



**Empowered lives.
Resilient nations.**

Capacity Development in Health Project

**2015 Annual Work Plan
(January – December)**

This project is a continuation of the Capacity Development in Health Project that was originally called 'Improving the Quality of Health Services in Malawi'. The goal of the project is to improve the capacity of health workers to deliver quality health services in Malawi. This entails providing UNV technical assistance to be deployed in central and district hospitals. This will be achieved through the following outputs:

- Output 1: UNV doctors have increased coverage of the expanded Essential Health Package interventions in Central, District and CHAM hospitals by 2015.
- Output 2: The College of Medicine, Kamuzu and Queen Elizabeth Central Hospitals are able to deliver specialist training to strengthen the performance of the health system in obstetrics, physiology and surgery by 2015.
- Output 3: Three Central hospitals establish specialized units for obstetrics, cardiology and oncology disease conditions by 2015.
- Output 4: Effective and efficient project management provided.

2015 AWP Budget: US\$300,000	2015-2016	Program Period:
Total allocated (OPTAM): US\$180,000	00071921	Award ID:
	01/01/2015	Start date:
	31/12/2015	End Date:

Country: Malawi

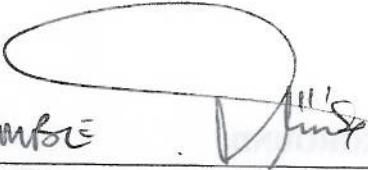
UNDAF Outcome (4.2):	Public Institutions are better able to manage, allocate and utilize resources for effective development and service delivery by 2016
Specific UNDAF Output (4.2.1):	Capacity for public sector management strengthened for effective service delivery
Expected UNDAF-AP output (4.2.1) indicator:	Number of specialist medical doctors and GPs in each central and district hospital
Implementing Partner:	Ministry of Health
Responsible Parties:	UNDP, National Aids Commission (NAC), Medical Council of Malawi (MCM), United Nations Volunteer Unit

Narrative summary

This project is a continuation of the Capacity Development in Health project that was originally called Capacity Replenishment in the Ministry of Health in Malawi at its initial stage in 2004. The goal of the project is to improve the Capacity of the Ministry of Health to deliver quality health services in Malawi. This entails recruiting UNV specialist doctors and general practitioners to be deployed in central and district hospitals. This will be achieved through the following outputs:

- **Output 1:** UNV doctors have increased coverage of the expanded Essential Health Package interventions in Central, District and CHAM hospitals by 2016.
- **Output 2:** The College of Medicine, Kamuzu and Queen-Elizabeth Central Hospitals are able to deliver specialist training to strengthen the performance of the Health System in anesthesia, physiotherapy and surgery by 2016.
- **Output 3:** Three Central hospitals establish specialized units for physiotherapy, cardiology and oncology disease conditions by 2016.
- **Output 4:** Effective and efficient project management provided.

Program Period:	2012-2016	2015 AWP Budget:	US\$300,000
Atlas Award ID:	00071951	Total allocated (GFTAM):	US\$300,000
Start date:	01/01/2015		
End Date:	31/12/2015		

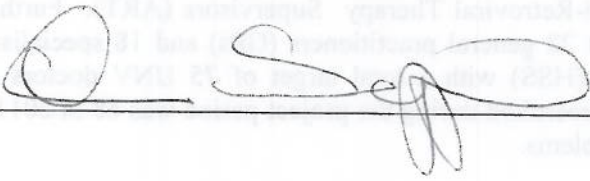
Secretary for Health: C.V. KANG'OMBE 

SECRETARY FOR HEALTH
2015-01-29
LILONGWE

Date: 28-01-2015

Lilongwe, Malawi

Approved by UNDP:

Signed 

Date: 29/1/15

Lilongwe, Malawi

I. BACKGROUND

One of the main priority areas in the MGDS is the delivery of quality health services. During the past eight years, the Ministry of Health (MOH) has undertaken various health service delivery initiatives as one way of improving access to health services mainly under the Essential Health Package (EHP). However, one of the key challenges in providing the EHP is the high vacancy rates for critical health professionals particularly doctors. In response to this, the Ministry developed the Emergency Human Resource Plan in 2004 to increase output of training colleges for doctors and other health personnel. In addition, volunteer medical doctors were planned for and recruited to help address the high vacancy rates and also for capacity building of local medical personnel.

Recruitment of UN Volunteer medical doctors started in 2004 through the Southern Africa Capacity Development Initiative (SACI) with the deployment of the first 9 UNV Medical Specialists. UNDP's collaboration with MOH was enhanced in 2007 when GOM, through the Global Fund to fight against AIDS, Tuberculosis and Malaria (GFTAM), provided some funding to UNDP for the recruitment of 30 General Practitioners (GPs), and 5 Anti-Retroviral Therapy Supervisors (ART). Further support was provided through the GFTAM to recruit 22 general practitioners (GPs) and 18 specialist doctors (SPs) under the Health Sector Support grant (HSS) with a total target of 75 UNV doctors by June 2012. However, the highest number of doctors recruited during the project period was 68 in 2011. This number started to decline because of funding problems.

