

**Project Document Format for non-CPAP Countries or Projects outside a CPAP**

**United Nations Development Programme**

**Country: Vanuatu**

**Project Document**

**Project Title:** **Sustaining Universal Coverage of LLINs in Vanuatu**

**UNDAF Outcome** Outcome 4.1: Increased access to quality health, education and protective services in particular for women, children, youth and vulnerable populations.

**Expected Outcome(s)** Universal coverage of Long Lasting Insecticidal Nets to prevent malaria infection in Vanuatu is sustained and associated health information systems are strengthened

**Expected RDP Output:** Output 2.4: National institutions, systems, laws and policies strengthened for equitable, accountable and effective delivery of basic services to excluded groups, with a particular focus on health and HIV.

**Executing Entity:** UNDP

**Implementing Agencies:** UNDP, CSOs and Vanuatu Ministry of Health (as sub-recipient)


**Brief Description**

UNDP has been nominated as the new Principal Recipient for the Western Pacific Global Fund Grants for AID, TB and Malaria for the 11 countries participating in the New Funding Model NWP 2015-2017. Under the above arrangement, this project supports Vanuatu efforts to maintain universal coverage with Long Lasting Insecticide treated bed Nets (LLINs) for the whole of Vanuatu population at risk. The project will play an essential part of the National Malaria Strategic Plan 2015-2020 (NMSP) by procuring and distribute 222,870 LLINs, provide technical, operational and M&E support to the national Malaria Programme including 8 Malaria Control positions in the Ministry of Health – 6 of which at provincial level.

Programme Period:	1 Jul 2015 31 Dec. 2017
Key Result Area (Strategic Plan)	Countries have strengthened institutions to progressively deliver universal access to basic services
Atlas Award ID:	_____
Start date:	July 1 <sup>st</sup> 2015
End Date	December 31 <sup>st</sup> 2017
PAC Meeting Date	December 10 <sup>th</sup> 2015
Management Arrangements	DIM

Total resources required	\$2,657,874
Total allocated resources:	\$2,657,874
• Regular	0
• Other:	
o Donor (GF)	\$2,657,874
o Donor	_____
o Donor	_____
o Government	_____
Unfunded budget:	0

Agreed by (UNDP):



14/08/16

## List of Acronyms

“Board”	Global Fund Board
ACT	Artemisinin-based combination therapies
AIDS	Acquired Immune Deficiency Syndrome
AWP	Annual Work Plan
CBO	Community Based Organisation
CC (+/-)	Culture (positive/negative)
CCM	Country Coordinating Mechanism
CSO	Civil Society Organization
CSS	Community Systems Strengthening
DFAT	Australian government of Department of Foreign Affairs and Trade
DHS	Demographic and Health Survey
DOT	Directly Observed Treatment
DQA	Data Quality Audit
Dr	Disbursement request
DRS	Drug Resistance Surveillance
DST	Drug Susceptibility Testing
EFR	Enhanced Financial Reporting
EOI	Expression of Interest
FPM	Fund Portfolio Manager
GAC	Grant Approval Committee
GDF	Global Drug Facility
GF	Global Fund
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human immune deficiency
HMIS	Health Management Information System
HR	Human Resources
HSS	Health Systems Strengthening
IC	Infection control
IDA	International Dispensary Association Foundation
IEC	Information Education and Communication
IG	Inspector general
IM	Implementation Mapping
IPT	Intermittent Preventive Treatment
IRS	Indoor Residual Spraying
ITN	Insecticide-treated net
LFA	Local Fund Agent
LHP/HPL	List of Health Products/Health Products List
LLIN	Long-lasting insecticidal nets
M&E	Monitoring & evaluation
M&ESS	Monitoring & Evaluation Systems Strengthening
MIS	Malaria Indicator Survey
MOF	Ministry of Finance
MOH	Ministry of Health

