



Ministry of Health

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*Empowered lives.  
Resilient nations.*

## **Capacity Development in Health Programme**

**2014 Annual Work Plan (AWP)**

**Country: Malawi**

<b>UNDAF Outcome (4.2):</b>	Public Institutions are better able to manage, allocate and utilize resources for effective development and service delivery by 2016
<b>Specific UNDAF Output (4.2.1):</b>	Capacity for public sector management strengthened for effective service delivery
<b>Expected UNDAF-AP output (4.2.1) indicator:</b>	Number of specialist medical doctors and GPs in each central and district hospital
<b>Implementing Partner:</b>	Ministry of Health
<b>Responsible Parties:</b>	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
Atlas Award ID:	00071951
Start date:	01/01/2014
End Date:	31/12/2014

2014 AWP Budget:	US\$2,443,759
Royal Norwegian Embassy:	US\$1,675,978
Total allocated (GFTAM):	US\$ 767,781
Gap:	US\$0

Agreed by implementing Partner:



Secretary for Health: \_\_\_\_\_

Date: 05/02/14 \_\_\_\_\_

**Lilongwe, Malawi**

Approved by UNDP:



Signed \_\_\_\_\_

Date: 4/2/14 \_\_\_\_\_

**Lilongwe, Malawi**

## I. BACKGROUND

The Government of Malawi (GoM) has put in place its second medium term development strategy, “*The Malawi Growth and Development Strategy (MGDS II)*” covering the period 2011 – 2016. 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). The EHP represents a list of conditions for which MOH provides health services free of charge at the point of delivery to all Malawians. 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.

The end of project evaluation for the CD Health Project carried out in December 2011 concluded that the project has made a huge impact in the health status of Malawians and in the health sector and, therefore, UNV doctors should be maintained. The Project was found to be very relevant in addressing the country’s human resource problems in health sector and was critical to meeting the current challenges being faced. However, the evaluation also pointed out a number of issues that need to be addressed immediately if the project is to continue making the desired impact. These included the lack of sustainability strategies, lack of counterpart staff to understudy the UNV doctors, the general lack of medical drugs and some basic medical equipment at most host hospitals, among others. Currently, there are 44 doctors in the country deployed in the 4 central hospitals except 2 who are at a district and at CHAM hospitals.

## II. THE PROJECT

The overall goal is to strengthen the capacity of the Ministry of health to deliver quality health services in Malawi. This entails recruiting specialist UNV 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 Central 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.

### **III. 2014 BUDGET**

The total budget for 2014 is \$2,443,759. Of this amount, \$1,675,978 is cost sharing contribution from the Royal Norwegian Embassy (RNE). The remaining \$767,781 is contribution from the Government of Malawi under the national AIDS Association Rolling Continuation Channel (RCC) Grant. These funds were made available to retain the current level of 44 doctors. All 44 doctors will be deployed in the 4 central hospitals. Furthermore, RNE funds will support other activities related to Continuous Professional Development (CPDs), learning forums and retreats, joint monitoring visits, capacity development initiatives (CDIs) as well as specialized equipment. A General Management Service (GMS) fee of 3% will be charged on Government funds and 7% on RNE contribution.

IV. ANNUAL WORK PLAN – January to December 2014

EXPECTED CP OUTPUT (including Indicators and annual targets)	PLANNED ACTIVITIES <i>List of all activities including M&amp;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	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.	<b>1.0 Central, district and CHAM hospitals, have increased coverage of expanded Essential Health Package interventions by 2016</b>  1.1 Maintain, recruit and deploy 44 UNV doctors 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	X	X			UNDP MoH UNV Unit	RNE (@ \$26,487)*	1,316,728
							71500 VLA	7,500
							71600 Travel	7,000
							72300 Fuel	2,500
							72500 Supplies	665,956
			X	X			71500 VLA	30,000
	1.2 Continuous Professional Development (CPD) for both local and UNV medical personnel to acquire new knowledge and skills and be up-to-date on new and emerging developments in the medical profession.	X	X			UNDP MoH	RNE	3,750
<b>Sub -total for Output 1</b>								<b>2,033,434</b>