In 2014, a total of \$2,443,759 was made available. Of this amount, \$1,675,978 was a "once-off" cost sharing contribution from the Royal Norwegian Embassy (RNE). The remaining \$767,781 was contribution from the Government of Malawi under the National AIDS Commission Rolling Continuation Channel (RCC) Grant. These funds were made available to retain the current level of 44 doctors largely deployed in central hospitals.

In order to put the project on a sustainable path, early this year, the Ministry in collaboration with UNDP and led by the World Health Organization (WHO) initiated an "Exit/Retention Strategy" for the Project. This Strategy was prepared as a way of mobilizing funds. It was observed that the Ministry of Health will need medical doctors, especially specialist doctors, for the next five years, up to and including 2019. The cost of recruiting and deploying these doctors was estimated at approximately \$13 million. However, efforts to mobilize these funds proved futile. As a result, a decision was made at the September 2014 Board Meeting not to renew the existing contracts. In other words, it was agreed that all doctors should run their contracts to expiry dates. As a result, 25 doctors will be repatriated by December 31, 2014. Others, whose contracts were to expire in 2015, resigned due to uncertainties. Only 12 doctors are expected to run down their contracts between January and July 2014.

II. 2015 WORK PLAN BUDGET

The 2015 Work Plan, which covers the period January to July has a budget of \$300,000. These funds will largely be used to sustain 10 doctors for 7 months largely covering Volunteer Leaving Allowance (VLA) and security expenses as well as other direct expenses for SP doctors from Queen Elizabeth Central Hospital to backstop Zomba Central Hospital. The AWP also covers procurement of basic medical equipment and activities related to project management. Thus, in this AWP, only three Outputs have been considered. These are:

- **Output 1:** Central, district and CHAM hospitals have increased coverage of the expanded Essential Health Package interventions in Central, District and CHAM hospitals by 2016;
- **Output 3.0:** Three Central hospitals (Mzuzu, KCH and Zomba) establish specialized units for physiotherapy, cardiology and Oncology to remedy non-communicable disease conditions by 2016; and
- **Output 4:** Effective and efficient project management.

III. WORK PLAN – January to July 2015

EXPECTED CP OUTPUT (including Indicators and annual targets)	PLANNED ACTIVITIES <i>List of all activities including M&E to be undertaken during the year towards the stated outputs</i>	TIME FRAME				RESPONSIBLE PARTY – Implementing partners and UN Agencies	PLANNED BUDGET		
		Q 1	Q 2	Q 3	Q 4		Source of funds	Budget description and code	Amount US\$
Indicator 1: % Patients accessing essential health care package services provided by UNV Specialists doctors. Baseline: TBD, Target: 5% increase from baseline by 2014.	Output 1.0: Central, district and CHAM hospitals, have increased coverage of expanded Essential Health Package interventions by 2016 <i>Activity 1.1: Assist in providing specialist health care services and delivery of essential health care packages in central hospitals (Kamuzu Central Hospital, Queen Elizabeth Central Hospital, Zomba Central Hospital and Mzuzu Central hospital) and other district hospitals to deliver health care services.</i>	X	X			UNDP MoH UNV Unit	GFTAM (@ \$2,200 per month*	71500 VLA	\$110,000
								71600 Backstopping of Zomba Central Hospital by IUNV SPs from QECH	\$36,000
								72300 Fuel	\$7,000
								71500 Security Allowance	\$40,000
Sub -total for Output 1									\$193,000