MWP	Multi-Country Western Pacific
NFM	New Funding Model
NMCP	National Malaria Control Programme
NSP	National Strategic Plan
OIG	Office of Inspector General
OSDV	On-Site Data Verification
PAP	Procurement Action Plan
PF	Performance Framework
PICs/PICTs	Pacific Island Countries/Pacific Island Countries and Territories
PIFs	Pacific Islands Forum Secretariat
PIRMCCM	Pacific Islands Regional Multi-Country Coordinating Mechanism
PLHIV	People Living with HIV
PMU	Programme Management Unit
PQR	Price and Quality Reporting
PR	Principal Recipient
PSM	Procurement and Supply Chain Management
PU	Progress Update
PUDR	Progress Update and Disbursement request
RDT	Rapid Diagnostic Test
RSQA	The Rapid Service Quality Assessment
SAT	Self-Administered Treatment
SDA	Service delivery area
SOPs	Standard Operating Procedures
SP	Service Providers
SPC	Secretariat of the Pacific Community
SR	Subrecipient
SSR	Sub-Sub-Recipient
STCs	Standard Terms and Conditions
STI	Sexually Transmitted Infection
TA	Technical Assistance
TB	Tuberculosis
TOT	Training of Trainers
TRP	Technical Review Panel
TWG	Technical Working Group
UNAIDs	Joint UN Programme on HIV and AIDs
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
VCT	Voluntary Counseling and Testing
VPP	Voluntary Pooled Procurement
WHO	World Health Organisation

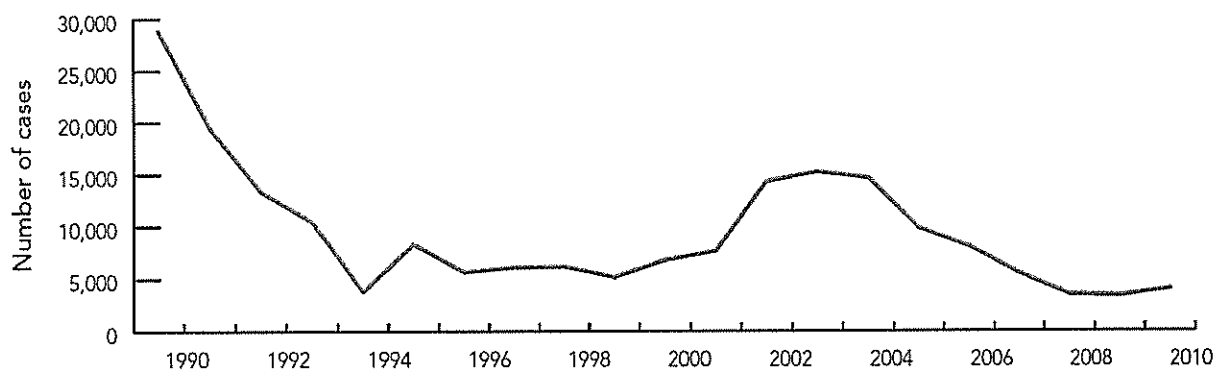
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## I. SITUATION ANALYSIS

Vanuatu has experienced a 40 percent decrease in reported malaria cases between 2000 and 2010, from 6,768 cases to 4,017 cases. Malaria is endemic in Vanuatu except for the islands of Aneityum and Futuna, which are malaria free. Although the only known malaria vector is *Anopheles farauti*, infections due to *Plasmodium falciparum* and *P. vivax* also occur, as do rare cases of *P. malariae*. *P. vivax* makes up approximately 56 percent of the *Plasmodium* parasite species with a recent *P. vivax* increase especially in the southern islands. Transmission is seasonal with a peak during the December-to-April rainy season. Overall, malaria incidence is lower in the south and higher in the north. Due to the constant movement of populations, certain areas that would be considered malaria free are at risk of transmission from imported cases.

Other than those living on Futuna Island, the entire population of Vanuatu is at risk for malaria. Widespread use of insecticide-treated bed nets (ITNs) has contributed to an overall reduction of malaria starting in 1990, when annual malaria incidence was nearly 200 per 1,000 population. The current malaria strategy aims to achieve and sustain close to 100 percent coverage and use of long-lasting insecticide-treated bed nets (LLINs), increase access to quality diagnostic coverage for health facilities, provide 100 percent coverage of indoor residual spraying (IRS), and ensure effective and prompt treatment using artemisinin-based combination therapy (ACT). Vanuatu is a country partner in the Asia Pacific Malaria Elimination Network (APMEN), a network composed of 12 Asia Pacific countries and other stakeholders working to eliminate malaria in the region.<sup>1</sup>

**Figure 1: Reported Malaria Cases**



*As a result of large-scale ITN use, a significant decrease in cases was seen in the 1990s. The case increase in the early 2000s was the result of an earthquake and tsunami, as well as human and financial constraints, which reduced the malaria program's capacity to sustain intervention programs.<sup>14, 15</sup>*

Source: World Health Organization, World Malaria Report 2011

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## II. STRATEGY

In line with the UNDAF outcomes and national priority concerns, this project primarily serves to strengthen the national malaria response and is fully aligned and complementary of other malaria control activities as per the National Malaria Strategic Plan (NMSP 2015-2020).

