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## PROJECT DOCUMENT

[Malawi]

**Project Title: Increasing Covid-19 PPE Access in Malawi (Japan – Malawi Partnership)**

**Project Number:**

**Implementing Partner:** Ministry of Health, JICA, University of Malawi, Malawi University of Science and Technology, Lilongwe University of Natural Resources, Private Sector Manufacturers

**Start Date:** March 2021 **End Date:** March 2022

### **Brief Description**

COVID-19 is more than a health crisis, with far reaching social, economic and political impacts, especially for countries that are resource-constrained and least equipped to cope, like Malawi. Malawi is now experiencing its second wave of COVID-19 and latest updates from the Public Health Institute of Malawi show that the rise in cases is at a much steeper rate than experienced in the first wave. From December 14<sup>th</sup>, 2020 to January 4<sup>th</sup>, 2021, Malawi had similar rates of infection that took four months to reach in the first wave, indicating an infection rate that is eight times what was recorded in the first wave. By the 13<sup>th</sup> of January, Malawi recorded 591 new cases and 21 deaths. Malawi cannot rely on the same response capacities it had in the first wave for this more infectious and more devastating second wave. Without an expansion of its response capacity, Malawi will suffer extensive losses in lives and livelihoods, with negative economic and social effects on the young and vulnerable. With the loss of two cabinet Ministers to COVID 19 on the 11<sup>th</sup> and 12<sup>th</sup> of January 2021. The president of Malawi declared a state of disaster and stated that this could be elevated to a state of emergency if the infection rates and deaths continue to rise as seen.

COVID 19 has been officially declared a disaster in Malawi, a disaster which is further complicated by a weak health supply chain system. The country suffers shortages in the availability of Personal Protective Equipment (PPE) to protect both health workers and the general public. Where these PPEs, such as face masks, are available in the market, they are not affordable to the poor and the vulnerable. Supporting the local manufacturing of PPEs will improve availability for health workers, the poor and vulnerable. UNDP's current efforts is supporting local production of PPEs in Universities and with private companies. This intervention, however, needs more investment to ramp up production to meet the exponential increase in demand for PPEs due to the second wave, especially by frontline health workers.

When we look at the production capacity for PPEs and other COVID 19 supplies in the country, the capacity is insufficient to produce enough products to stem the rate of infections and hospitalizations to prevent deaths. There are gaps in knowledge and skill on production management, sales and marketing, quality assurance which affects production efficiency. UNDP plans to explore opportunities with JICA on similar interventions that JICA has supported in Cameroon and the Central African Republic. In these countries, JICA supported the introduction of the 5s/Kaizen approach to boost production output and quality, something that the effort in Malawi will surely benefit from. In addition, the project will explore collaboration with Japanese companies in the region to learn sales, marketing and market creation strategies for this sector. This will build on current collaborations with Engineers Without Borders (EWB) and the University of Wisconsin (UoW), who are working with UNDP to provide technical assistance in design and production management to

the Universities and the private sector. UNDP has invested an estimated \$250,000 in supporting the local production of PPEs and other COVID 19 supplies.

Supporting the manufacturing of PPEs locally is only half the solution to the shortage problem. A core challenge being the need to strengthen the supply system that guarantees that these PPEs get to health facilities and other benefiting organizations and are judiciously utilized. At the last mile, health workers are responsible for supply chain operations. Managing inventory of products, dispensing these products to patients and record keeping. These tasks are essential to the effective and efficient operation of the supply chain system. There is a gap in both numbers, skills and the availability of tools to adequately and efficiently perform these tasks. UNDP will expand its training program for health workers in basic supply chain management. The training covers last mile functions, tools and practices. The training will reach all cadres of the health sector; medical officers, nurses, Environmental Health Officers and Health Surveillance Assistants (HSAs). UNDP is already collaborating with the Ministry of Health's pharmaceutical and immunization departments on these trainings and has completed trainings in three districts, namely Ntchisi, Blantyre and Rumphi. This intervention will target three more districts to be selected by the Ministry of Health.

Fighting the COVID 19 virus must be a collaborative effort. Dealing with a global pandemic such as this one, requires wide access to information and resources. No single country can mount an effective fight on its own, more so a country like Malawi with significant resource challenges. Promoting coordination and collaborative platforms among participating governments and between in-country organizations provides significant advantages for this effort. The current coordination platforms are weak and disjointed by sector. UNDP will strengthen existing platforms and encourage more players to collaborate and contribute to a unified front against the virus. These platforms create avenues for knowledge sharing, leveraging resources and transparency in interventions. Furthermore, having the Government in the driving seat of these platforms assures donors and partners of government commitment to proposed interventions. UNDP is directly supporting the creation of an advisory board on local production of COVID supplies, with membership from various organizations, regulatory authorities and private sector representatives. UNDP will also co-chair a steering committee on tracking commodities for supply chain improvement. This committee will see to the continuation of the training of health workers at the last mile.