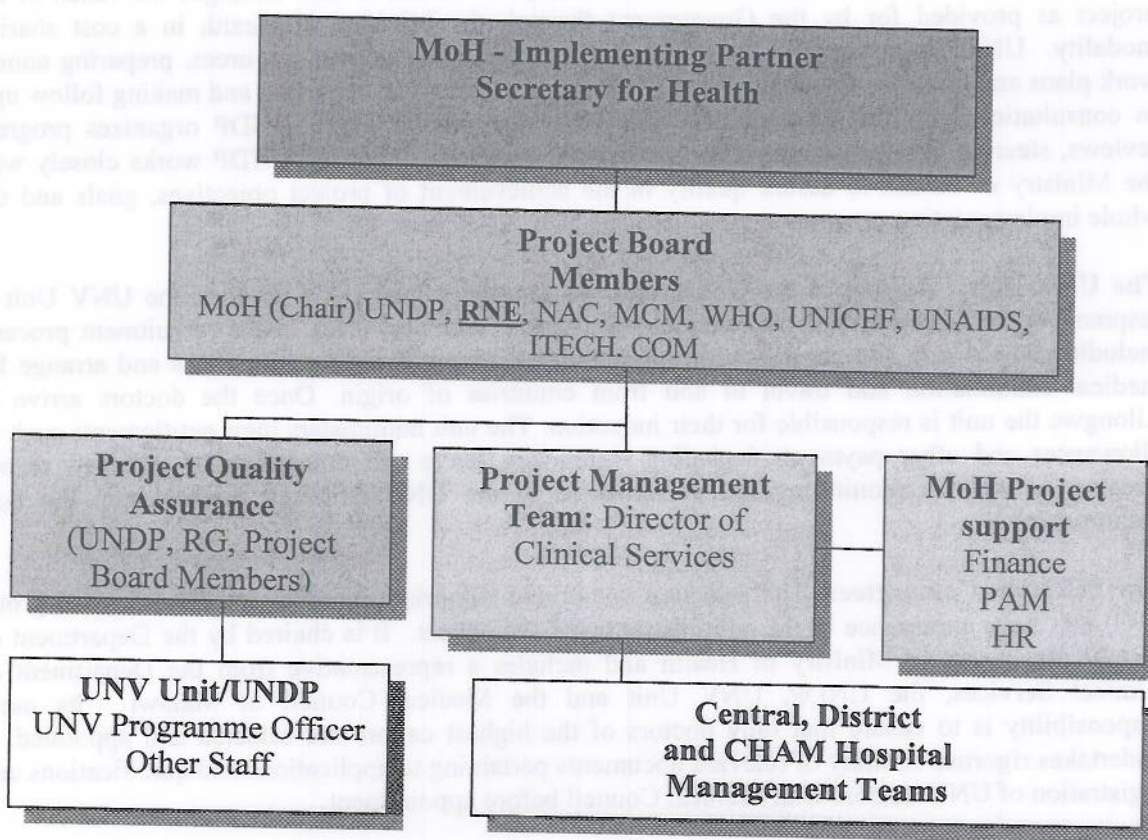
EXPECTED CP OUTPUT (including Indicators and annual targets)	PLANNED ACTIVITIES <i>List of all activities including M&E to be undertaken during the year towards the stated outputs</i>	TIME FRAME				RESPONSIBLE PARTY – Implementing partners and UN Agencies	PLANNED BUDGET		
		Q 1	Q 2	Q 3	Q 4		Source of funds	Budget description	Amount US\$
Indicator 1: Number of specialized clinics.	Output 3.0: Three Central hospitals (Mzuzu, KCH and Zomba) establish specialized units for physiotherapy, cardiology and Oncology to remedy non-communicable disease conditions by 2016								
Baseline: 2 (2012) Target: 3 (2014).	Activity 3.2: Procure specialized equipment, basic medical equipment and supplies for the new medical units	X				UNDP MoH	GFTA M	72300 Materials and Goods 74700 Shipment	\$50,000 \$6,000
Sub - total Output 3									\$56,000

EXPECTED CP OUTPUT (including Indicators and annual targets)	PLANNED ACTIVITIES <i>List of all activities including M&E to be undertaken during the year towards the stated outputs</i>	TIME FRAME				RESPONSIBLE PARTY – Implementing partners and UN Agencies	PLANNED BUDGET	
		Q 1	Q 2	Q 3	Q 4		Source of funds	Budget description
Indicator 1: Final Board Meeting conducted to wind-up the Project.	Output 4: Effective and efficient project management. <i>Activity 4.1: Management oversight, coordination and implementation functions performed (Project Board and TWC meetings, project monitoring, evaluations, audits and visibility activities conducted)</i>	X	X	X	X		71600 Travel	\$14,000
							72300 Fuel	\$10,000
							75700 Final Board Meeting	\$1,000
							75700 UNV Retreat	\$10,000
		X	X	X	X		71400 Staff Costs	\$6,000
Sub-total Output 4								\$41,000
Total Project Budget (Outputs 1 + 3 + 4)								\$290,000
General Management Services (GMS)								\$10,000
GRAND TOTAL								\$300,000

V. MANAGEMENT AND COORDINATION ARRANGEMENTS

The organisation structure of the Project is shown in Figure 1 below. The Ministry of Health is the Implementing Partner and the Secretary for Health provides the executive direction to the Project. The Project has a Steering Committee (SC) also called Project Board (PB) which is chaired by the Secretary for Health or his designate.

Figure 1 : Management Structure for the Capacity Development in Health Project



Responsibilities: The Ministry of Health is responsible for the overall implementation of the Project which is located in the Directorate of Clinical Services. In liaison with the UNV Unit, the Director of Clinical Services decides on UNV doctors' deployment, short-listing of candidates with the selection committee, conduct interviews and support the UNV unit at UNDP in preparing for pre-visits to designated duty stations. The Director also arranges with the UNV unit for the induction, pre-registration and registration of UNV doctors with the Medical Council of Malawi (MCM). In liaison with the respective hospitals the Director provides introductory letters to the UNV doctors, arranges for their transport, provides performance management including indicators of what the doctor is supposed to achieve at the duty station and follow up on reporting from the hospitals. The Director undertakes a gender mainstreaming training to build the Ministry's capacity in taking gender into consideration throughout the management process.