The proposed approach was devised and agreed upon with the involvement of all relevant stakeholders coordinated by the overall Coordination Mechanism involving government representatives and civil societies through the Vanuatu Country Coordinating Mechanism (VCCM) CCM and the PIRMCCM with the technical support from the Regional Technical Working Group, consisting of UNAIDS, WHO, UNICEF, UNDP and SPC. A Country Dialogue was led under the auspices of the VCCM. Revitalized in early 2014, the VCCM has a strong Non-Government sector chairing it and accounting for 67% of the membership.

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<sup>1</sup> Country Briefing April 2012. Global Health Group and National Vector Borne Disease Program in Vanuatu

The programme is focused on maximizing and maintaining the coverage of Long Lasting Insecticidal Nets (LLINs). The LLIN component of the NMSP is the primary strategy for vector control and personal protection in the country. Along with case management, the LLIN program is considered to be an absolute priority for the NMSP. Global evidence suggests that when large numbers of people use LLINs to protect themselves while sleeping, the burden of malaria can be reduced, resulting in a reduction in child mortality among other benefits.

The project will strengthen the National Malaria Control Programme by funding 8 National officers working under the authority of the Vanuatu Ministry of Health: one National Vector Control Officer, one National M&E Officer and 6 provincial Vector Control Officers (one in each province)

In order to reach and maintain universal coverage with LLINs, the project will undertake systematic full replacement of LLINs (on the basis of one net per sleeping space or one net for every 1.2 people) throughout the entire country on a three-yearly health zone cycle: this means 222,870 nets will be delivered over the cycle of the grant.

Mass distribution mechanisms will remain similar as during the last 3 years. The established LLIN mass distribution system is coordinated nationally and implemented on a decentralised (provincial) basis. Local communities are engaged in the distribution process and provide casual labour for portage of LLINs in rural areas not served by roads.

A malaria indicator survey (MIS) in 2011 showed that use of insecticide treated nets (ITNs) during the high transmission season by young children (67%) and pregnant women (73%) was higher than among the general population (52%). Considering the past low demand for LLINs through continuous top-up, the MIS survey results for ITN usage demonstrate the effectiveness of the mass distribution mechanism in protecting young children and pregnant women.

Behaviour change communication will be provided both directly and indirectly (through schools as well as SMS messaging) to local communities to promote bed net utilisation. In addition to the LLIN distribution, the grant will support relevant supervision and monitoring and evaluation (M&E) including a malaria indicator survey in 2017.

The objective of the project is: **“to maintain universal coverage with LLINs for the whole population of Vanuatu”**

**The key deliverables of the project are as follows:**

- Long Lasting Insecticide treated Nets Procurement and Distribution to household level – 222,870 as per Vanuatu LLIN Distribution Plan, including LLIN brochure
- Support to the National and Sub National Malaria Control Personnel – 8 staff at national and provincial level
- National and sub national monitoring and evaluation/supervision visits – including annual supervision plans and at least six monthly monitoring/supervision visits
- Annual SMS messaging campaigns - pre and post LLIN distribution
- 2017 Malaria Indicator Survey – knowledge, attitudes and practice
- Strengthening national program and operational capacity

**Table 1: Resources overview (USD) and breakdown by Modules, Interventions and Years (2015-2017)**  
 (Note: "Module" in Global Fund grant Agreement translates to "Activity" in UNDP ATLAS)

