



PROJECT DOCUMENT
Solomon Islands
Project Document

Project Title: Global Fund Support to Solomon Islands Country Coordination Mechanism Functioning to Fight HIV/AIDS, Tuberculosis and Malaria.

Project Number: 000102911

Implementing Partner: United Nations Development Program

Start Date: 1 August 2016


End Date: 30 August 2019

PAC Meeting date:

Brief Description
<p>The overall goal of the project is to ensure effective functioning of the CCM Solomon Islands in accordance with the GFATM Guidelines and Requirements for CCMs. Solomon Islands is eligible for continued GFATM support in 2016-2018, and new project proposals for funding from the Global Fund will be developed by the CCM and supported by UNDP and WHO in 2018 to 2020 in coordination with stakeholders. Effective functioning of the CCM is one of the key prerequisites for positive consideration of these proposals by the Global Fund, and also for successful implementation of the on-going GFATM grants in Solomon Islands. The project goal will be achieved by strengthening of the oversight function of the CCM, ensuring broader involvement of the NGO representatives into oversight activities and their interconnection with their constituencies as well as by strengthening of the CCM capacity in its correspondence to the GFATM requirements.</p>

Contributing Outcome (UNDAF/CPD, RPD or GPD): Indicative Output(s) with gender marker ² : Gen 2	Total resources required:	USD 210,000	
	Total resources allocated:	UNDP TRAC:	0
		Donor:	0
		Government:	0
		In-Kind:	0
Unfunded:	0		

Agreed by (signatures)¹:

UNDP
Print Name: Azusa Kubota UNDP Country Manager. 
Date: August 20/2016

¹ Note: Adjust signatures as needed

² 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 (1/4 PAGE – 2 PAGES RECOMMENDED)

Malaria and tuberculosis (TB) poses serious threat to the public health of Solomon Islanders and contributes to significant drain and loss in the society. As for HIV/AIDS the number of registered HIV cases also shows increasing trend although the HIV prevalence rate remained stagnant at 0.002% since 2010. The Global Fund has been the major international donor supporting national efforts addressing the fight against AIDS, Tuberculosis and Malaria through the Ministry of Health and Medical Services.

Malaria remains a high risk to peoples' health and life in Solomon Islands. After a decade of substantial and sustained investment in malaria control, the Solomon Islands reduced the malaria burden, measured as annual parasite incidence rate, or API, from 196 per 1,000 population in 2004 to 40.5% per 1,000 in 2015. This was achieved through collective investments in the national Malaria control and preventative programme in Solomon Islands. At the impact level, 2016 recorded a reversal of the steady downward trend in the Malaria burden previously reported between 2004-2015, with the API increasing to 81 per 1,000 in 2016, calculated on the basis of there being 49,050 confirmed cases of Malaria in 2016.

At the outcome level, factors contributing to the increase in 2016 API are due to (i) improvement in data reporting compliance, (ii) improved access to diagnostic coverage, (iii) improved RDT sensitivity, (iv) reduce efficacy of vector borne interventions (v) unrealistic baseline API in previous years and (vi) program performance against target.

Tuberculosis (TB) is also a major public health challenge in the Solomon Islands. Around 400 TB patients are registered every year, mainly young adults, and around 20% are children, indicating high transmission. Solomon Islands has the highest number of TB cases in the Pacific Island Countries and Territories (PICTs) after Papua New Guinea (PNG). In 2015, the World Health Organization (WHO) estimated the incidence rate at 89 cases per 100,000 population and the mortality rate at 9.8 per 100,000 population. In 2016, most incident of new and relapses TB cases (all forms) reported are in the 15-34 year age group (38.7%) and children under 15 represent 22.3% of all TB cases. TB/HIV co-infection have been reported so far as well.

Since the first case was discovered in 1994, Solomon Islands has had a cumulative total of 31 HIV cases as of September 2017. Currently records indicate a total of 13 people living with HIV in the country, and all are on treatment. National reports also indicated that there were 30 cumulative reported cases of HIV officially registered HIV cases in Solomon Islands (of them around 47% among men and around 53% among women). The number of officially registered HIV cases increased from 17 in 2011 to 25 in 2014, an increase of 68% compared to 2007. The number of new infections per year continues to rise from 10 in 2007 to 22 in 2013, an increase of 45.4%, with no steep increase recorded against any year as most years are recording only 2 to 3 cases per year with highest cases recorded only in 2014 (4 cases).

