmed cases according to the national Malaria Diagnosis and Treatment Guidelines.	
SMART Objective 3: Maintain zero malaria inpatient deaths with an annual blood examination rate of 10% per 100 population; 100% parasitological testing rate of all suspected malaria cases and 100% of all confirmed cases being put on first line antimalaria treatment at public health facilities	
GF Modules / Focus Areas: Case Management and RSSH (Human Resoures for Health and Intergrated Service Delivery and Quality Improvement)	
Key interventions 1. Facility-based treatment 2. Quality of Care 3. Renumeration & deployment of existing / new staff **Key activities** • Procurement of rapid diagnostic kits • Procurement of microscopes • Training of health zone staff (hospitals, health centers, dispensary and privte sector) on prevention (IEC/BCC), treatment and reporting • Support WHO Technical Assistance • Fund government and community based health workers	**Coverage indicators** • Proportion of suspected malaria cases that receive a parasitological test at public sector health facilities • Proportion of confirmed malaria cases that received first-line antimalarial treatment at public sector health facilities **Outcome indicators** • Annual Blood Examination Rate: per 100 population per year (Elimination Settings) • Impatient malaria deaths per year: rater per 100,000 persons per year
Objective 4: Mobilize communities through health promotion and leverage the support of all stakeholders in a multi-sectoral effort to accelerate the elimination of malaria	
GF Modules / Focus Areas: Case Management and RSSH (Intergrated Service Delivery and Quality Improvement) and Program Management	
Key Global Fund interventions 1. IEC/BCC (Case Management) 2. Quality of Care 3. Coordination and Managment of National Disease Control Programs **Key activities** 1. IEC/BCC activities with health care workers and communities 2. Conduct annual malaria meeting with all key stakeholders 3. Establish the National Malaria Elimination Steering Committee (MESC) and meeting engagements	**No GF indicator**: As there are no GF specific malaria indicators relating to community mobilization.
Module 5: To ensure that malaria and other VBD prevention, surveillance and case management are well integrated into disaster preparedness and response activities	
GF Modules / Focus Areas: Case Management (Epidemic Preparedness)	
Key Global Fund interventions • Epidemic Preparedness **Key activities** • Develop disaster relief plans specific for malaria – workshop to develop approach and SOPs • Print and disseminate updated SOPs	**No GF indicator**: As there are no GF specific malaria indicators relating to disaster risk management

Partnerships and Triangular Cooperation

Grant management support (principal recipient)

UNDP will continue its in its grant management | principal recipient role in the 2021-2023 grant cycle whilst simultaneously supporting the rapid initiation of the capacity development / PR transition process to the Ministry of Health. This includes support to building the programme management unit (PMU)

structure (including ToRs and Job Descriptions), legal authority, reporting systems and governance arrangements (procedures, policies, signatories, oversight). The intention is to have a fully functional PMU operational within the MOH by 2024.

Apart from overall grant management and PMU capacity strengthening support, UNDP makes direct contribution to the results that will be achieved under the following Global Fund modules/focus areas including:

- **Vector Control Module** through the procurement of LLINs
- **Case Management Module** through the procurement of RDTs, microscopes
- **RSSH Modules** whereby support to improving service delivery and quality improvements is provided through the procurement of IT equipment's, furniture's, vehicles to be utilised by the national malaria programme and by supporting WHO technical assistance

National implementing partner (grant sub recipient)

This is the **Ministry of Health Vanuatu**. The MOH is responsible for in country implementation of which project interventions are contributing to all four GF Modules / Focus Areas including Vector Control, Case Management and Building Resilient and Sustainable Health Systems through integrated service delivery and quality improvements and support to human resource capacity. Key activities under this project includes actual distribution of LLINs in targeted areas, training of zone health care workers on testing, treatment, reporting and developing information, education and communication (IEC) materials and messaging and behaviour change communication (BCC). The national programme is also responsible for carrying out supportive supervisory visits to health zones. These visits include monitoring and capacity support to integrated testing, treatment and surveillance.

Strengthening health management information systems

Data management, including routine reporting and data-based planning is being identified as a priority area for strengthening. The NVBDCP pioneered the use of the DHIS2 Malaria Module using a standard dashboard to monitor key indicators at national and provincial level yet reporting levels have remained relatively low at 71% as per the 2019 NVBDCP annual report. Strengthening the health management information system via DHIS2 is a common priority for the MoH across disease areas as well as for all development partners and is prioritised under the grant. A strengthened HMIS will provide better data to distinguish recrudescence, reinfection, and relapse. The new NSPME specifically addresses the transition to an elimination agenda, with the minimum levels of reporting, targeting and supervision identified; these will be supported under **MEMTI[2], with government and WHO support.**

Strengthening financial management systems though capacity building and transition planning

Reviews noted that weak planning and financial management have in the past led to significant delays in implementation. In particular, the use of imprests to manage field activities has been a long-running concern. This is addressed in the NSPME and Global Fund proposal with additional capacity building as part of transition planning. As per the Transition and Capacity Development process, **UNDP** will support the strengthening of the MoH PMU, with a rapid transition of core functions in preparation for the MoH to take over the PR role for any future Global Fund grants (and equivalent project management functions for other donor-financed initiatives) from 2024. **DFAT** bilateral support under the DFAT-VHP will support the strengthening of provincial financial management systems, including via a provincial health grant model. This will be planned to operate synergistically with the implementation of the malaria program.

Disaster resilient implementation

Natural disasters have impacted significantly on health systems capacity and development. The 2019 Tropical Cyclone Harold tracked across the most populous islands of Vanuatu directly impacting two islands with the highest remaining malaria burden (Santo and Malekula). Destruction was widespread, including significant damage to health facilities, homes, water supply and food crops. Initial findings from Sanma Province indicate that an estimated 80 – 90% of the population lost their houses, while some 60% of schools and 50% of health centres may be damaged. Natural disasters are a common feature of the implementation environment and for this reason, the NSPME includes malaria and disaster response as a core component. Under the overall leadership of the MOH, the **NVBDCP** will work with the **National**

[2] MEMTI = Malaria Elimination in Melanesia and Timor Leste Initiative. An innovative Global Fund finance modality to incentivize additional contributions to achieve the goal of malaria elimination by 2030 in Vanuatu, Papua New Guinea, Solomon Islands and Timor-Leste

Disaster Management Office (NDMO) Health and Nutrition Cluster to establish plans and mechanisms to support immediate provision of comprehensive malaria and VBD prevention and case management services as part of Vanuatu's disaster relief package.

Relapsing malaria

Scaling up capacity to tackle P. vivax malaria has also been identified as a priority. Under the NSPME, the program will apply new approaches to primaquine treatment and active follow-up for P. vivax malaria, based on G6PD status. The bulk of support towards these efforts are prioritised under the **MEMTI funding support**.

