

Programme des Nations Unies pour le développement

23/02/24
Une copie physique
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Feuille de route

Visas pour la signature des accords, rapports, plans de travail et révisions budgétaires

Date : 7 février 2024

Titre du Document :	Plan de travail pluriannuel (2024 - 2026)
No et Titre de l'Award:	00133065/ Towards the elimination of malaria in Haiti
No et Titre du Projet :	00125275/ Malaria
	00128985/ Covid 19

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UNITED NATIONS DEVELOPMENT PROGRAMME

PROJECT DOCUMENT
Haiti Malaria Global Fund Grant



Empowered lives.
Resilient nations.

Project Title: Towards Malaria Elimination in Haiti:**Project Number:** HTI-M-UNDP**Implementing Partners:** UCMIT, DELR (MOH), FOSREF (CSO)**Start Date:** January 1st, 2024, **End Date:** December 31st, 2026**LPAC Meeting date:** 23rd March 2024.

Brief Description

The United Nations Development Program (UNDP-Haiti) has been confirmed as the Principal Recipient to continue managing the Global Fund resources for Malaria (USD 17,444,350) and ensure successful result of the grant from 2024 to 2026 following the successful closure of the 2021-2023 Grant Cycle. The test positivity rate reportedly increased between 2018 and 2022: 3.1 in 2018; 4.1 in 2019; 8.91 in 2020; 4.55 in 2021; 6.17 in 2022. The country has revised the malaria stratification system by commune to four strata and it plans to distribute Long Lasting Insecticidal Nets (LLINs) via routine distribution in all the 4 strata and through mass campaigns in the strata 3 & 4 in the 7 highest burden Departments. The programme also includes expansion of access to improve case management through community health workers (ASCP) as well as streamlining of surveillance systems. These health activities will be implemented in a very constrained and unstable security and political context. After extensive programmatic analysis and based on recommendation from the Ministry of Health of the Haitian Government, UNDP-Haiti has selected UCMIT (Unité de Coordination des Maladies Infectieuses et Transmissibles) as the main Sub-Recipient (SR) and key partner to ensure successful implementation of activities under this grant.

In Haiti, Malaria is endemic while the mapping of areas according to the level of transmission risk shows that most of the transmission is strongly focused on the coastal and contiguous municipalities in the departments of Grand Anse, South and Nippes with pockets also reported in the Artibonite and Centre. Based on 2022 data, according to the National Malaria Database, two departments (Grand Anse & South) represent 78% of the total cases of Malaria) and throughout the implementation, the National Program aim to focus on reinforcing activities in those regions to limit transmission.

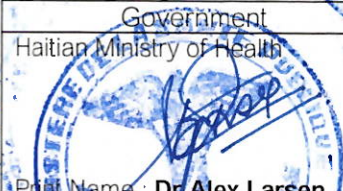
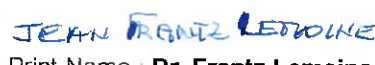
The Global Fund has approved additional US\$ 12,804,737 funding for the Grant under the COVID-19 Response Mechanism ("C19RM") and a reinvestment of existing C19RM funds towards strategic priority areas as defined in the C19RM Guidelines available on the Global Fund's website ("C19RM Eligible Investments"). The Global Fund has also approved that C19RM funds included in the Program budget of the Grant may be implemented and any corresponding activities paid for by no later than 31 December 2025 (inclusive) ("C19RM Implementation End Date").

UNDP Haiti will be coordinating interventions with other Technical and Financial Partners (PAHO, CHAI, WFP) to ensure successful completion of both grants.



Contributing Outcome (UNDAF/CPD, RPD or GPD): Project targets General population, People infected with malaria, Pregnant women, Children. Indicative Output(s) with gender marker²: GEN1 (Project has limited contribution to gender equality). It is not specifically tailored to address gender but through UNDP's implementation actions, Gender equality will be fostered with implementing partner. The C19RM reinvestment has been approved to cover interventions and activities in the following strategic priority areas: surveillance systems, community health, community systems strengthening, health products and waste management systems, laboratory systems and gender-based violence.	Total resources required:		
	Total resources allocated:	USD 30,252,087	
		UNDP TRAC:	TBD
		Donor project Mal 01001711:	17,444,350
		Donor projet C19RM 00128985	12,804,737
		Government:	-
	In-Kind:	-	
	Unfunded:		

Agreed by (signatures)¹:

Government	UNDP	Implementing Partner
Haitian Ministry of Health	Resident Representant of UNDP-Haiti	Unité de Coordination des Maladies Infectieuses et Transmissibles (UCMIT)
 DocuSigned by: <i>Xavier Michon</i> DC48C07AF73A482 Print Name: Xavier Michon	 Print Name: Dr. Frantz Lemoine	
Print Name : Dr Alex Larsen	Print Name: Xavier Michon	Print Name : Dr. Frantz Lemoine
Date:	Date:	Date:

09-Feb-2024



I. DEVELOPMENT CHALLENGE

Malaria keeps children out of school and adults out of work, contributing to the cycle of poverty. It puts unnecessary pressure on fragile health systems and in some countries can account for up to 40% of hospital admissions. The disease arrests economic growth, stealing the prosperity of communities, countries and continents².

Globally, elimination of malaria is a work in progress, with more and more countries moving towards zero indigenous malaria cases. In 2018, 49 countries reported fewer than 10,000 cases of indigenous malaria, compared with only 46 in 2017 and 40 in 2010. The number of countries with less than 100 cases of indigenous malaria, a good indicator that the elimination of the disease is near, went from 17 in 2010 to 25 in 2017, then to 27 in 2018. Paraguay and Uzbekistan were certified malaria-free by the WHO in 2018, while Algeria and Argentina obtained this certification in early 2019. In 2018, China, El Salvador, Iran, Malaysia and Timor-Leste reported zero cases of indigenous malaria.

In the WHO Americas region, the incidence of malaria increased in 2018, mainly due to increased transmission in three countries in the region: Brazil, Colombia and Venezuela (Bolivarian Republic) - who represent 80% of all estimated cases.

However, the goal of the 19 endemic countries in the Region including Haiti is to eliminate malaria. Nine countries in Central America and the island of Hispaniola are participating in the sub-regional initiative to eliminate malaria by 2020. Although Costa Rica reported zero indigenous cases between 2013 and 2015, there are a resurgence of cases in recent years, with eight cases reported in 2016 and 70 cases in 2018, largely linked to increased imports of cases from neighbouring countries and, as a result, the reestablishment of transmission.

In Haiti, the mapping of areas according to the level of transmission risk shows that most of the transmission is strongly focused on the coastal and contiguous municipalities in the departments of Grand Anse, South and Nippes.

Haiti and the Dominican Republic, the two countries on the island of Hispaniola are the only countries in the Caribbean where malaria is still endemic. About 95% of cases on the island of Hispaniola are detected in Haiti. In 2022, Haiti reported 13,860 confirmed cases while the Dominican Republic reported 337 cases.

Haiti has a general population of 12,181,686 distributed over 10 geographical departments, 5 of them have the most cases: Grand-Anse, South, Southeast, Nippes and West. Some pockets are reported in the Artibonite and Centre. The program ensures that testing, treatment and referral to care are always available to all population groups regardless of their specific location.

The Population at risk according to latest report from PAHO and the National Malaria Program is estimated at 4,623,646 individuals considered at risk in strata 3 and 4 areas. The program ensures that all of those would be covered by bednet distribution in routine fashion and through mass campaign.

According to the DHIS2-SISNU 2022, about 222,034 pregnant women are considered at risk of malaria and 1,318 were tested positive and treated. Children are also considered at risk of malaria infection (2,406,491 of them). The funding is expected to provide treatment to cover 3,467 who are

² [Why malaria? | Malaria No More UK](#)

expected to be infected over the next 3 years. Children, in general and particularly those aged 5 to 15, are the most affected group.

These baseline values constitute the basis for the projection against the GC7 Grant.

The National Malaria Control Program and Population Services International (PSI) carried out four surveys (TRaC studies) in households between 2011, 2017 and 2022. These studies, which showed a reduction in the prevalence of malaria in the general population by 4, 9% in the 2007 national survey to 0.5% in 2012 and 0.3% in 2017. In 2017, the prevalence was 0.2% among children under 5 and 0.6% among pregnant women. In 2022, the prevalence was 0.8% among children under 5 and particularly high among the population between 5 to 15 with 2.4% of prevalence. The prevalence among the population older than 15 years old was 0.8% and in the general population 0.9%. It was higher in urban areas (1.1% vs 0.8% in rural).

