PROJECT DOCUMENT

Project Title: Multi-country Western Pacific (MWP) Integrated HIV/TB Programme
Project Number: 00129927
Implementing Partner: UNDP
Start Date: 01 January 2021   End Date: 31 December 2023   PAC Meeting date: 04 January 2020

Brief Description
This project supports national and regional efforts across 11 Pacific islands countries (PICs) to scale up and improve the response to the human immunodeficiency virus (HIV) and tuberculosis (TB) through prevention, treatment, care and support services, with special attention to key and vulnerable population groups. The project document is largely aligned with the grant submission documents to the Global Fund which had been widely discussed and agreed upon by all relevant national and regional programme stakeholders.

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. Prevention (GEN 2)
2. Differentiated HIV testing services (GEN 2)
3. Treatment, care and support (GEN 2)
4. TB care and prevention (GEN 2)
5. Multidrug-resistant TB (MDR-TB) (GEN 2)

Gen 2: The programme actively promotes universal health coverage and is reflected in its interventions and targeted approach of reaching key and vulnerable populations

Total resources required:		USD 10,284,474
Total resources allocated:		
	UNDP TRAC:	
	Donor:	USD 10,286,474
	Government:	
	In-kind:	
Unfunded:		

Agreed by (signatures):

Government	UNDP
Print Name:	Print name: Levan Bouadze UNDP Resident Representative
Date:	Date: 14 / 01 / 2021

1

I.   DEVELOPMENT CHALLENGE

HIV

The HIV and sexually transmitted infections (STIs) situation in the Pacific

In the Western Pacific region (Pacific, Oceania and parts of Asia), the estimated number of people living with HIV (PLHIV) has reached 1.9 million in 2018, compared to 1.4 million in 2010. Five countries (China, Viet Nam, the Philippines, Malaysia and Papua New Guinea) make up the majority of the regional HIV burden. HIV prevalence remains low at 0.1 percent among general populations. Key and vulnerable populations (KVPs) – including men who have sex with men (MSM), transgender people (TGs), female sex workers (FSWs), prisoners and seafarers – continue to be the most affected groups in the Western Pacific region.

While there is progress on treatment of HIV overall in the region, challenges remain in relation to stigma and discrimination faced by key populations and ensuring their access to both prevention and treatment services. Data from 2018 show that only 59 percent of PLHIV are receiving antiretroviral therapy (ART)[2]. In the same year (2018), the World Health Organization (WHO) reported there were an estimated 108 million new cases of syphilis, gonorrhoea, chlamydia and trichomoniasis in the Western Pacific region.[3] Of the eight most common STIs, these four are currently curable. The other four infections are caused by viruses and cannot be cured: hepatitis B, herpes simplex virus (HSV or herpes), HIV and human papillomavirus (HPV). Symptoms or disease due to these viral infections can be reduced or modified through treatment.

HIV in the 11 Global Fund supported PICs

HIV in the region is mostly sexually transmitted, although there is also some perinatal transmission. From programmatic reporting,[4] the number of HIV cases across the 11 Global Fund supported PICs remains low and significant progress has been made in terms of percentage of PLHIV accessing treatment. By the end of 2019, a total of 65 PLHIV were reported, with 56 (86 percent) of these being enrolled onto treatment. Of the total cases, there is equal gender distribution (50 percent male and 50 percent female), and 10 (15.4 percent) of these PLHIV are below 15 years old.

Table 1. Summary PLHIV cases in 11 PICs as per 2019 PUDR results analysis

Country	Total population mid-year 2018	Index case year	Cumulative PLHIV 2019	Cumulative on ART (2019)	Sex		Age		Remarks
					M	F	<15	>15	
Cook Islands	15,200	2010	1	1 (100%)	1	0	0	1	Diagnosed in New Zealand in 2019 and residing in CI. Those diagnosed with HIV after 2010 are no longer in country.
Federated States of Micronesia (FSM)	105,300	1989	14	12 (86%)	5	9	6	8	
Kiribati	120,100	1991	10	10 (100%)	6	4	2	8	
Nauru	11,000	1999	1	1 (100%)	0	1	0	1	
Niue	1,520	n/a	0	0	-	-	-	-	
Palau	17,900	1993	7	3 (43%)	5	2	0	7	
Republic of the Marshall Islands (RMI)	35,500	1984	8	8 (100%)	4	4	0	8	
Samoa	196,700	1990	13	13 (100%)	9	4	2	11	
Tonga	100,300	1987	4	4 (100%)	2	2	0	4	

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[2] HIV data and statistics in the Western Pacific, https://www.who.int/westernpacific/health-topics/hiv-aids/regional-data

[3] Sexually transmitted infections (STIs) in the Western Pacific, https://www.who.int/westernpacific/health-topics/sexually-transmitted-infections

[4] MWP_TB HIV>PUDR Results Dec 2019

Country	Total population	Index case	Cumulative PLHIV 2019	Cumulative on ART (2019)	Sex		Age		Remarks
Tuvalu	10,200	1995	0	0	-	-	-	-	Tuvalu data has been cleaned as the cases in previous years cannot be traced for past 10 years.
Vanuatu	304,500	2002	7	4 (57%)	1	6	0	7	
TOTAL	**877,300**		**65**	**56 (86%)**	**33**	**32**	**10**	**55**	

The number of KPs reached in the Pacfic region with prevention and testing services significantly increased over the course of 2018 and 2019. In 2019 alone, 5,718 KPs were tested for HIV. [5]

Figure 1. Numbers of key populations reached with prevention and testing programmes
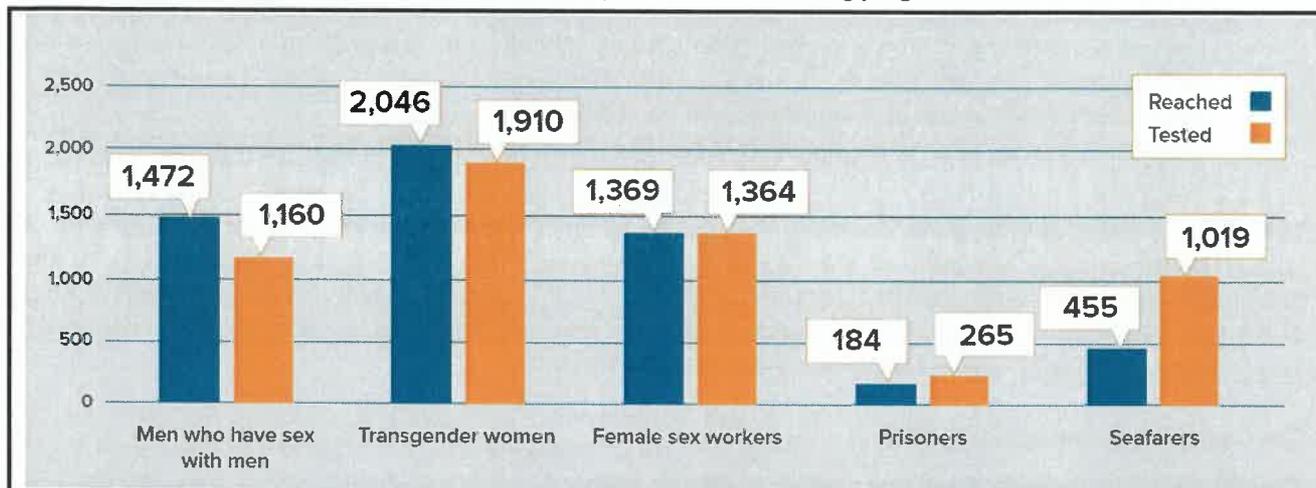
Development Challenge: There remains barriers to health service access by key and vulnerable populations and if not addressed, creates risks for HIV transmission in the Pacific.

Root Causes: Behavioural risk factors and social and structural determinants of risk that drive the epidemic among vulnerable groups is due to several factors, including:
- Large number of young people.
- Significant movement of people into, through and out of the region.
- Unsafe sexual practices that gives rise to high rates of STIs and teenage pregnancy.
- Varying knowledge of HIV prevention across the region.
- Internal stigma and stigma and discrimination by health care workers that prevents vulnerable groups and PLHIV from accessing to services.
- Geographical constraints, including scattered and remote islands, and high costs of transportation to reach remote locations hinders provision of services.
- Socioeconomic status especially of those living with HIV. Most PLHIV in the region are unemployed and do not earn a consistent income.
- Health systems constraints, including limited staffing and health care budgets.
- Capacity constraints amongst community based organizations that are at forefront of the HIV response in the Pacific.
- Low levels of community engagement in policy making and programme design and implementation.
- Limited awareness and understanding amongst policy makers of the epidemic's potential long-term impact (i.e. low priority given to HIV due to low prevalence).
- Unsupportive policy and legal environments, including a lack of enabling legal environment for KPs to freely access services and become equal participants in the the response.

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[5] Multi-Country Western Pacific Integrated HIV/TB Programme Key Performance Indicator Results 2019, https://www.undp.org/content/undp/en/home/librarypage/hiv-aids/western-pacific-hiv-tb-programme-key-performance-indicator-results-2019.html

Supporting evidence: A study conducted in 2016 on risk vulnerability to HIV and STIs among key populations, including MSM, TGs, FSWs and seafarers[6] in nine PICs, examined the behaviour risk factors and social and structural determinants of risk that drive the epidemic amongst these vulnerable groups. The study revealed that though there are overall low HIV rates of infection, there is high vulnerability to increasing HIV transmission. This is exacerbated by behaviours such as:

- Low condom use amongst MSM and TGs. For instance, in Tuvalu, Kiribati, FSM and RMI fewer than 20 percent of men used a condom at their last instance of anal sex with a casual partner.
- Low condom use among female sex workers. For example, in Tonga only 18 percent of sex workers used a condom for sex with their last client.
- High rates of stigma and discrimination against female sex workers, as well as violence and abuse at the hands of clients, non-paying partners and family.
- High alcohol use and binge drinking which can exacerbate high risk behaviour.
- Forced sex in the last 12 months ranged from 7 percent in Palau to 47 percent in FSM. Survey participants mentioned that they had been sexually assaulted as young children, usually by a male relative.
- HIV knowledge being mostly moderate across the region.
- Varying testing rates across the region. FSM had the lowest rates of HIV testing in the last 12 months.

Relevance to global development priorities: Programme efforts to address the HIV response in the Pacific is guided by the strategic direction of the Global Fund's approach in accelerating the achievements of the Sustainable Development Goals (SDGs) and the UNAIDS Fast Track targets. This approach places key populations at the heart of the HIV response. The programmes approach is largely aligned to key strategies from the Global Fund Strategy 2017-2022, particularly those under objectives 1 and 2.

The Global Fund Strategy 2017-2022

Objective 1: Building resilient and sustainable systems for health
This includes ensuring that people have access to effective, efficient and accessible services through well functioning and responsive health and community services. The existence of strong systems for health is essential to making progress against HIV and to ensure that PICs can address the varied health challenges they face.

Objective 2: Protect and promote human rights and gender equality
Promoting and protecting human rights is essential to ensuring that PICs can control their epidemics, scale up where needed and sustain their gains. Addressing gender inequality is essential as it drives increases in infection rates and contributes to differential access to health services for men, women and transgender people. Gender inequality reduces the ability of women and girls to protect themselves and keep themselves healthy.

UN Strategic Directions
The programme is also contributing to outcome 4 of the United Nations Pacific Strategy (UNPS) 2018 – 2022 which is around promoting equitable basic services in the Pacific, particularly for vulnerable groups. It is also contibuting to outcome 5.3 of the sub-regional programme document for PICTs (SRPD) 2018 - 2022 which relates to strengthening governance systems for equitable service delivery, including access to justice.

The SDGs
The above Global Fund strategies contribute to the achievements of the following SDGs:

Goal 3: Ensure healthy lives and promote well-being for all at all ages. Global Fund investments are used to support prevention, testing and treatment efforts as well as to build the systems for health, enabling healthy lives and well-being for populations.

Goal 10: Reduce inequality within and among countries. Global Fund investments are used to support key populations disapproportionaly affected by HIV.

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[6] Pacific multi-country mapping and behavioural study: HIV and STI risk vulnerability among key populations, (2016), UNDP, UNSW, ASHM, PSGDN. Suva, Fiji:UNDP.

The TB situation in the Pacific

The MWP Integrated HIV/TB Programme provides much needed financial support for 11 PICs – Cook Islands, FSM, Kiribati, RMI, Nauru, Niue, Palau, Samoa, Tonga, Tuvalu and Vanuatu. The incidence of TB among all the 11 countries ranges from very high at > 400 to < 10 per 100,000 population, while the mortality rate tends to fluctuate widely due to the small notified numbers and limited population coverage.

According to the WHO's Global Tuberculosis Report 2019, the burden of TB (incidence and mortality, respectively, per 100,000 population) for the 11 PICs under the MWP Integrated HIV/TB Programme is: Cook Islands (0, 0), FSM (108, 12), Kiribati (349, 37), RMI (434, 48), Nauru (54, 4.4), Niue (71, 5.8), Palau (109, 9), Samoa (6, <1), Tonga (10, < 1), Tuvalu (270, 22) and Vanuatu (46, 7.5).

Over the past decade, PICs have demonstrated good treatment outcomes for TB patients wih regional treatment success rates averaging more than 90%.

Figure 2. Map showing estimated TB incidence, 2018
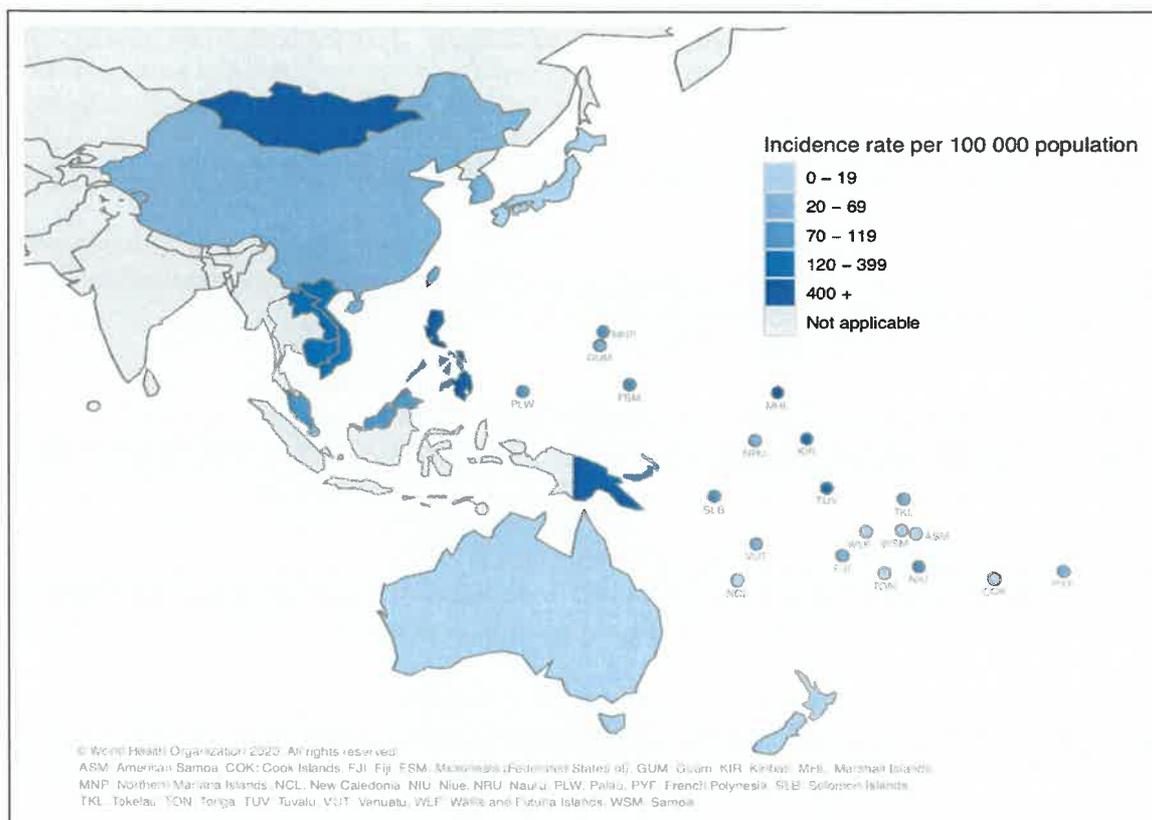
The PICs in general have a low HIV burden and hence the TB-HIV co-morbidities are low. However, the PICs have a very high diabetes burden, contributing to high morbidity and mortality, and resulting in diabetes being one of the major co-morbidities among people with TB.

Development problem: In 2019, the 11 GF supported programme countries had a combined estimated TB incidence rate of 132 per 100,000 population, compared to the Western Pacific region average of 96. The mortality rate, although it has been reducing rapidly, is still high at 14.7, compared to the Western Pacific region rate of 4.7.