Quality Assurance: Quality assurance is provided through continuous monitoring and supervision of project activities at host institutions. Specifically the following partners play responsible for the following:

- **UNDP:** Is the responsible partner to the Ministry of Health. UNDP manages the funds of the project as provided for by the Government through the Ministry of Health in a cost sharing modality. UNDP is responsible for mobilizing and managing project resources, preparing annual work plans and budgets, disbursement of some funds, monitoring, reporting and making follow ups. In consultation with the Director of Clinical Services in the MoH, UNDP organizes progress reviews, steering committee and other stakeholder meetings. Overall, UNDP works closely with the Ministry of Health to assure quality in the achievement of project objectives, goals and the whole implementation process.
- **The UNV-Unit:** As part of the UNDP and the supplier of the UNV doctors, the UNV Unit is responsible for administrative and operational issues. The Unit leads in the recruitment process, including advertising and identification of candidates, arrangement for interviews and arrange for medical examination and travel to and from countries of origin. Once the doctors arrive in Lilongwe the unit is responsible for their induction. The unit administers their entitlements such as allowances and other payments including insurances, leave and processing of contracts record keeping as well as monitoring the performance of the UNVs through reports from the host institutions.
- **The Selection Committee:** The selection committee comprises members of the reference group (RG) that have experience in the administration of volunteers. It is chaired by the Department of Human Resources in Ministry of Health and includes a representative from the Department of Clinical Services, the UNDP, UNV Unit and the Medical Council of Malawi. Its main responsibility is to ensure that only doctors of the highest calibre are selected and appointed. It undertakes rigorous scrutiny of relevant documents pertaining to applications and qualifications and registration of UNV doctors with Medical Council before appointment.
- **The Medical Council of Malawi:** The MCM is responsible for the initial screening of all candidates for appointment as UNV doctors. The MCM in conjunction with the MoH and the UNV Unit carry out induction courses and pre-registration and registration of UNV doctors. The MCM ensure that all prerequisites including their orientation is done Role of Support Teams

Finance and fund management arrangements: The project is funded by RNE and the Ministry of Health funded it through UNDP. The MoH received grants from Global Fund to fight against Tuberculosis HIV/AIDS, and Malaria (GFTAM) through the National AIDS Commission (NAC). UNDP will receive, manage and administer the funds in accordance with its rules and regulations and those of the funding partner. In line with current arrangements, Ministry of Health and other development partners can contribute funds for the implementation of the Capacity Development in Health project. The project maintains funds for the recruitment of UNV doctors as well as a small capacity development grant for UNV doctors' initiatives.

In terms of the rates applied for Daily Subsistence Allowances (DSA), the harmonized DSA guidelines as stipulated in the guidance note effective 19th November, 2013 will be strictly applied. UNDP will make sure that the correct rates are applied and inform MoH, Public Sector Reforms Management Unit accordingly whenever the rates are adjusted.

VI. MONITORING, EVALUATION AND REPORTING FRAMEWORK

The project will be monitored through the following:

Within the annual cycle

- **Quarterly Joint Monitoring visits** shall be conducted every quarter by representatives from MoH UNDP, NAC and RNE. Every host institution with a UNV is visited at least once per quarter. A standard checklist is used including monitoring tools to assess gender gaps in service delivery in Malawi and monitor whether the services of UNV doctors benefit both gender groups equally.
- **Issues Log** shall be activated in Atlas and updated by the Project Manager to facilitate tracking and resolution of potential problems or requests for change.
- **Risk Log:** based on the initial risk analysis submitted, a risk log shall be activated in Atlas and regularly updated by reviewing the external environment that may affect the project implementation.
- **Quarterly progress reports:** Based on the above information recorded in Atlas, a Project Progress Reports (PPR) shall be submitted by the Project Manager to the Steering Board through Project Assurance, using information from the standard monitoring tool format.
- **Lesson-learned log** is activated and regularly updated to ensure on-going learning and adaptation within the organization, and to facilitate the preparation of the Lessons-learned Report at the end of the project.
- **Monitoring Schedule Plan** is activated in Atlas and updated to track key management actions/events.