Evolution of Malaria data, Haïti 2015-2022

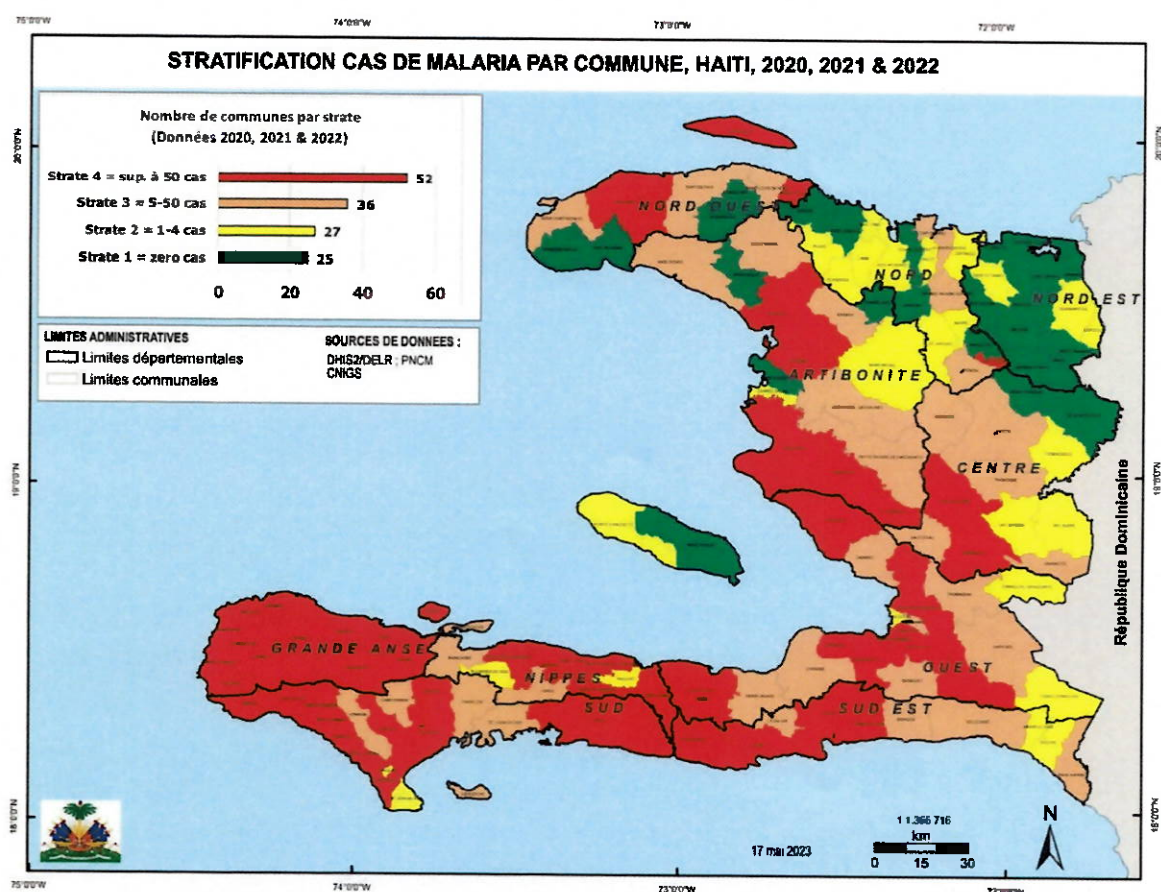
Haïti	2015	2016	2017	2018	2019	2020	2021	2022
Population at risk of malaria	11,550,392	11,870,966	12,201,437	12,400,540	11,369,782	11,743,017	11,887,456	12,033,672
Malaria cases, estimate (number)	32,829	36,765	34,878	8035	10,687	21,856	10,661	13,860
Malaria cases, estimate (rate per 1000 population at risk)	3.4	3.8	3.6		0.94	1.86	0.90	1.15
Malaria deaths, estimate (number)	84	94	89		7	11	7	6
Malaria deaths, estimate (rate per 100,000 population at risk)	0.88	0.97	0.91		0.07%	0.05%	0.17%	0.05%
Malaria plasmodium falciparum cases, estimate (number)	32,829	36,765	34,878		10,687	21,856	10,661	13,860
Suspected reported malaria cases (number)	302,740	302,044	295,572	287,522	266,675	245,202	234,324	224,849
Reported malaria cases with microscopy slides (number)	5224	4342	2119	1586	999	1,446	666	820
Reported malaria cases with RDT performed (number)	12359	18115	17739	6449	9,688	20,410	9,995	13,040
Malaria plasmodium falciparum cases (percent)	100	100	100	100	100	100%	100%	100%
Suspected malaria cases that received a parasitological test (public sector)		330,892	218,963	266,168	148,896	128,285	129,685	100,311
Suspected malaria cases that received a parasitological test (private)		4,497	111,775	-	90,175	80,224	82,476	63,372
Reported confirmed malaria cases (public sector)	17,583	21227	15974	8035	6,717	12,338	5,832	6,076
Reported confirmed malaria cases (private)		203	3161	0	1,968	2,956	2,194	2,165
Malaria test positivity rate (percent)	6.80	6.39	5.79	3%	4.01%	8.91%	4.55%	6.16%
Malaria Incidence: Confirmed malaria cases (microscopy or RDT) per 1000 persons per year	1.70	1.99	1.63	0.71	1.12	2.42	1.12	1.62
Reported malaria deaths	15	13	12	7	7	11	7	6
Reported malaria deaths per 100,000 persons per year	0.15	0.13	0.12	0.07	0.07	0.11	0.07	0.06
Proportion of confirmed malaria cases that received first-line antimalarial treatment according to national policy	100	100	100	92	96	96	97	99
Number of severe malaria cases (public sector)	98	113	123	64	39	102	22	27
Reported confirmed malaria cases (community)	343	261	1,015	793	2002	6562	2635	5619

Furthermore, the entire population in affected areas (such as malaria foci) is considered at risk of malaria as outlined in malaria elimination programs. It affects both women and men equally, but the program covers pregnant women to protect the young kids with Nets distribution. Cultural habits have shown that young children tend to sleep alongside their mother, this is why the Bed nets distribution targeted women via antenatal clinics. However, to ensure better penetration with nets, children will receive nets via vaccination services under GC7.

The burden of malaria has decreased considerably, thanks to community effort in outreach program to test and treat. The nationwide incidence of reported confirmed cases was below 1/1000/year in 2019 (0.94) and 2021 (0.9), while it was above 1/1000 in 2020 (1.86) and 2022 (1.16). The test positivity rate reportedly increased between 2018 and 2022: 3.1 in 2018; 4.1 in 2019; 8.91 in 2020; 4.55 2021; 6.17 in 2022. The first line treatment is the bitherapy (chloroquine+primaquine), and second line is (Artemether/lumefantrine) combination therapy. The main vector is Anopheles Albimanus which is mainly an outdoor biting vector; it is currently susceptible to all insecticide classes.

In line with the National Strategic Plan, the program will enable a progressive scaling up of interventions resulting in a significant reduction in the burden of malaria. The country has moved from a control phase to an elimination context since 2016 and proposes a mix of interventions based on a commune-level stratification that reflects current malaria epidemiology (data collected over the last three years).

Evolution of stratification of yearly risks of Malaria in Haiti based on combined positivity rate (2020 à 2022)



II. STRATEGY

Despite promising results, the stakes towards Malaria elimination in Haiti are high. The overall strategy relies on the following pillars:

Goals:

Contribute to the improvement of the health of Haiti's populations by interrupting the indigenous transmission of malaria.

Objectives:

- 100% of suspected cases in the population have access to early diagnosis supported by a quality assurance program and have immediate access to effective treatment.

- Strengthen malaria surveillance and program monitoring and evaluation at all levels, including institutional and community levels.
- Supply chain management will ensure the availability of devices, medicines, and other medical consumables always at the institutional and community levels.
- Enhance entomological surveillance of malaria at all levels and ensure that 100% of households have access to effective malaria protection measures.
- Program management is strengthened at the national level, in all 10 departments, and in the 146 municipalities.
- Contribute through effective communication interventions to the elimination of local transmission of malaria in Haiti by December 2025.

Strategies:

- Ensuring 100% of suspected malaria cases receive a parasitological test.
- Progressing towards 100% of confirmed malaria cases are treated according to national guidelines, aligned to WHO recommendations.
- Reach universal access to vector control measures, especially LLINs for the population at risk.
- Continuously improve knowledge and practices for malaria prevention through information, education, and communication (IEC) strategies for populations at risk.
- Strengthen epidemiologic and entomologic surveillance, as well as monitoring and evaluation of the national strategy.
- Identifying and appropriately treating all malaria outbreaks.
- Enhancing access to community testing and treatment.
- Leveraging the private sector in the elimination efforts.