Causes of the development problem:
The PICs with their vast oceanic spread, multiple small islands with limited transport and communications, face unique challenges to provide adequate health services. The island countries present specific challenges for TB control in ensuring universal access to quality TB care for all people, especially high-risk and vulnerable

populations such as children and elderly people, people in poor communities and onremote islands, and people with co-morbidities and other risk factors, particularly HIV, diabetes and tobacco use.

Key challenges that hamper TB service delivery include:

- TB programmes functioning vertically. The TB prevention and care services are managed through the TB clinic with sub-optimal involvement of other health professionals. The clinical services are provided by a focal TB medical officer. Other medical officers cannot prescribe diagnosis and treatment regimen as they have not been trained on it.
- Low level of engagement and collaboration with other programmes such as diabetes clinics. Collaborative TB screening activities in diabetes clinics should be prioritized, as diabetes is the most common presenting co-morbidity among the PICs.
- Hospital or institution-based treatment support systems with limited community involvement. Directly observed and treatment (DOT) system support for patient convenience is sub-optimal as monthly medicines are dispensed directly to the TB patient or their families.
- Lack of supervisory visits or poor monitoring and evaluation (M&E).
- Minimum or sub-optimal involvement of health workers/community volunteers in TB prevention, care and control activities.
- Advocacy, awareness and education on TB prevention and care are sub-optimal. There is also a lack of community engagement and support systems promoting 'Community TB Care'.
- Engagement of TB patients and families with people-centred TB services involving communities, civil society and non-governmental organizations (NGOs) is non-existent.
- Limited analysis of TB hotspot areas, high risk and vulnerable populations for targeted service delivery or active screening for TB
- No analysis/survey/data available to assess and evaluate catastrophic costs to TB-affected families.
- A significant challenge is the quantification, procurement and inventory management of first line TB drugs, with frequent stockouts reported very late, requiring emergency measures for support through loan from other PICs.
- Low level of children diagnosed for TB.
- Poor TB surveillance. Contact tracing and prophylaxis data management are sub-optimal.
- Diagnosis and management of latent TB infections (LTBI) is minimal.
- Quality assurance for laboratories on smear microscopy and GeneXpert testing, onsite supervisory support for laboratory technicians and external support for drug susceptability testing is a continuing issue. There are poor infection control measures and practices to minimize transmission of TB disease at all levels.
- Operational and implementation research for policy and decision making is missing from the TB programmes in all the PICs and no support is available under the MWP Integrated HIV/TB Programme.
- The vast oceanic spread of the island countries also presents unique challenges of communication and electronic data collection and management. Establishing a robust TB recording and reporting (R&R) system is a continuing challenge with limited or no electronic R&R leading to delayed and inadequate data collection.
- Frequent natural disasters (e.g cyclones, with Vanuatu in particular being repeatedly affected) and the impacts of COVID-19 hinder activity implementation and re-orientates national focus away from the TB response.

Relevance to global development priorities:

The 2030 Agenda for Sustainable Development, along with the SDGs, were adopted by the United Nations Member States in 2015. One of the targets is to end the global TB epidemic. The WHO End TB Strategy approved by the World Health Assembly in 2014, calls for a 90 percent reduction in TB deaths and an 80 percent reduction in the TB incidence rate by 2030, compared with 2015.

To realize the vision of the End TB strategy, operational targets were proposed as per the regional framework to implement the End TB strategy in the Western Pacific Region. All PICs have adopted these operational targets. The overall performance of all TB indicators shows very good results and the Pacific is seen to be on track towards achieving most of the operational targets as reflected in table 2.

Status of achievement against the End TB Strategy operational target: Programmatic analysis show that PICs have consistently performed well in TB care services, which has led to a decrease in the overall burden of TB disease in the respective countries. The incidence rate has reduced to 132 in 2018 from 140 in 2015 per 100,000, which is about a 3 percent reduction in three years. Although the overall average treatment coverage is 93 percent, there is a wide range across the countries with some reporting coverage as low as 80 percent. The same is also true for the treatment outcomes, which on average is low at 80 percent.

Table 2. PICs performance against the operational targets

	Indicator	Recommended target level by 2020	Status as per the Global TB Report 2019 PICs average
	Estimated incidence rate per 100,000	112	132
1	TB treatment coverage	≥90%	93%
2	TB treatment success rate	≥90%	80%
3	Percentage of newly notified TB patients tested using WHO-recommended rapid tests	≥90%	90%
4	Documentation of HIV status among TB patients	100%	92%
5	LTBI treatment coverage	≥90%	Not applicable
6	Contact investigation coverage	≥90%	Not applicable
7	DST coverage for TB patients	100%	84%
8	Case fatality ratio (CFR)	≤5%	0.09
9	Percentage of TB-affected households that experience catastrophic costs due to TB	0%	Not applicable
10	Treatment coverage, new TB drugs	≥90%	Not applicable

II.   STRATEGY

In line with the UNPS outcome 4, the programme contributes to strengthening regional and national efforts to scaling up and improving the delivery of HIV and TB services to 11 Pacific island countries, especially to key and vulnerable populations.

The above efforts would be supported through UNDPs **partnership** with government and civil society implementors and regional technical support. Under PR obligations, UNDP will seek to reduce the overall risk for the oversight of the GFATM grants, improve the flow of funds into countries and strengthen national implementing partners capacity for improved service delivery. Implementation of the programme in countries will be through the health ministries and civil society organisations. The programme will also contract regional technical assistance to provide technical support for TB, HIV and specifically for PLHIV clininical mentoring and CSO capacity building. The programme will also prioritise the national and regional capacity development on programme management, financial management and procurement and supply chain management. During the implementation of the project, the regional oversight and governing body, the PIRMCCM, will continue to monitor the implementation of the grant and be responsible for approving any major changes in implementation plans.

The overall **programme goal f**or TB and HIV is to

1. To halt the spread of HIV among the population of the Western Pacific and maintain HIV incidence rates below 0.1 percent annually.
2. To reduce AIDS-related mortality by strengthening HIV case finding and case management.
3. To reduce the incidence and mortality from all forms of TB in the 11 Pacific island countries, thereby contributing to the post-2015 global TB strategy.
4. To promote universal and equitable access to quality diagnosis and appropriate treatment of TB, MDR-TB, TB/diabetes mellitus (DM) and TB/HIV patients across 11 Pacific island countries.

Development process: The proposed approach to fulfiing the above HIV/TB goals was developed based on a wide consultative approach at country and regional level involving all TB and HIV stakeholders. Discussions of country strategies were agreed upon by national and civil society organization (CSO) implementing partners and endorsed by ministerial executives. There was active involvement of the interim and tehnical working group in supporting country dialogue through technical guidance and coordination of country inputs into a regional funding request submission to the Pacific Islands Regional Multi-Country Coordinating Mechanism (PIRMCCM) for endorsement and then onward to the Global Fund for final approval. Country specific activities are based on country submissions and workplans reviewed with all stakeholders involved through the mechanisms above. The process of developing and submitting the funding request was led by an independant consultant contracted with funding support from UNAIDS. Due to restrictions on travel and physical meetings in the context of the COVID-19 pandemic, all discussions took place via e-mail and conference calls.

The development of country and regional workplans were guided by several **national and regional guiding documents,** including:

1. National Strategic Plans (NSPs) on HIV/STIs.
2. The End TB Strategy.
3. The Global Fund Portfolio Analysis (2020).
4. The HIV Programme Review (2019).
5. The Pacific Shared Agenda (2015-2019).

During workplanning, countries were also probed to identify gaps and additional priorities not covered by their national strategic plans. Furthermore, experiences and lessons learned from current TB and HIV grants informed decisions regarding priorities.

Country level programming: The analysis of findings and recommendations identified across the 11 PICs is being categorized according to 11 Global Fund modules/focus areas. This includes:
1. Prevention services.
2. Differentiated HIV testing services.
3. Treatment, care and support.
4. TB care and prevention.
5. MDR-TB.
6. TB/HIV.
7. Reducing human rights related barriers to HIV/TB services.
8. Community systems strengthening.
9. Removing human rights and gender related barries to TB services.
10. Health management and information systems and M&E.
11. Program management (coordination and management of national disease control programmes).
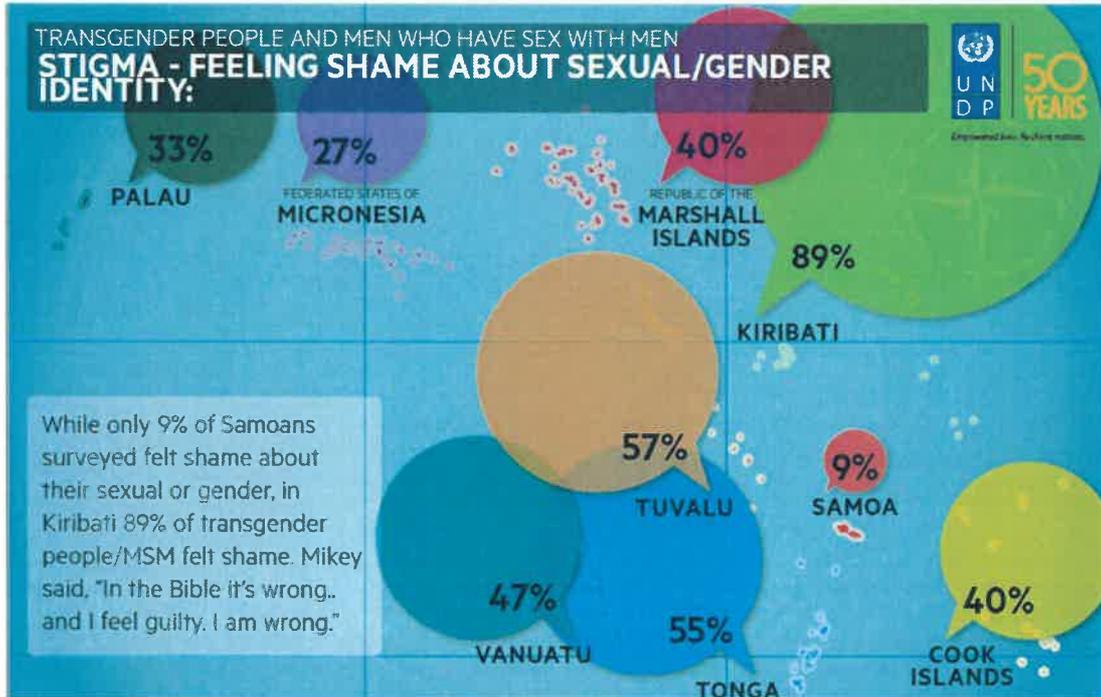
Regional level programming: At the regional level, investments are directed towards supporting pooled procurement of key health commodities and consumables, and providing regional technical assistance and capacity building support for government and civil society organizations. Investments in health systems are not focused uniquely on HIV or TB, but are aimed to benefit the wider health systems in all countries. Capacity strengthening support includes support to strengthening procurement and supply chain management (PSM) capacities across the health ministries; provision of regional laboratory and external quality assurance support; support to community systems strengthening and capacity building workshops on overall project management.

Human rights and gender mainstreaming: According to the 2016 key populations mapping and behavioural study, the level of stigma and gender identity shame faced by MSM and TGs as well as the acceptance levels by familis and communities varied across Pacific island countries. Moreover it has been observed that female sex workers are disproprtionaly affected by violence when compared to their male counterparts that are also engaged in transactional sex.

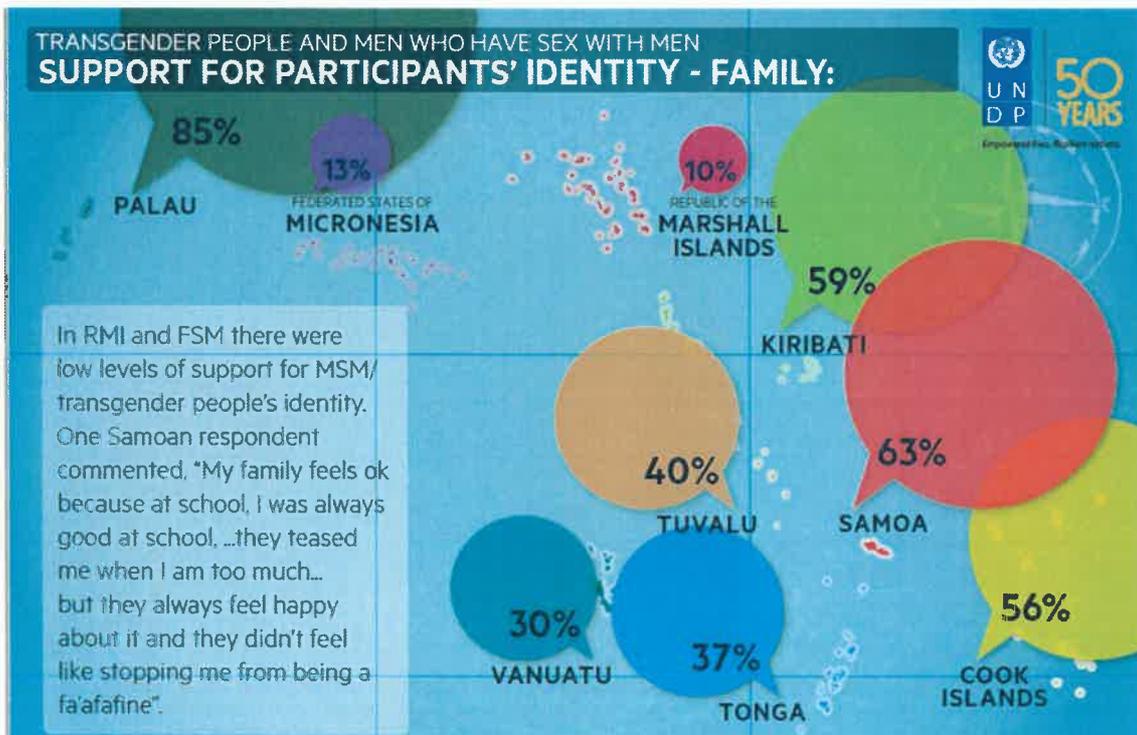**MSM and TGs stigma and feelings of shame about their sexual orientiation and gender identity**
Countries in which MSM and TGs feel moderate to high levels of stigma and shame about their sexual orientation and gender identity include Kiribati (89 percent), Tuvalu (57 percent) and Tonga (55 percent). Other countries in which MSM and TGs experience lower levels of stigma and shame about their sexual orientation

and gender identity include Vanuatu (47 percent), RMI (40 percent), Cook Islands (40 percent), Palau (33 percent), FSM (27 percent) and Samoa (9 percent).

TRANSGENDER PEOPLE AND MEN WHO HAVE SEX WITH MEN
STIGMA - FEELING SHAME ABOUT SEXUAL/GENDER IDENTITY:

33% PALAU
27% FEDERATED STATES OF MICRONESIA
40% REPUBLIC OF THE MARSHALL ISLANDS
89% KIRIBATI
57% TUVALU
9% SAMOA
47% VANUATU
55% TONGA
40% COOK ISLANDS

While only 9% of Samoans surveyed felt shame about their sexual or gender, in Kiribati 89% of transgender people/MSM felt shame. Mikey said, "In the Bible it's wrong.. and I feel guilty. I am wrong."

MSM and TGs sexual orientation and gender identity acceptance and support by family members

Countries in which MSM and TGs experience low levels of family support towards their sexual orientation and gender identity include RMI (10 percent), FSM (13 percent), Vanuatu (30 percent), Tonga (37 percent) and Tuvalu (40 percent). Other countries in which MSM and TGs have more family support include Vanuatu (47 percent), RMI (40 percent), Cook Islands (40 percent), Palau (33 percent), FSM (27 percent) and Samoa (9 percent).


TRANSGENDER PEOPLE AND MEN WHO HAVE SEX WITH MEN
SUPPORT FOR PARTICIPANTS' IDENTITY - FAMILY:

85% PALAU
13% FEDERATED STATES OF MICRONESIA
10% REPUBLIC OF THE MARSHALL ISLANDS
59% KIRIBATI
40% TUVALU
63% SAMOA
30% VANUATU
37% TONGA
56% COOK ISLANDS

In RMI and FSM there were low levels of support for MSM/transgender people's identity. One Samoan respondent commented, "My family feels ok because at school, I was always good at school, ...they teased me when I am too much... but they always feel happy about it and they didn't feel like stopping me from being a fa'afafine".

