

UNITED NATIONS DEVELOPMENT PROGRAMME FIJI

Global Fund Project Field Monitoring Report

Project Title: Malaria Project

Project ID: 00096174 Award ID: 00090380

Member(s) of the Team Participated in the Visit:

Mike Ravono GF Admin & Finance Assistant

Elimi Tawake GF Finance Associate

Monitoring Visit Start Date:

20th January, 2016 (Mike Ravono) 27th January, 2016 (Elimi Tawake)

Monitoring Visit End Date: 31st January 2016

Place(s) Visited:

Efate Island, Port Vila: Vanuatu Ministry of Health, Vanuatu Ministry

of Finance & Treasury

Approved Mission Itinerary:

Mike Rayono

Depart Suva 20/01/16 Arrive Vila 20/01/16 (Mike)
Depart Vila 31/01/16 Arrive Suva 31/01/16

Elimi Tawake

Depart Suva 27/01/16 Arrive Vila 27/01/16 (Mike)
Depart Vila 31/01/16 Arrive Suva 31/01/16

Counterparts Discussed-with/Met :(In each location)

Ministry of Health - Acting Director General Mr. George Taleo

Ministry of Health Finance team

- Mr. Jameson Mokoroe (Finance Manager)

- Mr. Robinson Charlie (Finance Officer)

Ministry of Health – National TB/HIV and Malaria Control Program

Team

Ministry of Health – DFAT Procurement Advisor Ministry of Finance Treasury Unit – Ms. Lucy Simon

UNDP Global Fund Programme Analyst - Mr. Russel Tamata

Objectives of the Mission:

1. Review and assist MoHVA on completion of Malaria Quarter four acquittals financial reporting

2. Review of remaining (92%) outstanding documents for DFAT reimbursements

3. Discuss with MoHVA on action plan to address capacity assessment issues and recommendations

4. Provide clarifications on other issues raised by SR

5. Provide feedback to Vanuatu MoH team on the following:

- 2015 Quarter 4 Advances
- DFAT Reimbursements
- 6. Map a way forward for Vanuatu MoH and UNDP GF PMU in relation to 2016 Malaria bednet distribution

Planned Activities/Interventions during the mission:

- 1. Meetings with key stakeholders
 - b. Ministry of Health Acting Director General Mr. George Taleo
 - c. Ministry of Health Finance team
 - Mr. Jameson Mokoroe (Finance Manager)
 - Mr. Robinson Charlie (Finance Officer)
 - d. Ministry of Health National TB/HIV and Malaria Control Program Team
 - e. Ministry of Health DFAT Procurement Advisor
 - f. Ministry of Finance Treasury Unit Ms. Lucy Simon
 - g. UNDP Global Fund Programme Analyst Mr. Russel Tamata
- 2. Verification and classification of acquittals of Vanuatu 2015 Quarter 4 Advance
- 3. Verification and classification of DFAT reimbursement for Malaria Bendnet Distribution, October 2015
- 4. Brief Acting Director General of Ministry of Health regarding progress of acquittals, both 2015 Quarter 4 Advance and DFAT Reimbursement and mapping way forward

Description of Mission Conduct/ Main Findings (vis-à-vis the objectives /activities above):

1. Russel Tamata (GF program Analyst, Vanuatu) requested for assistance from the GF PMU team in Suva for the following:

a) Review of acquittal documentation for 2015 Quarter 4, Advance; and

- b) Review of acquittals provided by the Malaria team for the reimbursement of DFAT funds utilized for the Malaria bednet distribution in late 2015.
- 2. The mission commenced on 20th January, 2016 when Mike Ravono arrived in Vanuatu and commenced the verification of the 2015 Quarter 4 advance to the MoH Vanuatu. Mike also proceeded to verify the acquittals of the DFAT funds that were utilized for the Malaria bednet distribution programme.

3. During the verification of the DFAT funds Mike found that there were a lot of issues and that there were advances that still had not been acquitted. Looking at the volume of the acquittals and the amount of work required Mike and

Russell requested further assistance from the GF PMU.