Planned Activities:

Case management:

1. Expansion of community and institutional malaria diagnosis through the use of Rapid Diagnostic Tests (RDTs), including public and private sector.
2. Provision of universal access to antimalarials at the community, public and private institutions.
3. External quality assurance of malaria diagnosis methods available in Haiti.
4. Expansion of the community health workers action in case management and reporting to ensure that transmission is kept at low and declining levels.
5. Regular therapeutic efficacy studies comparing chloroquine with other antimalarials such as Sulfadoxine/pyrimethamine (SP) and ACT.
6. Support capacity building of staff at central and peripheral levels through formative supervision, training, and refresher courses.
7. Ensure data quality control through regular supervision and spot checks.
8. Intensify activities through professional health and private hospital associations for formal and more extensive collaboration with the private sector, through a MoU.

Epidemiologic surveillance:

1. Strengthen active surveillance through community case investigation and proactive detection in strata 1, 2 and 3.
2. Strengthen outbreak response ensuring epidemiologic investigation and response as per national guidelines.
3. Strengthen foci definition and investigation through microstratification and microplanning.

4. *Analytical capacity building at all management levels for program reviews and population-based surveys to inform effective coverage of vector control interventions and improve data availability for M&E.*

Vector Control:

1. *LLIN mass distribution in strata 4 and neighbouring strata 3 communities, as per country's updated stratification*
2. *LLIN routine distribution for the population at risk in strata 2, 3 and 4 and also in municipalities in stratum 1 which are located near areas at high risk of malaria transmission: pregnant women (in antenatal care services) and their infants (in vaccination services), along with additional continuous distribution as well as sporadic distribution activities in communities for other vulnerable populations (children).*

Entomologic surveillance:

Targeted support to comprehensive entomologic surveillance activities adapted to the stratification, insectarium, etc.

C19RM Main Activities include:

1. *Rehabilitation and equipment of 1 CDAs (Petit Goave).*
2. *Refresher training and continuing education for ASCPs, including AIPs*
3. *Supervision/validation visits of surveillance data on MESI, DHIS2/SISNU and DHIS2/Tracker by the OSEs (300 communal) to the epidemiological focal points in each service delivery center.*
4. *Expanding community led monitoring to the 10 Health Departments with quarterly reports disseminated and discussed with national disease programs, HIV, TB and malaria.*

III. RESULTS AND PARTNERSHIPS

Expected Results

- *100% of populations in affected areas have access to early diagnosis supported by a quality assurance program and have access to effective treatment without delay*
- *Strengthen malaria surveillance and program monitoring and evaluation at all levels, including institutional and community levels*
- *100% of malaria outbreaks would have access to effective malaria protection measures*
- *Contribute through effective communication interventions to the elimination of local transmission of malaria in Haiti by December 2025*

Resources Required to Achieve the Expected Results

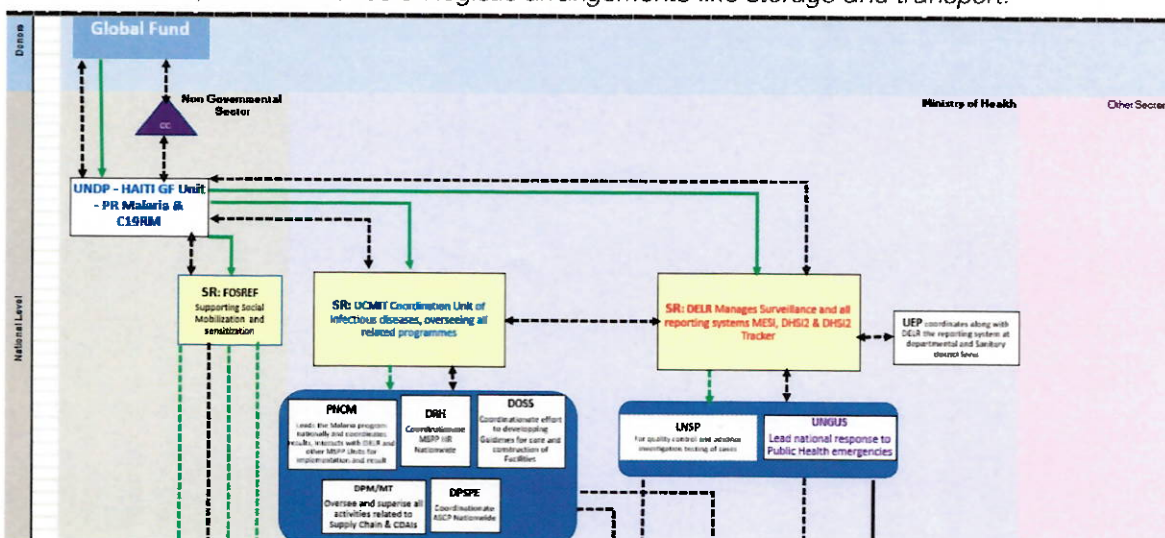
Resources needed to achieve expected results go from assembling a highly qualified PMU staff dedicated to the Malaria project management. Resources also covers slightly more than 200 staff in the implementing partner UCMIT covering both central and regional appointees.

Other resources will cover storage and distribution of health products from Central level to CDAI at departmental level. Moreover, third party logistics would intervene for last mile delivery ensuring tests and treatment go from CDAI to health facilities in each department and communes. 1/3 of the resources will support procurement of health products for the malaria grant, another 1/3 will handle malaria specific health systems strengthening activities (Monitoring and evaluation, management of health products) including community systems, the last portion will cover management costs, including human resources, travel and supervision fees.

Partnerships

Partnership for this Malaria grant covers liaison with other key implementing partners and donors involved in the fight against Malaria. Among these are the Country Coordinating Mechanism (CCM), which has oversight role over the general implementation of the grant, Local actors responsible for strategies, vision, and programmatic aspect of the grant: MOH and its various entities, including:

- UCMIT (Unité de Coordination des Maladies Infectieuses et Transmissibles),
- PNCM (Programme National de contrôle de la Malaria, intégré désormais à UCMIT),
- DELR (Direction d'Epidémiologie de Laboratoire et de Recherche),
- LSNP (Laboratoire National de Santé Publique), UEP (Unité d'Evaluation des Programmes) and
- DPSPE (Direction de la Promotion de la Santé et Promotion de l'Environnement).
- Other multilateral partners involve in Malaria in Haiti are also working in coordination with UNDP:
 - PAHO, who develops and disseminates WHO's normative guidance and recommendations, and supports quantification exercise.
 - Clinton Health Access Initiative CHAI with whom UNDP worked to develop the quantification and build a common agenda for vector control including modelling towards the selection of high malaria burden clusters for targeted control strategies.
 - WFP, who intervenes on logistic arrangements like storage and transport.



Risks and Assumptions

Risk analysis completed for this programme have revealed that supply chain of both health products and bed nets are the most significant risks. . Based on OAI audit report from 2022, the management of the supply chain and of the logistic information systems are very weak leading to stock outs of both LLINs and medical products.

Other risks considered for this grant are around the political/civil unrest, deteriorating security situation whereby gangs and associated violence characterize large parts of programme implementation areas and hinder access. Haiti is also prone to environmental disasters such as storms, floods, and earthquakes, which have exacted significant physical, economic and mental tolls on the country and its inhabitants.

Weak reporting systems also lead to incomplete or inaccurate data. The project has underperformed in the previous years (malaria diagnosis, LLIN distribution and case investigation showed persisting weak coverage) and the political complexity of the situation creates an additional burden to getting the report with complete and timely information. (Please refer to table of risk at the end of the document for more details and analysis)

Stakeholder Engagement

Implementation of activities under the current grant will be conducted by UCMIT, which is the MOH designated SR. To ensure the entity can execute the tasks properly, UNDP will update (based on the new template for SR Capacity Assessment that includes PSEA questionnaire) the previous independent assessment conducted under GC6 and key findings will be translated into precedent and special conditions to be included in the SR agreement to mitigate risks.

Activities already listed under this Malaria grant targets specific population groups:

- General population
- People infected with malaria.
- Pregnant women
- Children

The strategy to access these specific population groups is spread between Community testing and treatment through ASCP (Polyvalent Health Community Agents), prenatal care facilities where pregnant women and children receive care and routine bed nets. The last strategy to cover general population is through the mass campaign when population living in communes tagged as strata 3 and 4 (high burden) receive bed nets in a door-to-door fashion.

Since the 2023 Mass Campaign is being implemented by the Ministry of Health and Population (MSPP) is ongoing as of January 2024), UNDP and MSPP will evaluate and draw lessons from the experience and determine how best to organise and implement this component of the grant under the GC7.

South-South and Triangular Cooperation (SSC/TrC)

The project intends to establish a yearly discussion with Dominican Republic National counterpart and align vision and strategies, especially since they already eliminated Malaria.