EXPECTED CP OUTPUT (including Indicators and annual targets)	PLANNED ACTIVITIES <i>List of all activities including M&amp;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\$	
<b>Indicator 1:</b> # of UNV specialist doctors involved in specialist training at the College of Medicine, Kamuzu Central Hospital and Queen Elizabeth Central Hospital  <b>Baseline:</b> 8 (2012), <b>Target:</b> 15 (2014).	<b>2.0: 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 in anesthesia, physiotherapy and surgery by 2016</b>	2.1 Provide physiotherapy teaching aids and learning materials to training institutions	X	X	X	UNDP UNV Unit MoH	RNE	75700 Skills training workshops and conferences	20,000	
									72300 Fuel	6,000
			X	X	X		UNDP UNV Unit MoH	RNE	71600 Travel	12,000
									72300 Fuel	8,000
									75700 Wkshps and Con.	32,000
							72500 Supplies	3,000		
<b>Sub- total for Output 2</b>									<b>81,000</b>	

EXPECTED CP OUTPUT (including Indicators and annual targets)	PLANNED ACTIVITIES <i>List of all activities including M&amp;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\$		
<b>Indicator 1:</b> Number of specialized clinics.  <b>Baseline:</b> 2 (2012) <b>Target:</b> 3 (2014).	<b>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</b>		X	X	X	UNDP UNV Unit MCM	RNE	71600 Local travel	2,500		
									72300 Fuel	3,500	
			X	X	X		UNDP MoH	RNE	72300 Materials and Goods	100,000	
									74700 Shipment	12,500	
			X	X	X		UNDP UNV Unit MoH	RNE	71600 Local travel	10,000	
									72300 Fuel	14,000	
									75700 Training, Workshops and Conferences	20,000	
									72300 Materials and Goods	50,000	
			<b>Sub - total Output 3</b>								
			<b>212,500</b>								