4. Elimi was tasked to assist Mike & Russell in Vanuatu with the acquittals of the DFAT funds and discussions with the MoH team on the issues discovered by the team and the way foreward to improve the malaria bednet distribution and acquittal of advances by the MoH bednet distribution teams.

5. Actual activities carried out during Monitoring visit

a) Team requested source documents based on ledger listing of expenditure provided by Vanuatu MoH and Ministry of Finance & Treasury. Source documents would be basis of acquittals for 2015 Quarter 4 advance provided to Vanuatu Ministry of Health.

b) A ledger listing was provided by the Ministry of Health for the 2015 Quarter 4 advance and another ledger

listing was also provided by the Ministry of Finance & Treasury.

c) From the meeting with MoF on Thursday 28/01 the team was advised that the salaries were processed every fortnight (for contract staff) and these pays were rolled over without any need for source documents as they were based on the staff contract with the Government.

d) The following issues were noted in relation to the acquittals of the Quarter 4 advance

1. Payroll for contracted staff are run automatically without need for input from the MoH

- 2. Payroll is processed and paid through the Government Consolidated Account. The Government Consolidated Expense account is then reimbursed by the Gobal Fund project Account at the end of the month
- 3. Not all staff are paid through the project. Some staff are being paid through DFAT funds.

4. One of the staff who had resigned in December 2015 is still getting paid. His pay was also processed in the month of January, 2016.

e) Team was provided with DFAT reimbursement by Vanuatu MoH team and proceeded to verify the acquittals provided by Malaria project team that was involved in the Bednet distribution program across the country

The following issues were discovered:

- 1. Some receipts lacked signatures and phone contacts. These payments would be difficult to verify
- 2. No detailed planning documentation were submitted with the acquittals. This mean that the there was no way to link the expenditure to the distribution plans. The plans should have included the following:
 - a) no. of bednets to be distributed by zone, province, etc.,
 - b) duration of distribution by province, zone, etc.
 - c) roles of staff and volunteers in the program,
 - d) other MoH and/or Government resources deployed in distribution

e) DG's signature approving the distribution

- 3. Lack of consistency in the utilisation of volunteers/staff (6 nights, 20 nights) not linked to distribution plans (i.e. no. of bednets distributed, size of distribution area, no. of households, etc.)
- 4. Purchase of fuel (e.g. 200L used) no mileage sheets provided for utilisation of fuel, no idea of vehicles being refueled and number of days fuel utilized for
- 5. Hire of rental cars; no matrix of MoH resources availability/non-availability
- 6. Hire of boats no details provided, names, etc.

7. Hire of transport - no registration number of vehicles provided

- 8. Mobile phone top ups no phone numbers provided, no consistency or justification for frequency of mobile top ups
- g) Team had a meeting with DG MoH on Friday and briefed him on findings of mission and way forward. DG also provided some valuable information in debrief session (availability of planning template, use of GIS for malaria team)

Specific Project Performance/Implementation Issues (including key challenges):

The Global Fund funded programs (Malaria & HIV/TB) in Vanuatu have the potential to make a significant contribution to the improvement in the quality of lives of the Vanuatu peoples however, the following challenges will need to be overcome by the Global Fund PMU team to ensure that we achieve the objectives of the programme:

- Non-compliance with established financial policies & procedures
- Laxity in enforcement of financial policies & procedures
- Lack of awareness of Global Fund/UNDP financial requirements
- No alignment of Global Fund/UNDP financial requirements and Government financial policies & procedures
- Government system & infrastructure works independently of the different ministries with regard to payroll processing
- Government Policies are formalized but not practiced
- GF PMU team is not aware of the actual resources available to the Vanuatu MoH team, staff numbers (outer islands), resources available through Government linkages (provinces, outer islands, e.g. Ministry of Finance & Treasury, Executive officers, etc.) motor vehicles, planning resources (Special computer templates/programs), IT resources (software/hardware, GIS, etc.)
- GF PMU team lacks knowledge of the operational aspects of the program (new information being discovered all the time)
- GF PMU team previously not provided with Standard Operating Procedures/Processes for Operational aspects of the Malaria & HIV/TB program and activities
- No alignment or proper linkage of GF/UNDP controls
- difficulty of obtaining reliable information
- A lack of knowledge in regards to the operational aspects of the program
- Difficulty of obtaining reliable information
- Lack of structural set up for orderly & logical service delivery
- No evidence of inclusive stakeholder consultative planning process for major project milestones