Annually

- **Annual Review Report.** An Annual Review Report is prepared by the Director of Clinical Services in consultations with the Project Analyst and shared with the Project Board. As a minimum requirement, the Annual Review Report consists of the Atlas standard format for the QPR covering the whole year with updated information for each above element of the QPR as well as a summary of results achieved against pre-defined annual targets at the output level.
- **Annual Project Review.** Based on the above report, an annual project review is conducted during the fourth quarter of the year or soon after, to assess the performance of the project and appraise the Annual Work Plan (AWP) for the following year. In the last year, this review will be a final assessment. This review is driven by the Project Board and may involve other stakeholders as required. It shall focus on the extent to which progress is being made towards outputs, and that these remain aligned to appropriate outcomes.
- **Performances Assessment report:** is prepared for each UNV by their supervisor and submitted to the UNV unit annually before a decision is made on the extension of contract. The report is reviewed by UNDP and UNV-unit. The UNV-unit will submit copy of the Performance Assessment reports to the Ministry of Health.

The project will be monitored through the following:

- **Volunteer Service Report:** is submitted online by each UNV, first three months after arrival to duty station and then annually until they submit the final report upon leaving duty station.

Monitoring and reporting will be conducted every quarter by representatives from UNDP, UNFPA, UNICEF, UNCTAD, UNCTEP, UNCTV, UNCTW, UNCTZ, UNCTA, UNCTB, UNCTC, UNCTD, UNCTE, UNCTF, UNCTG, UNCTH, UNCTI, UNCTJ, UNCTK, UNCTL, UNCTM, UNCTN, UNCTO, UNCTP, UNCTQ, UNCTR, UNCTS, UNCTT, UNCTU, UNCTV, UNCTW, UNCTX, UNCTY, UNCTZ, UNCTAA, UNCTAB, UNCTAC, UNCTAD, UNCTAE, UNCTAF, UNCTAG, UNCTAH, UNCTAI, UNCTAJ, UNCTAK, UNCTAL, UNCTAM, UNCTAN, UNCTAO, UNCTAP, UNCTAQ, UNCTAR, UNCTAS, UNCTAT, UNCTAU, UNCTAV, UNCTAW, UNCTAX, UNCTAY, UNCTAZ, UNCTBA, UNCTBB, UNCTBC, UNCTBD, UNCTBE, UNCTBF, UNCTBG, UNCTBH, UNCTBI, UNCTBJ, UNCTBK, UNCTBL, UNCTBM, UNCTBN, UNCTBO, UNCTBP, UNCTBQ, UNCTBR, UNCTBS, UNCTBT, UNCTBU, UNCTBV, UNCTBW, UNCTBX, UNCTBY, UNCTBZ, UNCTCA, UNCTCB, UNCTCC, UNCTCD, UNCTCE, UNCTCF, UNCTCG, UNCTCH, UNCTCI, UNCTCJ, UNCTCK, UNCTCL, UNCTCM, UNCTCN, UNCTCO, UNCTCP, UNCTCQ, UNCTCR, UNCTCS, UNCTCT, UNCTCU, UNCTCV, UNCTCW, UNCTCX, UNCTCY, UNCTCZ, UNCTDA, UNCTDB, UNCTDC, UNCTDD, UNCTDE, UNCTDF, UNCTDG, UNCTDH, UNCTDI, UNCTDJ, UNCTDK, UNCTDL, UNCTDM, UNCTDN, UNCTDO, UNCTDP, UNCTDQ, UNCTDR, UNCTDS, UNCTDT, UNCTDU, UNCTDV, UNCTDW, UNCTDX, UNCTDY, UNCTDZ, UNCTEA, UNCTEB, UNCTEC, UNCTED, UNCTEF, UNCTEG, UNCTEH, UNCTEI, UNCTEJ, UNCTEK, UNCTEL, UNCTEM, UNCTEN, UNCTEO, UNCTEP, UNCTEQ, UNCTER, UNCTES, UNCTET, UNCTEU, UNCTEV, UNCTEW, UNCTEX, UNCTEY, UNCTEZ, UNCTFA, UNCTFB, UNCTFC, UNCTFD, UNCTFE, UNCTFF, UNCTFG, UNCTFH, UNCTFI, UNCTFJ, UNCTFK, UNCTFL, UNCTFM, UNCTFN