MSMs and TGs sexual orientation and gender identity acceptance and support by the community

Countries in which MSM and TGs experience low levels of community support towards their sexual orientation and gender identity include FSM (0 percent), Tuvalu (0 percent), Vanuatu (28 percent), Tonga (40 percent) and RMI (40 percent). Other countries that have slightly more embracing communities include Kiribati (50 percent), Samoa (59 percent), Cook Islands (71 percent) and Palau (92 percent).
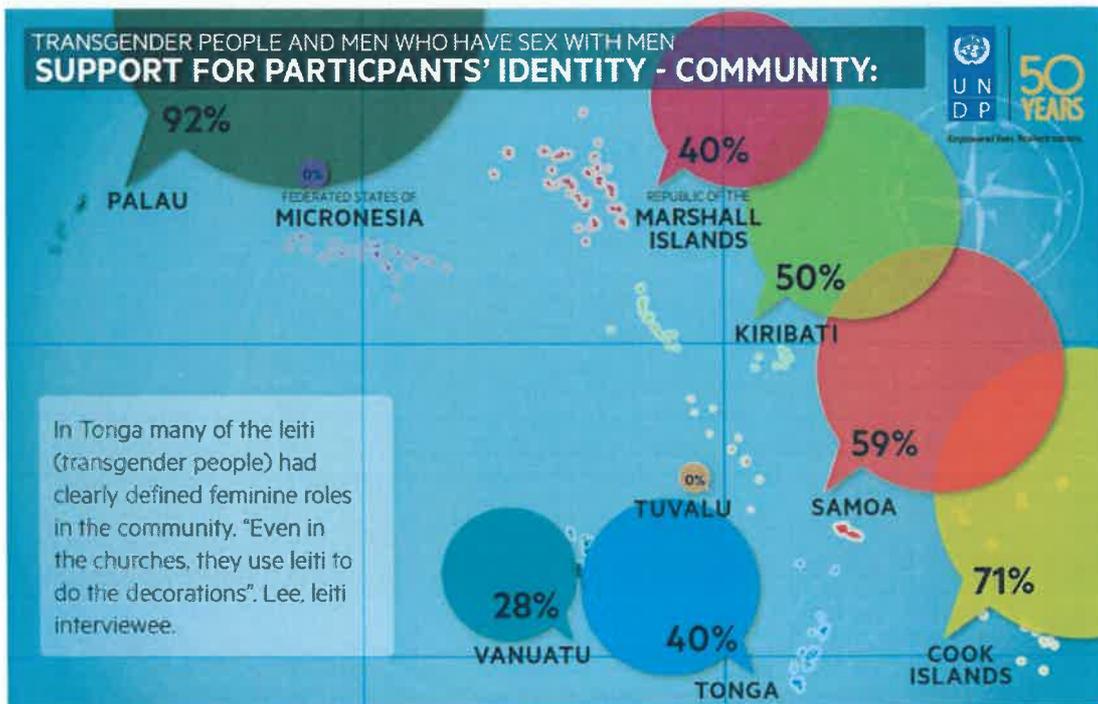
Forced sex mongst FSWs

When comparing forced sex between TGs (also engaged in transactional sex) and FSWs, the rate of forced sex amongst FSWs is much higher, particularly in countries such as Tuvalu, FSM, Cook Islands and Samoa.
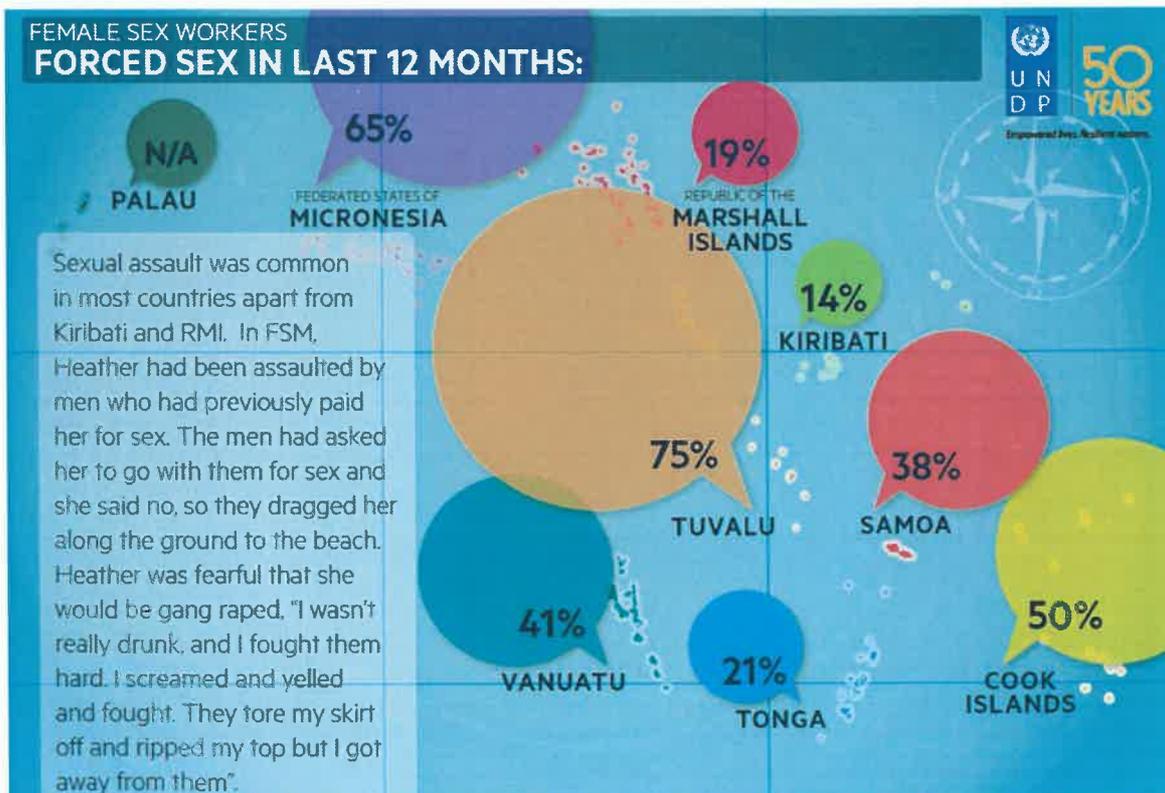
Service delivery to key and vulnerable populations (KVPs) will include specific attention for gender-related barriers, inequities and vulnerabilities in access to services. The HIV programming pays explicit attention to the gender-related vulnerabilities of young men and women, specifically those who engage in sex work or transactional sex; MSM and transgender people; and other vulnerable groups whose vulnerability is often directly related to their gender.

In addition, interventions for KVPs will pay specific attention to human rights issues, including stigma and discrimination of sexual minorities at the community and health facility level, as well as legal contexts. In this context, community based organizations (CBOs) representing the lesbian, gay, bisexual, transgender and intersex (LGBTI) community in several countries will not only provide HIV/STI services to these groups, but also implement community mobilization and advocacy in defence of their sexual and human rights.

There is no gender gap for TB prevention and care service but inequities exist due to difficult to reach populations with limited connectivity in remote Islands. Improving services to reaching those in remote places will break the barriers to access achieving universal health coverage.

Key project assumptions: The achievement of the above results are based on the assumptions that the following key support systems are in place or will be in place on time:

  i.   Adequate capacity of national and/or regional technical assistance provider is identified in a timely manner to support CSO capacity building in technical capacities (HIV, TB, sexual and reproductive health [SRH] and rights, human rights and gender) as well as overall project management and resource mobilization. Strengthening community systems is key to increasing and/or maintaining the programme's reach to key and vulnerable populations over the three years.

  ii.   Human rights and gender awareness community advocacy is continuous as well as effective at reducing stigma and discrimination towards those living with TB and HIV and towards other key and vulnerable population groups. Addressing underlying gender and human rights barriers to service access is key to improving programme coverage.

  iii. Sufficient human resource capacities available on the ground to support implementation.

  iv.   Uninteruppted supply of TB and HIV consumables and commodities, including TB and HIV drugs, condoms, lubricants, rapid diagnostic tests kits, as well as the timely availability of non pharmeutical products such as health equipment, all contribute to ensuring that country implementers are equipped with the necessary support to carry out proper diagnosis, prevention, treatment and care interventions in the communities.

1.   **Key project risks:** Key anticipated implementation risks that may negatively affect the delivery of programme objectives include:
  -   Weak health systems, including inadequate human resource capacities in ministries of health to implement key HIV and TB programmes and services. A particular area of concern is poor PSM systems.
  -   Poor sustainability of HIV prevention services and programmes for KPs implemented by CSOs. Currently, civil society in many PICs is poorly organized and CSOs/CBOs are highly dependent on external donors. Coordination and collaboration with government health services is limited.
  -   Frequent natural disasters hinders activity implementation and re-orientates national focus away from national TB/HIV core priorities.
  -   COVID-19 impacts travel restrictions and free movement, and therefore activity implementation could be delayed or cancelled. It also impacts programme coverage due to social distancing requirements, and the increased costs, time and effort required for outreach. Furthermore, the COVID-19 pandemic poses a risk of disruption in the supply of TB and HIV drugs, and poor monitoring and follow up by service providers to patients and between TB/HIV programmes at national, sub national and facility level.

The risk log attached (annex 3) will expand on the risk mitiation measures the programme will employ to respond to each of these risks.

Enabling factors: During the implementation of the project, UNDP will coordinate with the PIRMCCM to ensure that the objectives of the project are achieved. Under its oversight leadership role, the PIRMCCM will

continuously monitor the implementation of activities of the Global Fund grant, approving major changes in implementation as necessary. The following chart highlights the programme goals, objectives and focus areas of the programme under the 2021-2023 grant cycle.

Programme Goals

1. To halt the spread of HIV among the population of the Western Pacific and maintain HIV incidence rates below 0.1 percent annually
2. To reduce AIDS-related mortality by strengthening HIV case finding and case management
3. To reduce the incidence and mortality from all forms of TB in the 11 Pacific Island Countries, thereby contributing to the post-2015 global TB strategy
4. To promote universal and equitable access to quality diagnosis and appropriate treatment of TB, MDR-TB, TB/DM and TB/HIV patients across 11 Pacific Island Countries

Objective 1

Strengthening comprehensiveness and quality of HIV prevention, treatment and care service-delivery models with a view to programmatic sustainability

GF Module | Focus Area

1. Prevention
2. Differentiated HIV Testing
3. Treatment, Care and Support
4. PMTCT
5. RSSH

Objective 2

Strengthen resilience of community and health systems

GF Module | Focus Areas

1. RSSH: Community Systems Strengthening
2. Removing Human Rights Barriers and Gender Related Barriers to TB services
3. Reducing human rights-related barriers to HIV/TB services

Objective 3

To provide early rapid and quality diagnosis of TB, MDR-TB, TB/DM and TB/HIV with specific focus on screening and diagnosis in selected and prioritized hard to reach, vulnerable groups across 11 PICs

GF Module | Focus Areas

1. TB Care and Prevention
2. Treatment, Care and Support
3. TB/HIV
4. RSSH

Objective 4

To sustain high quality treatment for all forms of TB including drug-resistant TB and HIV related TB with patient support

GF Module | Focus Areas

1. MDR TB
2. RSSH

RSSH – Refers to building resilient and sustainable systems for health. Under the RSSH Module, the health systems included for strengthening include: Integrated service delivery and quality improvements; health products management; human resources for health including community workers; health management information systems and M&E; community systems strengthening; health sector governance and planning; financial management systems and laboratory systems

Programme Goals:

1. To halt the spread of HIV among the population of the Western Pacific and maintain HIV incidence rates below 0.1 percent annually.

2. To reduce AIDS-related mortality by strengthening HIV case finding and case management.

3. To reduce the incidence and mortality from all forms of TB in the 11 Pacific island countries, thereby contributing to the post-2015 global TB strategy.

4. To promote universal and equitable access to quality diagnosis and appropriate treatment of TB, MDR-TB, TB/DM and TB/HIV patients across 11 Pacific island countries.

Programme Objectives:

1. Strengthening comprehensiveness and quality of HIV prevention, treatment and care service-delivery models with a view to programmatic sustainability

2. Strengthen resilience of community and health systems

3. To provide early rapid and quality diagnosis of TB, MDR-TB, TB/DM and TB/HIV with specific focus on screening and diagnosis in selected and prioritized hard to reach, vulnerable groups across 11 PICs.

4. To sustain high quality treatment for all forms of TB including drug-resistant TB and HIV related TB with patient support

Note: For each GF module / programme focus area that contributes to key programme outputs / coverage indicators, there are also SMART objectives.

Module 1 Objective: By 2023, at least 15,673 key affected and vulnerable populations (including TGs, MSM, FSWs, seafarers, prisoners, young adults) are reached with an integrated (HIV, STIs, SRH, TB, human rights and gender) package of prevention and awareness services.

Module 1: Prevention

Programme interventions	**Coverage indicators**
1. Behaviour change interventions.	• Percentage of MSM reached with HIV prevention programmes.
	• Percentage of sex workers reached with HIV prevention programmes.
Key activities	• Percentage of transgender people reached with HIV prevention programmes.
• Behaviour change interventions targeting TGs, MSM, FSWs, seafarers, prisoners, young adults.	• **Non Global Fund Performance Framework indicator**: Number of other vulnerable populations reached with HIV prevention programmes - defined package of services (seafarers, prisoners, young adults).
• Condom and lubricant programming.	
• Pre-exposure prophylaxis (PrEP).	
• Community empowerment.	
• Integration of broader SRH, human rights, gender mainstreaming, TB awareness and de-stigmatization into HIV prevention programmes (linkages to module 9 activities).	**Outcome indicators**
	• Percentage of men reporting the use of a condom the last time they had anal sex with a non-regular partner.
	• Percentage of sex workers reporting the use of a condom with their most recent client.
	• Percentage of transgender people reporting using a condom in their last anal sex with a non-regular male partner.
	• **Non Global Fund PF indicator:** Percentage of other vulnerable populations who report the use of a condom at last sexual intercourse.
	Impact indicators
	• Percentage of MSM who are living with HIV.
	• Percentage of transgender people who are living with HIV.
	• Percentage of sex workers who are living with HIV.

Module 2 Objective: By 2023, at least 14,010 key affected and vulnerable populations (MSM, TGs, FSWs, seafarers, prisoners, ANC mothers, young adults, sexual and gender-based violence survivors) are being tested for HIV and syphilis using SD Duo.

Module 2: Differentiated HIV testing services

Key Global Fund interventions	Coverage indicators
1. Community-based testing. 2. Facility-based testing. **Key Global Fund activities** - Regional procurement of rapid diagnostic tests (RDTs) and HIV confirmatory tests for HIV and syphilis (SD Duo) for government and CSO service providers. - Targeted service beneficiaries includes MSM, TGs, FSWs, seafarers, prisoners, ANC mothers, young adults, sexual and gender-based violence survivors.	- Percentage of MSM that have received an HIV test during the reporting period and know their results. - Percentage of transgender people that have received an HIV test during the reporting period and know their results. - Percentage of sex workers that have received an HIV test during the reporting period and know their results. - **Non Global Fund PF indicator:** Number of other vulnerable populations that have received an HIV test during the reporting period and know their results (seafarers, prisoners, ANC mothers, young adults, sexual and gender-based violence survivors).

Module 3 Objective: By 2023, strengthen treatment and care support to PLHIV through counselling and psycho-social peer mentoring support, regional technical assistance and drug procurement to ensure that least 90 percent of programme estimated PLHIV are accessing treatment, and 90 percent of those on treatment are virally suppressed.

Module 3: Treatment, care and support

Key interventions	Coverage indicators
1. Differentiated ART service delivery. 2. Prevention and management of co-infections and co-morbidities (treatment, care and support). **Key Global Fund activities** - Regional procurement of antiretroviral (ARV) drugs and CD4 cartridges. - Telemedicine support for ART. - Technical assistance on all programmatic aspects of HIV prevention, care and treatment programmes and services. - Treatment monitoring – viral load. - Prevention and management of co-infections and co-morbidities. - Counselling and psycho-social support.	- Percentage of people on ART among all people living with HIV at the end of the reporting period. **Outcome indicators** - Percentage of people living with HIV and on ART who are virologically suppressed.

Module 4: PMTCT

Key Global Fund interventions	No indicator: Given the 100 percent achievement rate of the PMTCT 2 and PMTCT 3 indicators in the 2015-2017 grant cycle, this has not been included as an indicator to be actively monitored by the programme in the 2021-2023 grant cycle. However the programme will continue to support the procurement of ARV drugs and RDTs for testing and treatment, if required, for ANC mothers.
1. Prong 3: preventing vertical HIV transmission. **Key Global Fund activities** 1. Procurement of ARV drugs for prevention of mother-to-child transmission (PMTCT) kits. 2. Procurement of SD Duo HIV/syphilis rapid test kits for ANC screening.	

Module 5 Objective: By 2023, provide early and rapid quality assured TB diagnosis; patient-centred services and preventative treatment; and improved community TB care to enhance case detection and achieve a 93 percent treatment success rate for all forms of TB and a reduction of TB mortality to 9 per 100,000 population.