Human resource management

Staffing shortages and mismatches have been a long-running constraint in Vanuatu, caused by poor workforce planning as well as geographic and financial constraints. This is being addressed by a new Role Delineation Policy by the Ministry of Health, which is focussed on strengthening services at the provincial level. Returning medical graduates from Cuba, a re-vamped of nurse training, plus the revival of the Village Health Worker (VHW) cadre all have the potential to ameliorate many of these challenges if adequately financed and managed.

Additional technical assistance will be provided through the **Australian, United States Peace Corps and WHO volunteer programs**. Two Peace Corp placements for public health program management support have been identified for Malampa and Sanma provinces; Australian volunteer positions have also been requested, for placement in each of the other provinces (with the possible exception of Tafea); and a WHO Stop Malaria volunteer will be placed with the national program.

Project Risks and Assumptions

The national programme highlighted **three key risks** that could negatively impact programme delivery and the broader health system optimal functionality

1. **Government fiscal space**: Vanuatu is classified as a lower-middle-income country with GNI per capita of US$3,250 in 2018 (World Bank 2020). There has been a slow decline in Gross Domestic Product (GDP) growth over many years, exacerbated by Tropical Cyclone Pam in 2015 which displaced 65,000 people and damaged 90% of buildings countrywide, and is now set for rapid retraction under COVID-19 (World Bank Group, 2020) and the aftermath of Tropical Cyclone Harold whose impact is still being assessed. The combined impact of two major events have placed exceptional demands on the health system, whilst also impacting the micro-fiscal situation.
2. **Human Resources and Financial Management:** The health sector has suffered from limited HR management capacity for many years. High staff turnover (especially at senior management level), vacant positions and nearly 60% of staff only acting in their substantive roles creates various challenges in continuity and performance management. Previous strategies have been adopted to reduce staffing gaps with limited success.
3. **Natural disasters:** The region is subject to a range of natural threats, including tropical cyclones, earthquakes and volcanic eruptions, resulting in large-scale population displacements. This is reflected in the country's number one ranking on the World Risk Index (Integrated Research on Disaster Risk – IRDR 2017) and (World Bank Group, 2018). Most recent events include Tropical Cyclone Pam in March 2015, several eruptions of the Manaro Voui volcano on Ambae in 2017/2018, Tropical Cyclone Harold in 2020, and ashfall from Yasur volcano, Tanna in 2020.

   The risk log (annex 3) expands on the risk mitigation measures that will be employed to respond to the these.

The achievement of the overall goal to progress towards malaria elimination in Vanuatu in spite of the recurring natural disasters and global economic shocks (including the recession related to the COVID-19 pandemic) is highly dependant on the **assumption** that funding support from MEMTI and the Global Fund Priortized Above Allocaion Request (PAAR) will be approved to support health system strengthening efforts by addressing ciritical barriers to national or sub-national elimination.

Stakeholder Engagement

The proposed project approach was devised and agreed upon through a wide consultative approach at country and regional level involving all relevant stakeholders including government and civil society representatives, members of the Vanuatu Country Coordinating Mechanism (VCCM), members of the Pacific Islands Regional Multi-Country Coordinating Mechanism (PIRMCCM), DFAT, and regional technical partners including UNDP, WHO and UNAIDS. The process of grant planning and design was led by an independent consultant.

Development partner coordination is being acknowledged as a significant challenge. Going forward, the existing Joint Partners Working Group will be strengthened with a new Joint Partnership Agreement that will provide a stronger basis for development partners to engage with Government on policy and sector-wide development issues.

Targeted Project Beneficiaries

Malaria transmission in Vanuatu is strongly associated with proximity to the coast (NVBDCP 2019 Annual Report, pg. 6) and therefore project interventions **primarily targets rural and costal populations** that make up majority of the population of Vanuatu.

Other potentially vulnerable groups include

- **Pregnant women and/or women of reproductive age**: The 2013 Demographic and Health Survey (DHS) revealed that, despite high LLIN coverage, utilisation of LLINs in Vanuatu was unacceptably low (41% amongst pregnant women). Moreover, long travels to facilities represents a barrier for women especially those in rural and remote communities. LLIN coverage, utilisation of LLINs in Vanuatu was unacceptably low (41% amongst pregnant women). With the proposed malaria elimination model, the shift in service delivery from being facility-based to the community will make significant contributions to reducing barriers to service access by women, particularly pregnant mothers. Training for Provincial Health Teams for Malaria Elimination (PHT-ME) will have a heavy focus on barriers and enablers to equitable access and utilisation. Similarly, IEC/BCC training will incorporate gender dimensions, as will community mobilisation activities. Here decision making on the bed-net distribution, implementation, program review and evaluation will be done consultatively with the enhanced participation of women, and with the explicit objective of improving LLIN access for women and pregnant women
- **Boarding school students**: Annual mass distributions will also be done to children living away from home in boarding schools to ensure that no one is left behind
- **Rural and remote communities**: Based on the National Statistics Office (NSO) 2016 mini-census data, the population of Vanuatu is young and predominantly rural. Approximately 75% of the population lives in rural areas. The NSPME prioritises supervision activities to the periphery. Support to peripheral health workers will include identification of neglected populations and proactive provision of IEC/BCC awareness materials. The investment in LLIN distribution to remote health zones, and investment in supporting community health workers and linked BCC/IEC will ensure high levels of coverage and access.
- **Populations impacted by natural disaster**: The region is subject to a range of natural threats, including tropical cyclones, earthquakes and volcanic eruptions. This results in large-scale population displacements. Communications and access to affected areas can be fragile following natural disasters. The proposal earmarks specific resources to ensure an adequate response, such as reserved LLIN stocks.

Communications and Knowledge Management

The programme will primarily utilize online and digital media to achieve its communications goals and will involve joint efforts from all the programme partners. Several mediums and channels will be used. A dedicated Facebook page for the programme, first developed in an earlier phase of the grant, will continue to be a primary communications platform. The existing resources and networks of programme partners, including UNDP global, regional and country offices, will be used to amplify communications.

With regards to content, there will be three main streams: 1) Promoting strategic information developed by the programme to support advocacy efforts with policy makers; 2) developing stories and other communications materials which can compel and galvanize people of influence to pursue change – visual storytelling in the form of photo essays or short videos will be preferred; and 3) traditional press releases, web articles, blogs, op-eds and a mailing list to share progress and success with stakeholders.

Media outreach will be a joint effort by the partners. Press releases, product launches, results stories, etc. will be amplified through each partner's channels.

Efforts will be made to tailor content to local audiences through translation and making use of communication channels deemed particularly effective in reaching certain target audiences in countries.

Communications and knowledge management technical advice will also be provided to programme partners to support their efforts to effectively respond to malaria. Given the ongoing COVID-19 pandemic, this will be vital as the partners adapt and implement new strategies to ensure vulnerable communities continue to receive the health services and support, they need.