Knowledge

As required by the Global Fund, the programme will submit biannual reports PU (Progress Update) and PUDR (Progress Update and Disbursement Request) in addition to quarterly pulse checks. There are also several studies and analysis to be conducted:

- Population Based survey Post Mass Campaign 32020 (84,480 USD)
- Periodic Spot Check Data quality control (39,432.12 USD)
- Updating the ASCP mapping in the North, Northeast and Center departments

The project also plans to hold quarterly workshops with all stakeholders to discuss results and set corrective measure. **UNDP's mandate as PR includes a capacity building element, with transfer of knowledge, skills, resources as a critical part of strengthening national capacity.** UNDP staff, drawing on regional and global teams, will apply good practices in grant management, including in functional areas (PSM, M&E, finance) and policy initiatives including where applicable human rights and gender equality.

Sustainability and Scaling Up

All UNDP reporting for this project will be based on national, DHIS-2 tracker system and the PNCM Database. It should be noted, however, that there are challenges. The DHIS2 does not provide certain disaggregation necessary for the project reporting indicators: level of services (health institution vs. community), affiliation (public vs. private). There are also health institutions that are not registered in DHIS2 and whose data cannot be entered into DHIS2. The PNCM database is used as a complement although it also has its limitations. PMU will be working with UCMIT, DELR and UGP towards (i) the revision of the database in the DHIS2/SISNU, Excel PNCM) platforms for malaria to allow the data to be filled in according to the reporting needs of the program, (ii) operationalising the Smart Paper Technology (SPT) as new timeline has already been set for operationalising the SPT, (iii) inter-operability with MISE platform that is largely used by the DELR for epidemiological surveillance. Joint verification and validation exercises with UCMIT M&E

counterparts are set to take place as described in the project document. UNDP M&E colleagues will ensure coaching and mentorship of national staff both at central and peripheral levels.

IV. PROJECT MANAGEMENT

Cost Efficiency and Effectiveness

Development of the detailed budget for the project has been made based on principles of Cost effectiveness, value for money, while ensuring the minimum resources needed are available to ensure strong programmatic and financial performance of the programme, with the overall goal of achieving positive impact on malaria health outcomes. UNDP and implementing partners have addressed the TRP recommendations towards rationalising the travel related costs in favour of case investigations and community systems.

Project Management

The project team will be based at Petionville, Pinchinat #13-15 Rue Pinchinat, sharing the building with other UNDP projects and the Canadian Embassy. The PMU organigramme has been revised under GC7.

Project budget supports audit for both UNDP PMU and the implementing partners.

V. RESULTS FRAMEWORK³

Intended Outcome as stated in the UNDAF/Country [or Global/Regional] Programme Results and Resource Framework:
Outcome indicators as stated in the Country Programme [or Global/Regional] Results and Resources Framework, including baseline and targets:
Applicable Output(s) from the UNDP Strategic Plan:
Project title and Atlas Project Number: Toward Malaria Elimination in Haiti

Malaria.

EXPECTED OUTPUTS	OUTPUT INDICATORS ⁴	DATA SOURCE	BASELINE		TARGETS (by frequency of data Reporting to GF)						DATA COLLECTION METHODS & RISKS
			Value	Year	Jan-Jun 24	Jul-Dec 24	Jan-Jun 25	Jul-Dec 25	Jan-Jun 26	Jul-Dec 26	
Output 1 Impact Indicators	1.1 Malaria 1-10 ⁴ Annual parasite incidence: Confirmed malaria cases (microscopy or RDT): rate per 1000 persons per year (Elimination settings)	Annual Report of the national malaria program (PNCM/ MCFN)	1.1	2022		0.4200		0.2100		0.1000	Global to Determine target for this indicator based on first year report
	1.2 Malaria 1-4 Malaria test positivity rate	Annual Report of the national malaria program (PNCM/ MCFN)	6.16%	2022		2%		0.98%		0.43%	PNCM Excel Database
	1.3 Malaria 1-9 ⁴ Number of active foci of malaria		0.04	2022		0.0160		0.0		0.0	Global to Determine target for this indicator based on first year report

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.

	1.4 Malaria I-5.1 Prévalence parasitaire : proportion de la population présentant une infection palustre		0.9%	2022								0.5%	
Output 2 Coverage Indicators	2.1 CM-1a ^(M) Proportion of suspected malaria cases that receive a parasitological test at public sector health facilities	Excel Database of the NMCP	100%	2022	100%	100%	100%	100%	100%	100%	100%	100%	DHIS2 Tracker
	2.2 CM-1b ^(M) Proportion of suspected malaria cases that receive a parasitological test in the community	Excel Database of the NMCP	100%	2022	100%	100%	100%	100%	100%	100%	100%	100%	DHIS2 Tracker
	2.3 CM-1c ^(M) Proportion of suspected malaria cases that receive a parasitological test at private sector sites	Excel Database of the NMCP	100%	2022	100%	100%	100%	100%	100%	100%	100%	100%	DHIS2 Tracker
	2.4 CM-2a ^(M) Proportion of confirmed malaria cases that received first-line antimalarial treatment at public sector health facilities	Excel Database of the NMCP	98.09%	2022	100%	100%	100%	100%	100%	100%	100%	100%	DHIS2 Tracker
	2.5 CM-2b ^(M) Proportion of confirmed malaria cases that received first-line antimalarial treatment in the community	Excel Database of the NMCP	99.13%	2022	100%	100%	100%	100%	100%	100%	100%	100%	DHIS2 Tracker
	2.6 CM-2c ^(M) Proportion of confirmed malaria cases that received first-line antimalarial treatment at private sector sites	Excel Database of the NMCP	10.23%	2022	100%	100%	100%	100%	100%	100%	100%	100%	DHIS2 Tracker
	2.7 CM-5 ^(M) Percentage of confirmed cases fully investigated and classified	DELR Malaria Case-based surveillance system	63.63%	2022	100%	100%	100%	100%	100%	100%	100%	100%	DHIS2 Tracker
	2.8 CM-6 ^(M) Percentage of malaria foci fully investigated and classified		50%	2022	55.56 %	55.56 %	55.56 %	55.56 %	55.56 %	55.56 %	55.56 %	55.56 %	DHIS2 Tracker
	2.9 VC-1 ^(M) Number of long-lasting insecticidal nets distributed to at-risk populations through mass campaigns		943,576	2022	-	-	-	-	-	-	-	950,000	DHIS2 Tracker
	2.10 VC-3 ^(M) Number of long-lasting insecticidal nets distributed to		19,021	2022	50,894	50,894	50,894	50,894	50,894	50,894	50,894	50,894	DHIS2 Tracker

1-Jul-24 to 31-Dec-24	50% of ASCPs mobilized for the diagnosis and treatment of malaria are functional.	0) not started 1) started: 50% of mobilized ASCPs have the necessary inputs (malaria diagnosis and treatment kits, data recording and reporting tools (physical or electronic) 2) advanced: 50% of ASCPs are provided with inputs and are supervised by the local supervisor 3) Completed: 50% of ASCPs are provided with inputs, are supervised and submit quality reports on time.
1-Jul-25 to 31-Dec-25	60% of ASCPs mobilized for the diagnosis and treatment of malaria are functional.	0) not started 1) started: 60% of mobilized ASCPs have the necessary inputs (malaria diagnosis and treatment kits, data recording and reporting tools (physical or electronic) 2) advanced: 60% of ASCPs are provided with inputs and are supervised by the local supervisor 3) Completed: 60% of ASCPs are provided with inputs, are supervised and submit quality reports on time.
1-Jul-26 to 31-Dec-26	70% of ASCPs mobilized for the diagnosis and treatment of malaria are functional	0) not started 1) started: 70% of mobilized ASCPs have the necessary inputs (malaria diagnosis and treatment kits, data recording and reporting tools (physical or electronic) 2) advanced: 70% of ASCPs are provided with inputs and are supervised by the local supervisor 3) Completed: 70% of ASCPs are provided with inputs, are supervised and submit quality reports on time.