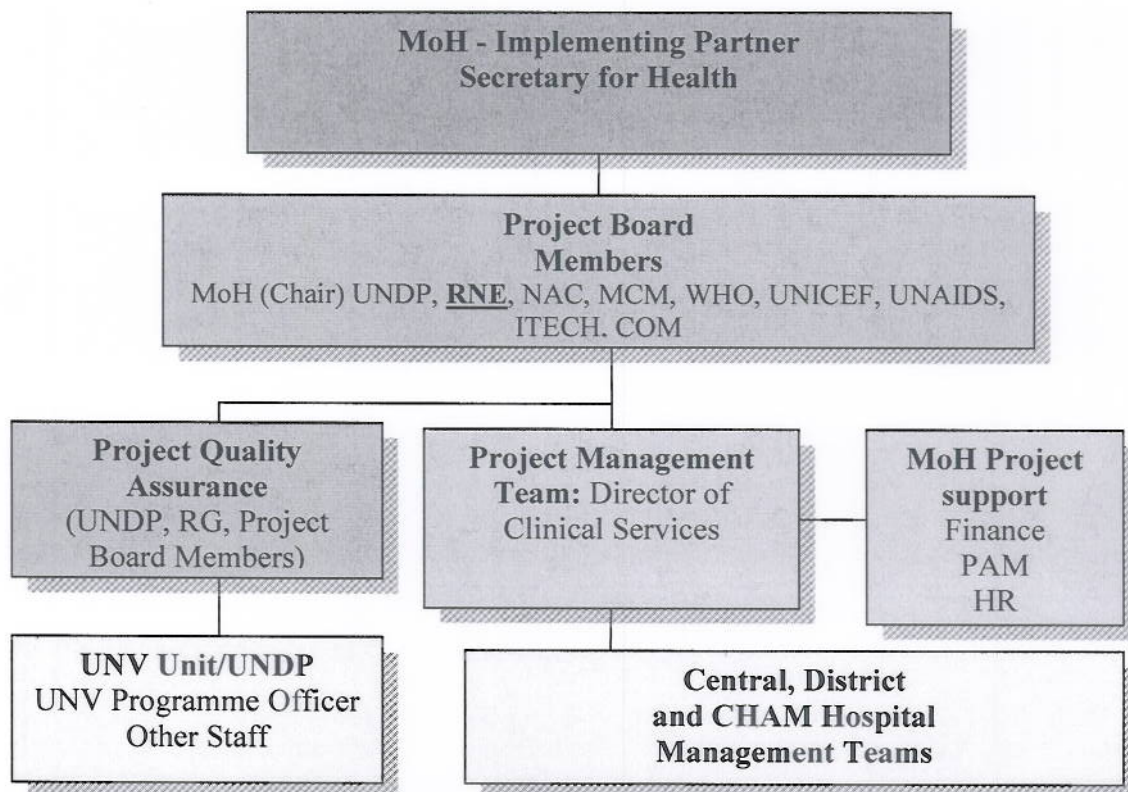


EXPECTED CP OUTPUT (including Indicators and annual targets)	PLANNED ACTIVITIES <i>List of all activities including M&amp;E to be undertaken during the year towards the stated outputs</i>	TIME FRAME				RESPONSIBLE PARTY – Implementing partners and UN Agencies	PLANNED BUDGET	
		Q 1	Q 2	Q 3	Q 4		Source of funds	Amount US\$
<b>4.0: Effective and efficient project management</b>								
<b>Indicator 1:</b> % of Project Board Decisions and recommendations implemented annually.  <b>Baseline:</b> 75% (June 2012). <b>Target:</b> 85% (2014), 90% (2015).	4.1 Management oversight, coordination and implementation functions performed (Project Board and TWC meetings)							20,825
								5,000
		X	X	X	X	UNDP	GFTAM	4,000
								6,000
								6,000
								2,000
<b>Indicator 2:</b> % of project results achieved as per the AWP.  <b>Baseline:</b> 60% <b>Target:</b> 90% (2014).	4.2 Project assurance	X	X	X	X	UNDP	GFTAM	30,000
	4.3 Project monitoring, evaluations, audits and visibility activities conducted	X	X	X	X	MoH UNDP NAC RNE	GFTAM	5,000
			X			RNE		15,000
<b>Sub-total Output 4</b>								
<b>Total Project Budget (Outputs 1 + 2 + 3 + 4)</b>								
<i>Of this: Total budget (RNE)</i>								
<i>Total budget (GFTAM)</i>								
<i>Of this: Total GMS (RNE) at 7%</i>								
<i>Total GMS (GFTAM) @ 3%</i>								
							116,825	
							2,443,759	
							1,566,355	
							745,418	
							109,643	
							22,363	

## 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 19<sup>th</sup> 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.
- **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.

VII. 2014 Indicator Framework

Project Results	Measurable indicator	Baseline	Target (2014)	Target (2016)	Means of verification
<b>UNDAF/AP Outcome 4.2:</b> Public institutions are better able to manage, allocate and utilize resources for effective development and service delivery by 2016	% of citizens satisfied with public service delivery	40% (2011)	Not available	60%	Periodic public service delivery perception surveys
<b>Project Output 1:</b> Central and selected district hospitals have increased coverage of expanded Essential Health Package interventions by 2016.	<b>Indicator 1:</b> % patients accessing essential health care package services provided by UNV specialist doctors.	TBD by February after instituting Real Time Monitoring	5% increase from Baseline	30% increase from baseline by 2016	Monthly hospital reports
<b>Project Output 2:</b> 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	<b>Indicator 1:</b> # of UNV specialist doctors involved in specialist training at College of Medicine, Kamuzu Central and Queen Elizabeth Central Hospitals	8 (2013)	10 (2014)	15 (2016)	Ministry of Health and College of Medicine reports
<b>Project Output 3:</b> Specialist clinics to remedy non communicable diseases operational	<b>Indicator 1:</b> Number of specialised clinics	2	3	4 (2016)	Hospital reports
<b>Project Output 4:</b> Effective and efficient project management	<b>Indicator 1:</b> % of Project Board decisions and recommendations implemented annually.	<b>Baseline:</b> 75% (June 2012).	<b>85%</b>	<b>Target:</b> 100% (2016).	PB Minutes HR-TWG reports
	<b>Indicator 2:</b> % of project results achieved as per the Annual Work Plan.	<b>Baseline:</b> 60%	<b>90%</b>	<b>Target:</b> 95% (2016).	Project progress and annual reports

**VIII: 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		

4				it difficult to achieve the programme outcome Probability:2 Impact 5	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**