The Treatment, Care & Support (TC&S) services, although sparsely distributed are available in key hospitals the country including the National Referral Hospital (NRH). The roll out of HIV testing in 2016 also enables the country to implement test and treat strategy to prevent AIDs related deaths among PLHIV. However, even with the very low numbers of HIV cases, not all people testing HIV positive are successfully enrolled and monitored in care and treatment

Previously, the CCM has suffered from weak capacities that resulted in poort management of its resources, hence affecting Solomon Islands ability to tap into the Global Fund projects fully. In this regard, UNDP has been requested to provide secretarial support to the CCM, so that it can bettwe manage its resources and perform its oversight role more effectively. The CCM funding agreement was signed by UNDP and the Global Fund in February 2017.

II. STRATEGY (1/2 PAGE - 3 PAGES RECOMMENDED)

The project implementation strategy is based on key GFATM requirements and principles as per the signed agreement in 2017. UNDP provides the Secretariat support to Solomon Islands Country Coordinating Mechanisim (SICCM) and will be responsible for ensuring that allocated funding is utilized in line with the approved project budget and work plan.

The overall goal of the project will be to ensure effective functioning of the Solomon Islands CCM in accordance with the GFATM Guidelines and Requirements and this will be achieved through implementation of the two key objectives: 1) Administrative Support to SICCM; 2) to introduce the CCM oversight system and also strengthen CCM oversight on the activities supported under the GFATM programme.

In general, the SICCM Secretariat shall provide the overall administrative/ secretariat support to the SICCM including the mobilization of funds for SICCM operations. In particular, it shall perform the following:

Management of Meetings and Communication Protocols

- Ensure/facilitate the efficient conduct of SICCM/ committee meetings and related activities including preparation of draft agenda, issuance of Notices of Meetings, proper documentation thereof, and provision of administrative/ logistical support.
- Attend all meetings of the SICCM in a non-voting capacity and serve as Secretary for these meetings.
- Prepare draft minutes and finalize and disseminate approved minutes to all SICCM members.
- Maintain a log of SICCM decisions obtained from the approved minutes.
- Prepare and submit reports, relevant materials, and responses to inquiries from the GFATM and SICCM members; respond to routine public inquiries regarding GFATM matters; and be responsible for any follow through activities.
- Ensure timely coordination and efficient communication including feedback/ reporting in appropriate forums between and among SICCM Chairperson, Co-Chairperson, SICCM members, PRs/SRs and the GFATM and other partners.
- Distribute documentation to all SICCM members and alternates such as documents from the GFATM (guidelines, etc.); and formal correspondences from the GFATM and LFA to the PR(s) and the SICCM and vice versa, including programmatic and financial reports prepared by the PR(s) and SR(s)
- Make available to the public documents approved by the SICCM such as GFATM proposals and SICCM minutes of meetings, decisions and progress reports.
- Maintain systems for record-keeping, expenditures-tracking, and website updating; maintain the website of the GFATM projects; publish a list of SICCM members and contact details; maintain and update distribution and mailing lists; and organize and store all SICCM minutes, documents, correspondence and other records.
- Facilitate communication between and among the LFA, the PR(s), GFATM stakeholders, SICCM members and members of the public, including forwarding to the GFATM specified documentation from the PR(s);
- Ensure that the PR(s) and SR(s) provide all reports and other documentations to the GFATM as stipulated in the grant agreement.

Support to Operation of SICCM

- Provide logistical support to facilitate the proper functioning of the TWGs and existing ad hoc committees.
- Mobilize funds for SICCM operations, including the development of proposal to the GFATM to support SICCM strengthening.
- Prepare a SICCM annual work plan, reflecting key activities and responsibility points and monitor its implementation for subsequent approval of the SICCM members.
- Provide logistical support for the oversight and monitoring and evaluation functions of the SICCM.

III. RESULTS AND PARTNERSHIPS (1.5 - 5 PAGES RECOMMENDED)

Expected Results

Project Outcome: Effective functioning of the Solomon Islands CCM in accordance with the GFATM Guidelines and Requirements for CCMs and improved health service delivery for the people of Solomon Islands.

The key project components are outlined below:

OBJECTIVE 1. ADMINISTRATIVE AND SECRETARIAT SUPPORT TO CCM IMPROVED

Activity 1.1 – Support to CCM Secretariat

In line with the CCM regulations, a CCM working body is a Secretariat comprised of 3 people, including a CCM Secretary. The Secretariat is appointed by the CCM Chairperson as a result of a competitive selection process. The Secretariat members may be non-members of the CCM.