C19RM
Indicators

Référence %	Référence Source	Pays / Portée des cibles	Type de cumulation	1-Jul-23 to 31-Dec-23		1-Jan-24 to 30-Jun-24		1-Jul-24 to 31-Dec-24		1-Jan-25 to 30-Jun-25		1-Jul-25 to 31-Dec-25	
				Cible N# Cible D#	Cible %	Cible N# Cible D#	Cible %	Cible N# Cible D#	Cible %	Cible N# Cible D#	Cible %	Cible N# Cible D#	Cible %
HPM-1 Reporting rate in the SIGL: percentage of health facilities which are required to report, and which submit a SIGL report to the central authority	data from DPMMT activity reports	Haiti	Non-cumulative – other	0	0.00%	3	30.00%	7	70.00%	7	70.00%	10	100.00%
		Geographic National, 100% of national program target		10		10		10		10		10	
M&E-4.1 Percentage of community unit service delivery reports integrated/interoperable with the national health information management system	MESI platform reports	Haiti	Non-cumulative – other	258	70.88%	280	76.92%	300	82.42%	320	87.91%	350	96.15%
		Geographic National, 100% of national program target		364		364		364		364		364	
		Haiti		636	61.57%	645	62.44%	655	63.41%	660	63.89%	672	65.05%

C19RM Indicators

Référence %	Référence Source	Pays / Portée des cibles	Type de cumulati on	1-Jul-23 to 31-Dec-23		1-Jan-24 to 30-Jun-24		1-Jul-24 to 31-Dec-24		1-Jan-25 to 30-Jun-25		1-Jul-25 to 31-Dec-25	
				Cible N# Cible D#	Cible %	Cible N# Cible D#	Cible %	Cible N# Cible D#	Cible %	Cible N# Cible D#	Cible %	Cible N# Cible D#	Cible %
HPM-1 Reporting rate in the SIGL: percentage of health facilities which are required to report, and which submit a SIGL report to the central authority	LMIS report data	Geographic National, 100% of national program target	Non-cumulative – other	1,033		1,033		1,033		1,033		1,033	

Work Plan Tracking Measures C19RM

Interven tions	Main Activity	1 Jan - 30 June 2024		1 July - 31 Dec 2025		1 Jan - 30 June 2025		1 July - 31 Dec 2025	
		Target Description	Realis ation Criteria	Target Description	Realis ation Criteria	Target Description	Realis ation Criteria	Target Description	Realis ation Criteria
Healthcare product and waste management systems	Rehabilitation and equipment of 1 CDAI (Petit Goave).	Start of rehabilitation work/ and equipment procurement process	0) not started 1) started: assessment of CDAIs rehabilitation needs/ verification of equipment list proposed by supplier 2) advanced: validation of rehabilitation	Rehabilitation of the 1 CDAI; transport and delivery of equipment	0) not started 1) started: demolition work on certain areas / payment for the services of a haulier for the equipment 2) advanced: reconstruction work and	Equipment installation in the CDAI	0) not started 1) started: 10% of planned equipment installed 2) advanced: 50% of planned equipment installed 3) 75% of planned equipment	Rehabilitation of the CDAI / installation of equipment	0) not started 1) 80% of equipment installed 2) 100% of equipment installed in 3 CDAIs 3) 1 CDAI operating in renovated

Interventions	Main Activity	1 Jan - 30 June 2024		1 July - 31 Dec 2025		1 Jan - 30 June 2025		1 July - 31 Dec 2025	
		Target Description	Realisation Criteria	Target Description	Realisation Criteria	Target Description	Realisation Criteria	Target Description	Realisation Criteria
SRPS / PP: Community health workers: Continuing training	Refresher training and continuing education for ASCPs, including AIPs	Training of trainers	plans/ signing of contract with chosen supplier for equipment purchase 3) finished: start of work/ disbursement of funds for equipment purchase/ identification of equipment transport service providers		fitting-out of areas/equipment being delivered 3) finished: the 3 CDAs have been rehabilitated/ the equipment has been delivered		installed in CDAI		and equipped spaces
			0) not started 1) started: launch of invitations for participants 2) advanced: logistical preparation for training (training space, accommodation etc.) 3) finished: completion of training of	AIP and ASCP training in the departments	0) not started 1) started: set up training schedule in departments and issue invitations to AIPs and ASCPs 2) advanced: logistical preparation 3) finished: training carried out for AIPs and ASCPs	AIP and ASCP training in the departments	0) not started 1) started: invitations to AIPs and ASCPs 2) advanced: logistical preparation 3) finished: training carried out for AIPs and ASCPs	0	0

Interventions	Main Activity	1 Jan - 30 June 2024		1 July - 31 Dec 2025		1 Jan - 30 June 2025		1 July - 31 Dec 2025	
		Target Description	Realisation Criteria	Target Description	Realisation Criteria	Target Description	Realisation Criteria	Target Description	Realisation Criteria
Monitoring Systems	Supervision/validation visits of surveillance data on MESI, DHIS2/SISNU and DHIS2/Tracker by the OSEs (300 communal) to the epidemiological focal points in each service delivery center.	100% of data validation visits to MESI, DHIS2/SISNU and DHIS2/Tracker institutions in the institutions completed	0) not started 1) started: 50% of validation visits completed 2) advanced: 90% of validation visits completed 3) finished: 100% of validation visits completed	100% of data validation visits to MESI, DHIS2/SISNU and DHIS2/Tracker institutions in the institutions completed	0) not started 1) started: 50% of validation visits completed 2) advanced: 90% of validation visits completed 3) finished: 100% of validation visits completed	100% of data validation visits to MESI, DHIS2/SISNU and DHIS2/Tracker institutions in the institutions completed	0) not started 1) started: 50% of validation visits completed 2) advanced: 90% of validation visits completed 3) finished: 100% of validation visits completed	100% of data validation visits to MESI, DHIS2/SISNU and DHIS2/Tracker institutions in the institutions completed	0) not started 1) started: 50% of validation visits completed 2) advanced: 90% of validation visits completed 3) finished: 100% of validation visits completed
			departmental trainers						

Interventions	Main Activity	1 Jan - 30 June 2024		1 July - 31 Dec 2025		1 Jan - 30 June 2025		1 July - 31 Dec 2025	
		Target Description	Realisation Criteria	Target Description	Realisation Criteria	Target Description	Realisation Criteria	Target Description	Realisation Criteria
Laboratory systems	Reinforcing the infrastructure of 30 laboratories in the network not yet renovated to ensure adequate levels of biosafety/bio-security, followed by ongoing maintenance of electrical systems in the 70 renovated laboratories.	Infrastructure work in 15 laboratory structures and maintenance of electrical systems	0) not started 1) started: assessment of infrastructure development needs carried out in 15 facilities 2) advanced: development work carried out in 8 laboratory facilities 3) finished: development work carried out in 15 laboratory facilities and maintenance carried out in	Infrastructure work carried out in 30 laboratory structures	0) not started 1) started: assessment of fitting-out needs carried out in 30 laboratory structures 2) advanced: fitting-out works carried out in 20 laboratory structures 3) finished: fitting-out works carried out in 30 laboratory structures and maintenance carried out in	electrical system maintenance at 70 refurbished laboratories	0) not started 1) started: maintenance work carried out on the electrical systems of 30 laboratories 2) advanced: maintenance work carried out on the electrical systems of 50 laboratories 3) maintenance work carried out on the electrical systems of 70 laboratories	electrical system maintenance at 70 refurbished laboratories	0) not started 1) started: maintenance work carried out on the electrical systems of 30 laboratories 2) advanced: maintenance work carried out on the electrical systems of 50 laboratories 3) maintenance work carried out on the electrical systems of 70 laboratories
COVID-19 RSC (community systems strengthening): community monitoring	Expanding community led monitoring to the 10 Health Departments with quarterly reports disseminated and discussed with national disease programs, HIV, TB and malaria.	Number of Departments with quarterly reports disseminated and discussed with national HIV, TB and	0) Not started: PR did not present progress against the milestone; 1) less than 5 departments have	Number of Departments with quarterly reports disseminated and discussed with national HIV, TB and	0) Not started: PR did not present progress against the milestone; 1) less than 5 departments have	Number of Departments with quarterly reports disseminated and discussed with national HIV, TB and	0) Not started: PR did not present progress against the milestone; 1) less than 5 departments have	Number of Departments with quarterly reports disseminated and discussed with national HIV, TB and	0) Not started: PR did not present progress against the milestone; 1) less than 5 departments have

Interventions	Main Activity	1 Jan - 30 June 2024		1 July - 31 Dec 2025		1 Jan - 30 June 2025		1 July - 31 Dec 2025	
		Target Description	Realisation Criteria	Target Description	Realisation Criteria	Target Description	Realisation Criteria	Target Description	Realisation Criteria
		Malaria programs	disseminated and discussed reports; 2) Between 5-9 Departments have disseminated and discussed the reports; 3)10 Departments have disseminated and discussed the reports	Malaria programs	disseminated and discussed reports; 2) Between 5-9 Departments have disseminated and discussed the reports; 3)10 Departments have disseminated and discussed the reports	HIV, TB and Malaria programs	disseminated and discussed reports; 2) Between 5-9 Departments have disseminated and discussed the reports; 3)10 Departments have disseminated and discussed the reports	Malaria programs	disseminated and discussed reports; 2) Between 5-9 Departments have disseminated and discussed the reports; 3)10 Departments have disseminated and discussed the reports

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 PMU - UCMIT & DELR	USD 141,689 + 71,630.58
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 PMU	-
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.	Quarterly	Relevant lessons are captured by the project team and used to inform management decisions.	UNDP PMU – UCMIT – CHAI – CDC Malaria Zero	USD 81,600
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.	Annually	Areas of strength and weakness will be reviewed by project management and used to inform decisions to improve project performance.	UNDP PMU UNDP GHST	-
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 PMU UNDP GHST	-

Monitoring Activity	Purpose	Frequency	Expected Action	Partners (if joint)	Cost (if any)
Project Report	A progress report will be presented to the Project Board and key stakeholders, 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.	Annually, and at the end of the project (final report)		UNDP PMU	-
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.		-

Evaluation Plan⁵

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	NA	3	3.2	31/12/2024	MSPP	NA

⁵ Optional, if needed

VII. MULTI-YEAR WORK PLAN MALARIA ⁶⁷

All anticipated programmatic and operational costs to support the project, including development effectiveness and implementation support arrangements, need to be identified, estimated and fully costed in the project budget under the relevant output(s). This includes activities that directly support the project, such as communication, human resources, procurement, finance, audit, policy advisory, quality assurance, reporting, management, etc. All services which are directly related to the project need to be disclosed transparently in the project document.