, UNCTFO, UNCTFP, UNCTFQ, UNCTFR, UNCTFS, UNCTFT, UNCTFU, UNCTFV, UNCTFW, UNCTFX, UNCTFY, UNCTFZ, UNCTGA, UNCTGB, UNCTGC, UNCTGD, UNCTGE, UNCTGF, UNCTGG, UNCTGH, UNCTGI, UNCTGJ, UNCTGK, UNCTGL, UNCTGM, UNCTGN, UNCTGO, UNCTGP, UNCTGQ, UNCTGR, UNCTGS, UNCTGT, UNCTGU, UNCTGV, UNCTGW, UNCTGX, UNCTGY, UNCTGZ, UNCTHA, UNCTHB, UNCTHC, UNCTHD, UNCTHE, UNCTHF, UNCTHG, UNCTHH, UNCTHI, UNCTHJ, UNCTHK, UNCTHL, UNCTHM, UNCTHN, UNCTHO, UNCTHP, UNCTHQ, UNCTHR, UNCTHS, UNCTHT, UNCTHU, UNCTHV, UNCTHW, UNCTHX, UNCTHY, UNCTHZ, UNCTIA, UNCTIB, UNCTIC, UNCTID, UNCTIE, UNCTIF, UNCTIG, UNCTIH, UNCTII, UNCTIJ, UNCTIK, UNCTIL, UNCTIM, UNCTIN, UNCTIO, UNCTIP, UNCTIQ, UNCTIR, UNCTIS, UNCTIT, UNCTIU, UNCTIV, UNCTIW, UNCTIX, UNCTIY, UNCTIZ, UNCTJA, UNCTJB, UNCTJC, UNCTJD, UNCTJE, UNCTJF, UNCTJG, UNCTJH, UNCTJI, UNCTJJ, UNCTJK, UNCTJL, UNCTJM, UNCTJN, UNCTJO, UNCTJP, UNCTJQ, UNCTJR, UNCTJS, UNCTJT, UNCTJU, UNCTJV, UNCTJW, UNCTJX, UNCTJY, UNCTJZ, UNCTKA, UNCTKB, UNCTKC, UNCTKD, UNCTKE, UNCTKF, UNCTKG, UNCTKH, UNCTKI, UNCTKJ, UNCTKK, UNCTKL, UNCTKM, UNCTKN, UNCTKO, UNCTKP, UNCTKQ, UNCTKR, UNCTKS, UNCTKT, UNCTKU, UNCTKV, UNCTKW, UNCTKX, UNCTKY, UNCTKZ, UNCTLA, UNCTLB, UNCTLC, UNCTLD, UNCTLE, UNCTLF, UNCTLG, UNCTLH, UNCTLI, UNCTLJ, UNCTLK, UNCTLL, UNCTLM, UNCTLN, UNCTLO, UNCTLP, UNCTLQ, UNCTLR, UNCTLS, UNCTLT, UNCTLU, UNCTLV, UNCTLW, UNCTLX, UNCTLY, UNCTLZ, UNCTMA, UNCTMB, UNCTMC, UNCTMD, UNCTME, UNCTMF, UNCTMG, UNCTMH, UNCTMI, UNCTMJ, UNCTMK, UNCTML, UNCTMN, UNCTMO, UNCTMP, UNCTMQ, UNCTMR, UNCTMS, UNCTMT, UNCTMU, UNCTMV, UNCTMW, UNCTWX, UNCTWY, UNCTWZ, UNCTXA, UNCTXB, UNCTXC, UNCTXD, UNCTXE, UNCTXF, UNCTXG, UNCTXH, UNCTXI, UNCTXJ, UNCTXK, UNCTXL, UNCTXM, UNCTXN, UNCTXO, UNCTXP, UNCTXQ, UNCTXR, UNCTXS, UNCTXT, UNCTXU, UNCTXV, UNCTXW, UNCTXX, UNCTXY, UNCTXZ, UNCTYA, UNCTYB, UNCTYC, UNCTYD, UNCTYE, UNCTYF, UNCTYG, UNCTYH, UNCTYI, UNCTYJ, UNCTYK, UNCTYL, UNCTYM, UNCTYN, UNCTYO, UNCTYP, UNCTYQ, UNCTYR, UNCTYS, UNCTYT, UNCTYU, UNCTYV, UNCTYW, UNCTYX, UNCTYY, UNCTYZ, UNCTZA, UNCTZB, UNCTZC, UNCTZD, UNCTZE, UNCTZF, UNCTZG, UNCTZH, UNCTZI, UNCTZJ, UNCTZK, UNCTZL, UNCTZM, UNCTZN, UNCTZO, UNCTZP, UNCTZQ, UNCTZR, UNCTZS, UNCTZT, UNCTZU, UNCTZV, UNCTZW, UNCTZX, UNCTZY, UNCTZZ.

Quarterly progress reports based on the above information recorded in Atlas 2 (Project Progress Report - PPR) shall be submitted by the Project Manager to the Steering Board through Project Assistant, using information from the standard monitoring tool format.

Learning Journal is a risk log and regularly updated to ensure on-going learning and adaptation to the organization and to facilitate the progression of the Learning Journal at the end of the project.

Monitoring Schedule Plan is activated in Atlas and updated to track key management milestones.

Learning Journal log is a risk log and regularly updated to ensure on-going learning and adaptation to the organization and to facilitate the progression of the Learning Journal at the end of the project.

Monitoring Schedule Plan is activated in Atlas and updated to track key management milestones.