The CCM Secretariat has an administrative function and supports the execution of decisions made by the CCM. In particular, the Secretariat produces, archives and circulates minutes of all CCM meetings among the stakeholders; ensures that the CCM membership details are up to date and publicly available, and informs the Global Fund Secretariat of any changes; coordinates logistics for CCM meetings, and oversight visits; assists the CCM in the production of its annual work plan and calendar of CCM events; coordinates the documentation and dissemination of important CCM processes; facilitates participation of CCM members in CCM meetings and decision making processes.

To ensure effective functioning of CCM Secretariat, as agreed with the Global Fund prior to the signing of the agreement, UNDP will assign its existing staff members to support the secretariat through G6 project assistant and NOC team leader for effective governance and P3 operations staff. G6 staff will be primarily dedicating her time under the supervision and oversight of the NOC and finance management support of a P3. Their allocation of time will be determined by the UNDP workload study and their costs will be recovered from the Direct Project Costing methodology, which is subject to change depending on the needs and capacity required of the project.

OBJECTIVE 2. THE CCM OVERSIGHT SYSTEM AND STRENGTHEN CCM OVERSIGHT ACTIVITIES Established and Strengthened

Activity 2.1 CCM Planery/ General Assembly meetings held

Two expanded CCM meeting with involvement of the CCM members and stakeholders on strategic planning for the next 2 years will be held in the second year of the project. Therefore, 4 meetings of the CCM (no less than 4 meetings per year) will be supported within the project implementation period.

2.2 CCM Sites/Monitoring Visits

CCM planned to undertake four monitoring visits this year. Costs to be incurred under this activity will include travel costs for CSO members only and representation for catering while holding meetings with stakeholders on site.

2.3 CCM Workshops/Meetings and Training for CCM oversight Committee Members

GFATM requires that CCM members undergo training periodically and for orientation at the start of their term to stay informed of Global Fund policies and of the status of HIV, TB and malaria programmes in other countries. Due to the CCM changing personal as CCM members representing constituency, it is therefore essential to hold trainings on the CCM role, main activities and responsibilities of the CCM members to ensure they are fully informed and can perform their role effectively.

To cover all the CCM and Oversight Committee members, 2 trainings per year (4 trainings within the project implementation period) will be supported to ensure that 100% of them are trained.² Each training will be conducted by an international trainer whose remuneration, DSA and travel expenses will be covered. Besides, rent of premises and equipment, meals, coffee breaks, and DSA and travel expenses of regional participants will be covered. Topics of trainings will be defined by the CCM.

PARTNERSHIPS

The project will coordinate its activities with other relevant major national relevant programmes and other ongoing initiatives in Solomon Islands with the Ministry of Health and Medical Services (MHMS) and which is relevant to other international agreements. It will also collaborate with the Global HIV/AIDS team and the Fiji based Global Fund team in terms of quality assurance and enhancement.

² Estimated number of participants is 20 per training taking into account most recent CCM attendance data.

IV. RESULTS FRAMEWORK³

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

2.1 Population, especially vulnerable groups, has full access to HIV prevention services and information, and all people living with HIV have access to treatment, care and support; 2.2 Population, especially vulnerable groups, has full access to TB prevention services and information, and all people living with TB have access to treatment, care and support

Expected SRPD outcome: People, especially vulnerable groups, are better protected from the risks detrimental to their health (Outcome 2); Effectiveness of the national governance system is enhanced (Outcome 5).

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

Indicator: Effective governance for service delivery.

Applicable Output(s) from the UNDP Strategic Plan:

Project title and Atlas Project Number: SOI Global Fund Support to Solomon Islands CCM

EXPECTED OUTPUTS	OUTPUT INDICATORS ⁴	DATA SOURCE	BASELINE		TARGETS (by frequency of data collection)					DATA COLLECTION METHODS & RISKS	
			Value	Year	Year 1	Year 2	Year 3	Year 4	Year ...		FINAL
Output 1: Administrative and Secretariat Support to CCM Improved	1.1 timely completion of annual assessment of CCM Secretariat Performance	CCM performance evaluation report	NA	0	100%	100%	100%	100%			CCM Secretariat through CCM meetings
	1.2 Timely completion of annual work plan and financial reports submitted to GF (FPM, CCM Hub) within one month of each funding year.	CCM annual workplan completed and signed.	NA	0	100%	100%	100%				CCM Secretariat through CCM meetings/decisions and GF approvals