In addition to the interventions above, UNDP's support has included interventions in technology, for contact tracing of COVID cases, to the management of COVID supplies. Further, through its Growth Accelerator (GA) effort, UNDP has reached out to innovators to promote ideas that could help in this fight. UNDP has supported promoting public service advisory messages by key government institutions to provide good information on the virus, its behavior and prevention. Other support includes assistance to Malawian companies to reduce job and market loss, and support to the judiciary set up of mobile courts to fast track cases and reduce congestions in prisons, a high potential for becoming a super spreader location.

The strategies proposed in this prodoc are expected to reach about 80,000 direct beneficiaries in the health sector, of which about 700 are doctors who have the most contact with patients. An additional 60,000 non-health beneficiaries (teachers in schools, prisoners and refugees). For each health worker we keep safe, there is a cascading effect on the number of patients that can receive health services from that health worker. These patients are indirect beneficiaries and we estimate this to be 200 individual patients per month for each of the 700 doctors. We estimate at least, 1,680,000 indirect beneficiaries.

Contributing Outcome (UNDAF):

**Outcome 6:** Men, women and children access high impact comprehensive sexual and reproductive health rights and services

**Outcome indicators:** Education and skills development, health and population, disaster risk management and social support, gender, youth development and persons with disability and social welfare, HIV/AIDS, and nutrition

<b>Total resources required:</b>	1,638,362	
<b>Total resources allocated:</b>		
	<b>JSB 2020</b>	1,388,363
	<b>UNDP</b>	250,000
<b>Unfunded:</b>		

Government of Malawi	Government of Japan	UNDP
Print Name:	Print Name:	Print Name:
Date:	Date:	Date:

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The Gender Marker measures how much a project invests in gender equality and women's empowerment. Select one for each output: GEN3 (Gender equality as a principle objective); GEN2 (Gender equality as a significant objective); GEN1 (Limited contribution to gender equality); GEN0 (No contribution to gender quality)

## I. DEVELOPMENT CHALLENGE

Malawi reported its first cases of COVID 19 on the 2<sup>nd</sup> of April 2020, the number of cases continued to increase going as high as 172 cases reported in a single day by August 2020. From August 2020 the number of cases began to drop and by November 2020 reported cases were in the single digits and less than 5 cases a day. In December 2020 the cases unexpectedly began to rise again and within 2 weeks daily cases were over 100, these case numbers continued to accelerate reaching 591 new cases recorded on the 13<sup>th</sup> of January 2021. This is the highest daily number so far and it's expected to keep rising. The increase in cases coincided with the return of residents during the holiday period and mostly from South Africa which is now experiencing a second wave from a more infectious strain of the virus. With limited access to test kits and limited testing facilities, the number of cases are estimated to be much higher in the population than recorded. There is strong likelihood that the caseloads will continue to increase at a much faster rate than seen in the first wave.

The first wave put a lot of strain on an already fragile health system and Malawi is unprepared for a second wave, more so a second wave from a strain that is more infectious and more aggressive. In a press statement by the Presidential Task Force on COVID-19, the number of admissions in hospitals due to COVID-19 increased by almost 40% in a single day. The Malawian health system is unprepared to deal with this kind of rise in disease burden and a sudden increase in the need for health services. If the rate of infections and hospitalizations continues to rise as we are seeing today, it could completely overwhelm the health system.

On the 12<sup>th</sup> of January the president of Malawi declared a state of national disaster, following the deaths of two cabinet Ministers from COVID 19. The president has expressed that if the rate of infection continues to increase this could be elevated to a state of emergency.

From health advisories from the WHO and the Ministry of Health, we know that the first line of defense against COVID 19 is the use of PPEs to protect health workers and the general public. The use of PPEs is one of the most effective measures to stop the spread of the COVID 19 virus. With increase in the demand for PPEs from the second wave, the country is facing a shortage in PPEs. At the current rate of infection, the demand for PPEs is expected to increase even further both by frontline health workers and the general public. Therefore, ensuring the availability of PPEs is a key intervention to reduce in infection rates. It is imperative that the country can meet this demand, especially in the delivery of public services including health services. UNDP is currently supporting universities and local private companies to produce PPEs and make them available. This intervention needs further support of production capacity to increase and meet the increased demand for PPEs and Other COVID supplies.