Module 5: TB care and prevention

Key Global Fund interventions	Coverage Indicators
1. Case detection and diagnosis. 2. Community TB delivery. 3. Engaging all care providers. 4. Treatment. **Key Global Fund activities** **Provide early and rapid quality assured diagnosis for all forms of TB**	- Number of notified cases of all forms of TB (i.e. bacteriologically confirmed + clinically diagnosed), new and relapse cases. - Treatment success rate- all forms: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse

- Procurement of cartridges for GeneXpert. - Smear microscopy - additional tool for follow up of treatment of all TB patients. It will be a diagnostic tool in difficult to reach and outer islands which are less populated. - Innovative methodology and improved access to diagnosis in distant and difficult to reach population will be done by sputum collection and transport mechanism in all PICs. - Active case finding activities. - Establishment of additional diagnostic centres in outer islands. - Procurement of digital X-ray machine for implementing LTBI management. - TB human resources for surveillance and prevention activities, laboratory technicians and DOT providers. **Patient-centred services and preventive treatment** - Patient-centred prevention and care with supervised treatment support using DOT providers and community volunteers and health facilities. - Training for all health care workers on TB treatment support and treatment adherence monitoring adherence to treatment (included in regional training). - Decentralized treatment centres to be established in outer islands in all the PICs with access to TB medicines at regular intervals. - Engagement of DOT provider and community volunteers for quality TB treatment support, counselling, education and awareness of the TB affected families through a sensitization workshop. - Contact tracing of bacteriologically positive cases. - LTBI management. - Prophylaxis among children and household contacts of bacteriological diagnosed TB cases will continue to be a priority for all the TB programmes. **Community TB care** - Community DOTS involving community health workers and zone nurses in outreach activities. - Implementing community outreach activities and programmes with NGO partners and community members which target vulnerable groups. - Identification and training of community DOTs volunteers. - An orientation training for CBOs to raise awareness and de-stigmatize TB and reach hard to reach populations and groups **(linked with activities in modules 7 and 9).** - World TB day activities (TB awareness)	cases. **Outcome Indicators** - TB treatment coverage: Percentage of new and relapse cases that were notified and treated among the estimated number of incident TB cases in the same year (all form of TB - bacteriologically confirmed plus clinically diagnosed). **Impact Indicators** - TB Mortality Rate per 100,000 pop.

Module 6 Objective: Maintain RR/MDR-TB treatment success rates at 100 percent annually and RR/MDR-TB prevalence at 1 percent annually, through early rapid and quality diagnosis with specific focus on hard to reach/vulnerable groups particularly those in the outer islands.

Module 6: MDR-TB

Key Global Fund interventions	Coverage indicators
1. Case detection and diagnosis (MDR-TB). 2. Treatment (MDR-TB).	- Number of cases with RR-TB and/or MDR-TB that began second-line treatment.
Key Global Fund activities	**Outcome indicators**

• Full adoption of the all oral shorter treatment regimen for MDR-TB treatment and implementation research on the use of the BPaL regimen (comprised of bedaquiline, pretomanid and linezolid) for extensively drug-resistant TB (XDR-TB) treatment. • Provision of quality assured laboratory tests necessary for baseline and treatment progress monitoring, particularly for RDT, DST, direct sputum smear microscopy (DSSM) and culture. • Testing and adaptation of digital technologies as part of the end-to-end digital solution. • Provision of C&DST and complete resistant profile of diagnosed resistant TB cases will continue through engagement of regional reference laboratory to be accessed by contracting appropriate services. • Provision of essential second line TB drugs through regional stockpile mechanisms which overcome the issue of expiry, optimum quantification and shipping coordination for the vast Pacific island spread. • Provision of a package of support for national TB programmes for patients with drug resistant TB (DR-TB) including a regional stockpile of second line TB drugs, standard operating procedures for DR-TB and development of a regional network of TB experts to assist countries with DR-TB.	• Treatment success rate of RR-TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB successfully treated. **Impact indicators** • R-TB and/or MDR-TB prevalence among new TB patients: Proportion of new TB cases with RR-TB and/or MDR-TB.

Module 7: TB/HIV

Key Globla Fund interventions 1. Screening, testing and diagnosis. 2. Community TB/HIV care delivery. 3. Treatment (TB/HIV). 4. TB/HIV collaborative interventions. 5. Collaborative activities with other programmes and sectors (TB/HIV). **Key Global Fund activities** • Organize regular sensitization, review meetings with TB/HIV programmes. • Organize yearly trainings on management of TB/HIV, TB/diabetes and co-morbidities. • Promote intensified screening, diagnosis and treatment of high-risk groups such as diabetes, smokers and alcoholics. • Training an orientation of CBOs to raise awareness and de-stigmatize TB and reach hard to reach populations and groups **(linked with activities in modules 5 and 9)**.	**No indicator:** The only indicator available within the Global Fund Performance Framework that the programme is able to report on is the number of TB patients registered that are being tested for HIV. However this indicator is already part of the TCP-1 indicator disaggregated reporting requirements. Therefore, having a separate indicator on this would mean double reporting by the programme.

Module 8: Reducing human rights-related barriers to HIV/TB services

Key Global Fund interventions 1. Stigma and discrimination reduction (HIV/TB). 2. Human rights and medical ethics related to HIV and HIV/TB for health care providers. 3. Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity. **Key Global Fund activities** • Law, confidentiality and rights of PLHIV. • Workshop for PLHIV and other key populations on workplace rights.	**No indicator:** The Global Fund Performance Framework list of indicator option does not have indicators relating to the above module and therefore no indicators are reported against this module.

- Workshop for health care workers on the rights of PLHIV to confidentiality and privacy. - Human rights and gender awareness integrated into HIV prevention programmes. - Human rights and gender integrated into health care workers trainings at country level.	

Module 9 Objective: By 2023, at least seven community based organizations are strengthened to deliver a sustainable response to HIV, TB, human rights and gender by receiving an integrated package of training services

Module 9: Resilient and sustainable systems for health (RSSH): Community systems strengthening

Key Global Fund interventions - Institutional capacity building and leadership. - Social mobilization, building community linkages and coordination. **Key Global Fund activities** - Strengthening institutional and organizational capacity of CSOs (NGOs, CBOs) working in the HIV and broader SRH field, as well as 'young', emerging NGOs providing HIV/STI and/or SRH services to key and vulnerable (young) populations, which have inadequate capacity to ensure sustained service delivery. - There are a range of different activities in individual SR workplans that are aimed at strengthening the MSM and TG communities and their partner networks in Samoa, Cook Islands, Tonga and Vanuatu. These include the Fa'afafine International Variety Awards; Vpride Fashion Show's and the SFA National Pageant. These activities are fun and engaging activities that integrates advocacy around sexual reproductive health, gender-based violence, human rights and general health of key populations. These activities are inclusive of STIs/HIV and TB testing and prevention package distribution. The Fa'afafine Health Forum in particular will intergrate themes covering gender-based violence, human rights, SRH inclusive of STI/HIV, TB and other diseases. Testing and prevention package distribution is also incorporated. - Regional technical assistance – This involves strengthening institutional capacity to mobilize resources and successfully implement grants from other regional and global donors. Potential regional activity includes: development of defined package of integrated services for CSO implementation; and in-country or remote (webinar) training on the integrated package of services for CSOs.	**No indicator:** There is no indicator assigned given that the interventions are clear, however the actual method of activity delivery is yet to be determined as well as the actual service provider. **Non performance framework coverage indicator:** Number of community based organizations that received a pre-defined package of training. **Defined package of training** 1. HIV/STI SRH integration. 2. Human rights and gender programming. 3. Grant management and resource mobilization. 4. TB awareness and de-stigmatization.

Module 10: RSSH: Removing human rights and gender related barriers to TB services

Key Global Fund interventions 1. Multi-sectoral accountability framework for health and non-health sector involvement for community mobilization and advocacy. 2. Stigma and discrimination reduction. **Key Global Fund activities** - Advocacy, communication and mobilization activities in the households will be conducted during the house-to-house visits through linkages with the women, child and poverty alleviation departments of the government. - Families of TB patients will be explained about TB and the rights and responsibilities during the contact tracing –	**No indicator:** The Global Fund Performance Framework list of indicator options does not have indicators relating to the above module and therefore no indicators are reported against this module.

- reverse contact tracing exercises. Extended contact investigations will be conducted beyond the households in the community clusters, villages and high-risk groups. - Organize quarterly meetings with TB patients, providers and TB forum members at respective TB management units and community settings to orient them about patients' rights and responsibilities. The programme will ensure a gender balance and representations from all groups across populations in these meetings. - Health care providers to be trained on patients' rights and responsibilities and psycho-social aspects of TB and TB treatment.	

Module 11:RSSH: Health management information systems (HMIS) and M&E

Key Global Fund interventions - Routine reporting. - Programme and data quality. - Analysis, evaluations, reviews and transparency. **Key Global Fund activities** - This includes support for updating HMIS; training of M&E staff; M&E visits to remote islands; procurement of M&E software; and support for Globa AIDS Monitoring (GAM) report development. - Outreach programmes to communities should not only be focused on services delivery, but also supervisory visits and collection of data or information for monitoring and evaluation of the programmes. Simple forms will be devised to ensure that both HIV and TB data can be collected at point-of care services delivery or community-based programmes. - Development of an M&E plan by each country. The M&E plan will include supervisory visits. Where tools are needed these will be developed and related M&E indicators will be linked to these plans. Workshops for validation of information and data will be supported and signed off by countries. E.g. Tonga, Samoa, RMI and Vanuatu M&E activities.	**No indicator:** No indicator has been assigned to this module as the programme is only tracking sub-recipients (SRs) reporting to the principal recipient (PR). The list of possible indicators to be reported on only relates to service delivery, facility level and district level reporting.

Module 12: Program management

Key Global Fund intervention 1. Grant management. 2. Coordination and management of national disease control programmes. **Key Global Fund activities** - All activities related to management of the grant by the PR: staff salaries; office-related costs; supervision and data collection; and external audits. - All activities related to management of the grant by the SR: staff salaries; office-related costs; and trainings and meetings.	**No indicator:** No indicator has been assigned to this module.

Partnerships

1. **UNDP as grant PR** of this multi-country programme. UNDP is well-placed and experienced in managing complex programmes and relies on its strong experience and institutional capacity as PR at the global level. This is particularly important in a context with 11 small island states, that are widely spread out,

with very limited local or regional capacity to effectively manage a complex multi-country grant like this. In particular, this allow the programme to benefit from UNDP's global procurement capacity, which is of particular importance given the (very) small size of the 11 Pacific island countries strengthening the value for money in the procurement of HIV and TB drugs and health products. UNDP has built a strong team of professional staff with specific experience in all project countries, based in the regional hub of Suva, Fiji. The team consists of four Programme Analysts from the region, who are each responsible for programme monitoring and management support for a number of the 11 countries, and who are based in Vanuatu, Samoa and Fiji. In addition, the team comprises financial, M&E and management staff, who provide overall managerial support to the grant.

UNDPs support makes 'direct' contribution to the results that will be achieved under 11 Global Fund modules/focus areas including:

- Programme Management Module through its overall grant management support
- PMTCT Module through its procurement support of test kits for ANC mothers
- Differentiated HIV Testing Services Module through procurement of test kits for key and vulnerable populations
- MDR-TB Module through procurement of anti TB medicines
- TB Care and Prevention Module through the procurement of lab re-agents, needles and syringes, medication and other consulables
- Prevention Module through the procurement of condoms, lubricant and other consumables
- Four RSSH Modules through the provision of regional training and technical assistance;
- TB/HIV Module. This includes support to regional IEC materials development, printing and distribution;
- HIV treatment Care and Support Module: includes the procurement of medicines, HIV viral load analysers and lab reagents.

2. **Grant SRs.** This includes Ministries of Health in all 11 PICTs, CSOs and contracted technical support. The **Ministries of Health** are responsible for HIV/STI/SRH and TB prevention, care and treatment services. For those countries that do not have established CSOs, they are responsible for outreach to key populations and other vulnerable groups. The **local NGOs and CBOs** are responsible for the delivery of prevention and awareness programmes and/or behaviour change activites, as well as testing services. They will also be trained on providing a prevention approach integrating key messaging relating to TB, HIV, SRH, human rights and gender. In addition, a small number of **regional and/or international development partners** serve as SRs for specific technical roles at the regional level. These include an NGO to provide support to PLHIV (yet to be selected through competitive bidding); as well as the WHO, which will provide technical assistance to all countries in the field of HIV/SRH ad TB. Other partners include providers of technical assistance, which will be contracted to perform specific tasks, such as the telemedicine component (distant mentoring of clinicians treating patients on ART). **The SRs make direct contribution to the results that will be achieved under the 17 modules** highlighted in the detailed Global fund budget and workplan.

Stakeholder/target group engagement

- The programme's target beneficiaries for HIV have been identified through a key populations mapping and behavioural study carried out in 2016. Key populations, including MSM, female sex workers, transgender women and seafarers continue to be most affected by HIV transmission in the Western Pacific region. The programme, however, is not limited its work with KPs, but also supports reaching out to other vulnerable groups such as prisoners, young adults, ANC mothers, sexual and gender-based violence survivors. Key populations were considered a hard to reach group due to human rights issues related to stigma and discrimination of sexual minorities at the community and health facility level as well as policy legal barriers that hinders access. In this context, CBOs representing the LGBTI community in several countries will not only provide HIV/STI services to these groups, but also implement community mobilization and advocacy in defence of their sexual and human rights.
- For TB, most PICs lack disaggregated epidemiological data on TB among risk groups, such as prisoners, PLHIV, household contacts, migrants, diabetics and seafarers. The lack of diasaggregated data limits

accuracy of risk group selection and choice of adapted TB diagnosis approach. Hard to reach/vulnerable groups were defined as the people geographically or culturally/socially challenged for access to diagnosis/treatment. The outer island populations living in the PICs were identified as a hard to reach group with limited access to TB diagnostic and treatment services.

South-South and triangular cooperation

A regional SRs workshop will bring together government and CSO SRs and implementing partners from all disease components, allowing for the exchange of experiences and lessons learned across the diseases, including programme management, M&E, finance and PSM. The workshop will focus on SRs and implementing partners from all disease components, allowing for the exchange of experiences and lessons learned across the diseases.

Communications and knowledge management

Communications and knowledge management efforts under the programme will seek to support the achievement of the programme's overall goals and objectives. This will be accomplished by:

- Seeking to influence public narratives on priority issues, such as removing human rights and gender related barries to TB and HIV services faced by key and vulnerable communities.
- Sharing results and information on progress of the grant with stakeholders.
- Promoting knowledge products/strategic information developed under the grant, ensuring they reach target audiences.

The programme will primarily utilize online and digital media to achieve its communications goals, and will involve joint efforts from all of 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 HIV and TB. 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.

The below table provides additional information on the main communications products that are anticipated.

Table 1: 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

Table 1: Programme information and knowledge products		
Product	Description and/or use	Submit to and/or display for
		▪ 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

Sustainability goes beyond sustained financing and includes other dimensions, such as programmatic, health and community systems-related.

Sustainability challenges	Actions to strengthen sustainability
Challenges to financial sustainability – National responses to HIV and TB in the Pacific countries have been largely dependent on external donors, notably the Global Fund. Other donors in the public health field include DFAT (Australia), New Zealand Aid and USAID (especially in the Northern Pacific). Due to the low HIV prevalence rates and very few reported HIV cases, in most PICs, HIV has not been identified as a national priority. Similarly, TB responses in the 11 countries have also been strongly dependent on donor funding. There has been very limited co-financing by governments to gradually allow absorbing these costs. Competing priorities and economic challenges have further hampered financial commitments to HIV and TB of governments across the region. However, in spite of the limited government financial contributions; HIV and TB are increasingly considered priorities. Government attention for HIV is mostly seen in the area of STIs or SRH.	**Key actions to strengthen financial sustainability** – The programme will specifically support strengthening partnerships and linkages between authorities and CSOs and CBOs to facilitate the future allocation of social contracts in the field of HIV.
Programmatic sustainability challenges – Most government support for disease-related programmes is focused on curative and clinical treatment services. There is limited focus on public health for preventative measures at the community level. In most PICs, public health programmes are either funded or supported from external sources. This is also coupled with limited public health training courses in PICs. Thus, programmatic sustainability and continuity of HIV prevention, care and treatment services are hampered by inadequate service models that fail to meet the needs of KPs as well as PLHIV, resulting in poor uptake and coverage. This is further exacerbated by the failure to generate adequate demand for services. In addition, there are still important gaps	**Key actions to strengthen programmatic sustainability** – The grant will systematically address these challenges by supporting the development and roll-out of community-based HIV testing and prevention services (e.g. PrEP, community-based testing, programmes for TGs; advocacy and capacity building for KPs. In addition, the grant will support the availability of high-quality condoms and lubricants for MSM, TG people and sex workers.