Table 2 provides additional information on the main communications products that are anticipated.

Table 2: Programme information and knowledge products

Product	Description and/or use	Submit to and/or display for
Programme newsletter	Using MailChimp email tool, regular updates of progress and achievements by PR for grant supported interventions	▪ All key stakeholders ▪ UNDP Yammer ▪ Social media
Programme brief/ factsheet	Regularly updated programme brief, capturing key results	▪ UNDP Yammer ▪ Social media ▪ UNDP website ▪ Regional MWP workshops
Results Infographics	Visual presentation of key results	▪ UNDP Yammer ▪ Social media ▪ UNDP website ▪ Regional MWP workshops
Facebook, Twitter	Regular, short updates on programme progress, featuring photos, video and links to other related materials. Engage with partners and community. Accomplished via a programme Facebook page as well as cross-posting on other UNDP country office and regional office pages and Twitter accounts.	▪ Public
Press releases, news articles, results stories, photo essays, videos	Programme progress and results are presented in the form of press releases, news articles, results stories, photo essays, videos, etc. and published to the UNDP website (country office, regional, global) and other corporate platforms (for example: UNDP Stories, YouTube, Twitter, Medium, Flickr).	▪ UNDP website ▪ UNDP Yammer ▪ Social media ▪ MailChimp (in the form of News Flash emails that highlight key developments)
Knowledge products	As per the programme work plan, knowledge products are developed by the PR and SRs and disseminated to target audiences. Types of products can include discussion papers, research reports, policy briefs, annual reports, etc.	▪ UNDP Yammer ▪ Social media ▪ UNDP website ▪ Regional MWP workshops

Sustainability and Scaling Up

In line with the NSPME, the VBDCP is focused on sustainability though elimination. Core functions to enable prevention of re-introduction are to be integrated within routine health service delivery wherever possible. With the anticipated elimination of Malaria, the need for new sources of malaria financing should diminish, allowing external financing to address other critical disease burdens. Transition of core project management functions from the PR to the MoH are critical for these benefits to be realised.

IV. PROJECT MANAGEMENT

Cost efficiency and effectiveness

Cost efficiency and effectiveness in the programme management will be achieved through adherence to the UNDP Programme and Operations Policies and Procedures (POPP) and reviewed regularly through the governance mechanism as well as annually by the project board (PIRMCCM).

The strategy of this programme is to deliver maximum results with the available resources through ensuring the design is based on good practices and lessons learned, that activities are specific and clearly linked to the expected outputs, and that there is a sound results management and monitoring framework in place with indicators linked to the Theory of Change. The programme aims to balance cost efficient implementation and best value for money with quality delivery and effectiveness of activities. For its capacity building activities, the programme will utilize outside experts as well as in-house experts from within UNDP and other UN agencies; as well as in-kind contributions from stakeholders.

The project has a very wide geographic spread and reduced resources compared to previous allocations. It is crucial therefore that strategies are adopted to ensure maximum results. There are five key strategies that are designed to assure cost effectiveness and efficiency. These are:

1. The project builds on global knowledge that UNDP has acquired through partnership with the Global Fund since 2003. Programmatic and operational guidelines are available to staff and ease implementation. The UNDP Global Fund and Health Implementation Team, based in New York, Geneva and Copenhagen, provide guidance and advisory services on complex implementation issues as well as on health-related procurement.
2. The project, in alignment with the UNDP–Global Fund Grant Regulations, is accountable for the entire supply chain, from product selection to the rational use of medicines. Thus, the project will undertake regional procurement of health products and equipment using the UNDP–Global Fund procurement architecture designed to facilitate timely supply of quality assured pharmaceutical and health products to meet the needs of Global Fund-financed grants implemented by UNDP, at affordable cost through a value for money service proposition. The project will undertake forecasting and quantification of health products on an annual basis using an adjusted consumption method; develop a timeline-based procurement plan; action procurement, receipt and manage supplies at its regional warehouse; and undertake biannual distributions to countries with quarterly stock reporting to monitor stock at the country level. The project will undertake the role to manage the supply and ensure sound forecasting strategies are used to minimize and avoid health products and medicines expiration and wastage. The project will also undertake PSM capacity development activities both at country and regional level to upskill pharmacy, lab, procurement and programme staff knowledge in forecasting, quantification, inventory management, distribution and procurement of health products.
3. The project will make use of modern technology and support the use of telemedicine activities whereby mentorship and coaching for the health staff will be provided through online media, saving on cost of travel. Online courses and platforms will be used for sharing knowledge among countries.
4. In communicating results, UNDP will use digital technologies such as social media, websites, electronic newsletters, email dissemination, annual reports and other electronic tools, saving on production and paper while ensuring wide reach.
5. The project will utilize standardized programmatic and financial reporting and recording forms. This will ensure comparability of data and an equal approach to all implementers.

Project management

The project management will be based in the UNDP Pacific Office in Fiji and implemented through programme management unit (PMU) set up for this purpose. The project will benefit from the institutional structure of the UNDP office as well as UNDP financial, operations and procurement systems. The project will work closely in collaboration with the Vanuatu Ministry of Health, WHO and other partners and donors in the region to ensure complementarity and to avoid duplication of efforts.

UNDP has established a PMU to manage the operations of the Global Fund grants, provide general guidance on Global Fund policies and procedures, and to ensure responsibility for procurement of the health products and other commodities under this grant are met. The core PMU is based in Suva, Fiji with two outposted positions: one in Vanuatu, given the size and complexity of managing the HIV/TB in-country programme and a standalone malaria programme; and one in Samoa to cover Samoa, Niue and Cook Islands.

The PMU presented in the organogram comprises both internationally and locally recruited personnel that assist the Programme Manager (P4 International) with the delivery of project activities.

The Project Manager coordinates with all the partners and ensures that project activities are efficiently and effectively carried out. She also oversees the implementation of all Global Fund grants in addition to providing support to the implementation of the Capacity Development Plan. Furthermore, the Project Manager ensures facilitation of knowledge building and sharing within the PMU as well as partnership strengthening and coordination.

Suva, Fiji based staff

- **Programme Manager - Suva, Fiji (P4 International)**

- Responsible for the implementation of the Multi-Country Integrated HIV/TB Programme.
- Responsible for the day-to-day management of the Multi-Country Programme.
- Establishes and maintains strategic partnerships and supports the resource mobilization in cooperation with the Management Support and Business Development Team.
- Ensure knowledge and capacity building focusing on the achievement of results

The following key positions within the broader PMU structure will be reporting to the Programme Manager and directly responsible for grant management and capacity building support to the Vanuatu GF funded malaria project.