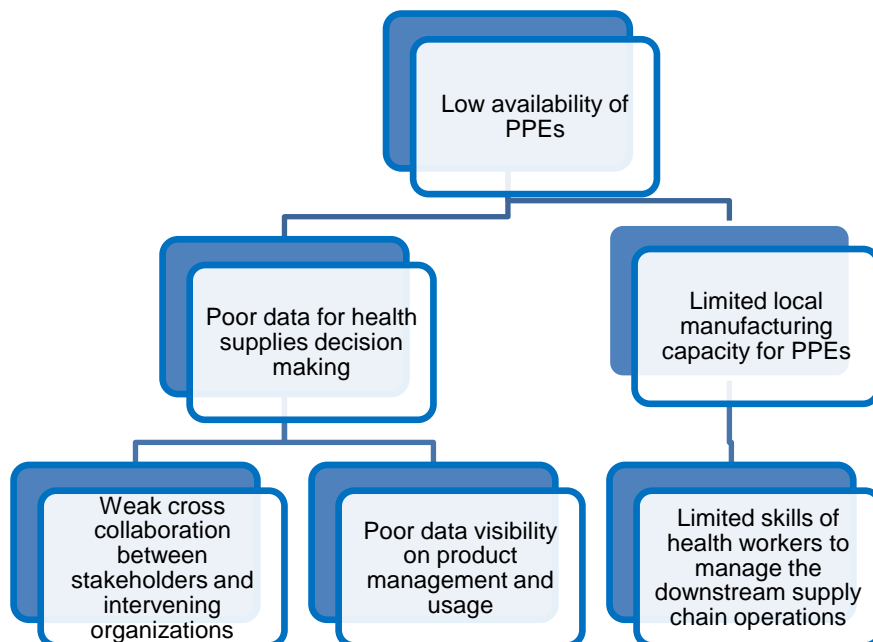
While UNDP has supported universities and private companies to start the local production of PPEs, these PPEs need to be produced to certain standards and prescribed levels of quality assured. UNDP has promoted partnerships with organizations like Engineers Without Borders (EWB) and University of Wisconsin (UoW) to support universities in Malawi and private sector companies in production management and quality control. This collaboration has exposed the universities in Malawi to repositories of designs and expert advise on manufacturing and production management. This is however, not enough as gaps still exist in quality assurance, sales and marketing. After production, there is need for a space where demand and supply can interact for these products. The expertise on how to take products like these to market, assuring quality through production, to the point of sale is needed.

Beyond increasing the production capacity for PPEs, there is an added task of ensuring that the produced PPEs can be moved from points of production to points of use. This highlights the need for a robust and effective supply chain system. Malawi operates an integrated health supply chain system through which all health products are warehoused and distributed to health facilities. The

supply chain has a corresponding information system that collects, collates, analyzes and presents information for decision making. The management of health commodities, and the recording and reporting of the required information is carried out by health workers, especially at the last mile. Training on the Logistics Management Information System (LMIS) is integrated with the health supply chain trainings and was only targeting pharmacy personnel and drug store clerks. The Ministry of Health with support from UNDP has identified this as a gap, realizing that about 80% of health workers that dispense medicines and use health supplies at the last mile are not of the pharmacy cadre. UNDP has initiated basic logistics training to all health workers involved in the storage, distribution and dispensing of health products including COVID supplies. These trainings have covered three districts so far; Blantyre, Ntchisi and Rumphi with over 700 trained health workers. More districts need to be trained on basic supply chain management and increase the understanding of the supply cycle and component functions.

Collaboration provides opportunities to spread risk, leverage resources and share information. In the wake of the COVID pandemic, several platforms have been setup to coordinate stakeholders and present a unified front in the fight against the virus. On the product management side, a task force on COVID 19 essential supplies was setup, led by the Ministry of health and membership from various organizations like Clinton Health Access Initiative (CHAI), UNICEF, WHO, WFP, Médecins Sans Frontières (MSF), U.S. Agency for International Development (USAID), UNFPA and UNDP. UNDP is also supporting the establishment of an advisory board on the effort to establish and expand local production capacity, this board is led by a university coalition council and has membership from stakeholders like WHO, UNDP, UNICEF, USAID, MSF, Christian Health Association of Malawi (CHAM), private sector representatives. Currently the discussions from these groups are absorbed independently and not linked as a demand and supply discussion on the same issue. UNDP will leverage participation in these platforms to promote information sharing and leverage results. This collaborative opportunity can be expanded to include other governments to leverage more resources.

The problem tree that the project seeks to address is summarized as follows:



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## II. STRATEGY

This project supports Malawi's strategy which is implementing a two-pronged approach to ensuring the availability of PPEs at health facilities and other non-health institutions that need these supplies; increasing the local capacity to produce PPEs, thereby improving the availability of PPEs and strengthening the supply chain system through capacity building for last mile health workers.

This support has identified four strategic areas of intervention to improve the availability and access to PPEs.

To improve the availability of PPEs, UNDP will support universities and private local companies to increase their production capacity. Specific interventions under this area includes the supply of manufacturing equipment to universities, vocational institutions and local companies. The provision of equipment will be based on the results of assessment of current capacity and ability for expansion. These organizations and companies will be mentored on how to develop and manage expansion plans and sustain the growth they make. This will build on current efforts by UNDP to establish and promote local production of PPEs with universities and local organizations.

Further support to local production entities, in building their capacities to assure quality and improve production output is also required. UNDP plans to explore a collaboration with JICA, drawing from what JICA has done in Cameroon and the Central African Republic (CAR). JICA supported similar efforts in these countries and exposed local production companies to the 5s/Kaizen approach to production quality assurance and increased output. This presents an advantage for Malawi, to also learn the 5s/kaizen approach and add this to other improvements from partnerships with other organizations. UNDP has promoted partnerships with EWB and UoW to support especially universities with access to designs and management of the production floor. UNDP will also explore opportunities to collaborate with Japanese companies in the region to share knowledge on sales and marketing strategies as the start to creating a new market for new products in the medical supplies sector.