EXPECTED OUTPUTS	PLANNED INTERVENTIONS	Planned Budget by Year			ENTITY RESPONSIBLE	PLANNED BUDGET		
		Y1 (2024)	Y2 (2025)	Y3 (2026)		Funding Source	Budget Description	Amount
Module 1: Program Management	1.1 Grant Management	1,427,667	1,498,857	1,682,324	UNDP-UCMIT	Global Fund	Salary, Office costs, Insurance	4,608,847
	1.2 Coordination and Management of the National Malaria Program	205,586	205,586	205,586	UNDP UCMIT	Global Fund	Office materials, Consultant daily fees, Salaries	616,758
	Sub-Total for Module 1	1,633,253	1,704,443	1,887,910				5,225,606
Module 2: Case Management	2.1 Active testing and investigation	295,962	182,396	158,902	UNDP-UCMIT	Global Fund	Material reprint and daily fees for training	637,260
	2.2 Information, Education & Communication for behavioral change	167,945			UCMIT	Global Fund	LLIN procurement & Daily fees for distribution	167,945
	2.3 Case Management in Private Settings	54,584	37,299	36,788	UCMIT	Global Fund	Quality control & daily fees for distribution	128,671
	2.4 Case Management in Hospital Settings	525,249	463,528	166,271	UNDP-UCMIT	Global Fund	Test and TxI procurement & distribution costs	1,155,048
	2.5 Integrated Case Management at the Community Level (PEC-C)	93,794	52,872	52,235	UNDP UCMIT	Global Fund	Test and TxI procurement & distribution costs	198,901
	Sub-Total for Module 2	1,137,534	736,095	414,196				2,287,824

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 INTERVENTIONS	Planned Budget by Year			ENTITY RESPONSIBLE	PLANNED BUDGET	
		Y1 (2024)	Y2 (2025)	Y3 (2026)		Funding Source	Amount
Module 3: <i>Vector Control</i>	3.1 Other Vector control measures	15,000	15,000	0	UNDP	Global Fund	30,000
	3.2 Mass Campaign LLINs distribution	0	0	4,176,933	UNDP	Global Fund	4,176,933
	3.3 Routine LLINs distribution	227,716	335,531	335,531	UNDP	Global Fund	898,778
	3.4 Entomologic surveillance	340,722	319,536	319,536	UCMIT	Global Fund	979,794
	3.5 Indoor residual insecticide spraying (IRS)	281.86	32798.48	32798.48	UNDP	Global Fund	65,879
	Sub Total for Module 3	583,719	702,866	4,864,799			6,151,384
Module 4: <i>Resilient and Sustainable System for Health (RSSH)</i>	4.1 Survey	0	0	92,600	UNDP-UCMIT	Global Fund	92,600
	4.2 Quality of Programmatic Data	6,315	6,315	6,315	UNDP	Global Fund	18,945
	4.3 Routine data reporting	220,680	220,680	220,680	UNDP-UCMIT	Global Fund	662,041
	4.4 Surveillance of priority diseases and events likely to cause epidemics	598,886	598,886	598,886	UNDP-UCMIT	Global Fund	1,796,658
	4.5 Participation, links and coordination within communities	366,630	366,630	354,243	UNDP-UCMIT	Global Fund	1,087,503
	4.6 Planning and purchasing capacity	23,929	23,929	23,929	UNDP-UCMIT	Global Fund	71,786
	4.7 Supply Chain Information Systems	16,668	16,668	16,668	UNDP-UCMIT	Global Fund	50,004
Sub-Total for Module 4		1,233,108.00	1,233,108.00	1,313,321.00			3,779,536
TOTAL		4,587,614	4,376,512	8,480,226			17,444,350

VIII. MULTI-YEAR WORK PLAN C19RM

EXPECTED OUTPUTS	PLANNED INTERVENTIONS	Planned Budget by Year			ENTITY RESPONSIBLE	PLANNED BUDGET		
		Y1 (2024)	Y2 (2025)	Y3 (2026)		Funding Source	Budget Description	Amount
Module 1: <i>Grant management</i>	Grant Management	1,709,778	1,442,722		UNDP-UCMIT- FOSREF-DELR	Global Fund	Salary, Office costs, Insurance	3,152,500
	Sub-Total for Module 1	1,709,778	1,442,722	0				3,152,500
Module 2: <i>Case Management COVID 19</i>	COVID-19 RSC (renforcement des systèmes communautaires) ; suivi communautaire	422,678	699,094		UNDP-UCMIT- FOSREF-DELR	Global Fund		1,121,772
	COVID-19 RSC : renforcement des capacités institutionnelles des organisations à base communautaire	320,414	172,244		UNDP UCMIT- FOSREF-DELR	Global Fund		492,658
	Gestion des cas, opérations cliniques et traitements	104,651	103,451		UNDP-UCMIT-DELR	Global Fund		208,102
	Prévention de la violence fondée sur le genre et prise en charge des victimes de violence	382,456	269,318		UNDP-FOSREF-	Global Fund		651,774
	Reponses aux obstacles liés aux droits humains et au genre entravant l'accès aux services	177,819	119,878		UNDP-FOSREF- DELR	Global Fund		297,697
	SRPS / PP : Agents de santé communautaires : Formation continue	451,600	725,400		UNDP-UCMIT- FOSREF-DELR	Global Fund		1,177,000
	SRPS / PP : Agents de santé communautaires : Supervision formative intégrée	492,945	492,945		UNDP UCMIT- FOSREF-DELR	Global Fund		985,890
	Systèmes de gestion des produits de santé et des déchets	759,899	290,988		UNDP	Global Fund		1,050,887
	Systèmes de laboratoire	741,524	262,574		UNDP DELR	Global Fund		1,004,098
	Systèmes de surveillance	1,483,424	1,178,935		UNDP-DELR	Global Fund		2,662,359
TOTAL	Sub-Total for Module 2	5,337,411	4,314,827	0				9,652,237
		7,047,189	5,757,549	0				12,804,737

IX. PROCUREMENT PLAN

DESCRIPTION							
Project	Intervention	Description de l'activité	Montant	Q1	Q2	Q3	Q4
Malaria	Vector control	Procurement of ITNs CD ANC	94,320	X			
Malaria	Vector control	PSM Costs - PSA fees ITNs CD ANC	2,830	X			
Malaria	Vector control	PSM Costs - Freight & Insurance ITNs CD ANC	23,580	X			
Malaria	Vector control	PSM Costs - Warehousing ITNs CD ANC	14,148	X	X	X	X
Malaria	Vector control	PSM Costs - Distribution ITNs CD ANC	18,864	X			
Malaria	Vector control	PSM Costs - Customs Clearance ITNs CD ANC	2,830	X			
Malaria	Vector control	PSM Costs - Other ITNs CD ANC	2,830	X			
Malaria	Vector control	Procurement of ITNs CD EPI	13,474	X			
Malaria	Vector control	PSM Costs - PSA fees ITNs CD EPI	404	X			
Malaria	Vector control	PSM Costs - Freight & Insurance ITNs CD EPI	3,369	X			
Malaria	Vector control	PSM Costs - Warehousing ITNs CD EPI	2,021	X	X	X	X
Malaria	Vector control	PSM Costs - Distribution ITNs CD EPI	2,695	X	X	X	X
Malaria	Vector control	PSM Costs - Customs Clearance ITNs CD EPI	404	X			
Malaria	Vector control	PSM Costs - Other ITNs CD EPI	404	X			
Malaria	Vector control	Procurement of ITNs CD Community based	26,949	X			
Malaria	Vector control	PSM Costs - PSA fees ITNs CD Community based	808	X			
Malaria	Vector control	PSM Costs - Freight & Insurance ITNs CD Community based	6,737	X			
Malaria	Vector control	PSM Costs - Warehousing ITNs CD Community based	4,042	X	X	X	X
Malaria	Vector control	PSM Costs - Distribution ITNs CD Community based	5,390	X	X	X	X
Malaria	Vector control	PSM Costs - Customs Clearance ITNs CD Community based	808	X			
Malaria	Vector control	PSM Costs - Other ITNs CD Community based	808	X			
Malaria	Case management	Procurement of antimalarial medicines	8,329	X		X	
Malaria	Case management	Procurement of RDTs	63,531	X	X	X	X
Malaria	Case management	Procurement of Laboratory reagents, test kits and consumables	551	X		X	
Malaria	Case management	Procurement of Consumables	3,638	X		X	
Malaria	Case management	Procurement of Microscopes	7,785	X		X	
Malaria	Case management	PSM Costs - PSA fees Treatment	2,505	X		X	
Malaria	Case management	PSM Costs - Freight & Insurance Treatment	16,700	X		X	