	2015	2016	2017	TOTAL
<b>Malaria Modules and Interventions</b>	\$687,276	\$1,037,171	\$933,427	\$2,657,874
<b>Module 1 - Vector control</b>	\$493,891	\$730,697	\$394,106	\$1,618,693
Intervention 1.1 - Long-lasting insecticidal nets (LLIN) - Mass campaign	\$493,891	\$730,697	\$394,106	\$1,618,693
<b>Module 2 - HSS - Health information systems and M&amp;E</b>	\$3,204	\$15,738	\$261,530	\$280,472
Intervention 2.1 - Analysis, review and transparency	\$3,204	\$15,738	\$16,024	\$34,966
Intervention 2.2 - Surveys	\$0	\$0	\$245,506	\$245,506
<b>Module 3 - Program management</b>	\$190,182	\$290,736	\$277,791	\$758,708
Intervention 3.1 - Grant management	\$146,705	\$269,976	\$256,409	\$673,090
Intervention 3.2 - Policy, planning, coordination and management	\$43,477	\$20,760	\$21,382	\$85,619

The detailed budget agreed with the Global Fund is provided in **Annexe 1**

### III. RESULTS AND RESOURCES FRAMEWORK

<p><b>Intended Goals:</b></p> <p><i>By the end of 2020, to reduce the annual parasite incidence rate to &lt; 1 per 1,000 nationally and maintain zero confirmed deaths from malaria.</i></p> <p><i>By the end of 2016, to achieve zero local transmission of malaria in one province (Tafea) and reduce the annual parasite incidence rate to &lt; 5 per 1,000 nationally and maintain zero confirmed deaths from malaria.</i></p> <p><i>By the end of 2018, to reduce the annual parasite incidence rate to &lt; 2.5 per 1,000 nationally and reduce the annual parasite incidence rate to &lt; 1 per 1,000 in one additional province (Torba) and maintain zero confirmed deaths from malaria.</i></p>				
<p><b>Outcome indicators as stated in the Country Programme Results and Resources Framework, including baseline and targets:</b></p> <p><i>Malaria O-1a: Proportion of population that slept under an insecticide-treated net* the previous night (Baseline 44% Target: 70%)</i></p> <p><i>Malaria O-1b: Proportion of children under five years old who slept under an insecticide-treated net* the previous night (Baseline 51% Target 70%)</i></p> <p><i>Malaria O-1c: Proportion of pregnant women who slept under an insecticide-treated net* the previous night (Baseline 41% Target 70%)</i></p> <p><i>Malaria O-2: Proportion of population with access to an ITN within their household (Baseline 74% Target 80%)</i></p> <p><i>Malaria O-3: Proportion of population using an insecticide-treated net* among the population with access to an insecticide-treated net (Baseline 60% Target 80%)</i></p> <p><i>Malaria O-6: Proportion of households with at least one insecticide-treated net* for every two people (Baseline 66% Target 80%)</i></p>				
<p><b>Applicable Key Result Area (Strategic Plan):</b></p> <p><b>Partnership Strategy: UNDP and Ministry of Health of Health Vanuatu (other partners to be determined as per UNDP rules and regulations)</b></p>				
<p><b>Project title and ID (ATLAS Award ID):</b></p>				
HIGH LEVEL OUTPUT (FOR ATLAS PURPOSE <sup>2</sup> )	OUTPUT TARGETS FOR (YEARS)	INDICATIVE ACTIVITIES	RESPONSIBLE PARTIES	INPUTS
Universal coverage of Long Lasting Insecticidal Nets to prevent malaria infection in Vanuatu is sustained and	Targets (2015) Jul- Dec: 35,240	List activity results and associated actions needed to produce each output or annual output targets.	UNDP in partnership with MoH Vanuatu	

<sup>2</sup> Note: Projects created in Atlas should conform to the standard structure that one Global Fund Grant Agreement corresponds to one Atlas Project with one Atlas Output (UNDP-Global Fund Project Activity and Budget Setup Guide)