The strategies above target the availability challenge, once these products are available, there is the challenge of access. Access is ensured by an effective and efficient supply chain system. The effectiveness and efficiency of the supply chain is dependent on the quality of data passing through the supply chain and informing supply decisions. UNDP will be supporting last mile health workers by providing training in basic logistics and supply chain management. These trainings will target last mile health workers, especially Nurses, Environmental Health Officers, and Health Surveillance Assistants. This will expand the trainings to three more districts and will bring the total number of districts covered to six. UNDP has completed similar trainings in Blantyre, Rumphi and Ntchisi districts. The trainings will improve the skill of health workers to manage both products and information. The information generated from the last mile can inform both resupply decisions and manufacturing outputs.

UNDP will promote information sharing among working groups in order to crystalize discussions on the demand side of the equation and the supply side of the equation. Having these discussions continue in parallel creates a disconnection that can lead to wastage and a supply of products with out demand. UNDPs support to the collaborative platforms will also promote ownership and make

investments sustainable. The project will aim to promote visibility of its interventions and show the partnerships between the participating governments and the UN.

This project will be led by the Ministry of Health with support from various partners in the health sector. Technical Working groups have been setup to facilitate collaboration towards the goals of building local production capacity and ensuring the availability of essential COVID supplies. These groups have government counterparts and partners as members. The PPE production effort is led by an advisory board with stakeholders from the Universities, National commission of Science and Technology (NCST), Ministry of Health, UNDP, WHO, UNICEF, regulatory bodies and health workers. Other partners like JICA, USAID, The Department for International Development (DFID) and KfW are being approached to join the advisory board.

Within UNDP, the project will be supported by a collaborative team of project managers and led by the Deputy Resident Representative for programs. UNDP Malawi has a robust financial management system and human resources at both central and district level to ensure delivery of project objectives. A workplan as part of this project document ensures the project stays within its prescribed scope, cost and time. In addition, UNDP will recruit JPO and UNV positions, for Japanese nationals. These positions will be engaged as project management assistants with administrative, financial, communications and technical tasks.

## **Theory of Change**

*The project presupposes that:*

If there is an increase in production of PPEs to meet demand;

If manufacturing points are supported with supply chain skills and capacity to warehouse and distribute PPEs

If users of the health supply chain system are trained on the effective management of PPEs

*Then:* Access to PPEs and other COVID-19 supplies will increase and health workers and the general public will be better protected against COVID-19 contributing to outcomes and achievements of the SDGs and MGDS III objectives.

*This is because:*

The increased production of PPEs and a robust supply system to support its distribution and use will ensure availability and reduce wastage of resources.

The increased production of PPEs and a robust supply system to support its distribution and use will reduce exposure of health workers and the general public to the COVID-19 virus

The increased production of PPEs and a robust supply system to support its distribution and use will establish systems that reduce the dependency of the country to external producers.

The project establishes systems that build local capacity to make medical supplies available when needed.

### III. RESULTS, PARTNERSHIPS AND KEY THEMES

The project aims to support human security by scaling up access to and improving supply and management of PPE and other COVID-19 supplies for essential health care workers and front-line staff in social service, retail, and informal sectors. With four main expected results expected to impact **80,000 direct beneficiaries and 1,680,000 indirect beneficiaries.**

The project proposes four main objectives:

1. Scale up domestic manufacturing of PPEs and other COVID 19 supplies, through improved partnerships with the private sector, vocational and educational institutions, to reduce transmission risk of COVID-19.
2. Expose of local PPE producers to capacity building opportunities to improve production quality and output
3. Strengthen the supply chain system by training health workers to manage and judiciously utilize PPEs and other COVID-19 supplies through
4. Improve collaboration among stakeholders across various COVID 19 collaborative platforms.

The project is aligned to the UNDP Strategic Plan (2018-2021) Outcome 2: *Accelerate structural transformation for sustainable development.*

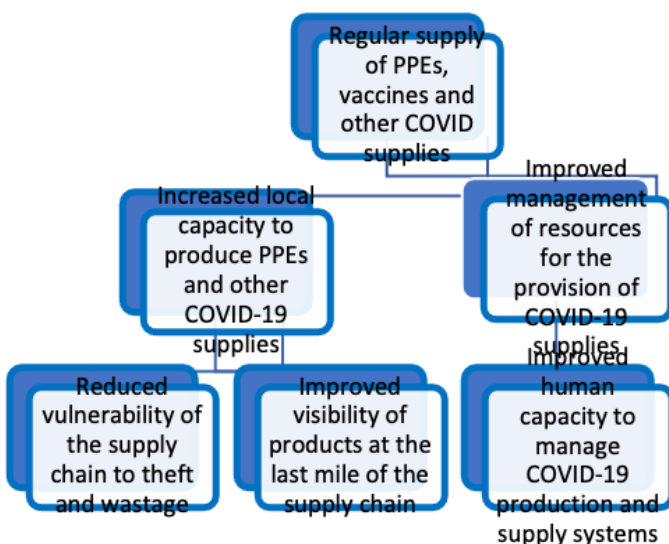
The project is also aligned to SDGs 3 and 16 as follows:

SDG3: *ensure healthy lives and promote well-being for all at all ages*

SDG 16: *promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels.*

The project will further contribute to the achievement of UNDAF Outcome 1.1: *By 2023, rights holders in Malawi access more accountable and effective institutions at the central and decentralized levels that use quality disaggregated data, offer integrated service delivery and promote civic engagement, respect for human rights and rule of law.*

The Solution Tree is illustrated in Figure 2





## Partnerships

To enhance UNDP's efforts to increase local production capacity, UNDP will look to partner with organizations such as JICA and Japanese companies in the region to get involved in this effort. We will aim to pull on similar efforts by JICA in Cameroon and Central African Republic, to apply the 5s/Kaizen approach to improving production output and quality. We shall also explore opportunities to draw on the sales and marketing expertise from the Japanese companies.