Annual Review Report. An Annual Review Report is prepared by the Director of Clinical Services in consultation with the Project Analyst and shared with the Project Board. As a minimum requirement, the Annual Review Report consists of the Atlas standard format for the PPR covering the whole year with updated information for each above element of the PPR as well as a summary of results achieved against pre-defined annual targets at the output level.

Annual Project Review. Based on the above report, an annual project review is conducted during the fourth quarter of the year or soon after, to assess the performance of the project and prepare the Annual Work Plan (AWP) for the following year. In the last year, the review will be a final assessment. This review is driven by the Project Board and may involve other stakeholders as required. It shall focus on the extent to which progress is being made towards outputs, and the review should be reported to appropriate outcomes.

Performance Assessment report: is prepared for each UNV by their supervisor and submitted to the UNV one month before a decision is made on the extension of contract. The report is reviewed by UNDP and UNV-man. The UNV-man will submit copy of the Performance Assessment reports to the Ministry of Health.

III: Risk Management Log

Project Title: Capacity Development in Health				Project ID #:	Date:		
#	Description	Type	Impact & Probability (scale from 1-low to 5-high)	Countermeasures/ Management response	Owner	Last Update	Status of risk
1	Levels of funding declining, UNDP has only received funding GFTAM through MoH and NAC. These funds may or may not be available during the Project period. This proposal seeks to request other development partners and other UN agencies, to support this important intervention to improving the health status of Malawians. Risk occurring would have a serious negative impact making it difficult to achieve the programme outcome	Financial	Probability: 3 Impact: 5	Global fund does guarantee continued funding for projects that are achieving results. The Ministry has also agreed to engage up to 35 specialist doctors and 6 GPs per central hospital, and will therefore, support any joint contributions that will help it achieve these targets.	Project Steering Board		
2	Insufficient funds mobilized from development partners largely due to fatigue in supporting public sector capacity development-related activities.	Strategic/ Financial	Probability: 4 Impact: 4	Insufficient funding would suggest low donor confidence in the Program. This would have a serious negative impact on the pace and scope of Program implementation.	GOM		
3	Unfavorable economic and political instability affecting the country.	Political	Risk occurring would have a serious negative impact making	UNDP will continue engagement with Government	UNDP		

			it difficult to achieve the programme outcome Probability:2 Impact 5	Government officials working on this Project are also involved in other duties and responsibilities. TRAC resource allocations to health within the Abuja targets	MoH		
4	Organizational	Organizational	Probability: 2 Impact:4	Government officials working on this Project are also involved in other duties and responsibilities. TRAC resource allocations to health within the Abuja targets	MoH		

**IX. Monitoring Tool
Implementing Partner: MOH**

<p>EXPECTED OUTPUTS AND INDICATORS INCLUDING ANNUAL TARGETS</p>	<p>PLANNED ACTIVITIES List all the activities including monitoring and evaluation activities to be undertaken during the year towards stated CP outputs</p>	<p>EXPENDITURES <i>List actual expenditures against activities completed</i></p>	<p>RESULTS OF ACTIVITIES <i>For each activity, state the results of the activity</i></p>	<p>PROGRESS TOWARDS ACHIEVING CP OUTPUTS Using data on annual indicator targets, state progress towards achieving the CP outputs. Where relevant, comment on factors that facilitated and/or constrained achievement of results including: <i>Whether risks and assumptions as identified in the CP M&E Framework materialized or whether new risks emerge</i> <i>Internal factors such as timing of inputs and activities, quality of products and services, coordination and/or other management issues</i></p>
<p>Output 1: Central and selected district hospitals have increased coverage of expanded Essential Health Package interventions by 2016.</p>				
<p>Indicator 1: % Patients accessing essential health care package services provided by UNV Specialists doctors. <i>Baseline:</i> TBD by February 2014. <i>Target:</i> 5% increase from baseline by 2014.</p>	<p>1.1 Maintain 10 SPs in central hospitals.</p>		<p>IUNV doctors in place providing health care services.</p>	
<p>Output 2: The College of Medicine, Kamuzu Central and Queen Elizabeth Central Hospitals are able to deliver specialist training to strengthen the performance of the health system</p>				

<p>Indicator 1: # of UNV specialist doctors involved in specialist training at the College of Medicine, Kamuzu Central Hospital and Queen Elizabeth Central Hospital</p> <p>Baseline: 8 (2012), Target: 15 (2014).</p>	<p>2.1: Conduct 1 learning forum and 1 retreat.</p> <p>2.2: Procure teaching aids and learning materials.</p>		
<p>Output 3.0: Three Central hospitals (Mzuzu, KCH and Zomba) establish specialized units for physiotherapy, cardiology and Oncology to remedy non-communicable disease conditions by 2016</p>			
<p>Indicator 1: Number of specialized clinics benefiting from equipment.</p> <p>Baseline: 2 (2012) Target: 3 (2014).</p>	<p>3.1: Procure specialized equipment and basic medical equipment for central hospitals.</p>	<p>Equipment procured and distributed.</p>	
<p>Output 4: Effective and efficient project management</p>			
<p>Indicator 1: % of Project Board Decisions and recommendations implemented annually.</p> <p>Baseline: 75% (June 2012). Target: 85% (2014), 90% (2015).</p>	<p>4.1: Implement all recommendations from spot checks, steering committee meetings and program management and coordination committee meetings</p>		