Recommendations/Follow-up Points and by whom:

No.	Recommendation	Timeframe	Responsibility
1	Russell to organise planning with stakeholders and Steering Committee, Program staff, Finance staff, Partners, etc. UNDP to contribute to forum and provide guidance and advice.	March	Russel/MoH Malaria team
2	Russel and MoH Malaria team to provide listing of all resources available to Malaria bednet distribution team, Forecasting program tools, GIS, Planning resources, Human resources (Volunteers, staff, skilled, unskilled, specialist, etc.) linkages with Govt. structures (provinces, outer islands) together with organogram and flowchart of Malaria bednet distribution process	February	Russel/MoH Malaria team
3	UNDP/GF to be involved at initial Planning phase. Currently coming in at point Z to try to fix the distribution network - UNDP/GF will need to be involved from point A and observe distribution to ensure program objectives achieved & report accordingly	February-March	UNDP Team
4	MoH team to provide data in relation to census or Central Planning Office figures on population and link to bednet distribution	February	MoH Team
5	MoH and SPC to be requested to provide any reports on Malaria bednet distribution, all historical information, measures, monitoring, Planning minutes, approved distribution plans, etc.	February	Maisoon/Russell/MoH Malaria team

6	MoH SOP's for bednet distribution and channels to be obtained Russell to provide WHO template and program procedures/process.	February	Mike/Russell
7	Reliable Suppliers to be segregated by village, zone, province, island and to be pre agreed. Team to contact suppliers and explore possibility of direct payment mode.	February	Russel/MOH Malaria team
	Database to be created for all suppliers, MoH staff and volunteers and segregated by zone, province, island, etc.		
8	Cash disbursements to be reduced. All expenditures that may be incurred in Port Vila to be bought (recharge cards, payment for rental cars, fuel from service stations, etc.). This will reduce the need for staff to carry cash.	February	Russel/MOH Malaria team
9	GF team & MoH to consider scaling back magnitude of distribution to manageable & well co-ordinated approach. Team to consider beginning with smaller province and testing flow chart process and direct payment modality of suppliers.	February	MOH Malaria team/UNDP team
10	Russel & MoH Malaria team to provide detailed maps (GIS maps and reports to be provided) of Vanuatu and islands covered under GF projects	February	Russel
11	Forms for bednet distribution to be printed in books (triplicate/quadruplicate copies) and to also include details required by GF/UNDP PMU team The bednet forms may need to be amended to include spot for	February	MoH Team/UNDP team
	UNDP signature and records		
12	Acquittal of expenditure to be printed in books (triplicate/quadruplicate copies) and to also include details required by GF/UNDP PMU team	February	MoH Team/UNDP team
13	UNDP/GF requirements are not widely understood as yet; to be detailed for stakeholders at the planning meeting so all parties are aware of UNDP/GF expectation	March	Elimi/Mike

Attachments/Annexes to this Report: -	at h					
Reported by: Mike Ravono	Signature: 65/02/16.					
Reported by: Elimi Tawake	Signature: April 0902/11					
Endorsement by Supervisor /Head of the Unit I have read this report (and its Appendices) and support its outcomes and conclusions including the action plan						
Signature	Date5/.2/.//					

General Instructions:

- The field monitoring report should be filled maximum one week following the mission
 The filled field Monitoring Checklist is a mandatory attachment to every field monitoring report.
 The PMU will archive both soft and hard copy versions of the final approved Field Monitoring Report.