In addition, UNDP will draw on its ability to connect knowledge and experiences across countries to support the implementation of this project. An important advantage lies with a collaborative effort with EWB and UoW, who have supported the development of local production capacities in other developing countries. Further advantages exist in collaboration with other development partners including but not limited to USAID, DFID and KFW. UNDP will leverage its ongoing support to the COVID-19 task force on essential supplies and the local production advisory board in coordination with other UN agencies and partners, to create a production and supply system that meets the demand for COVID-19 supplies.

UNDP will also ensure strong coordination with other key stakeholders involved in efforts to improve supply and availability of COVID-19 supplies. These include, but are not limited to, WHO, UNICEF, The Global Fund, CHAI, MSF and other partners in the health sector. Most of these organizations are members of the local production advisory board alongside various departments of the Ministry of Health, as well as faculty of the universities involved in this effort.

## ***Risks and Assumptions***

Key potential risks that would hinder successful implementation include:

- Weak government leadership on the local production advisory board.  
Government ownership is key to the sustainability agenda of the project. UNDP plans to keep government engaged by keeping the progress and results of the project in the media and as part of routine bilateral discussions.
- Lack of funding availability for the full project duration and beyond.  
Availability of funding is necessary to achieve results as the project has significant procurement costs for equipment and services. UNDP will continue resource mobilization efforts to ensure continued availability of funds
- Insufficient human resource capacity.  
Shortage of human resources in the public service is a risk, they are vacancy gaps in the government establishment. The introduction of digitizing tools will improve the output capacity of current personnel while advocacy efforts will continue to the government to fill more positions
- Possible closure of land and air borders will pose a challenge to access to raw materials causing delays in production outputs  
Though manufacturing will happen in Malawi, some materials need to be sourced internationally. The project will take advantage of the times when the borders are open to obtain these materials in bulk so as to assure their availability when needed and shore up against longer lead times when borders are closed to human movement.
- Use of power generating plants to compliment public power supply may drive up the overall cost of production.

Erratic power supply is a risk to the operation of equipment and production. Manufacturers will be engaged to consider cheaper and sustainable power options where applicable, negotiations with the electricity supply company to consider a day-time preferred load shedding arrangement.

A complete risk log can be viewed in the appendix.

### ***Stakeholder Engagement***

**MDAs:** Ministry of Health, JICA, University of Malawi, Malawi University of Science and Technology, Lilongwe University of Natural Resources

**Private Sector:** Private Sector Manufacturers, Japanese companies active in the region

**UN Agencies:** WHO, UNICEF

**Civil Society Organizations:** Malawi Health Equity Network (MEHN), Malawi Economic Justice Network (MEJN)

**Development Partners:** Global Fund, Gavi, USAID, DFID, Norway, Germany

### ***South-South and Triangular Cooperation (SSC/TrC)***

The project will explore possibilities of working with and learning from countries in the region that have implemented similar projects with support from JICA and applying the 5s/Kaizen approach to improve production output. Specifically, we shall be exploring this with Cameroon and the Central Africa Republic where this has been done with the support of JICA.

### ***Sustainability and Scaling Up***

This project is designed with a long-term view to ensure sustainability and, ultimately, eventually transition to full national ownership. Being a project focused on establishing and improving approaches to the manufacturing of PPEs, we see a demand that can be met primarily by local production. This project positions Malawi to be ready to deploy PPEs for use by health workers and the public. Beyond the pandemic the need for PPEs for routine health service delivery will remain and these production houses will continue to serve the sector. In addition to extending production lines for these products, there is the contribution to economic empowerment through employment especially for young people and women.

Once the cycle of supply and demand kicks in, the seed that this project will inject shall now be sustained by revenues from regular sales of PPEs to governments, donors, NGOs, schools and possibly exportation to other countries in the region.

A key element for supporting national ownership is having transition plans in place early on.

The capacity building activities of the project aim to ensure that though partnerships continue with organizations like EWB and UoW, the relationships will become more symbiotic and less dependent. Malawi will be able to transfer knowledge obtained to more companies as they come into the sector and to other countries in the region.

## Key themes

### ***COVID-Response & Recovery***

The project will ensure the availability of PPEs, which is the first line of defense for health workers and the general public from the COVID-19 virus. The effort to develop and scale up local production of PPEs has an economic impact on job creation and reduced dependency on imported products, especially in times where access to the global markets for PPEs are hindered. Strengthening of the supply chain system guarantees availability at the last mile beyond production of PPEs. The same supply chain will prove even more useful when Malawi is ready to administer the COVID vaccine.