- **Programme Analyst - Port Vila, Vanuatu (SB4)**

- Supports assigned portfolio of SRs in Vanuatu on all matters of programme implementation.
- Focuses on ensuring timely delivery of programme results and supporting SRs in strategic planning, developing work plans and budgets, forecasting, reprogramming, innovation, communications, advocacy and capacity building.
- Monitors activities and takes decisions on realignment, if necessary.
- Liaises with ministries of health and other counterparts regarding implementation.
- Analyses programmatic and financial results.

- **Procurement and Supply Chain Management Analyst – Suva, Fiji (SB4)**

- Implementation of operational strategies.
- Efficient management of procurement and supply chain processes and oversight in line with Global Fund/UNDP regulations.
- Organization of procurement processes.
- Elaboration, introduction and implementation of sourcing strategies and e-procurement tools.
- Development of procurement related reports and regular updates on the grant's procurement process for the Global Fund, Global Fund Local Fund Agent, UNDP-Global Fund Programme Team, UNDP Procurement Support Office, UNDP Country Office and others as required by UNDP management.
- Facilitation of knowledge and capacity building and knowledge sharing.

- **M&E Analyst – Suva, Fiji (SB4)**

- Coordinates M&E activities within the HIV/TB and malaria programmes.
- Provides support to all SRs on M&E for the 11 programme countries.
- Collects, analyzes and compiles programme reporting data.
- Drafts programmatic reports to the Global Fund.
- Contributes to the grant making process by developing programmatic targets, M&E plans and identifying gaps in national surveillance systems.
- Develops user-friendly reporting tools for SRs.
- Contributes to enhancing national reporting systems in all programme countries.

- **Communications Specialist – Bangkok, Thailand (P2 – 25% salary support)**

- Provides support to the programme on communications and knowledge management.
- Produces results stories, press releases, blogs, newsletters, email news alerts and publications.
- Manages the programme's social media channels and ensures programme results and products are promoted widely through UNDP and partner channels.
- Provides overall communications advice and technical support to the programme and its partners.

- **Finance Specialist – Suva, Fiji (IUNV)**

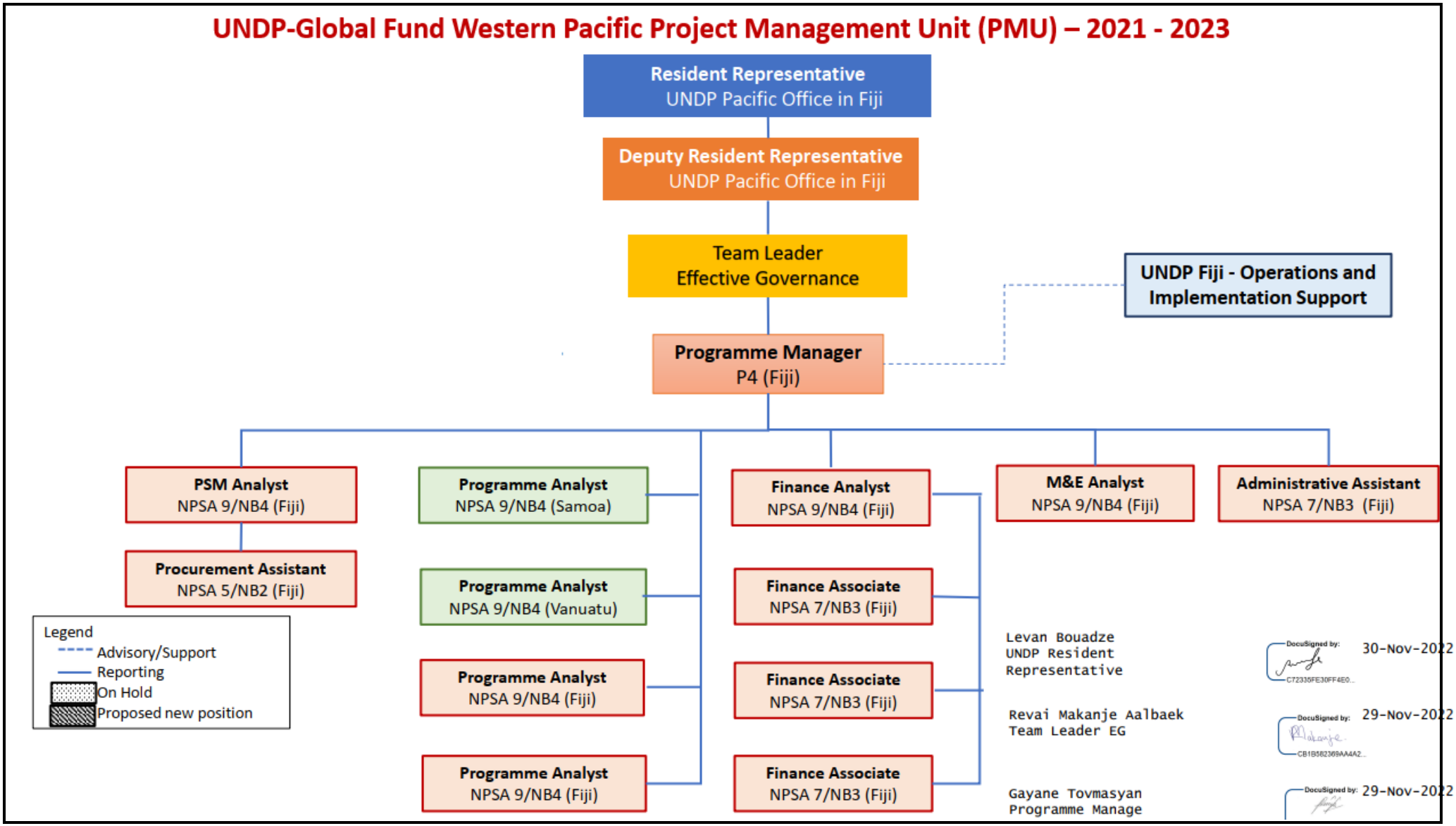
- Implements operational and financial management strategies.
- Monitors and reports on management of programme budgets and functioning of the optimal cost-recovery system.
- Management oversight of the HIV/TB and malaria programme accounts.
- Programme cash management and approves funding authorization and certificate of expenditures (FACE) forms for the SRs.
- Facilitation of knowledge and capacity building of SRs.
- Acts as focal point for national implementation (NIM) audit.

- **Finance Associates – Suva, Fiji (SB3)**

- Support the implementation of operational and financial management strategies.
- Provide support in budgeting and reporting function.
- SRs reports verification and forecast analysis.
- Programme cash management and review/correct the submitted quarterly financial reports and funding authorization and FACE form for the SRs.
- Handling payment processes for the HIV/TB and malaria programmes.
- Facilitation of knowledge and capacity building and knowledge sharing.

- **Administrative Assistant (SB3) - Suva, Fiji**

- Supports administration and implementation of programme/operations strategies.
- Support to administration of budgets and functioning of the optimal cost-recovery system.
- Travel and visa support.
- Organizing regional events and trainings.
- Leave monitor.
- Learning focal point.
- Facilitation of knowledge building and knowledge sharing.