Project		DESCRIPTION		Montant	CHRONOGRAMME			
		Intervention	Description de l'activité		Q1	Q2	Q3	Q4
Malaria	Case management		PSM Costs - Warehousing Treatment	20,875	x	x	x	x
Malaria	Case management		PSM Costs - Distribution Treatment	20,875	x	x	x	x
Malaria	Case management		PSM Costs - QA/QC Treatment	4,175	x		x	
Malaria	Case management		PSM Costs - Customs Clearance Treatment	2,505	x		x	
Malaria	Case management		PSM Costs - Other Treatment	2,505	x		x	
Malaria	Case management		Procurement of antimalarial medicines	3,784	x		x	
Malaria	Case management		Procurement of RDTs	47,116	x	x	x	x
Malaria	Case management		PSM Costs - PSA fees RDTs	1,527	x	x	x	x
Malaria	Case management		PSM Costs - Freight & Insurance RDTs	10,180	x	x	x	x
Malaria	Case management		PSM Costs - Warehousing RDTs	12,725	x	x	x	x
Malaria	Case management		PSM Costs - Distribution RDTs	12,725	x	x	x	x
Malaria	Case management		PSM Costs - QA/QC RDTs	2,545	x	x	x	x
Malaria	Case management		PSM Costs - Customs Clearance RDTs	1,527	x	x	x	x
Malaria	Case management		PSM Costs - Other RDTs	1,527	x	x	x	x
Malaria	Case management		Procurement of antimalarial medicines	3,027	x		x	
Malaria	Case management		Procurement of RDTs antimalarial medicines	26,578	x	x	x	x
Malaria	Case management		PSM Costs - PSA fees antimalarial medicines	888	x		x	
Malaria	Case management		PSM Costs - Freight & Insurance antimalarial medicines	5,921	x		x	
Malaria	Case management		PSM Costs - Warehousing antimalarial medicines	7,401	x	x	x	x
Malaria	Case management		PSM Costs - Distribution antimalarial medicines	7,401	x	x	x	x
Malaria	Case management		PSM Costs - QA/QC antimalarial medicines	1,480	x	x	x	x
Malaria	Case management		PSM Costs - Customs Clearance antimalarial medicines	888	x		x	
Malaria	Case management		PSM Costs - Other antimalarial medicines	888	x		x	
Malaria	Gestion de cas		Etude sur l'efficacité thérapeutique -Consultant) (TES) (Surveillance moléculaire de la résistance à la Chloroquine	79,247		x		
Malaria	Gestion de cas		Doter les équipes de brigadiers, d'assistants épidémiologistes et des OSEs d'équipements nécessaires	42,024		x		
Malaria	Gestion de cas		Achat des équipements (KIT) pour la sélection des sites sentinelles dans toutes les strates en fonction du protocole de terrain	18,394		x		
Malaria	SRPS : systèmes de gestion des produits de santé		Atelier annuel de quantification	23,929	x			

DESCRIPTION		Montant	CHRONOGRAMME			
Project	Intervention		Q1	Q2	Q3	Q4
C19RM	Gestion des cas, opérations cliniques et traitements					
	CNRC _ Carburant pour le fonctionnement des générateurs d'Oxygène et des génératrices électriques + Achat de Tanker d'une capacité de 3,000 Gal pour le stockage du carburant à la SONAPI	57,429	X	X	X	X
C19RM	Systèmes de gestion des produits de santé et des déchets					
	Rehabilitation et équipement des dépôts et CDAI	441,000	X	X		
C19RM	Systèmes de gestion des produits de santé et des déchets					
	Encourager l'utilisation de 3PL régionaux pour la distribution si nécessaire.	20,000	X	X	X	X
C19RM	Systèmes de laboratoire					
	LNSP _ Acquisition de matériels de bureau pour les Technologistes Départementaux et les Techniciens Superviseurs : - 10 Bureaux - 10 Chaises de Bureau - 10 Classeurs Métalliques - 10 Déchiqueteuses	13,250	X			
	Systèmes de laboratoire					
	LNSP _ Acquisition d'équipements de bureau pour les 10 Laboratoires de Relecture : - 10 Bureaux - 10 Chaises de bureau - 10 Classeurs Métalliques de 4 Tirroirs	11,750	X			
C19RM	Systèmes de laboratoire					
	(Marques, modèles et capacités à spécifier par l'unité IT LNSP)					
C19RM	Systèmes de laboratoire			X		
	LNSP _ Acquisition de 15 tables et 30 chaises pour les salles de réunion et de formations du LNSP.	6,000				
C19RM	Systèmes de laboratoire			X		
	LNSP _ Acquisition de 3 LCD Projecteurs pour les salles de réunion et de formation du LNSP.	3,300				
	Systèmes de laboratoire					
	LNSP _ Acquisition d'équipements Informatiques et de communication pour les Technologistes Départementaux et les Techniciens Superviseurs : - 10 Desktops pour 10 Technologistes Départementaux - 15 Laptops + Back pack - 15 Téléphones (Smart Phones) - 10 Imprimantes - 10 UPS sine wave			X		
C19RM	Systèmes de laboratoire					
	(Marques, modèles et capacités à spécifier par l'unité IT LNSP)					
C19RM	Systèmes de laboratoire					
	LNSP _ Paiement de Contrat de maintenance des appareils MGIT pour les Laboratoires mycobactériologie de niveau 3 du LNSP et de Gheskio/IMIS	45,850				
C19RM	Systèmes de laboratoire					
		32,800			X	

DESCRIPTION							
Project	Intervention	Description de l'activité	Montant	Q1	Q2	Q3	Q4
C19RM	Systèmes de laboratoire	LNSP _ Acquisition de 80 Tablettes en appui au Réseau de Transport pour le tracking des échantillons (35 pour les transporteurs du réseau existants/ 35 pour les Transporteurs du partenariat Privé) 10 pour les cadres de l'UCL (Marque, modèle et capacité à spécifier par le LNSP).	36,000	X			
C19RM	Systèmes de laboratoire	LNSP _ Achat de 10 Motocyclistes Honda 190 CT en appui au Réseau National de Transport des échantillons	90,000			X	
C19RM	Systèmes de laboratoire	LNSP _ Acquisition / Aménager / Climatiser 1 Conteneur de 40 pour stocker les intrants du Laboratoire de Mycobatériologie du LNSP.	90,000			X	
C19RM	Gestion des cas, opérations cliniques et traitements	CNRC_Achats de matériel et d'équipement pour les besoins de la centrale de production d'oxygène a la Sonapi	1,200		X		
C19RM	Systèmes de surveillance	DELR _ Acquisition d'équipements de bureau TICs: 12 bureaux, chaises et Classeurs Métalliques de 4 Tirroirs	15,275	X			
C19RM	Systèmes de gestion des produits de santé et des déchets	DPMMT _ Appui au fonctionnement de l'UNGL en matériels informatiques et téléphones	26,250		X		
C19RM	Systèmes de laboratoire	LNSP _ Contrat de maintenance des Climatiseurs des Sites GenXpert, Reparation de 2 incinerateurs pour le LNSP, Contrat de maintenance des Climatiseurs des Sites GenXpert, _ Contrat avec les lignes aériennes de transport d'échantillons pour le génotypage, Contrat de maintenance du LNSP	60,000	X	X	X	X
C19RM	Systèmes de gestion des produits de santé et des déchets	Rehabilitation et équipement des dépôts et CDAI	407,700	x	x		
C19RM	Systèmes de gestion des produits de santé et des déchets	Frais d'installation d'incinerateurs, broyeurs, transpalettes	98,010	x	x		
C19RM	Systèmes de laboratoire	Acquisition de conteneurs pour l'installation de GenXpert, Holtes de securite, Systeme Invert No contact (double interieur) pour sites GenXpert, Modules et ordinateurs de remplacement GenXpert	100,000	x	x		

XI. GOVERNANCE AND MANAGEMENT ARRANGEMENTS

Under the oversight of UNDP Haiti's Deputy Resident Representative, the Program Manager (P5) will lead the teams for of the malaria and C19 funding, overseeing a total of 17 staff fully dedicated to the project results and outcomes, ensuring compliance with UNDP and Global Fund rules, regulations, and policies.