<p>associated health information systems are strengthened.</p>	<p>Targets (2016) Jan-Dec: 92,710</p> <p>Target (2017) Jan- Dec 2017: 94,710</p>	<p><i>Each activity result shall ultimately become an Activity ID in Atlas.</i></p> <p><b>1 Activity Result 1 (i.e: Module 1 in GF Grants documents) : Effective Vector Control</b></p> <ul style="list-style-type: none"> <li>▪ 1.1 Long Lasting Insecticidal nets (LLIN) – Mass Campaign (Distribution)</li> </ul>		<p>USD 1,618,693</p> <p>Staffing and Procurement, Supply Chain Management and Handling of LLINs, health communication</p>
<p>Targets 2016 - 2017</p> <ul style="list-style-type: none"> <li>- MIS Protocol and Research Design Completed and Endorsed</li> <li>- Annual supervision plans developed</li> </ul> <p>Targets 2017</p> <ul style="list-style-type: none"> <li>- Annual M&amp;E review and lessons learnt Workshop</li> </ul>	<p><b>2 Activity Result 2 (i.e: Module 2 in GF Grants documents): Performing HSS – Health information systems and M&amp;E</b></p> <ul style="list-style-type: none"> <li>▪ 2.1 Analysis, review and transparency</li> <li>▪ 2.2 Surveys (MIS)</li> </ul>	<p>UNDP in partnership with MoH Vanuatu</p>		<p>USD 280,472</p> <p>Data collection, analysis, training, travel, and associated general operating expenses incl. contractual services</p>
<p>Targets (year 1)</p> <ul style="list-style-type: none"> <li>- UNDP &amp; MoH supervision plans developed (July 2015 – July 2016 – July 2017)</li> <li>-Supervision Visits (6 monthly)</li> </ul> <p>Targets (year 2)</p> <ul style="list-style-type: none"> <li>-Supervision Visits (6 monthly)</li> </ul>	<p><b>3 Activity Result (i.e: Module 3 in GF Grant Documents): Grant Management</b></p> <ul style="list-style-type: none"> <li>▪ 3.1 Grant Management (PMU Supervision and Monitoring)</li> <li>▪ 3.2 Policy, Planning, coordination and management</li> </ul>	<p>UNDP in partnership with MoH Vanuatu</p>		<p>USD 758,708</p> <p>Staffing, Operating expenses, travel, overhead, Facilities and administration</p>



IV. ANNUAL WORK PLAN

Year: 2015

HIGH LEVEL EXPECTED OUTPUT	PLANNED ACTIVITIES <i>List activity results and associated actions</i>	TIMEFRAME				RESPONSIBLE PARTY	PLANNED BUDGET	
		Q1	Q2	Q3	Q4		Funding Source	Budget Description Amount
<p>Universal coverage of Long Lasting Insecticidal Nets to prevent malaria infection in Vanuatu is sustained and associated health information systems are strengthened.</p> <p>Baseline: 94,147 (2013)<sup>3</sup> Indicators: Nb. of LLIN distributed</p> <p>- Targets (2015) Jul-Dec: 35,240</p>	<p><i>Activity Result 1: Effective Vector Control</i></p> <ul style="list-style-type: none"> <li>▪ 1.1 Long Lasting Insecticidal nets (LLIN) – Mass Campaign (Distribution)</li> </ul>			X	X	UNDP	GF	Procurement and supply management (LLINs) Transport, shipping and handle Communication Salaries  (1.1) \$493,891
<p>Baseline: MIS conducted in 2011 and DHS conducted in 2013 Indicators: MIS and routine reporting conducted</p>	<p><i>Activity Result 2: Performing HSS - Health information systems and M&amp;E</i></p> <ul style="list-style-type: none"> <li>▪ 2.1 Analysis, review and transparency (Annual supervision plans – routine reporting)</li> <li>▪ 2.2 Surveys (MIS)</li> </ul>					UNDP	GF	General operating expenses (supervision, data collection)  (2.1) \$3,204

<sup>3</sup> Baseline refers to the number of LLIN distributed in 2013 as reported to the Global Fund.

Data source: LLIN Distribution registers and program reports Target setting assumptions include: (i) total country population at risk, projected based on 2009 census, ref. 'Programatic LLIN table' tab; (ii) LLIN/person ratio of 1: 1.25; (iii) three-year rolling mass distribution plan, ref. 'LLIN Distribution Plan