<b>EXPECTED OUTPUTS AND INDICATORS INCLUDING ANNUAL TARGETS</b>	<b>PLANNED ACTIVITIES</b> List all the activities including monitoring and evaluation activities to be undertaken during the year towards stated CP outputs	<b>EXPENDITURES</b> List actual expenditures against activities completed	<b>RESULTS OF ACTIVITIES</b> For each activity, state the results of the activity	<b>PROGRESS TOWARDS ACHIEVING CP OUTPUTS</b> 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&amp;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>
<b>Output 1:</b> Central and selected district hospitals have increased coverage of expanded Essential Health Package interventions by 2016.				
<b>Indicator 1:</b> % 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.	1.1 Maintain, recruit and deploy 44 UNV doctors in central hospitals.  1.2 Conduct 5 CPDs to acquire new knowledge and skills			
<b>Output 2:</b> 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><b>Indicator 1:</b> # of UNV specialist doctors involved in specialist training at the College of Medicine, Kamuzu Central Hospital and Queen Elizabeth Central Hospital</p> <p><b>Baseline:</b> 8 (2012), <b>Target:</b> 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><b>Project Output 3:</b> Specialist clinics to remedy non communicable diseases operational</p>			
<p><b>Indicator 1:</b> Number of specialized clinics.</p> <p><b>Baseline:</b> 2 (2012) <b>Target:</b> 3 (2014).</p>	<p>3.1: Undertake an assessment of equipment needs for specialized units in central hospitals.</p> <p>3.2: Procure specialized equipment and basic medical equipment for central hospitals.</p> <p>3.3: CDI for each of the 4 central hospitals and 5 HIV zone offices.</p>		
<p><b>Output 4:</b> Effective and efficient project management</p>			

<p><b>Indicator 1:</b> % of Project Board Decisions and recommendations implemented annually.</p> <p><b>Baseline:</b> 75% (June 2012).</p> <p><b>Target:</b> 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><b>Indicator 2:</b> % of project results achieved as per the AWP.</p> <p><b>Baseline:</b> 60%</p> <p><b>Target:</b> 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 15<sup>th</sup> July 1977.

This document together with the 2012 – 2016 UNDAF AP signed by the GoM and UNDP which is incorporated by reference constitute together with a Project Document as referred to in the SBAA and all 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 custody, 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; and (ii) assume all risks and liabilities related to the implementing partner's security, and the full 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 UNDP 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 cater for 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 has a competitive advantage, e.g. import of specific goods or services from abroad. Procurement will 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. rosters 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.

**XI. ANNUAL PROFORMA COST FOR A UNV DOCTOR**

<b>Item</b>	<b>Percentage</b>	<b>USD</b>
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
<b>TOTAL</b>		<b>54,746.16</b>

\*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

**ANNUAL PROCUREMENT PLAN**

PROJECT TITLE:

PROJECT ID:

ANNUAL PLAN PERIOD:

Capacity Development in Health  
00085202  
2014

REQUESTER:

Venge Nkosi

Description of Procurement Items	Quantity		COA		Estimated Price	Currency	Available Budget in USD	Method of Procurement	Timeline for Procurement	Implementing partner focal point	Responsible UNDP Prog. Analyst
	No.	UNIT OF MEASURE	FUND/ DONOR	ACTIVITY							
1. Basic medical equipment and supplies for specialized units.			30000/00187	3	72300	USD	100,000	UNDP Support Service	30/06/2014	Dr. Dzowela	Venge Nkosi
2. Shipment of equipment and supplies			30000/00187	3	74700	USD	12,500	UNDP Support Service	30/06/2014	Dr. Dzowela	Venge Nkosi
2. Capacity Development Initiatives			30000/0187	3	72300	USD	50,000	UNDP Support Service	30/06/2014	Dr. Dzowela	Venge Nkosi
4. Audit		Days	30000/00168	4	74100	USD	20,000	UNDP Support Service	30/06/2014	Dr. Dzowela	Venge Nkosi
5. Evaluation of RNE Component		Days	30000/00187	4	72100	USD	15,000	UNDP Support Service	30/06/2014	Dr. Dzowela	Venge Nkosi
4. Supplies			30000/00187	2,4	72500	USD	14,500	UNDP Support Service	30/06/2014	Dr. Dzowela	Venge Nkosi
<b>Estimated Cost TOTAL</b>						USD	212,000	UNDP Support Service	30/06/2014	Dr. Dzowela	Venge Nkosi

**Note:**

Details of basic medical equipment and supplies to be procured will be determined once specialist meet early next year. IP shall request UNDP Country Office to provide project support services by specifying "UNDP Support Service" under "Method of Procurement." if any changes to be made on the procurement plan for UNDP Support Services, such as descriptions, specifications and quantity of the procured items. The procurement of goods and services and the recruitment of project personnel conducted through UNDP Support Service method, the UNDP country office shall be in accordance with the UNDP regulations, rules, policies and procedures.

IP shall notify the changes by writing to UNDP Country Office.