V. RESULTS FRAMEWORK[3]

Intended Outcome as stated in the UNDAF/Country [or Global/Regional] Programme Results and Resource Framework:

By 2022, more people in the Pacific, particularly the most vulnerable, have increased equitable access to and utilization of inclusive, resilient and quality basic services.

Outcome indicators as stated in the Country Programme [or Global/Regional] Results and Resources Framework, including baseline and targets:

Malaria O-9(M) Annual blood examination rate: per 100 population per year (Elimination settings)

Baseline: 22,547 | 293,593 (7.7%) Target Yr. 1: 30,847 | 308,470 (10%) Target Yr. 2: 31,619| 316,188 (10%) Target Yr. 3: 32,410 | 324,099 (10%)

Malaria O-1a Proportion of population that slept under an insecticide-treated net the previous night (disaggregated by male and female)

Baseline: 4,479 | 10,794 (44%) Target Yr. 1: 80% Target Yr. 2: 80% Target Yr. 3: 80%

Malaria O-3 Proportion of population using an insecticide-treated net among those with access to an insecticide-treated net (disaggregated by male and female)

Baseline: Not Available Target Yr. 60% Target Yr. 2: 70% Target Yr. 3: 80%

Applicable Output(s) from the UNDP Strategic Plan: Accelerate structural transformations for sustainable development

Project title and Atlas Project Number: LLIN Coverage In Vanuatu [00130166]

EXPECTED OUTPUTS	OUTPUT INDICATORS[4]	DATA SOURCE	BASELINE		TARGETS (by frequency of data collection)			DATA COLLECTION METHODS & RISKS
			Value	Year	Year 1	Year 2	Year 3	
Output 1 Vector Control	1.1 Number of long-lasting insecticidal nets distributed to at-risk populations through mass campaigns	NVBDCP Annual Report	80,623	2019	59,090	59,090	59,090	Method: Program data using D1|D2 Forms Risks: Data entry error, sub optimal verification, misrepresentation of actual distribution coverage

[3] UNDP publishes its project information (indicators, baselines, targets and results) to meet the International Aid Transparency Initiative (IATI) standards. Make sure that indicators are S.M.A.R.T. (Specific, Measurable, Attainable, Relevant and Time-bound), provide accurate baselines and targets underpinned by reliable evidence and data, and avoid acronyms so that external audience clearly understand the results of the project.

[4] It is recommended that projects use output indicators from the Strategic Plan IRRF, as relevant, in addition to project-specific results indicators. Indicators should be disaggregated by sex or for other targeted groups where relevant.

Gen 2	1.2 Number of long-lasting insecticidal nets distributed to targeted risk groups through continuous distribution (disaggregated by pregnant women, school children, children under 5 and other populaton groups)	NVBDCP Annual Report	0	2019	10,500	9,720	9,340	Method: Program data using D1|D2 Forms Risks: Data entry error, sub optimal verification, misrepresentation of actual distribution coverage
Output 2 Case Management Gen 2	2.1 Proportion of suspected malaria cases that receive a parasitological test at public sector health facilities	NVBDCP Annual Report	22,547 | 22,547 100%	2019	22,160 | 22,160 (100%)	11,239 | 11,239 (100%)	11,239 | 11,239 (100%)	Method: Cased Based Surveillance Risks: Delayed uploading of case-based surveillance data at facility level onto DHIS2 platforms
	2.2 Percentage of malaria foci fully investigated and classified	NVBDCP Annual Report	26 | 26 100%	2019	36 | 36 100%	18 | 18 100%	8 | 8 100%	Method: Cased Based Surveillance Risks: Delayed uploading of case-based surveillance data at facility level onto DHIS2 platforms
	2.3 Proportion of confirmed malaria cases that received first-line antimalaria treatment at public sector health facilities	NVBDCP Annual Report	567 | 576 99%	2019	280 | 280 100%	140 | 140 100%	56 | 56 100%	Method: Cased Based Surveillance Risks: Delayed uploading of case-based surveillance data at facility level onto DHIS2 platforms
	2.3 Percentage of confirmed cases fully investigated and classified	NVBDCP Annual Report	206 | 576 36%	2019	252| 280 90%	133 | 140 95%	56 | 56 100%	Method: Cased Based Surveillance Risks: Delayed uploading of case-based surveillance data at facility level onto DHIS2 platforms
Output 3 RSSH: Health management information systems and M&E Gen 2	3.1 Completeness of facility reporting: Percentage of expected facility monthly reports (for the reporting period) that are received	NVBDCP Annual Report	2,619| 3,708 71%	2019	2,967 | 3,708 80%	3,152 | 3,708 85%	3,338 | 3,708 90%	Method: Routine surveillance Risks: (1) Disaster that affects health facility infrastructure and reporting capacity. (2) Delayed uploading of case-based surveillance data at facility level onto DHIS2 platforms (3) Internet Connectivity that prevents data uploading capacity

Gender Rating Supportive Statement: The malaria elimination model of surveillance and response moves service delivery beyond facility-based service delivery to the community. This approach will significantly increase the penetration of malaria services into the rural periphery; increasing access for women, remote populations, those impacted by natural disasters and other marginalised groups. Moreover, the programme has identified gender related gaps in programming, implementation as well as monitoring and reporting and have provided initiatives to respond to this at all levels. Refer to the section on gender programming on pages 5.

Vector Control – Refers to distribution of LLINs to communities. Univeral coverage of all at risk populations (men and women).

Case Management – Refers to testing, surveillance and treatment. Target is to test all suspected cases, investigate and classify all foci and confirmed cases and treat all confirmed cases regardless (men and women)

RSSSH Health Management and Information Systems – Vanuatu MOH uses DHSI2 and all health facilities are also using this platform to report. DHIS2 allows for the capturing, monitoring and reporting of cases by gender and by age. Approaches to improve the LLINs usage data by gender is covered under the section gender programming.