<p>Indicator 2: % of project results achieved as per the AWP.</p> <p>Baseline: 60%</p> <p>Target: 90% (2014).</p>	<p>4.2: Conduct Evaluation of the Project, particularly RNE contribution</p>			
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X. THE LEGAL FRAMEWORK

This PSD is the instrument referred to in Article 1 of the Standard Basic Agreement between the Government of the Republic of Malawi (herein called the Government) and the United Nations Development Program (herein called UNDP) signed on 15th July 1977.

This document together with the 2012 – 2016 UNDAF AP signed by the GoM and UNDP and incorporated by reference constitute together with a Project Document as referred to in the SBAA and UNDAF AP provisions apply to this document.

Consistent with Article III of the SBAA, the responsibility for the safety and security of the implementing partner and its personnel and property, and of UNDP's property in the implementing partner's country rests with the implementing partner.

The implementing partner shall: (i) put in place an appropriate security plan and maintain the security plan, taking into account the security situation in the country where the project is being carried out; (ii) assume all risks and liabilities related to the implementing partner's security, and the implementation of the security plan.

UNDP reserves the right to verify whether such a plan is in place, and to suggest modifications to the plan where necessary. Failure to maintain and implement an appropriate security plan required hereunder shall be deemed a breach of this agreement.

The implementing partner agrees to undertake all reasonable efforts to ensure that none of the funds received pursuant to the Project Document 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).

Based on agreement between the signatories, revisions may be made to the Project Document to cover increases in costs due to inflation or as a result of the need for expenditure flexibility.

UNDP Support Services:

Upon request by Government, UNDP may provide services in the following areas:

- Identification, assistance with and/or recruitment of long-term or short-term technical personnel in accordance with UNDP rules and regulations;
- Procurement of specific goods and services for the programme in cases where UNDP can provide a competitive advantage, e.g. import of specific goods or services from abroad. Procurement shall be done using UNDP standard operating procedures and systems as much as possible unless otherwise advised by the donor (GoM) so long as key principles of competitiveness, accountability and transparency are followed;
- Identification and facilitation of training activities; and
- Providing relevant information and technical advice obtained through UN global information systems, UN Knowledge Networks, Regional Centres and other UNDP Country Offices, e.g. through the use of consultants and providers of development services.

In case of specific implementation support services (ISS), including recruitment, procurement and other administrative matters provided upon request, the costs of UNDP's support will be charged according to the UNDP corporate Universal Price List and general management support regulations applicable at any particular time.

Project Audit: As a general rule, wherever the annual expenditures of the project exceed US\$ 100,000 then the program will be subject to an annual audit exercise. The audit findings will be shared with the Government of Malawi, members of the project steering committee, project donors and other stakeholders. Management of audit recommendations is needed for proper follow up of actions.

Category	2014	2015
Volunteer Living Allowance	10,000.00	10,000.00
Living Allowance	10,000.00	10,000.00
Accommodation (Living & Utilities)**	2,317.93	2,317.93
Insurance	1,000.00	1,000.00
Language Centre and other	681.74	681.74
Security***	681.74	681.74
Internal Cost (Travel and Transportation)	4,282.18	4,282.18
Residential Security	8,776.10	8,776.10
Transport	12,381.00	12,381.00
TOTAL	54,740.18	54,740.18

*Includes allowance for household items, utilities, transportation and telephone
 **The component will be adjusted in cases where accommodation is provided free of charge by the project, Government etc.
 ***Covers contribution to a central fund for medical and security evacuation and other miscellaneous in-country costs

XI. ANNUAL PROFORMA COST FOR A UNV DOCTOR

Item	Percentage	USD
Settling in grant*	16%	10,427.84
Volunteer Living Allowance:		
Living Allowance	30%	19,552.20
Accommodation (Housing & Utilities)**	8%	5,213.92
Insurance	3%	1,955.22
Language training and orientation	1%	651.74
Sundry***	1%	651.74
External Cost (travel and resettlement)	7%	4,562.18
Residential security	15%	9,776.10
Transport	19%	12,383.06
TOTAL		54,746.16

*Includes allowance for household items, furniture, transportation and temporary accommodation

**This component will be adjusted in cases where accommodation is provided free of charge by the project, Government etc.

***Covers contribution to a central fund for medical and security evacuations and other miscellaneous in-country costs

***Covers contribution to a central fund for medical and security evacuations and other miscellaneous in-country costs