Sustainability challenges	Actions to strengthen sustainability
with regard to key services, especially for KPs. Specific challenges include stigma and discrimination affecting access to health services for PLHIV and KPs; sub-optimal access to HIV prevention services for KPs, e.g. due to limited community-based rapid testing; non-availability of PrEP for high-risk KPs; and poor viral suppression among PLHIV.	
Sustainability challenges related to health and community systems – Stigma (including self stigma) and discrimination in the health system limit access for KPs. Similarly, inadequate allocation of funds to TB and HIV services – in particular for KPs – hamper their access to a range of services. Challenges also exist in community systems. Despite existing collaboration between government (health) institutions and NGOs in HIV and TB service delivery, many civil society organizations have weak organizational capacity to access government funding. This is evidenced by poor linkages and partnerships with government institutions; unreliable funding and over-dependency on external donors; weak financial, human resource and M&E systems; and lack of strategic planning.	**Key actions to strengthen systems-related sustainability** – The grant will support community systems by: i) strengthening the institutional capacity of NGO service providers; and ii) strengthening partnerships, referral linkages and coordination between NGOs and state institutions working in the HIV field. The grant will also help strengthen specific gaps in the health system that affect HIV and TB service delivery.

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 binannual ditributions 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 activites 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 WHO, UNAIDS, UNFPA and other partners and donors in the region to ensure complementarity and to avoid duplication of efforts.

The geographical spread and complexity of this programme requires a sizable team. 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. In addition, there are 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 below 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

Reporting to the Global Fund Project Manager are the following posts in the UNDP PMU structure

- **Programme Analysts (2) – Suva, Fiji (SB4)**
- Support assigned portfolio of SRs in several countries.
- Focus on ensuring timely delivery of programme results and supporting sub-recipients in strategic planning, developing work plans and budgets, forecasting, reprogramming, innovations, communications, advocacy and capacity building.
- Monitor results and takes decisions on realignment of activities.

- Liaise with ministries of health and other counterparts regarding implementation.
- Analyze programmatic and financial results.

- **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.

- **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 grants 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.

- **Finance Associates (3) – 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.

Port Vila, Vanuatu based staff
- **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.
- Analyzes programmatic and financial results.

Apia, Samoa based staff
- **Programme Analyst – Apia, Samoa (SB4)**
- Supports assigned portfolio of SRs in Samoa, Cook Islands and Niue 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.
- Analyzes programmatic and financial results.

UNDP Project Management Unit (PMU) Organogram – Yr.2021 – Yr.2023

UNDP Joint Operations Centre

Levan Bouadze
Resident Representative
UNDP Pacific Office in Fiji

Gayane Tovmasyan
Programme Manager
P4 (Fiji)

Ali Syed Raza
Finance Analyst
INTERNATIONAL UNV (Fiji)

Muni Gounder
Finance Associate
SB3 (Fiji)

Alpana Maharaj
Finance Associate
SB3 (Fiji)

Jenita Prakash
Finance Associate
SB3 (Fiji)

Ranadi Levula
M&E Analyst
SB4 (Fiji)

Luiseini Bentley
Administrative Assistant
SB3 (Fiji)

Sara Faletoese
Programme Analyst
SB4 (Samoa)

Daisy Warsal
Programme Analyst
SB4 (Vanuatu)

Praneel Maharaj
Programme Analyst
SB4 (Fiji)

Pranit Sami
Programme Analyst
SB4 (Fiji)

Innocent Nyandwi
TB Medical Specialist
IUNV (Kiribati)

Imran Khan
PSM Analyst
SB4 (Fiji)

Paul Lal
Packer
IC (Fiji)

Legend
- - - - - Advisory/Support
——— Reporting
On Hold
Proposed new position

27

V. RESULTS FRAMEWORK[6]

Intended outcome as stated in the UNDAF/Country [or Global/Regional] Programme Results and Resources Framework (RRF):

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] RRF, including baseline and targets:

HIV indicator 1: Percentage of people living with HIV and on ART who are virologically suppressed.

HIV indicator 2: Percentage of men reporting the use of a condom the last time they had anal sex with a non regular partner.

HIV indicator 3: Percentage of transgender people reporting using a condom in their last anal sex with a non-regular male partner.

HIV indicator 4: Percentage of sex workers reporting the use of a condom with their most recent client.

TB indicator 1: Treatment success rate of RR-TB and/or MDR-TB: Percentage of cases with RR-TB and/or MDR-TB successfully treated.

TB indicator 2: TB treatment coverage: Percentage of new and relapse cases that were notified and treated among the estimated number of incident TB cases in the same year (all form of TB – bacteriologically confirmed plus clinically diagnosed).

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

Project title and Atlas Project Number: Multi-country Western Pacific (MWP) Integrated HIV/TB Programme | Project Number is yet to be determined

EXPECTED OUTPUTS	OUTPUT INDICATORS[7]	DATA SOURCE	BASELINE		TARGETS (by frequency of data collection)						DATA COLLECTION METHODS & RISKS
			Value	Year	Year 1	Year 2	Year 3	Year 4	Year ...	FINAL	
Output 1 Differentiated HIV testing services	1.1 Percentage of men who have sex with men that have received an HIV test during the reporting period and know their results	Programme data (prevention and testing register)	1,160| 9,284 (12%)	2019	1,197| 9,284 (13%)	1,234 | 9,284 (13%)	1,274 | 9,284 (14%)	-	-	-	Method: Routine surveillance Risks: Hidden or hard to reach groups. Under-represented data.

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[6] 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.

[7] 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.

	Indicator	Source	Baseline								Assumptions / Method / Risks
(GEN 2)	1.2 Percentage of transgender people that have received an HIV test during the reporting period and know their results	Programme data (prevention and testing register)	1,910 | 18,569 (10%)	2019	1,954 | 18,569 (11%)	2,008 | 18,569 (11%)	2,066 | 18,569 (11%)	-	-	-	Method: Routine surveillance Risks: Hidden or hard to reach groups. Under-represented data.
	1.3 Percentage of sex workers that have received an HIV test during the reporting period and know their results	Programme data (prevention and testing register)	1,364 | 3,904 (35%)	2019	1,364 | 3,904 (35%)	1,424 | 3,904 (36%)	1,490 | 3,904 (38%)	-	-	-	Method: Routine surveillance Risks: Hidden or hard to reach groups. Under-represented data.
Output 2 Treatment, care and support (GEN 2)	2.1 Percentage of people on ART among all people living with HIV at the end of the reporting period (disaggregated by gender)	National HIV register & progamme estimate	56 | 70 (80%)	2019	68 | 80 (85%)	75 | 85 (88%)	81 | 90 (90%)	-	-	-	Method: Routine surveillance Risks: Accurate reporting is dependant on consistency of PLHIV visits to health clinics
Output 3 TB care and prevention (GEN 2)	3.1 Treatment success rate - all forms: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse cases	National TB register	899 | 988 (91%)	2019	91%	92%	93%	-	-	-	Method: Routine surveillance Risks: Delays in provincial and state data to NTP

Note: The TB HIV project performance framework has five key focus areas / GF modules within the performance framework that has coverage or output level indicators. There are coverage indicators under all of these five key focus areas / GF modules. However for the purpose of this project document and for ease of UNDP monitoring, the programme is only displaying key coverage / output level indicators that will highlight meaningful impact of the programmes direct efforts in reaching key populations with HIV testing services as well as the programmes efforts in ensuring that those positive for HIV and those living with active TB are receiving appropriate treatment.

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 analyzed 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.		
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.		
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.		
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.		
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.		
Project report	A progress report will be presented to the	Annually, and at the			

		end of the project (final report)
	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.	
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 plan[8]

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: Evaluations of the GFTAM projects are usually commissioned by the Global Fund and not UNDP					

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[8] Optional, if needed

VII. MULTI-YEAR WORK PLAN [9][10]

EXPECTED OUTPUTS	PLANNED ACTIVITIES (GLOBAL FUND INTERVENTION – HIGH LEVEL ACTIVITIES)	PLANNED BUDGET BY YEAR			RESPONSIBLE PARTY	PLANNED BUDGET	
		2021 (USD)	2022 (USD)	2023(USD)		Funding source	Amount (USD)
Output 1 Prevention	1.1 Behavior change interventions	$518,090.68	$542,641.29	$495,711.52	SR	GF	$1,556,443.49
	1.2 Community empowerment	$8,944.16	-	-	SR	GF	$8,944.16
	1.3 Comprehensive sexuality education	$2,588.48	$2,588.48	$2,588.48	SR	GF	$7,765.44
	1.4 Condom and lubriciant programming	$70,970.61	$832.76	$832.76	SR / PR	GF	$72,636.12
	1.5 Intervention for young people	$-	$2,022.00	$2,022.00	SR	GF	$4,044.00
	1.5 Pre-exposure prophylaxis	$25,000.00	$-	$-	PR	GF	$25,000.00
	1.6 SRH services, including STIs	$34,905.22	$25,580.36	$25,580.36	SR	GF	$86,065.94
	Sub-total for output 1	$660,499.15	$573,664.88	$526,735.12	-	-	$1,760,899.15
Output 2 Differentiated HIV testing services	2.1 Community-based testing	$9,187.50	$21,850.00	$23,100.00	SR / PR	GF	$54,137.50
	2.2 Facility-based testing	$46,581.49	$93,008.88	$97,755.16	PR	GF	$237,345.53
	Sub-total for output 2	$55,768.99	$114,858.88	$120,855.16			$291,483.03
Output 3 Treatment, care and support	3.1 Counseling and psycho-social support	$27,177.06	$27,177.06	$27,177.06	SR and TA	GF	$81,531.17
	3.2 Differentiated ART service delivery and HIV care	$128,193.01	$125,109.33	$127,577.77	SR / PR	GF	$380,880.10
	3.3 Prevention and management of co-infections and co-morbidities (treatment, care and support)	$23,074.23	$40,116.06	$45,567.90	PR	GF	$108,758.19

[9] 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.

[10] 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 (GLOBAL FUND INTERVENTION – HIGH LEVEL ACTIVITIES)	PLANNED BUDGET BY YEAR			RESPONSIBLE PARTY	PLANNED BUDGET	
		2021 (USD)	2022 (USD)	2023(USD)	SIBLE PARTY	Funding source	Amount (USD)
	3.4 Treatment monitoring - viral load	$4,032.00	$4,200.00	$4,368.00	PR	GF	$12,600.00
	Sub-total for output 3	$182,476.29	$196,602.44	$204,690.72			$583,769.46
Output 4 TB care and prevention	4.1 Case detection and diagnosis (TB care and prevention)	$430,681.47	$400,852.24	$392,101.56	SR / PR	GF	$1,223,635.27
	4.2 Collaborative activities with other programmes and sectors (TB care and prevention)	$416.38	$416.38	$416.38	SR	GF	$1,249.13
	4.3 Community TB care delivery	$75,548.30	$54,172.40	$55,317.44	SR	GF	$185,038.14
	4.4 Engaging all care providers (TB care and prevention)	$964.61	$2,241.50	$2,241.50	SR	GF	$5,447.61
	4.5 Prevention (TB care and prevention)	$7,811.69	$8,561.69	$9,561.69	SR	GF	$25,935.06
	4.6 Treatment (TB care and prevention)	$281,392.18	$211,615.52	$214,048.67	SR / PR	GF	$707,056.36
	Sub-total for output 4	$796,814.62	$677,859.72	$673,687.24	-	-	$2,148,361.58
Output 5 MDR-TB	5.1 Case detection and diagnosis (MDR-TB)	$ 25,000.00	-	-	PR	GF	$ 25,000.00
	5.2 Community MDR-TB care delivery	$ 500.00	-	-	SR	GF	$ 500.00
	5.3 Treatment (MDR-TB)	$11,444.30	$13,104.89	$13,765.49	SR / PR	GF	$38,314.68
	Sub-total for output 5	$36,944.30	$13,104.89	$13,765.49		GF	$63,814.68
Other Ouputs (With no PF indicators)	PMTCT	$1,280.87	$1,456.12	$1,623.72	PR	GF	$4,360.71
	Reducing human rights related barriers	$3,777.86	$7,377.86	$3,777.86	SR	GF	$14,933.59
	Building resilient and sustainable systems for health interventions	$654,359.81	$465,118.84	$493,564.53	SR / PR	GF	$1,613,043.19
	TB/HIV	$193,542.17	$203,605.87	$206,838.12	SR / PR	GF	$603,986.17
	Program management (SR)	$26,017.35	$35,614.92	$26,957.73	SR	GF	$88,590.00
	Program management (PR)	$1,019,655.20	$999,655.20	$1,093,922.38	PR	GF	$3,113,232.78
	Sub-total for output 4	$1,898,633.27	$1,712,828.82	$1,826,684.35			$5,438,146.44
TOTAL		$3,631,136.61	$3,288,919.63	$3,366,418.08			$10,286,474.33

VIII.   GOVERNANCE AND MANAGEMENT ARRANGEMENTS

UNDP assumed its responsibilities as PR of this programme in 2015, following the decision of the PIRMCCM (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.

The UNDP Pacific Office in Fiji directly implements this multi-country programme covering 11 Pacific island countries. The implementation will be governed by the rules and regulations of UNDP and the Global Fund. The PMU has been set up in Suva and reports directly to the UNDP Country Director in the Pacific Office in Fiji. The UNDP Global Fund and 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 Programme 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, a new monitoring policy, revised project document templates and changes to the Country Programme Action Plan (CPAP) requirement.

As 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.
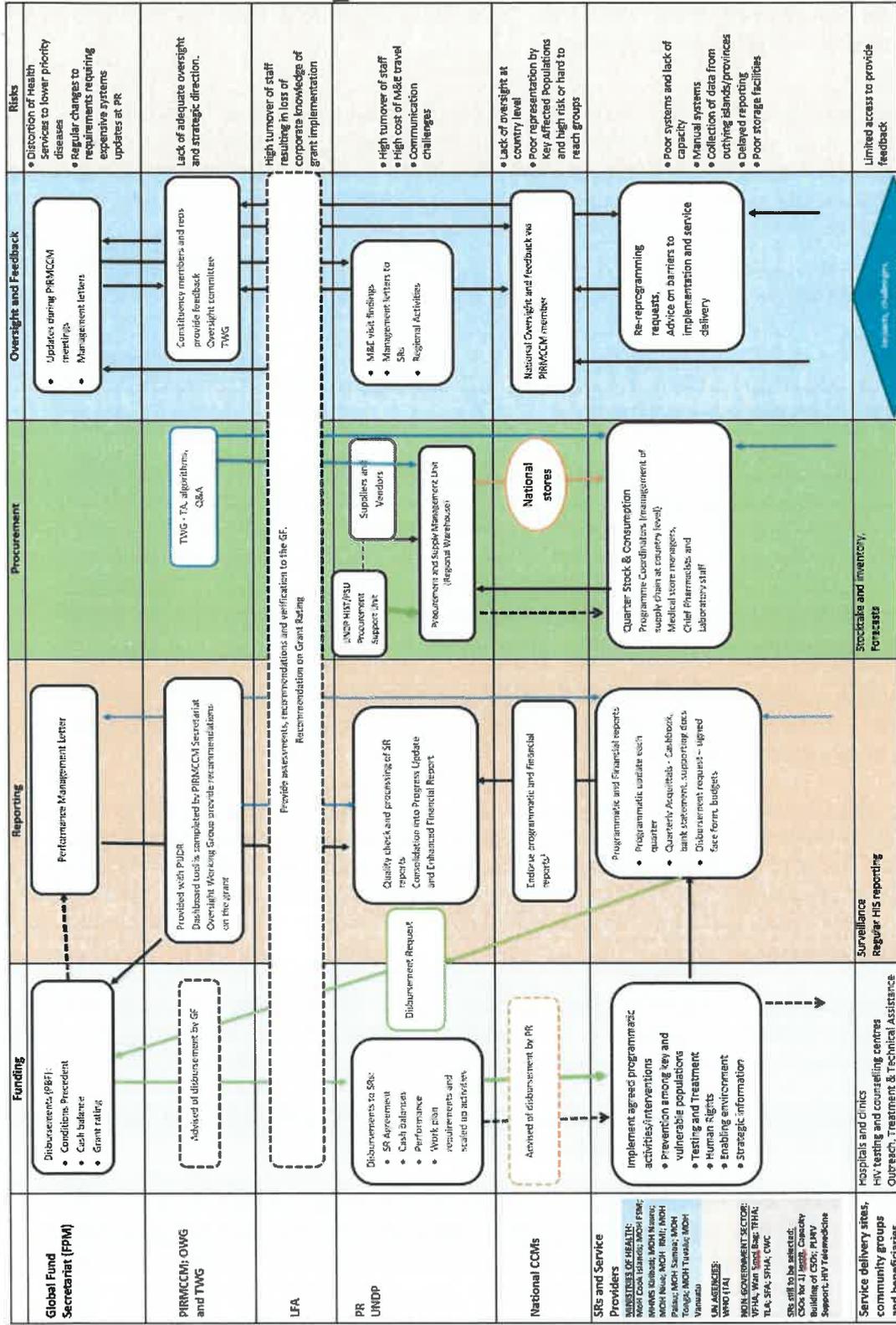
As per UNDP rules, UNDP will engage with SRs in 11 countries through sub-recipient agreements following appropriate selected processes and capacity assessments of the SRs. Funding to SRs will be disbursed in line with the approved work plans and budgets after submission and acceptance of quarterly programmatic and financial reports.