### ***Human Security (HS) approach***

The Government of Malawi, through the Ministry of Health, aims to ensure access to health care for all Malawians<sup>2</sup>. Majority of Malawians cannot afford paid health care and depend on the government's free healthcare services available in public health facilities. These health facilities are already stretched and strained beyond capacity. Therefore, a sudden rise in the need for health services, as we have seen in other countries ravaged by COVID, and as we are seeing now in Malawi, can easily lead to a humanitarian crisis. The project, by providing PPEs and COVID-19 supplies while ensuring the effective management and use of these supplies, is positioned to mitigate this by supporting the government to ensure health workers as well as the general public are protected.

### ***Humanitarian-Development-Peace Nexus (New Way of Working)***

The COVID-19 pandemic further worsens the plight of refugees all over the world. Refugee camps are typically crowded with limited access to living and medical supplies. In Malawi, the Dzaleka camp, run by UNHCR has over 47,000 refugees and over 70% of them are women and children. The PPEs that will be available will be targeted at these vulnerable populations in this camp. UNDP will be working directly with UNHCR personnel to support availability of produced PPEs in the Dzaleka refugee camp.

### ***NAPSA (New Approach for Peace and Stability in Africa)***

The vulnerability of youth to violent extremism is due to many factors, one of which is the unavailability of economic empowerment opportunities. The spread of the corona virus has led to government lockdowns which have been met with protests from the public. These lockdowns affect economic activities, and with dwindling livelihoods, young people may become prone to violence and criminality. Stopping the spread of the corona virus can promote peaceful communities. In addition, this project will contribute to supporting entrepreneurship and job creation in partnership with the universities, vocational institutions and NGOs.

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<sup>2</sup> <https://www.malawi.gov.mw/index.php/parliament/government-ministries>)

## **IV. PROJECT MANAGEMENT**

### **Reporting**

UNDP will submit four final reports to the Government of Japan; a mid-year narrative and financial report, and an end-of-project narrative and financial report. The final narrative report will be submitted within three months after the project end date. Prior to the official submission to the GoJ, the internal clearance of report is required by RBA TICAD Unit. Reporting shall align with the Results Framework described below, outlining achievement of specific indicators and measurable targets. Upon project completion an independent evaluation and audit shall be commissioned by UNDP for submission to Japan. Any remaining balance at the end of the budget shall be refunded to GoJ.

### **Monitoring**

A project monitoring plan based on the results framework will be implemented throughout the life cycle of the project. The monitoring plan will cover the monitoring of both technical activities and financial management activities. The purpose of the monitoring plan will be;

- To ensure the project stays within prescribed parameters of scope, cost and time
- To identify and mitigate possible risks that may occur during project implementation
- To provide an Early Warning System (EWS) for external factors that may impact the implementation of the project

Project monitoring, like implementation, will be carried out with government counterparts who will provide leadership, with UNDP and partners like JICA, which is playing a supportive role.

### **Communication and Visibility**

UNDP in collaboration with its implementing partners will develop a communication and visibility action plan for the duration of the project detailing how Japan's support will be recognized through partnership engagement, use of various communication channels i.e. press statements, project launching ceremony, publications, joint monitoring missions to project sites, outreach activities to beneficiary communities and sectors, and mention Japan's contribution to Country Office-managed websites as well as in speeches, brochures, visual materials, and other media outlets.

This communication strategy will serve as an advocacy tool to canvass for more resources from other donors to support further project expansion. The communications activities and the execution of the communications plan will be handled by UNDP's CO communications team.

In addition, the communication plan for the Japan – Malawi – UNDP Partnership for COVID-19 Response will be incorporated into the Government's and UNDP's wider advocacy strategies relating to COVID-19 prevention and response, including video production to showcase the partnership and to raise public awareness on proper use of PPEs.

A detailed communications strategy will be developed in collaboration with stakeholders. It is expected that the strategy will include:

- Press briefings on the program's achievements
- Development of knowledge products

- Stakeholder workshops to maintain stakeholder engagement and outreach respecting the results of the program.

**V. RESULTS FRAMEWORK<sup>3</sup>**

EXPECTED OUTPUTS	OUTPUT INDICATORS	DATA SOURCE	BASELINE		TARGETS						COMMENTS	
			Value	Year	2021			2022				Final
					Q2	Q3	Q4	Q1				
<b>Output 1:</b> Manufacture and distribute 342,000 face masks, 100,000 face shields and 1,500 no-touch hand-washing stations.	1.1 Number of innovative designs for locally produced PPEs and COVID supplies finalized.	Project routine reports	0	2020	3			0			3	Innovative designs will be completed in the first year of implementation. The rest of the first year and second year will be for production and capacity building
	1.2 Number of COVID supplies and equipment produced local:	Project routine reports										
	<ul style="list-style-type: none"> <li>Face shields</li> </ul>		5000	2020	85000			15000			100000	
	<ul style="list-style-type: none"> <li>Face masks</li> </ul>		50000	2020	290,700			51,300			342,000	
<ul style="list-style-type: none"> <li>Touchless hand washing stations</li> </ul>		100	2020	1200			300			1500		