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

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

Output 2: CCM Oversight System Established and Strengthened.	1.3 100 % circulation of CCM agenda and meeting minutes to all CCM members/alternates and GF Secretariat. For the agenda, within 7 calendar days before meeting and for the meeting minutes, 7 calendar days after meeting.	CCM annual reports	NA	0	100%	100%	100%	100%	CCM Secretariat reports and CCM meetings
	2.1 Eligibility and Performance Assessment (EPA) Improvement plan and CCM Contacts are updated at least every 3 months.	CCM annual reports	NA	0	100%	100%	100%	100%	CCM Secretariat reports and CCM meetings
	2.2 bi-annual information sharing between country level activities and GF Secretariat as well as supporting Country Teams.	Global Fund Portal	NA	0	100%	100%	100%	100%	CCM Secretariat reports
	2.3 no. of CCM oversight monitoring visits completed with documented participation by all CCM members	Documented CCM oversight reports	NA	0	0%	100%	100%	100%	CCM Secretariat reports

V. MONITORING AND EVALUATION

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

Monitoring Plan					
Monitoring Activity	Purpose	Frequency	Expected Action	Partners (if joint)	Cost (if any)
Track results progress	Progress data against the results indicators in the RRF will be collected and analysed to assess the progress of the project in achieving the agreed outputs.	Quarterly, or in the frequency required for each indicator.	Slower than expected progress will be addressed by project management.		
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.	Annually	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 Project Board and key stakeholders,	Annually, and at the end of the			

	<p>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.</p>	<p>project (final report)</p>		
<p>Project Review (SICCM Members)</p>	<p>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.</p>	<p>At least annually</p>	<p>Any quality concerns or slower than expected progress should be discussed by the project board and management actions agreed to address the issues identified.</p>	

VI. MULTI-YEAR WORK PLAN ⁵⁶

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

EXPECTED OUTPUTS	PLANNED ACTIVITIES	Planned Budget by Year			RESPONSIBLE PARTY	PLANNED BUDGET	
		Y1	Y2	Y3		Funding Source	Budget Description
Output 1: Administrative support to CCM improved	1.1 Human Resources & update of CCM dashboard	50,000	50,000	50,000		GF	
	1.2 Indirect and overhead costs (Inclusive of GMS)	8,100	8,100	8,100		GF	
	1.3 Non Health Equipment – planning and administration	1,000	1,000	1,000		GF	
	Sub-Total for Output 1	59,100	59,100	59,100			
Output 2: CCM Oversight System Established and Strengthened	2.1 CCM Plenary/General Assembly	320	1,099.08	460		GF	
	2.2 Oversight Committee meetings	320	1,175.76	920		GF	
	2.3 CCM oversight visits/monitoring	5,760	9,483.65	8,100		GF	
	2.4 Workshop Trainings/meeting	1,500	2,678.25	1,421		GF	
	Sub-Total for Output 2	7,900	14,436.74	10,899			
TOTAL		67,000	73,536.74	70,000			

⁵ 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

⁶ 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.

VIII. ANNEXES

1. Risk Management: Offline Risk Analysis

Project Title: Global Fund Support to Solomon Islands Country Coordination Mechanism Functioning to Fight HIV/AIDS, Tuberculosis and Malaria	Award ID: 00104788	Date:
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#	Description	Date Identified	Type	Impact & Probability	Countermeasures / Management response	Owner	Submitted, updated by	Last Update	Status
1	Secretariat's inability to provide strong oversight	Month year	Operational	Delay in coordinating CCM meetings, and delay in necessary oversight decisions.	Ensure robust CCM communication mechanism and seek support from Fiji/Bangkok/New York	UNDP, CCM	UNDP, CCM	Month year	
2	Delay in CCM oversight monitoring visits.	Month year	Operational	None oversight visits made by CCM members to project sites. Weak CCM oversight monitoring and feedback, which can adversely affect the quality of the anticipated project results.	Establish annual CCM field monitoring plan.	UNDP, CCM,	UNDP, CCM	Month year	

VII. GOVERNANCE AND PROJECT MANAGEMENT ARRANGEMENTS

The project will be implemented through DIM modality. UNDP will be primarily responsible for the successful implementation of the project activities, sustainability of the achieved results, as well as reporting to the Solomon Islands government. Coordination of the project activities as well as representing and supporting the project objectives at high decision-making levels will be the responsibility of the CCM Members including the Chairperson, who currently sits with WHO Office in Solomon Islands.

Effective and timely project implementation in accordance with UNDP rules and procedures is dependant on close collaboration and consultations between CCM Secretariat with UNDP, GFATM, MHMS and CCM Committee with support from the UNDP health team based in Bangkok and New York, as well as the global fund team based in Fiji.