The PIRMCCM is the programme governance and advisory body. The PIRMCCM, 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 PIRMCCM 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 PR to maintain regular communication with the PIRMCCM 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 PIRMCCM 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 PIRMCCM convenes once a year where UNDP presents its annual progress report. The PIRMCCM has an Executive Committee and Oversight Working Group which convenes twice a year.

UNDP interacts with PIRMCCM through several ways:

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

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

Implementation Arrangements Map

	Funding	Reporting	Procurement	Oversight and Feedback	Risks
Global Fund Secretariat (FPM)	Disbursements (PUDR): • Conditions Precedent • Cash balance • Grant rating	Performance Management Letter		• Updates during PIRMCCM meetings • Management letters	• Distortion of Health Services to lower priority diseases • Regular changes to requirements requiring expensive systems updates at PR
PIRMCCM; OWG and TWG	Advised of disbursement by GF	Provided with PUDR Dashboard tool is completed by PIRMCCM Secretariat Oversight Working Group provide recommendations on the grant	TWG - TA, algorithms, Q&A	Constituency members and reps provide feedback Oversight committees TWG	Lack of adequate oversight and strategic direction.
LFA		Provide assessments, recommendations and verification to the GF. Recommendation on Grant Rating			High turnover of staff resulting in loss of corporate knowledge of grant implementation
PR UNDP	Disbursements to SRs: • SR Agreement • Cash Balances • Performance • Work plan requirements and scaled up activities — Advised of disbursement by PR — Disbursement Request	Quality check and processing of SR reports Consolidation into Progress Update and Enhanced Financial Report	UNDP HIST/PSU Procurement Support Unit; Suppliers and Vendors; Procurement and Supply Management Unit (Regional Warehouse)	• M&E visit findings • Management letters to SRs • Regional Activities	• High turnover of staff • High cost of M&E travel • Communication challenges
National CCMs		Endorse programmatic and financial reports	National stores	National Oversight and feedback via PIRMCCM member	• Lack of oversight at country level • Poor representation by Key Affected Populations and high risk or hard to reach groups
SRs and Service Providers — MINISTRIES OF HEALTH: MoH Cook Islands; MOH FSM; MHMS Kiribati; MOH Nauru; MOH Niue; MoH RMI; MOH Palau; MOH Samoa; MOH Tonga; MOH Tuvalu; MOH Vanuatu. UN AGENCIES: WHO (TA). NON GOVERNMENT SECTOR: VPHA; Wan Smol Bag; THH; TLA; SFA; SPHA; CWC. SRs still to be selected: CSOs for 11 Jurisd.; Capacity Building of CSOs; PLHIV Support; HIV Telemedicine	Implement agreed programmatic activities/interventions: • Prevention among key and vulnerable populations • Testing and Treatment • Human Rights • Enabling environment • Strategic information	Programmatic and Financial reports: • Programmatic update each quarter • Quarterly Acquittals - Cashbook, bank statement, supporting docs • Disbursement request – signed face form, budgets	Quarter Stock & Consumption; Programme Coordinators (management of supply chain at country level); Medical store managers, Chief Pharmacists and Laboratory staff	Re-reprogramming requests, Advice on barriers to implementation and service delivery	• Poor systems and lack of capacity • Manual systems • Collection of data from outlying islands/provinces • Delayed reporting • Poor storage facilities
Service delivery sites, community groups and beneficiaries	Hospitals and clinics HIV testing and counselling centres Outreach, Treatment & Technical Assistance	Surveillance Regular HIS reporting	Stocktake and inventory; Forecasts	issues, challenges, strengths, gaps, advice	Limited access to provide feedback

MGWP-C HIV/TB Grant 2021-2023 – *Implementation Arrangements Map*

Key population convergence sites
Sex Workers, MSM, TG, most-at-risk youth, seafarers, PLHIV, pregnant women and their partners, children

IX. LEGAL CONTEXT

This project document shall be the instrument referred to as such in Article 1 of the Standard Basic Assistance Agreement (SBAA) between the Government of Fiji and UNDP, 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 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][11] [UNDP funds received pursuant to the Project Document][12] 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/aq_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. 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 responsible party, subcontractor and sub-recipient. To this end, each responsible party, subcontractor and sub-recipient shall:

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

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

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 2: Each responsible party, subcontractor or sub-recipient agrees that, where applicable, donors to UNDP (including the Government) whose funding is the source, in whole or in part, of the funds for the activities which are the subject of the 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.

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.

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**

PROJECT QA ASSESSMENT: DESIGN AND APPRAISAL

OVERALL PROJECT

EXEMPLARY (5) ●●●●●	HIGHLY SATISFACTORY (4) ●●●●○	SATISFACTORY (3) ●●●○○	NEEDS IMPROVEMENT (2) ●●○○○	INADEQUATE (1) ●○○○○
At least four criteria are rated Exemplary, and all criteria are rated High or Exemplary.	All criteria are rated Satisfactory or higher, and at least four criteria are rated High or Exemplary.	At least six criteria are rated Satisfactory or higher, and only one may be rated Needs Improvement. The Principled criterion must be rated Satisfactory or above.	At least three criteria are rated Satisfactory or higher, and only four criteria may be rated Needs Improvement.	One or more criteria are rated Inadequate, or five or more criteria are rated Needs Improvement.

DECISION

- **APPROVE** – the project is of sufficient quality to be approved in its current form. Any management actions must be addressed in a timely manner.
- **APPROVE WITH QUALIFICATIONS** – the project has issues that must be addressed before the project document can be approved. Any management actions must be addressed in a timely manner.
- **DISAPPROVE** – the project has significant issues that should prevent the project from being approved as drafted.

RATING CRITERIA

For all questions, select the option that best reflects the project

STRATEGIC

1. **Does the project specify how it will contribute to higher level change through linkage to the programme's Theory of Change?**	**3**	2
	1	
	Evidence	

- **3:** The project is clearly linked to the programme's theory of change. It has an explicit change pathway that explains how the project will contribute to outcome level change and why the project's strategy will likely lead to this change. This analysis is backed by credible evidence of what works effectively in this context and includes assumptions and risks. The project document clearly shows how the project activities and broad interventions will contribute to changes at the output level, outcome and impact level and how these are connected with the programme strategies and goals. There is an explicit change pathway highlighted under section III Results and Partnerships Section of the ProDoc.
- **2:** The project is clearly linked to the programme's theory of change. It has a change pathway that explains how the project will contribute to outcome-level change and why the project strategy will likely lead to this change.
- **1:** The project document may describe in generic terms how the project will contribute to development results, without an explicit link to the programme's theory of change.

Note: Projects not contributing to a programme must have a project-specific Theory of Change. See alternative question under the lightbulb for these cases.

2. **Is the project aligned with the UNDP Strategic Plan?**	3	**2**
	1	
	Evidence	

• **3:** The project responds to at least one of the development settings as specified in the Strategic Plan[1] and adapts at least one Signature Solution[2]. The project's RRF includes all the relevant SP output indicators. *(all must be true)*		
• **2:** The project responds to at least one of the development settings as specified in the Strategic Plan[4]. The project's RRF includes at least one SP output indicator, if relevant. *(both must be true)* Development Seeting: Accelerate structural transformations for suitable development. Signature Solution. Strengthen effective, inclusive and accountable governance		
• **1:** The project responds to a partner's identified need, but this need falls outside of the UNDP Strategic Plan. Also select this option if none of the relevant SP indicators are included in the RRF.		

	Yes	No
3. Is the project linked to the programme outputs? (i.e., UNDAF Results Group Workplan/CPD, RPD or Strategic Plan IRRF for global projects/strategic interventions not part of a programme)		

RELEVANT

	3	2
4. Does the project target groups left furthest behind?	1	
	Evidence	

• **3:** The target groups are clearly specified, prioritising discriminated and marginalized groups left furthest behind, identified through a rigorous process based on evidence. Target groups for HIV have been clearly identified through behavioural surveys, global studies and through programme data. The key populations identified for HIV that are targeted by the programme includes MSMs, TGs and FSWs. However interventions are also extended to other vulnerabl populations including seafarer, prisoners, ANC mothers, GBV survivors and young adults. For TB, those that are most vulnerable are those in the outer and remote islands.

• **2:** The target groups are clearly specified, prioritizing groups left furthest behind.

• **1:** The target groups are not clearly specified.

Note: Management Action must be taken for a score of 1. Projects that build institutional capacity should still identify targeted groups to justify support

	3	2
5. Have knowledge, good practices, and past lessons learned of UNDP and others informed the project design?	1	
	Evidence	

• **3:** Knowledge and lessons learned backed by credible evidence from sources such as evaluation, corporate policies/strategies, and/or monitoring have been explicitly used, with appropriate referencing, to justify the approach used by the project. The project design is informed by the 2019 HIV Programme Review, 2019 analysis of country status against GF End TB Operatonal Targets, 2020 GF Portfolio Analysis, National HIV/STIs Strategic Plans, 2019 Global TB Reports, the Pacific Shared Agenda, the GF MWP 2019 Annual Results Report and other programme monitoring data. This is also highigted on page 8 of th ProDoc

• **2:** The project design mentions knowledge and lessons learned backed by evidence/sources, but have not been used to justify the approach selected.

• **1:** There is little or no mention of knowledge and lessons learned informing the project design. Any references made are anecdotal and not backed by evidence.

Note: Management Action or strong management justification must be given for a score of 1

	3	2
6. Does UNDP have a clear advantage to engage in the role envisioned by the project vis-à-vis national/regional/global partners and other actors?	1	
	Evidence	

• **3:** An analysis has been conducted on the role of other partners in the area where the project intends to work, and credible evidence supports the proposed engagement of UNDP and partners through the project, including identification of potential funding partners. It is clear how results achieved by partners will complement the project's intended results and a communication strategy is in place to communicate results and raise visibility vis-à-vis key partners. Options for south-south and triangular cooperation have been considered, as appropriate. *(all must be true)* As highlighted under the section 'Partnerships' in the ProDoc as well as the section 'Governance and Managmeent Arrangements', UNDP Is seen to be well placed to continue in its Grant Princpal Recipient (PR) role due to its strong experience in managing complex programmes at the global level; existing staffing capacities and expertise; its support from the regional governing body – the PIRMCCM; its access to UNDP Global Fund / Health Implementaiton Support in Geneva and New York for advisory, guidance and technical assistance in

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[1] The three development settings in UNDP's 2018-2021 Strategic Plan are: a) Eradicate poverty in all its forms and dimensions; b) Accelerate structural transformations for sustainable development; and c) Build resilience to shocks and crises

[2] The six Signature Solutions of UNDP's 2018-2021 Strategic Plan are: a) Keeping people out of poverty; b) Strengthen effective, inclusive and accountable governance; c) Enhance national prevention and recovery capacities for resilient societies; d) Promote nature based solutions for a sustainable planet; e) Close the energy gap; and f) Strengthen gender equality and the empowerment of women and girls.

programme implementation.UNDP particular benefits from its global procurement capacity, which is of particular importance given the (very) small size of the 11 Pacific Island Countries supported; strengthening the value for money in the procurement of HIV and TB drugs and health products. Finally according to the 2018 Aid Transparency IndexUNDP has been rated second most transparent development aid organisation In the world. UNDP as highlighted in page 7 will work with government and civil society groups across the 11 countries, and will contract regional technical assistance to support all countries in the HIV/SRH and TB work. These national and regional SRs contributes to the 17 GF Focus Areas under the grant including the 4 key programme objectives. South-South Cooperation will be achieved through these regional workshops where exchanges of experiences and lessons learned across countries and implementers will occur. These have been proven to be extremely beneficial in the past. s

- **2:** Some analysis has been conducted on the role of other partners in the area where the project intends to work, and relatively limited evidence supports the proposed engagement of and division of labour between UNDP and partners through the project, with unclear funding and communications strategies or plans.
- **1:** No clear analysis has been conducted on the role of other partners in the area that the project intends to work. There is risk that the project overlaps and/or does not coordinate with partners' interventions in this area. Options for south-south and triangular cooperation have not been considered, despite its potential relevance.

*Note: Management Action or strong management justification must be given for a score of 1

PRINCIPLED

	3 2
	1
	Evidence

7. **Does the project apply a human rights-based approach?**
   - **3:** The project is guided by human rights and incorporates the principles of accountability, meaningful participation, and non-discrimination in the project's strategy. The project upholds the relevant international and national laws and standards. Any potential adverse impacts on enjoyment of human rights were rigorously identified and assessed as relevant, with appropriate mitigation and management measures incorporated into project design and budget. *(all must be true)* The project is guided by human rights and gender equality principles under objective 3 of the 2017-2022 Global Fund Strategy which is contributing to Goal 10 of the SDGs which is to reduce inequalities and ensure that no one is left behind. The GF projects aims to ensure that their TB and HIV services are reaching key and most vulnerable populations in the communities. Human rights barriers including stigma and discrimination, unsupportive policy and legal environemnts were identified in the ProDoc in pages 3 and 4 for HIV. For TB, it was the sub-optimal awareness and advocacy on TB de-stigmatisation particularly by community groups (page 6 of the ProDoc). These are being addressed in the overally strategy of the programme which is to focus efforts on reaching key and vulnerable populations and to strengthen community systems capacity to advocate for their rights to access health services.
   - **2:** The project is guided by human rights by prioritizing accountability, meaningful participation and non-discrimination. Potential adverse impacts on enjoyment of human rights were identified and assessed as relevant, and appropriate mitigation and management measures incorporated into the project design and budget. *(both must be true)*
   - **1:** No evidence that the project is guided by human rights. Limited or no evidence that potential adverse impacts on enjoyment of human rights were considered.

*Note: Management action or strong management justification must be given for a score of 1

	3 2
	1
	Evidence

8. **Does the project use gender analysis in the project design?**
   - **3:** A participatory gender analysis has been conducted and results from this gender analysis inform the development challenge, strategy and expected results sections of the project document. Outputs and indicators of the results framework include explicit references to gender equality, and specific indicators measure and monitor results to ensure women are fully benefitting from the project. *(all must be true).* A gender analysis had been conducted in 2016 and based on these (Refer to pages 8-10 of the ProDoc), inteventions have been clearly identified to address the human rights and gender barriers that exist at the community and health facility level. Such interventions includes empowerment of community based groups including LGBTQI groups in advocating for their sexual, and human rights. Human Rights and Gender training will be integrated with TB/HIV prevention messaging to the communities. Senitization of HCW is also a key activity identified in the workplan. Measurable Indicators will be the number of CBOs receiving regional technical support / training on HR and Gender. Refer to ProDoc strategy and key interventions
   - **2:** A basic gender analysis has been carried out and results from this analysis are scattered (i.e., fragmented and not consistent) across the development challenge and strategy sections of the project document. The results framework may include some gender sensitive outputs and/or activities but gender inequalities are not consistently integrated across each output. *(all must be true)*

- **1:** The project design may or may not mention information and/or data on the differential impact of the project's development situation on gender relations, women and men, but the gender inequalities have not been clearly identified and reflected in the project document.

*Note: Management Action or strong management justification must be given for a score of **1**

	3	2
		1
	Evidence	

9. Did the project support the resilience and sustainability of societies and/or ecosystems?

- **3:** Credible evidence that the project addresses sustainability and resilience dimensions of development challenges, which are integrated in the project strategy and design. The project reflects the interconnections between the social, economic and environmental dimensions of sustainable development. Relevant shocks, hazards and adverse social and environmental impacts have been identified and rigorously assessed with appropriate management and mitigation measures incorporated into project design and budget. *(all must be true)*. The project clearly highlights under the Sutainability and Scale Up Section on pages 21 and 22 the actions to mitigate the challenges that will impact the financial, programmatic and community health systems sustainability in the 2021-2023 grant cycle. Programming, environmental and health related risks that hamper programme delivery have been identified throughout the ProDoc and addressed in the programmes strategies and detailed interventions and budgets
- **2:** The project design integrates sustainability and resilience dimensions of development challenges. Relevant shocks, hazards and adverse social and environmental impacts have been identified and assessed, and relevant management and mitigation measures incorporated into project design and budget. *(both must be true)*
- **1:** Sustainability and resilience dimensions and impacts were not adequately considered.