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

	1.3 Number of COVID supplies and equipment distributed to beneficiaries	Reports	0	2020				
	Face masks				290,700	51,300	342,000	
	Face shields				85000	15000	100000	
	Touchless hand sanitizing stations				1200	300	1500	
	1.4 Number of women engaged / employed in the local production of PPEs	Project routine reports	0	2020	50	20	70	
<b>Output 2:</b> Technical assistance and training targeting private manufacturers, universities, and vocational colleges for quality assurance and production Management	2.1 Number of people trained in approaches to disaster recovery	Training reports	0	2020	Female: 20 Male 30 Total: 50	0	50	
	2.2 Number of institutions, companies and organizations who received technology transfer skills through technical assistance	Reports	0	2020	50	50	0	
<b>Output 3:</b> Increased number of health workers trained in health product supply management	3.1 Number of health workers trained on basic supply and logistics management of health products	Reports	700	2020	Female: 100 Male: 200 Total: 300	Female:50 Male: 50 Total:100	400	At the end of the project Malawi's health sector will have up to 1,100 health workers trained in supply and logistics management of health products

<b>Output 4:</b> Improved collaboration across working groups on COVID 19 and Trilateral Partnerships between GoJ, GoM and the UN	4.1 Number of working groups collaborating with each other on COVID supplies improvement	Meeting Reports	0	2020	2	0	2	
	4.2. Number of media engagements organized to showcase partnerships and promote project visibility	Media Reports	0	2020	1	0	1	

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**VI. MULTI-YEAR WORKPLAN**

## VII. WORKPLAN

Expected outputs	Activities	Unit Cost (\$)	Qty	Amount	2021	2022	Notes
					Q2, Q3, Q4	Q1	
<b>Output 1: Manufacture and distribute 342,000 face masks, 100,000 shields and 1,500 no-touch hand-washing stations.</b>	<b>1.1 Service contracts for project team, external technical assistants, and engineering service providers.</b>						Contract with external business and supply chain consultants for demand-based* assistance to local manufacturers as required.
	1.1.1 Expert Consultants	30,000	1	30,000	20,000	10,000	Contract with BDS provider for demand-based* technical assistance in branding, business plans, and distribution.
	1.1.2 Business Service Providers	40,000	1	40,000	30,000	10,000	* as demand-based output contracts, any unused funds will be allocated to production of PPEs.
	<b>1.2 Engage a wide range of local manufacturers to ramp up PPE production capacity</b>						
	1.2.1 Conference Facilities	50	110	5,500	5,500	0	Conference facility: based on average cost/person for mid-size conference facility.
	1.2.2 Delivery of in-person and remote training	4,000	3	12,000	12,000	0	Remote training and mentorship (\$5,000); travel by service providers (\$3,000); remote IT costs (\$4,000)
	1.2.3 Direct procurement by UNDP of manufacturing inputs, equipment, and materials by leveraging UNDP's bulk purchasing power						
Face Masks	1.5	342,000	513,000	436,050	76,950	This cost shall cover the procurement of 342,000 cloth facemasks at \$1.5 per mask	

Expected outputs	Activities	Unit Cost (\$)	Qty	Amount	2021	2022	Notes
					Q2, Q3, Q4	Q1	
	Face Shields	2.5	100,000	250,000	212,500	37,500	This cost shall cover the procurement of 100,00 face shields at \$2.5 per shield
	Foot operated handwash machines	85	1,500	127,500	108,375	19,125	This cost shall cover the procurement of 1,500 foot-operated handwashing stations at \$85 per station
	Transport and Distribution Cost	14,588	1	14,588	12,400	2,188	This cost shall cover contracting transport and distribution services for procured PPEs to identified institutions and groups.
	<b>Subtotal</b>			<b>992,588</b>	<b>786,825</b>	<b>135,763</b>	
<b>Output 2: Technical assistance and training targeting private manufacturers, universities, and vocational colleges for quality assurance</b>	<b>2.1 Provide regional and/or international manufacturing expertise to universities, private sector and vocational technical colleges to facilitate process and production improvements to meet volume targets and quality standards of WHO for various applications of PPEs.</b>						
	2.1.1 Consultation fees for biomedical engineers	10,000	3	30,000	30,000	0	Contract with Engineers Without Borders to assign biomedical engineers (\$300/day x 100 days over project period)
	2.2.2 Training in high-quality, high volume PPE production: consultants fees for preparing training materials and delivery (rate per day)	300	66	19,800	15,000	4,800	Hands-on training of trainers by manufacturing experts (\$300/day x 66 days); includes tailored 2-week training module
	<b>Sub-total</b>			<b>49,800</b>	<b>45,000</b>	<b>4,800</b>	
<b>Output 3: Increased number of health</b>	<b>3.1 Conduct training of health workers on basic logistics management of health products</b>						
	Trainings will target 400 health workers at the last mile. Trainings will last for 3 days and a total of 10						