H/she will be assisted by 1 Programme Associate (NPSA8) and 1 assets manager. The latter leads a team of 4 Drivers (NPSA 2).

a) The GC7 Grant (Main Grant) arrangements: 13 positions

- *The PMU structure foresees 1 Malaria Program Specialist (NPSA 11),*
 - *in charge of coordinating activities with the national malaria control programme (NMCP) and other malaria partners like CHAI and PAHO and reporting on programme performance.*
 - *He will be assisted by 1 Administrative Assistant (NPSA 7).*
 - *The Malaria Programme Coordinator, as delegated by the Programme Manager, will supervise the M&E Malaria (NPSA 10)⁸.*
- *1 M&E Specialist (NPSA 10), in charge of monitoring and assuring the quality of data in preparation for regular reporting to the GF and CO.*
- *1 National IC or NPSA 8 position to be sitting at the NMCP in support to programme implementation in the 10 Departments in a timely manner conditional on funding availability.*
- *1 Finance Specialist (P3)⁹, who will assist the Programme Manager to run the Finance Unit/PMU:.*
 - *Is in charge of organising activities (disbursements, verification and validation of expenses, budget checks, forecasting and budget tracking in collaboration with the programme staff) within the PMU finance unit in collaboration with the CO finance services.*
 - *Is also the audit focal point for NIM projects under the PMU,*
 - *Will supervise 4 positions.*
 - *2 Finance Analysts (1 iUNV and 1 NPSA 8)*
 - *2 finance assistants.*
- *1 PSM Specialist (NPSA 11)¹⁰, who will assist the Programme Manager to run the PSM unit/PMU.*
 - *Is in charge of coordinating PSM unit activities related to Quantification, Procurement, Supply Chain Management and Health Product Management.*
 - *Will supervise a team of 5 personnel:*
 - *1 procurement analyst (NPSA 9),*

⁸ Until June-2024 when a transition plan will be drafted to combine the 2 M&E positions into 1 as the C19RM project phases out.

⁹ The Finance team has cross cutting functions for both Grants.

¹⁰ The PSM team has a cross cutting function for both Grants.

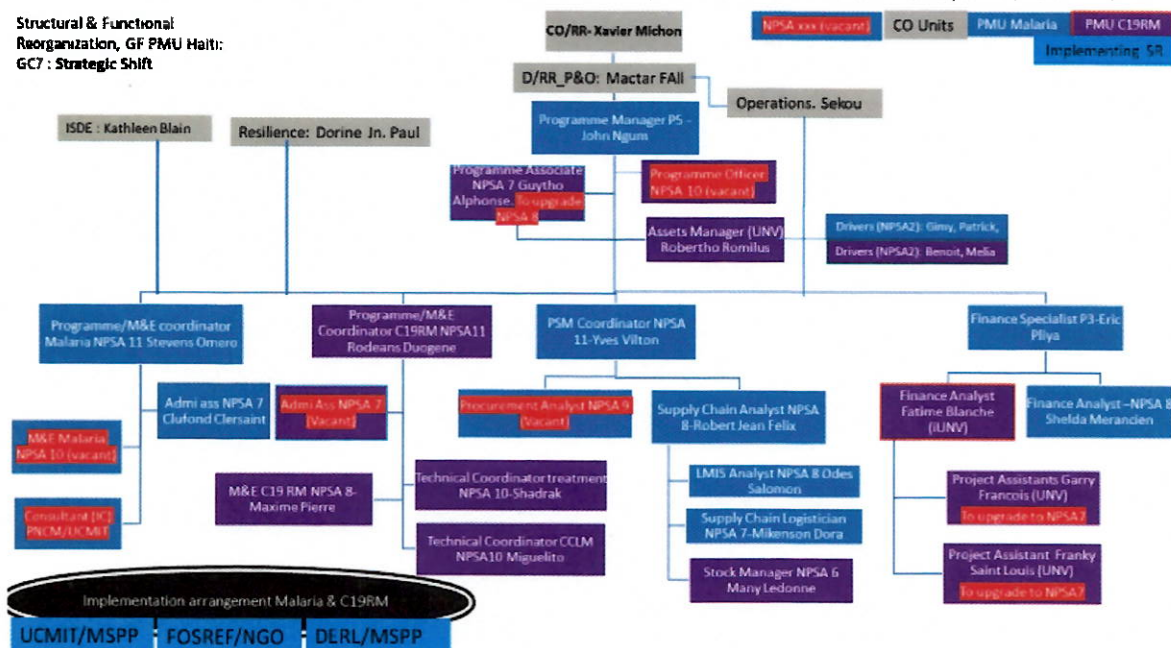
- 1 Supply Chain analyst (NPSA 8),
- 1 LMIS analyst (NPSA 8),
- 1 Supply Chain Logistician (NPSA 7) and
- 1 stock Manager (NPSA 6)¹¹

b) The C19RM Grant (Wave 2) arrangements: 4 positions

In addition to the malaria component, the Programme Manager also leads a team of 4 other staff dedicated to the C19RM project results and outcomes, ensuring compliance with UNDP and Global Fund rules, regulations, and policies.

- 1 C19RM Program Specialist (NPSA 11) is directly supervised by the Programme Manager. The C19RM coordinator:
 - Is in charge of coordinating activities with the C19RM implementing partners (DELR, FOSREF) and reporting on programme performance.
 - Will be assisted by 1 Administrative Assistant (NPSA 7).
 - Is delegated to supervise the 3 below positions.
- 1 Technical coordinator for Treatment (NPSA 10), in charge of technical support and follow up of the clinical aspects like oxygen, laboratory.
- 1 Technical coordinator (NPSA 10) in charge of technical support and follow up to the C19RM project partners (FOSREF, DELR, DPSPE) on Community Mobilisation / CLM
- 1 C19RM M&E (NPSA 8) in charge of in charge of monitoring and assuring the quality of data in preparation for regular reporting to the GF and CO

7 PMU positions are still vacant and will be filled in as per the 2024 recruitment plan (table IX).



¹¹ The stock Manager shall directly support the PNCM/UCMIT in putting in place mechanisms towards reaching the last mile until funding is identified for the recruitment of an IC or staff to play the programme support role.

XII. LEGAL CONTEXT

Standard Basic Assistance Agreement (SBAA)

This project document shall be the instrument referred to as such in Article 1 of the Standard Basic Assistance Agreement between the Government of (country) and UNDP, signed on (date). All references in the SBAA to "Executing Agency" shall be deemed to refer to "Implementing Partner."

This project will be implemented by [name of entity] ("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.

XIII. RISK MANAGEMENT

UNDP (DIM)

1. UNDP as the Implementing Partner will comply with the policies, procedures and practices of the United Nations Security Management System (UNSMS.)
2. UNDP as the Implementing Partner will undertake all reasonable efforts to ensure that none of the [project funds]¹² [UNDP funds received pursuant to the Project Document]¹³ 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 http://www.un.org/sc/committees/1267/ag_sanctions_list.shtml. This provision must be included in all sub-contracts or sub-agreements entered into under this Project Document.
3. 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. UNDP as the Implementing Partner will: (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. In the implementation of the activities under this Project Document, UNDP as the Implementing Partner will handle any **sexual exploitation and abuse ("SEA")** and **sexual harassment ("SH")** allegations in accordance with its regulations, rules, policies and procedures.
6. 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.
7. 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**

¹² To be used where UNDP is the Implementing Partner

¹³ To be used where the UN, a UN fund/programme or a specialized agency is the Implementing Partner

such **responsible party's, subcontractor's and sub-recipient's** custody, rests with such 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. In the performance of the activities under this Project, UNDP as the Implementing Partner shall ensure, with respect to the activities of any of its responsible parties, sub-recipients and other entities engaged under the Project, either as contractors or subcontractors, their personnel and any individuals performing services for them, that those entities have in place adequate and proper procedures, processes and policies to prevent and/or address SEA and SH.
 - d. 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.
 - e. 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.
 - f. 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.
 - g. 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.

- h. 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 the 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.

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.

- i. 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.
- j. 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.
- k. 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.

XIV. ANNEXES

1. **Risk Analysis.** Use the standard [Risk Register template](#). Please refer to the [Deliverable Description of the Risk Register](#) for instructions
2. **Capacity Assessment:** Results of capacity assessments of Implementing Partner (including HACT Micro Assessment)