*Note: Management action or strong management justification must be given for a score of 1

10. Has the Social and Environmental Screening Procedure (SESP) been conducted to identify potential social and environmental impacts and risks? The SESP is not required for projects in which UNDP is Administrative Agent only and/or projects comprised solely of reports, coordination of events, trainings, workshops, meetings, conferences and/or communication materials and information dissemination. [if yes, upload the completed checklist. If SESP is not required, provide the reason for the exemption in the evidence section.] SESP Completed

Yes	No
SESP Not Required	

MANAGEMENT & MONITORING

11. Does the project have a strong results framework?

- **3:** The project's selection of outputs and activities are at an appropriate level. Outputs are accompanied by SMART, results-oriented indicators that measure the key expected development changes, each with credible data sources and populated baselines and targets, including gender sensitive, target group focused, sex-disaggregated indicators where appropriate. *(all must be true)* Refer to 'Results and Partnership' as well as the 'Results Framework' section in the ProDoc. The project has SMART objectives, measureable and gender sensitive indicators, indicators relating to key and vulnerable populations with data sources that are all credible (program and periodic data sources). Baselines and targets information is available for all key programme indicators.
- **2:** The project's selection of outputs and activities are at an appropriate level. Outputs are accompanied by SMART, results-oriented indicators, but baselines, targets and data sources may not yet be fully specified. Some use of target group focused, sex-disaggregated indicators, as appropriate. *(all must be true)*
- **1:** The project's selection of outputs and activities are not at an appropriate level; outputs are not accompanied by SMART, results-oriented indicators that measure the expected change and have not been populated with baselines and targets; data sources are not specified, and/or no gender sensitive, sex-disaggregation of indicators. *(if any is true)*

*Note: Management Action or strong management justification must be given for a score of 1

	3	2
		1
	Evidence	

12. Is the project's governance mechanism clearly defined in the project document, including composition of the project board?

- **3:** The project's governance mechanism is fully defined. Individuals have been specified for each position in the governance mechanism (especially all members of the project board.) Project Board members have agreed on their roles and responsibilities as specified in the terms of reference. The ToR of the project board has been attached to the project document. *(all must be true)*. Refer to section VIII of the ProDoc for clear roles and responsibilities of the CCM and its interaction with the PR. Additional PIRMCCM supporting documents are attached for reference.

	3	2
		1
	Evidence	

		3	2

- **2:** The project's governance mechanism is defined; specific institutions are noted as holding key governance roles, but individuals may not have been specified yet. The project document lists the most important responsibilities of the project board, project director/manager and quality assurance roles. *(all must be true)*
- **1:** The project's governance mechanism is loosely defined in the project document, only mentioning key roles that will need to be filled at a later date. No information on the responsibilities of key positions in the governance mechanism is provided.

*Note: Management Action or strong management justification must be given for a score of 1

13. Have the project risks been identified with clear plans stated to manage and mitigate each risk?

		3	2
		1	
		Evidence	

- **3:** Project risks related to the achievement of results are fully described in the project risk log, based on comprehensive analysis drawing on the programme's theory of change, Social and Environmental Standards and screening, situation analysis, capacity assessments and other analysis such as funding potential and reputational risk. Risks have been identified through a consultative process with key internal and external stakeholders. Clear and complete plan in place to manage and mitigate each risk, reflected in project budgeting and monitoring plans. *(both must be true)* Risk log contains systems and capacity risks of partners, health risks (COVID 19), environmental risks (naural disasters in Vanuatu and risks relating to programme sustainability. These were identified through stakeholder disucssions and reflected in the grant proposal submission. There are risks mitigation strategies identified by the programme to address these.
- **2:** Project risks related to the achievement of results are identified in the initial project risk log based on a minimum level of analysis and consultation, with mitigation measures identified for each risk.
- **1:** Some risks may be identified in the initial project risk log, but no evidence of consultation or analysis and no clear risk mitigation measures identified. This option is also selected if risks are not clearly identified and/or no initial risk log is included with the project document.

*Note: Management Action must be taken for a score of 1

EFFICIENT

14. Have specific measures for ensuring cost-efficient use of resources been explicitly mentioned as part of the project design? This can include, for example: i) using the theory of change analysis to explore different options of achieving the maximum results with the resources available; ii) using a portfolio management approach to improve cost effectiveness through synergies with other interventions; iii) through joint operations (e.g., monitoring or procurement) with other partners; iv) sharing resources or coordinating delivery with other projects, v) using innovative approaches and technologies to reduce the cost of service delivery or other types of interventions.

	Yes (3)	No (1)

Examples

- Use of global UNDP and Global Fund Guidelines, Tools, Templates and Processes to support programming
- Use of Global Fund procurement unit based in Copenhagen for procurement of health products which allows for economies of scale and price reductions

(Note: Evidence of at least one measure must be provided to answer yes for this question)

15. Is the budget justified and supported with valid estimates?

		3	2
		1	
		Evidence	

- **3:** The project's budget is at the activity level with funding sources, and is specified for the duration of the project period in a multi-year budget. Realistic resource mobilisation plans are in place to fill unfunded components. Costs are supported with valid estimates using benchmarks from similar projects or activities. Cost implications from inflation and foreign exchange exposure have been estimated and incorporated in the budget. Adequate costs for monitoring, evaluation, communications and security have been incorporated. Detailed 3 year activity workplan and budget is in place. M&E and communications costs are factored in the budget
- **2:** The project's budget is at the activity level with funding sources, when possible, and is specified for the duration of the project in a multi-year budget, but no funding plan is in place. Costs are supported with valid estimates based on prevailing rates.
- **1:** The project's budget is not specified at the activity level, and/or may not be captured in a multi-year budget.

16. Is the Country Office/Regional Hub/Global Project fully recovering the costs involved with project implementation?

		3	2
		1	

- **3:** The budget fully covers all project costs that are attributable to the project, including programme management and development effectiveness services related to strategic country programme planning, quality

		Evidence

assurance, pipeline development, policy advocacy services, finance, procurement, human resources, administration, issuance of contracts, security, travel, assets, general services, information and communications based on full costing in accordance with prevailing UNDP policies (i.e., UPL, LPL.) This is clearly highlighted in the GF Detailed Workplan and Budget for 2021-2023

- **2:** The budget covers significant project costs that are attributable to the project based on prevailing UNDP policies (i.e., UPL, LPL) as relevant.
- **1:** The budget does not adequately cover project costs that are attributable to the project, and UNDP is cross-subsidizing the project.

*Note: Management Action must be given for a score of 1. The budget must be revised to fully reflect the costs of implementation before the project commences.

EFFECTIVE

	3	2
17. Have targeted groups been engaged in the design of the project?		1
	Evidence	

- **3:** Credible evidence that all targeted groups, prioritising discriminated and marginalized populations that will be involved in or affected by the project, have been actively engaged in the design of the project. The project has an explicit strategy to identify, engage and ensure the meaningful participation of target groups as stakeholders throughout the project, including through monitoring and decision-making (e.g., representation on the project board, inclusion in samples for evaluations, etc.) Yes: MSMs, TGs, FSWs, Seafares, Prisoners, Young Adults, SGBV survivors, Outer Island Populations / hard to reach groups
- **2:** Some evidence that key targeted groups have been consulted in the design of the project.
- **1:** No evidence of engagement with targeted groups during project design.

18. Does the project plan for adaptation and course correction if regular monitoring activities, evaluation, and lesson learned demonstrate there are better approaches to achieve the intended results and/or circumstances change during implementation? Programme monitoring is ongoing throughout the year and responses to monitoring data is ongoing. Approval levels for change on interventions are guided by GF and UNDP guidelines | Yes (3) | No (1) |

19. The gender marker for all project outputs are scored at GEN2 or GEN3, indicating that gender has been fully mainstreamed into all project outputs at a minimum. Gender is mainstreamned into training and prevention activities at the community and health facility level	Yes (3)	No (1)
	Evidence	

*Note: Management Action or strong management justification must be given for a score of "no"

SUSTAINABILITY & NATIONAL OWNERSHIP

	3	2
20. Have national/regional/global partners led, or proactively engaged in, the design of the project?		1
	Evidence	

- **3:** National partners (or regional/global partners for regional and global projects) have full ownership of the project and led the process of the development of the project jointly with UNDP. Grant strategy and priorities developed through wide consultation with national , regional and global partners
- **2:** The project has been developed by UNDP in close consultation with national/regional/global partners.
- **1:** The project has been developed by UNDP with limited or no engagement with national partners.

	3	2
21. Are key institutions and systems identified, and is there a strategy for strengthening specific/ comprehensive capacities based on capacity assessments conducted?		1
	Evidence	

- **3:** The project has a strategy for strengthening specific capacities of national institutions and/or actors based on a completed capacity assessment. This strategy includes an approach to regularly monitor national capacities using clear indicators and rigorous methods of data collection, and adjust the strategy to strengthen national capacities accordingly. Strategies are in place to assess SR capacities, development CA plans and implement these. Strategies to build national and community health systems are a strong focus of the 2021-2023 grant plan
- **2:** A capacity assessment has been completed. There are plans to develop a strategy to strengthen specific capacities of national institutions and/or actors based on the results of the capacity assessment.
- **1:** Capacity assessments have not been carried out.

22. Is there is a clear strategy embedded in the project specifying how the project will use national systems (i.e., procurement, monitoring, evaluations, etc.,) to the extent possible? Yes. All strategies are aligned to national HIV/TB plans and systems in place to support the role out of the grant. Those systems that needs development such as PSM have interventions measures in place to address these | Yes (3) | No (1) |

23. Is there a clear transition arrangement/ phase-out plan developed with key stakeholders in order to sustain or scale up results (including resource mobilisation and communications strategy)? The project focus to strengthen financial and programme capacities and reduce aid reliance; the focus to strengthen national and community health systems will all contribute to the sustainability of country programmes post GF support. Plans to progressively reduce HR funding within the MOH is also an attempt to foster greater government ownership over TB and HIV programmes.	Yes (3)	No (1)

Annex [#]. Social and Environmental Screening Template

The completed template, which constitutes the Social and Environmental Screening Report, must be included as an annex to the Project Document. Please refer to the Social and Environmental Screening Procedure and Toolkit for guidance on how to answer the 6 questions.

Project Information

Project Information	
1. Project Title	Multi-Country Western Pacific (MWP) Intgerated HIV/TB Programs
2. Project Number	
3. Location (Global/Region/Country)	Regional

Part A. Integrating Overarching Principles to Strengthen Social and Environmental Sustainability

QUESTION 1: How Does the Project Integrate the Overarching Principles in order to Strengthen Social and Environmental Sustainability?
Briefly describe in the space below how the Project mainstreams the human-rights based approach
- The programme will adopt an integrated approach to include Gender and Human Rights into HIV/TB awareness messaging at the community level   - Provide regional capacity building support to community based organizations and LGBTQI groups on Human Rights and Gender to ensure these groups are able to address the barriers that exist in the community and health facility level and assist them with advocating for their sexual and human rights   - Training and sensitization of health care workers on human rights and gender and its linkages to deadling with key and vulnerable populations for HIV and promoting universal health coverage for TB
Briefly describe in the space below how the Project is likely to improve gender equality and women's empowerment
(See above).   - Embrace gender identities and diverse sexual orientations by advocating for MSM and transgender rights as human rights   - Address the underlying harmful gender norms that promotes violence against women and girls including female sex workers through HR and gender sensitization at the community level, amongst influential leaders and gatekeepers and amongst health care workers.   - Promote universal health coverage for TB. Ensure that woman and man in hard to reach places are being reached with TB services. Taking to services to the outer islands through de-centralisation of TB services and empowering community groups to support national TB efforts in improving the reach to the outer islands and to remote areas (Leave No One Behnind)
Briefly describe in the space below how the Project mainstreams environmental sustainability

- National TB and HIV programmes will increases collaboration with national humanitarian partners and/or disaster response teams in country to ensure a swift and targeted response to most affected communities particularly where people have been displaced and are leaving in shelters and crowded settings where risks of sexual violence and TB transmission is high.

Part B. Identifying and Managing Social and Environmental Risks

QUESTION 2: What are the Potential Social and Environmental Risks?
Note: Describe briefly potential social and environmental risks identified in Attachment 1 – Risk Screening Checklist (based on any "Yes" responses). If no risks have been identified in Attachment 1 then note "No Risks Identified" and skip to Question 4 and Select "Low Risk". Questions 5 and 6 not required for Low Risk Projects.

QUESTION 3: What is the level of significance of the potential social and environmental risks?
Note: Respond to Questions 4 and 5 below before proceeding to Question 6

QUESTION 6: What social and environmental assessment and management measures have been conducted and/or are required to address potential risks (for Risks with Moderate and High Significance)?

Risk Description	Impact and Probability (1-5)	Significance (Low, Moderate, High)	Comments	Description of assessment and management measures as reflected in the Project design. If ESIA or SESA is required note that the assessment should consider all potential impacts and risks.
Risk 1: ... Frequent natural disasters that hinders activity implementation (Vanuatu)	I = 5 P = 5	High	Vanuatu is considred to be one of the countries most at risk to natural disasters in the world	Greater collaboration and engagement of National HIV and TB programmes with in country disaster response teams and shift of focus from risk management to risk reduction
Risk 2 .... COVID 19 Impacts on programme activity implementation	I = 5 P = 5	High	Travel and movement restriction afftects timeliness of activity implementation, the reduced programme coverage (geographical and number of people reached), disruption in supply of health and non health commodities and monitoring and supervision at national and sub national levels and with client follow ups.	HIV and TB services should be regarded as essential services. Continuity of services requires scaling up Differential Service Delivery (DSD) models and multi-month provision of medications, innovative care approaches with community pick-up, use of e-health and m-health technology, community engagement .

QUESTION 4: What is the overall Project risk categorization?

Select one (see SESP for guidance)	Comments
Low Risk ☐	

	Check all that apply		Comments
	Moderate Risk	□	
	High Risk	X	
QUESTION 5: Based on the identified risks and risk categorization, what requirements of the SES are relevant?			
Principle 1: Human Rights	X		Relating to access to proper services by communities most affected by natural disasters and the protection of woman in shelters
Principle 2: Gender Equality and Women's Empowerment	□		
1. Biodiversity Conservation and Natural Resource Management	□		
2. Climate Change Mitigation and Adaptation	X		Relates to high risks of natural disaster in GF supported programme country
3. Community Health, Safety and Working Conditions	□		
4. Cultural Heritage	□		
5. Displacement and Resettlement	X		Those that are displaced and living in shelters should have access to proper health services and protection of vulnerable groups such as woman and children are priority
6. Indigenous Peoples	□		
7. Pollution Prevention and Resource Efficiency	□		

Final Sign Off

Signature	Date	Description
QA Assessor		UNDP staff member responsible for the Project, typically a UNDP Programme Officer. Final signature confirms they have "checked" to ensure that the SESP is adequately conducted.
QA Approver		UNDP senior manager, typically the UNDP Deputy Country Director (DCD), Country Director (CD), Deputy Resident Representative (DRR), or Resident Representative (RR). The QA Approver cannot also be the QA Assessor. Final signature confirms they have "cleared" the SESP prior to submittal to the PAC.
PAC Chair		UNDP chair of the PAC. In some cases PAC Chair may also be the QA Approver. Final signature confirms that the SESP was considered as part of the project appraisal and considered in recommendations of the PAC.

SESP Attachment 1. Social and Environmental Risk Screening Checklist

Checklist Potential Social and Environmental Risks	
Principles 1: Human Rights	**Answer (Yes/No)**
1. Could the Project lead to adverse impacts on enjoyment of the human rights (civil, political, economic, social or cultural) of the affected population and particularly of marginalized groups?	No
2. Is there a likelihood that the Project would have inequitable or discriminatory adverse impacts on affected populations, particularly people living in poverty or marginalized or excluded individuals or groups? [1]	No
3. Could the Project potentially restrict availability, quality of and access to resources or basic services, in particular to marginalized individuals or groups?	No
4. Is there a likelihood that the Project would exclude any potentially affected stakeholders, in particular marginalized groups, from fully participating in decisions that may affect them?	No
5. Is there a risk that duty-bearers do not have the capacity to meet their obligations in the Project?	Yes
6. Is there a risk that rights-holders do not have the capacity to claim their rights?	Yes
7. Have local communities or individuals, given the opportunity, raised human rights concerns regarding the Project during the stakeholder engagement process?	Yes
8. Is there a risk that the Project would exacerbate conflicts among and/or the risk of violence to project-affected communities and individuals?	No
Principle 2: Gender Equality and Women's Empowerment	
1. Is there a likelihood that the proposed Project would have adverse impacts on gender equality and/or the situation of women and girls?	No
2. Would the Project potentially reproduce discriminations against women based on gender, especially regarding participation in design and implementation or access to opportunities and benefits?	No
3. Have women's groups/leaders raised gender equality concerns regarding the Project during the stakeholder engagement process and has this been included in the overall Project proposal and in the risk assessment?	No
4. Would the Project potentially limit women's ability to use, develop and protect natural resources, taking into account different roles and positions of women and men in accessing environmental goods and services? _For example, activities that could lead to natural resources degradation or depletion in communities who depend on these resources for their livelihoods and well being_	No
Principle 3: Environmental Sustainability: Screening questions regarding environmental risks are encompassed by the specific Standard-related questions below	
Standard 1: Biodiversity Conservation and Sustainable Natural Resource Management	
1.1 Would the Project potentially cause adverse impacts to habitats (e.g. modified, natural, and critical habitats) and/or ecosystems and ecosystem services?	No

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[1] Prohibited grounds of discrimination include race, ethnicity, gender, age, language, disability, sexual orientation, religion, political or other opinion, national or social or geographical origin, property, birth or other status including as an indigenous person or as a member of a minority. References to "women and men" or similar is understood to include women and men, boys and girls, and other groups discriminated against based on their gender identities, such as transgender people and transsexuals.