Expected outputs	Activities	Unit Cost (\$)	Qty	Amount	2021	2022	Notes
					Q2, Q3, Q4	Q1	
<b>workers trained in health product stock management and dispensing</b>	3.1.1 Conference Package for trainees (3 days)	135	400	54,000	54,000	0	batches of trainings will be held in various locations
	3.1.2 DSA for trainees (3 days)	180	400	72,000	72,000	0	
	3.1.3 Fuel and Transport Reimbursements	30	400	12,000	12,000	0	
	3.1.4 DSA for Trainers (6 trainers for 15 days)	135	90	12,150	12,150	0	
	<b>Sub-total</b>			<b>150,150</b>	<b>150,150</b>	<b>0</b>	
<b>Output 4: Improved collaboration across working groups on COVID 19 and Trilateral Partnerships between GoJ, GoM and the UN</b>	<b>4.1 Visibility of Japan-Malawi-UNDP Partnership</b>						
	4.1.1 Support combined working group meetings with representation from lower levels	3,000	2	6,000	3,000	3,000	Support two collaborative meetings between the COVID manufacturing advisory board and the essential supplies task force.
	4.1.2 Convening publicity events to showcase results of Japan partnership, including events with H.E. Ambassador of Japan to Malawi, representatives of the Government of Malawi, and UNDP (print media costs: \$ 400/banners, \$10/brochures, \$560/press release in papers, newsletters, media houses transport cost)	3,000	2	6,000	3,000	3,000	

Expected outputs	Activities	Unit Cost (\$)	Qty	Amount	2021	2022	Notes
					Q2, Q3, Q4	Q1	
	4.1.3 Design, procure and circulate project visibility materials to promote the visibility of the project, the partnership with national authorities, and public awareness on proper use of PPEs:						Printing and media releases (\$3,000); launch event (\$2,000); media coverage (\$1,500), including travel allowance for media officers (\$1,000); video and social media production (\$7,000)
	4.1.3a Printing services	5,000	1	5,000	5,000	0	
	4.1.3b Project launch	2,000	1	2,000	2,000	0	
	4.1.3c Media coverage	1,500	1	1,500	750	750	
	4.1.3d Social media and video production	7,000	1	7,000	3,500	3,500	
	<b>Sub-total</b>			<b>27,500</b>	<b>17,250</b>	<b>10,250</b>	
	<b>Total Programme Costs (Outputs 1 to 4)</b>			<b>1,220,038</b>			
UNDP Direct Project Cost	Program Analysts @ 15% of \$52,572 each	7,886.55	2	<b>15,773.1</b>			
	Procurement Officer @ 15% of \$48,326	7,248.9	1	<b>7,248.9</b>			
	Administrative Associate @ 20% of \$14,902	2,980.4	1	<b>2,980.4</b>			
	Finance Officer @ 10% of \$48,326	4,832.6	1	<b>4,832.6</b>			

Expected outputs	Activities	Unit Cost (\$)	Qty	Amount	2021	2022	Notes
					Q2, Q3, Q4	Q1	
	Direct Project Costs for Analysts x2 (15%); Finance Officer (10%); Procurement Officer (15%); Administrative Associate (20%); travel (\$15,000); equipment (2 laptops); spot-checks and audit (\$6,000)						
	Quarterly Spot Checks (DSA)	135	72	9,720			
	Quarterly Spot Checks (Transportation) Fuel costs	1.22	10,000	12,200			
		<b>Subtotal</b>		<b>1,272,793</b>			
		<b>GMS (8%)</b>		101,823			
		<b>UNRCO Levy (1%)</b>		13,746			
		<b>TOTAL</b>		<b>1,388,362</b>			

## RISK LOG

Description	Type	Risk Probability a scale of 1-5 (5 being highest)	Risk Impact a scale of 1-5 (5 being highest)	Counter measures	Status
<ul style="list-style-type: none"> <li>Weak government leadership on the local production advisory board.</li> </ul>	Political, organizational	1	4	UNDP plans to keep government engaged by keeping the progress and results of the project in the media and as part of routine bilateral discussions.	Ongoing
<ul style="list-style-type: none"> <li>Lack of funding availability for the full project duration and beyond.</li> </ul>	Operational, strategic, organization	1	4	UNDP will continue resource mobilization efforts to ensure continued availability of funds	Ongoing
<ul style="list-style-type: none"> <li>Insufficient human resource capacity.</li> </ul>	Political, Strategic	3	3	Introduction of digitized tools will improve the output capacity of current personnel while advocacy efforts will continue, to the government, to fill more positions	Ongoing
<ul style="list-style-type: none"> <li>The Possible closure of land and air borders will pose a challenge to access to raw materials causing delays in production outputs</li> </ul>	Political, Strategic	2	2	The project will take advantage of the times when the borders are open to obtain these materials in bulk to assure their availability when needed and shore up against longer lead times when borders are closed to human movement.	Ongoing
<ul style="list-style-type: none"> <li>Use of power generating plants to compliment public power supply may drive up the overall cost of</li> </ul>	Operational, Strategic	2	2	Manufacturers will be engaged to consider cheaper and sustainable power options where applicable	Ongoing