VI. MONITORING AND EVALUATION

In accordance with UNDP's programming policies and procedures, the project will be monitored through the following monitoring and evaluation plans:

Monitoring Plan

Monitoring Activity	Purpose	Frequency	Expected Action	Partners (if joint)	Cost (if any)
Track results progress	Progress data against the results indicators in the RRF will be collected and analysed to assess the progress of the project in achieving the agreed outputs.	Quarterly, or in the frequency required for each indicator.	Slower than expected progress will be addressed by project management.	UNDP	NA
Monitor and Manage Risk	Identify specific risks that may threaten achievement of intended results. Identify and monitor risk management actions using a risk log. This includes monitoring measures and plans that may have been required as per UNDP's Social and Environmental Standards. Audits will be conducted in accordance with UNDP's audit policy to manage financial risk.	Quarterly	Risks are identified by project management and actions are taken to manage risk. The risk log is actively maintained to keep track of identified risks and actions taken.	UNDP and MOH	NA
Learn	Knowledge, good practices and lessons will be captured regularly, as well as actively sourced from other projects and partners and integrated back into the project.	At least annually	Relevant lessons are captured by the project team and used to inform management decisions.	UNDP and MOH	NA
Annual Project Quality Assurance	The quality of the project will be assessed against UNDP's quality standards to identify project strengths and weaknesses and to inform management decision making to improve the project.	every 2 years	Areas of strength and weakness will be reviewed by project management and used to inform decisions to improve project performance.	UNDP	NA
Review and Make Course Corrections	Internal review of data and evidence from all monitoring actions to inform decision making.	At least annually	Performance data, risks, lessons and quality will be discussed by the project board and used to make course corrections.	UNDP	NA
Project Report	A progress report will be presented to the Project Board and key stakeholders,	Annually, and at the end of the		UNDP	NA

	consisting of progress data showing the results achieved against pre-defined annual targets at the output level, the annual project quality rating summary, an updated risk long with mitigation measures, and any evaluation or review reports prepared over the period.	project (final report)			
Project Review (Project Board)	The project's governance mechanism (i.e., project board) will hold regular project reviews to assess the performance of the project and review the Multi-Year Work Plan to ensure realistic budgeting over the life of the project. In the project's final year, the Project Board shall hold an end-of project review to capture lessons learned and discuss opportunities for scaling up and to socialize project results and lessons learned with relevant audiences.	Specify frequency (i.e., at least annually)	Any quality concerns or slower than expected progress should be discussed by the project board and management actions agreed to address the issues identified.	UNDP	NA

All monitoring costs are not budgeted for separately but covered under the PR programme management – grant management costs in the detailed budget. The monitoring role is not confined to the M&E officers role but also a duty of programme, finance and PSM focal points with oversight responsibilities provided by the Programme Manager. However in relation to the results to be achieved as per the performance framework, this is a key responsibility of the M&E focal point.

Evaluation Plan[5]

Evaluation Title	Partners (if joint)	Related Strategic Plan Output	UNDAF/CPD Outcome	Planned Completion Date	Key Evaluation Stakeholders	Cost and Source of Funding
e.g., Mid-Term Evaluation						
Note: All programme evaluations are commissioned by the Global Fund using an independent consultant.						

[5] Optional, if needed

VII. MULTI-YEAR WORK PLAN [67]

EXPECTED OUTPUTS	PLANNED ACTIVITIES	Planned Budget by Year			RESPONSIBLE PARTY	PLANNED BUDGET	
		Y1 USD	Y2 USD	Y3 USD		Funding Source	Amount
Output 1 Vector Control (Gender marker: 2)	1.1 Long-lasting insecticidal nets (LLIN) - mass campaign . Includes procurement, shipping and distribution	276,708.19	584,349.97	192,112.74	UNDP VU MOH	GF	1,053,170.90
	1.2 Long-lasting insecticidal nets (LLIN) - continuous campaign . Includes procurement, shipping and distribution	51,294.86	38,415.61	0	UNDP	GF	89,710.47
	Total Output 1	328,003.05	622,765.58	192,112.74			$1,142,881.37
Output 2 Case Management (Gender marker: 2)	1.1 Epidemic preparedness	5,667.95	12,822.62	9,509.26	VU MOH	GF	27,999.83
	1.2 Facility-based treatment	138,134.18	285,167.83	195,058.31	UNDP VU MOH	GF	618,360.32
	1.3 IEC/BCC (Case Management)	3,347.81	4,245.21	4,245.21	VU MOH	GF	11,838.22
	Total Output 2	147,149.94	302,235.65	208,812.78			658,198.37
Output 3 Building Resilient and Sustainable Systems for Health (RSSH) (Gender marker: 2)	1.1 Human Resources for Health, including community health workers	12,007.60	59,791.54	54,238.86	VU MOH	GF	126,038.01
	1.2 Integrated service delivery and quality improvement	74,572.44	202,445.80	78,795.09	UNDP VU MOH	GF	355,813.33
	Total Output 3	86,580.04	262,237.35	133,033.95			481,851.34
	Program Management (PR - Grant Management) Inclusive of 7% GMS cost	161,615.12	294,472.11	196,012.82	UNDP	GF	651,900.05

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

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

EXPECTED OUTPUTS	PLANNED ACTIVITIES	Planned Budget by Year			RESPONSIBLE PARTY	PLANNED BUDGET	
		Y1 USD	Y2 USD	Y3 USD		Funding Source	Amount
	Program Management (SR – Coordination and management of national disease control programs)	10,609.33	10,632.05	12,295.99	VU MOH	GF	33,537.38
	Total Program Management Cost	172,224.46	304,904.16	208,308.80			685,437.42
Total		**733,957.49**	**1,492,142.73**	**742,268.28**			**2,968,368.50**

VIII. GOVERNANCE AND MANAGEMENT ARRANGEMENTS

UNDP assumed its responsibilities as Principal Recipient of this Programme in 2015 following the decision of the PIRM CCM – the governance and advisory body of this Programme. This is the third three-year Programme cycle covering 2018-2020 in continuation of the first cycle of 2015-2017.

UNDP Pacific Office in Fiji directly implements this Multi-Country Programme covering 11 Pacific Island Countries. The implementation will be governed by the UNDP and the Global Fund rules and regulations. The Programme Management Unit has been set up in Suva which reports directly to UNDP Country Director in the Pacific Office in Fiji. UNDP Global Fund/Health Implementation Support Team in Geneva and New York will provide advisory services, guidance and technical assistance in Programme Implementation.

Except for matters specifically agreed to in a Grant Agreement, UNDP uses its standard operational framework for implementing Global Fund grants. Art. 2(a) of the UNDP–Global Fund Grant Regulations annexed to the Framework Agreement concluded between UNDP and the Global Fund on 13 October 2016 (Grant Regulations) recognizes that UNDP will "implement or oversee the implementation of the Program in accordance with UNDP regulations, rules, policies and procedures and decisions of the UNDP Governing Bodies, as well as the terms of the relevant Grant Agreement." The term "UNDP Governing Bodies" principally refers to the United Nations General Assembly, Executive Board and internal oversight bodies (such as the Chief Executive Board (CEB), High Level Committee on Management (HLCM) and the UNDP Executive Group) and such other organs of the United Nations that possess the authority to pass decisions of general applicability under the Charter of the United Nations or the legal framework of UNDP.

Project implementation must comply with the UNDP Programme and Operations Policies and Procedures (POPP), and, particularly the section on Programmes and Projects. Effective 1 March 2016, UNDP launched programming reforms that include new quality standards, new monitoring policy, revised project document template and changes to the Country Programme Action Plan (CPAP) requirement. Further information on UNDP's programming reforms and access to the revised guidance and templates are available here.