	For example, through habitat loss, conversion or degradation, fragmentation, hydrological changes	
1.2	Are any Project activities proposed within or adjacent to critical habitats and/or environmentally sensitive areas, including legally protected areas (e.g. nature reserve, national park), areas proposed for protection, or recognized as such by authoritative sources and/or indigenous peoples or local communities?	No
1.3	Does the Project involve changes to the use of lands and resources that may have adverse impacts on habitats, ecosystems, and/or livelihoods? (Note: if restrictions and/or limitations of access to lands would apply, refer to Standard 5)	No
1.4	Would Project activities pose risks to endangered species?	No
1.5	Would the Project pose a risk of introducing invasive alien species?	No
1.6	Does the Project involve harvesting of natural forests, plantation development, or reforestation?	No
1.7	Does the Project involve the production and/or harvesting of fish populations or other aquatic species?	No
1.8	Does the Project involve significant extraction, diversion or containment of surface or ground water? *For example, construction of dams, reservoirs, river basin developments, groundwater extraction*	No
1.9	Does the Project involve utilization of genetic resources? (e.g. collection and/or harvesting, commercial development)	No
1.10	Would the Project generate potential adverse transboundary or global environmental concerns?	No
1.11	Would the Project result in secondary or consequential development activities which could lead to adverse social and environmental effects, or would it generate cumulative impacts with other known existing or planned activities in the area? *For example, a new road through forested lands will generate direct environmental and social impacts (e.g. felling of trees, earthworks, potential relocation of inhabitants). The new road may also facilitate encroachment on lands by illegal settlers or generate unplanned commercial development along the route, potentially in sensitive areas. These are indirect, secondary, or induced impacts that need to be considered. Also, if similar developments in the same forested area are planned, then cumulative impacts of multiple activities (even if not part of the same Project) need to be considered.*	No
Standard 2: Climate Change Mitigation and Adaptation		
2.1	Will the proposed Project result in significant[2] greenhouse gas emissions or may exacerbate climate change?	No
2.2	Would the potential outcomes of the Project be sensitive or vulnerable to potential impacts of climate change?	No
2.3	Is the proposed Project likely to directly or indirectly increase social and environmental vulnerability to climate change now or in the future (also known as maladaptive practices)? *For example, changes to land use planning may encourage further development of floodplains, potentially increasing the population's vulnerability to climate change, specifically flooding*	No
Standard 3: Community Health, Safety and Working Conditions		
3.1	Would elements of Project construction, operation, or decommissioning pose potential safety risks to local communities?	No
3.2	Would the Project pose potential risks to community health and safety due to the transport, storage, and use and/or disposal of hazardous or dangerous materials (e.g. explosives, fuel and other chemicals during construction and operation)?	No

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[2] In regards to CO_2, 'significant emissions' corresponds generally to more than 25,000 tons per year (from both direct and indirect sources). [The Guidance Note on Climate Change Mitigation and Adaptation provides additional information on GHG emissions.]

3.3	Does the Project involve large-scale infrastructure development (e.g. dams, roads, buildings)?	No
3.4	Would failure of structural elements of the Project pose risks to communities? (e.g. collapse of buildings or infrastructure)	No
3.5	Would the proposed Project be susceptible to or lead to increased vulnerability to earthquakes, subsidence, landslides, erosion, flooding or extreme climatic conditions?	No
3.6	Would the Project result in potential increased health risks (e.g. from water-borne or other vector-borne diseases or communicable infections such as HIV/AIDS)?	No
3.7	Does the Project pose potential risks and vulnerabilities related to occupational health and safety due to physical, chemical, biological, and radiological hazards during Project construction, operation, or decommissioning?	No
3.8	Does the Project involve support for employment or livelihoods that may fail to comply with national and international labor standards (i.e. principles and standards of ILO fundamental conventions)?	No
3.9	Does the Project engage security personnel that may pose a potential risk to health and safety of communities and/or individuals (e.g. due to a lack of adequate training or accountability)?	No
Standard 4: Cultural Heritage		
4.1	Will the proposed Project result in interventions that would potentially adversely impact sites, structures, or objects with historical, cultural, artistic, traditional or religious values or intangible forms of culture (e.g. knowledge, innovations, practices)? (Note: Projects intended to protect and conserve Cultural Heritage may also have inadvertent adverse impacts)	No
4.2	Does the Project propose utilizing tangible and/or intangible forms of cultural heritage for commercial or other purposes?	No
Standard 5: Displacement and Resettlement		
5.1	Would the Project potentially involve temporary or permanent and full or partial physical displacement?	No
5.2	Would the Project possibly result in economic displacement (e.g. loss of assets or access to resources due to land acquisition or access restrictions – even in the absence of physical relocation)?	No
5.3	Is there a risk that the Project would lead to forced evictions?[3]	No
5.4	Would the proposed Project possibly affect land tenure arrangements and/or community based property rights/customary rights to land, territories and/or resources?	No
Standard 6: Indigenous Peoples		
6.1	Are indigenous peoples present in the Project area (including Project area of influence)?	No
6.2	Is it likely that the Project or portions of the Project will be located on lands and territories claimed by indigenous peoples?	No
6.3	Would the proposed Project potentially affect the human rights, lands, natural resources, territories, and traditional livelihoods of indigenous peoples (regardless of whether indigenous peoples possess the legal titles to such areas, whether the Project is located within or outside of the lands and territories inhabited by the affected peoples, or whether the indigenous peoples are recognized as indigenous peoples by the country in question)? *If the answer to the screening question 6.3 is "yes" the potential risk impacts are considered potentially severe and/or critical and the Project would be categorized as either Moderate or High Risk.*	No

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[3] Forced evictions include acts and/or omissions involving the coerced or involuntary displacement of individuals, groups, or communities from homes and/or lands and common property resources that were occupied or depended upon, thus eliminating the ability of an individual, group, or community to reside or work in a particular dwelling, residence, or location without the provision of, and access to, appropriate forms of legal or other protections.

6.4	Has there been an absence of culturally appropriate consultations carried out with the objective of achieving FPIC on matters that may affect the rights and interests, lands, resources, territories and traditional livelihoods of the indigenous peoples concerned?	No
6.5	Does the proposed Project involve the utilization and/or commercial development of natural resources on lands and territories claimed by indigenous peoples?	No
6.6	Is there a potential for forced eviction or the whole or partial physical or economic displacement of indigenous peoples, including through access restrictions to lands, territories, and resources?	No
6.7	Would the Project adversely affect the development priorities of indigenous peoples as defined by them?	No
6.8	Would the Project potentially affect the physical and cultural survival of indigenous peoples?	No
6.9	Would the Project potentially affect the Cultural Heritage of indigenous peoples, including through the commercialization or use of their traditional knowledge and practices?	No
Standard 7: Pollution Prevention and Resource Efficiency		
7.1	Would the Project potentially result in the release of pollutants to the environment due to routine or non-routine circumstances with the potential for adverse local, regional, and/or transboundary impacts?	No
7.2	Would the proposed Project potentially result in the generation of waste (both hazardous and non-hazardous)?	No
7.3	Will the proposed Project potentially involve the manufacture, trade, release, and/or use of hazardous chemicals and/or materials? Does the Project propose use of chemicals or materials subject to international bans or phase-outs? *For example, DDT, PCBs and other chemicals listed in international conventions such as the Stockholm Conventions on Persistent Organic Pollutants or the Montreal Protocol*	No
7.4	Will the proposed Project involve the application of pesticides that may have a negative effect on the environment or human health?	No
7.5	Does the Project include activities that require significant consumption of raw materials, energy, and/or water?	No

ANNEX 2: OFFLINE PROJECT RISK LOG TEMPLATE

#	Description	Risk Category	Impact & Probability	Risk Treatment / Management Measures	Risk Owner
	Enter a brief description of the risk. Risk description should include future event and cause.	Social and Environmental Financial Operational Organizational Political Regulatory Strategic Other	Describe the potential **effect** on the project if the future event were to occur. Enter **probability** based on 1-5 scale (1 = Not likely; 5 = Expected) Enter **impact** based on 1-5 scale (1 = Low; 5 = Critical)	What actions have been taken/will be taken to manage this risk.	The person or entity with the responsibility to manage the risk.
1.	Weak Health Systems	Operational	Sub-optimal servics P = 4 I = 5	A number of components identified to systematically strengthen government health systems. This includes regional technical assistance to strengthen PSM systems; regional laboratory support; regional TA in the field of HIV and TB to strengthen clinical and non-clinical expertise, i.e. including prevention, treatment and care. These investments in health systems beyond HIV and TB programming alone aim to guarantee sufficient implementation capacity in the health sector to ensure effective implementation of TB and HIV services.	Regional Technical Assistance through UNDP Support MOH
2.	Poor sustainability of HIV prevention services and programmes for KPs implemented by CSOs. Currently, civil society in many PICTs is poorly organised and CSOs/CBOs are highly dependent on external donors. Coordination and collaboration with government health services is limited.	Organizatonal Operational	Prevention programmes yby community groups will not be sustained outside of donor funding support P = 4 I = 5	The grant will support investments to strengthen community systems, in particular strengthening the institutional and organisational capacity of CSOs and CBOs. This includes technical assistance and capacity building in the field of project management, human resource management, finance, M&E, strategic planning, partnerships and resource mobilisation. In addition to building staff capacity at CSOs and CBOs, the main focus will be on on-site technical support to strengthen systems of CSOs. The main expected outcome will be strong, resilient CSOs that have the capacity to diversify their funding sources from regional and global donors, thus strengthening sustainability of their programmes and services for KPs. In addition, proposed activities will strengthen partnerships and collaboration between MOHs and public health institutions and CSOs and CBOs. This aims to increase possibilities for future social contracting if CSOs by governments in the region.	Regional Technical Assistance through UNDP Support CBOs / CSOs and MOH
3.	Inadequate human resource capacity in MOH and CSOs to implement key HIV and TB programmes and services.	Organizational Political – greater government commitment towards TB and HIV required	Program inefficiencies occur P = 5 I = 5	The grant will support strategic positions in government and civil society to implement key services. This support will in principle be temporary, and efforts will be made to ensure gradual absorption of these functions by the MOHs in the various countries. Similarly, the investments in CSO institutional capacity aims to strengthen the resource mobilisation capacity and financial sustainability of CSOs	All National and CSO Programme Partners

#	Description	Risk Category	Impact & Probability	Risk Treatment / Management Measures	Risk Owner
	Enter a brief description of the risk. Risk description should include future event and cause.	Social and Environmental Financial Operational Organizational Political Regulatory Strategic Other	Describe the potential **effect** on the project if the future event were to occur. Enter **probability** based on 1-5 scale (1 = Not likely; 5 = Expected) Enter **impact** based on 1-5 scale (1 = Low; 5 = Critical)	What actions have been taken/will be taken to manage this risk.	The person or entity with the responsibility to manage the risk.
4.	Frequent natural disasters in high prone countries (Vanuatu)	Social and Enviromental	Vanuatu is considred to be one of the countries most at risk to natural disasters in the world . Displacement and resettlement creates vulnerabilities for women and children and greater exposure to sexual violence which increase HIV/STI risks amongst women and children. Crowded sheltors also increase risk of TB transmission P = 5 I = 5	National TB and HIV programmes will increases collaboration with national humanitarian partners and/or disaster response teams in country to ensure a swift and targeted response to most affected communities particularly where people have been displaced and are leaving in shelters and crowded settings where risks of sexual violence and TB transmission is high.	Naional TB and HIV Programme Coordinators and in country UNDP Focal Points
5.	COVID 19 Impacts on programme activity implementation	Operational	Travel and movement restriction affects timeliness of activity implementation, the reduced programme coverage (geographical and number of people reached), disruption in supply of health and non health commodities and monitoring and supervision at national and sub national levels and with client follow ups. P = 5 I = 5	HIV and TB services should be regarded as essential services. Continuity of services requires scaling up Differential Service Delivery (DSD) models and multi-month provision of medications, innovative care approaches with community pick-up, use of e-health and m-health technology, community engagement .	National TB/ HIV Programmes and UNDP

Annex B: Minutes of the Local Project Appraisal Committee Meeting
UNDP Pacific Office in Fiji

Date: 12 January 2021

Project(s) Appraised: Multi-Country Western Pacific (MWP) Integrated HIV/TB Project

1. Attendance

LPAC Members:

Name	Title	Organization
Sara Faletoese	Programme Analyst	UNDP Samoa Office
Siula Bulu	PIRMCCM Member and VCCM Chair	Pacific Islands Regional Country Coordinating Mechanism (PIRMCCM) Vanuatu Country Coordinating Mechanism (VCCM)
Filipe Nagera	PIRMCCM Secretariat	Pacific Islands Regional Country Coordinating Mechanism (PIRMCCM)
Renata Ram	Country Director	UNAIDS Fiji Office
Dr Dennie Iniakwala	HIV STI Advisor / COVID Support	World Health Organization
Mahezabeen Khan	Monitoring and Evaluation Analyst	UNDP, Fiji Office

2. Background information on the project presented by….: Multi Country Western Pacific Progamme Manager: Gayane Tovmasyan via email.

Dear Partners of the Global Fund Multi-Country Western Pacific Programme,

This is advise you that in order to formally start the TB/HIV and Malaria Global Fund supported projects, there is a requirement for all projects to undergo UNDP project approval and project quality assessment.

The project document for the two projects have been developed with supporting quality assessment annexes. The preparation of the document was based on the grant submission to TRP which was led by the HIV / TB and Malaria project consultants in consultation and collaboration with all programme partners.

This is to notify you in advance that an email will be circulated by the UNDP Resident Representative Office in relation to above. We would appreciate your support in reviewing the TB/HIV and Malaria Project Documents and confirming endorsement so that the project can formally be registered as a UNDP managed project.

Regards, Gayane
Source: Outlook email dated 22 December 2020

The request for project review and quality assurance had been shared with a panel of five project stakeholders who were all actively involved in the project mapping and design phase. The project document is developed based on the proposal submission to the donor (The Global Fund to Fight AIDS, Tuberculosis and Malaria) for funding support for the 2021-2023 period. Prior to the submission to the Global Fund, the project proposal had being vetted by

all project stakeholders including members of the technical working groups including WHO and UNAIDS representatives as well as members of the Regional Country Coordinating Mechanism (Regional CCM). These are few of the members copied above who are fully aware of the project and its intended objectives. The sixth panel member is the UNDP Suva M&E focal point providing support to the UNDP MWP projects.

3. **Quality Assurance Assessment Report by the Project's QA Assessor (areas of strengths and weaknesses)** Based on the quality assessment report and panels review, the project is of sufficient quality and can be approved in its current form. Management actions as they arise will be addressed in a timely manner as and when required.

1. **Summary of LPAC member comments**
    1) **Dr Dennie**: "APPROVE – the project is of sufficient quality to be approved in its current form."
    2) **Sara**: APPROVE – based on the following assessment.
    ➢ The project design is pertinent and holistic in its approach
    ➢ Challenges presented are evidence based and clear identification of mitigation strategies for project implementation
    ➢ Program M&E Framework and Plan is well defined and structured and Risk Management measures are in place.
    3) **Renata**: APPROVE – the project is of sufficient quality to be approved in its current form.
    4) **Siula**: Approving the project documents as presented.
    5) **Filipe**: Approving the project documents as presented.

2. **Final LPAC recommendation:**

Approved to proceed with project implementation as outlined in the 2021-2023 project document.

LPAC minutes prepared by:
      Ranadi Levula - M&E Analyst, MWP Programme

LPAC minutes are approved by:
      Gayane Tovmasyan - Programme Manager, MWP Programme