As Principal Recipient (PR), UNDP is legally responsible and financially accountable for implementation results. The nature of these responsibilities, as well as the high level of legal and financial exposure involved, call for the use of the Direct Implementation Modality (DIM) as the optimal implementation modality. As defined in the UNDP POPP, the requisite approvals need to be obtained for grants implemented under the DIM modality and Global Fund grants have, as a rule, been implemented under this modality.

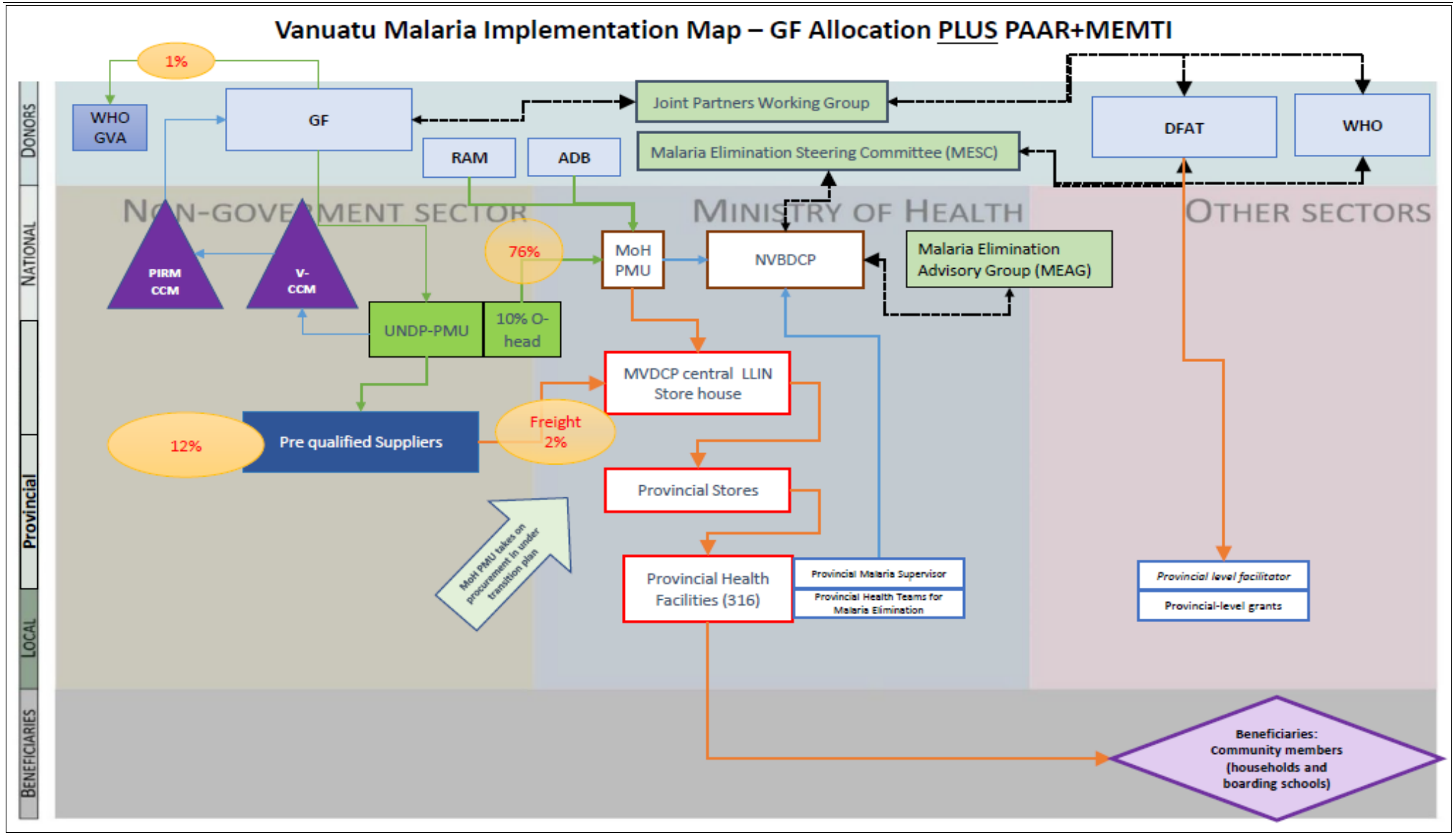
As per UNDP rules, UNDP will engage with sub-recipients in 11 countries through sub-recipient agreement following appropriate selected process and sub-recipient's capacity assessment. Funding to sub-recipients will be disbursed in line with the approved work plan and budget after submission and acceptance of quarterly programmatic and financial reports.

PIRM CCM is the Programme governance and advisory body. The Pacific Islands Regional Country Coordinating Mechanism (PIRM CCM), a country-level multi-stakeholder partnership, develops and submits grant proposals to the Global Fund based on priority needs at the national level. After grant approval, they oversee progress during implementation. The PIRM CCM is responsible for overseeing the performance of the grants and making strategic decisions at key opportunities during grant implementation, including endorsing requests for reprogramming or changing implementation arrangements. It is important for the Principal Recipient (PR) to maintain regular communication with the PIRM CCM at every stage of the grant cycle to ensure progress is actively monitored and any bottlenecks or challenges are addressed in a timely manner. The PIRM CCM has a wide representation from all 11 Pacific Island countries including representatives of the government, civil society and communities of people affected by HIV, TB and malaria. The PIRM CCM convenes once a year where UNDP is making its annual progress report. The PIRM CCM has Executive Committee and Oversight Working Group which convene twice a year.

UNDP interacts with PIRM CCM through several ways:

- PR regularly attends PIRM CCM meetings and provides updates on grant implementation progress and implementation issues;
- PR shares with the PIRM CCM progress updates and/or disbursement requests submitted to the Global Fund including the Global Fund feedback and decision;
- PR proactively shares with the PIRM CCM any Performance Letters or Notification Letters shared by the Global Fund, in case the PIRM CCM was not copied;
- PR involves the PIRM CCM in any reprogramming and extension requests that they may submit to the Global Fund and provides evidence of PIRM CCM's endorsement of the requests; and
- At the time of grant closure, PR involves the PIRM CCM in the preparation of the closeout plan and budget that should be endorsed by the CCM prior to submission to the Global Fund for approval.

The malaria programme's implementation arrangements for the 2021–2023 grant cycle is reflected in the chart that follows.



IX. LEGAL CONTEXT

This project document shall be the instrument referred to as such in Article 1 of the Standard Basic Assistance Agreement between the Government of Fiji and UNDP, signed on which was signed by both parties on 30 October 1970 and the Letter of Agreement dated 1 November 1975. All references in the SBAA to "Executing Agency" shall be deemed to refer to "Implementing Partner."

This project will be implemented by UNDP Pacific Office in Fiji ("Implementing Partner") in accordance with its financial regulations, rules, practices and procedures only to the extent that they do not contravene the principles of the Financial Regulations and Rules of UNDP. Where the financial governance of an Implementing Partner does not provide the required guidance to ensure best value for money, fairness, integrity, transparency, and effective international competition, the financial governance of UNDP shall apply.

X. RISK MANAGEMENT

Option b. UNDP (DIM)

1. UNDP as the Implementing Partner shall comply with the policies, procedures and practices of the United Nations Security Management System (UNSMS.)

2. UNDP agrees to undertake all reasonable efforts to ensure that none of the [project funds]8 [UNDP funds received pursuant to the Project Document]9 are used to provide support to individuals or entities associated with terrorism and that the recipients of any amounts provided by UNDP hereunder do not appear on the list maintained by the Security Council Committee established pursuant to resolution 1267 (1999). The list can be accessed via hthttp://www.un.org/sc/committees/1267/aq_sanctions_list.shtml. This provision must be included in all sub-contracts or sub-agreements entered under this Project Document.

3. Consistent with UNDP's Programme and Operations Policies and Procedures, social and environmental sustainability will be enhanced through application of the UNDP Social and Environmental Standards (http://www.undp.org/ses) and related Accountability Mechanism (http://www.undp.org/secu-srm).

4. The Implementing Partner shall: (a) conduct project and programme-related activities in a manner consistent with the UNDP Social and Environmental Standards, (b) implement any management or mitigation plan prepared for the project or programme to comply with such standards, and (c) engage in a constructive and timely manner to address any concerns and complaints raised through the Accountability Mechanism. UNDP will seek to ensure that communities and other project stakeholders are informed of and have access to the Accountability Mechanism.

5. All signatories to the Project Document shall cooperate in good faith with any exercise to evaluate any programme or project-related commitments or compliance with the UNDP Social and Environmental Standards. This includes providing access to project sites, relevant personnel, information, and documentation.

6. UNDP as the Implementing Partner will ensure that the following obligations are binding on each responsible party, subcontractor and sub-recipient:

    a. Consistent with the Article III of the SBAA [or the Supplemental Provisions to the Project Document], the responsibility for the safety and security of each responsible party, subcontractor and sub-recipient and its personnel and property, and of UNDP's property in such responsible party's, subcontractor's and sub-recipient's custody, rests with such

[8] To be used where UNDP is the Implementing Partner

[9] To be used where the UN, a UN fund/programme or a specialized agency is the Implementing Partner

responsible party, subcontractor and sub-recipient. To this end, each responsible party, subcontractor and sub-recipient shall:

i. put in place an appropriate security plan and maintain the security plan, taking into account the security situation in the country where the project is being carried;

ii. assume all risks and liabilities related to such responsible party's, subcontractor's and sub-recipient's security, and the full implementation of the security plan.

b. UNDP reserves the right to verify whether such a plan is in place, and to suggest modifications to the plan when necessary. Failure to maintain and implement an appropriate security plan as required hereunder shall be deemed a breach of the responsible party's, subcontractor's and sub-recipient's obligations under this Project Document.

c. Each responsible party, subcontractor and sub-recipient will take appropriate steps to prevent misuse of funds, fraud or corruption, by its officials, consultants, subcontractors and sub-recipients in implementing the project or programme or using the UNDP funds. It will ensure that its financial management, anti-corruption and anti-fraud policies are in place and enforced for all funding received from or through UNDP.

d. The requirements of the following documents, then in force at the time of signature of the Project Document, apply to each responsible party, subcontractor and sub-recipient: (a) UNDP Policy on Fraud and other Corrupt Practices and (b) UNDP Office of Audit and Investigations Investigation Guidelines. Each responsible party, subcontractor and sub-recipient agrees to the requirements of the above documents, which are an integral part of this Project Document and are available online at www.undp.org.

e. In the event that an investigation is required, UNDP will conduct investigations relating to any aspect of UNDP programmes and projects. Each responsible party, subcontractor and sub-recipient will provide its full cooperation, including making available personnel, relevant documentation, and granting access to its (and its consultants', subcontractors' and sub-recipients') premises, for such purposes at reasonable times and on reasonable conditions as may be required for the purpose of an investigation. Should there be a limitation in meeting this obligation, UNDP shall consult with it to find a solution.

f. Each responsible party, subcontractor and sub-recipient will promptly inform UNDP as the Implementing Partner in case of any incidence of inappropriate use of funds, or credible allegation of fraud or corruption with due confidentiality.

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

g. Choose one of the three following options:

Option 1: UNDP will be entitled to a refund from the responsible party, subcontractor or sub-recipient of any funds provided that have been used inappropriately, including through fraud or corruption, or otherwise paid other than in accordance with the terms and conditions of this Project Document. Such amount may be deducted by UNDP from any payment due to the responsible party, subcontractor or sub-recipient under this or any other agreement. Recovery of such amount by UNDP shall not diminish or curtail any responsible party's, subcontractor's or sub-recipient's obligations under this Project Document.

Where such funds have not been refunded to UNDP, the responsible party, subcontractor or sub-recipient agrees that donors to UNDP (including the Government) whose funding is the

source, in whole or in part, of the funds for the activities under this Project Document, may seek recourse to such responsible party, subcontractor or sub-recipient for the recovery of any funds determined by UNDP to have been used inappropriately, including through fraud or corruption, or otherwise paid other than in accordance with the terms and conditions of the Project Document.

Note: The term "Project Document" as used in this clause shall be deemed to include any relevant subsidiary agreement further to the Project Document, including those with responsible parties, subcontractors and sub-recipients.

h. Each contract issued by the responsible party, subcontractor or sub-recipient in connection with this Project Document shall include a provision representing that no fees, gratuities, rebates, gifts, commissions or other payments, other than those shown in the proposal, have been given, received, or promised in connection with the selection process or in contract execution, and that the recipient of funds from it shall cooperate with any and all investigations and post-payment audits.

i. Should UNDP refer to the relevant national authorities for appropriate legal action any alleged wrongdoing relating to the project or programme, the Government will ensure that the relevant national authorities shall actively investigate the same and take appropriate legal action against all individuals found to have participated in the wrongdoing, recover and return any recovered funds to UNDP.

j. Each responsible party, subcontractor and sub-recipient shall ensure that all of its obligations set forth under this section entitled "Risk Management" are passed on to its subcontractors and sub-recipients and that all the clauses under this section entitled "Risk Management Standard Clauses" are adequately reflected, mutatis mutandis, in all its sub-contracts or sub-agreements entered into further to this Project Document.

XI. ANNEXES

1. Project quality assurance report
2. Social and environmental screening template
3. Risk analysis.
4. Capacity assessment:
5. Project Board Terms of Reference and TORs of key management positions

XII. BIBLIOGRAPHY

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