<p><i>Targets 2015</i></p> <ul style="list-style-type: none"> <li>- <i>Annual supervision plans developed</i></li> <li><i>Baseline: NA</i></li> <li><i>Indicators: Financial and narrative reports</i></li> <li><i>Targets (year 1)</i></li> <li>- <i>UNDP &amp; MoH supervision plans developed (July 2015) – Supervision Visits (6 monthly)</i></li> </ul>	<p><i>Activity Result 3: Grant Management</i></p> <ul style="list-style-type: none"> <li>▪ 3.1 Grant Management (PMU Supervision and Monitoring)</li> <li>▪ 3.2 Policy, Planning, and coordination management</li> </ul>			<p>X</p> <p>X</p>	<p>X</p> <p>X</p>	<p>UNDP</p>	<p>GF</p>	<p>Salaries Travel Contractual services General operating expenses Overhead Training, workshop &amp; conference</p>	<p>(3.1) \$146,705</p> <p>(3.2) \$43,477</p>
TOTAL									\$687,276

Year: 2016

HIGH LEVEL EXPECTED OUTPUT	PLANNED ACTIVITIES <i>List activity results and associated actions</i>	TIMEFRAME				RESPONSIBLE PARTY	PLANNED BUDGET	
		Q1	Q2	Q3	Q4		Funding Source	Amount
<p>Universal coverage of Long Lasting Insecticidal Nets to prevent malaria infection in Vanuatu is sustained and associated health information systems are strengthened.</p> <p>Baseline: 94,147 (2013)<sup>4</sup></p> <p>Indicators: Nb. of LLIN distributed</p> <p>Targets (2016)</p> <p>Jan-Dec: 92,710</p>	<p><i>Activity Result 1: Effective Vector Control</i></p> <ul style="list-style-type: none"> <li>▪ 1.1 Long Lasting Insecticidal nets (LLIN) – Mass Campaign (Distribution)</li> </ul>	X	X	X	X	UNDP	GF	(1.1) \$730,697
<p>Baseline: MIS conducted in 2011 and DHS conducted in 2013</p> <p>Indicators: MIS and routine reporting conducted</p> <p>Targets 2016 - 2017</p> <p>- MIS Protocol and Research Design Completed and Endorsed</p>	<p><i>Activity Result 2: Performing HSS - Health information systems and M&amp;E</i></p> <ul style="list-style-type: none"> <li>▪ 2.1 Analysis, review and transparency (Annual supervision plans – routine reporting)</li> <li>▪ 2.2 Surveys (MIS)</li> </ul>	X		X		UNDP	GF	(2.1) \$15,738

<sup>4</sup> Baseline refers to the number of LLIN distributed in 2013 as reported to the Global Fund.

Data source: LLIN Distribution registers and program reports Target setting assumptions include: (i) total country population at risk, projected based on 2009 census, ref. 'Programmatic LLIN table' tab;

(ii) LLIN/person ratio of 1: 1.25; (iii) three-year rolling mass distribution plan, ref. 'LLIN Distribution Plan

- Annual supervision plans developed	Targets 2017 - Annual M&E review and lessons learnt Workshop	Baseline: NA Indicators: Financial and narrative reports	Targets (year 1) - UNDP & MoH supervision plans developed (July 2015 – July 2016 – July 2017)	-Supervision Visits (6 monthly)	Targets (year 2) -Supervision Visits (6 monthly)	<ul style="list-style-type: none"> <li>Activity Result 3: Grant Management <ul style="list-style-type: none"> <li>3.1 Grant Management (PMU Supervision and Monitoring)</li> <li>3.2 Policy, Planning, coordination and management</li> </ul> </li> </ul>	X	X	X	X	X	X	X	GF	Salaries Travel Contractual services General operating expenses Overhead Training, workshop & conference	(3.1) \$269,976 (3.2) \$20,760
TOTAL																\$1,037,171



Year 2017

HIGH LEVEL EXPECTED OUTPUT	PLANNED ACTIVITIES <i>List activity results and associated actions</i>	TIMEFRAME				RESPONSIBLE PARTY	PLANNED BUDGET	
		Q1	Q2	Q3	Q4		Funding Source	Budget Description
<p>Universal coverage of Long Lasting Insecticidal Nets to prevent malaria infection in Vanuatu is sustained and associated health information systems are strengthened.</p> <p><i>Baseline: 94,147 (2013)<sup>5</sup></i></p> <p><i>Indicators: Nb. of LLIN distributed</i></p> <p><i>Target (2017)</i> <i>Jan- Dec 2017: 94,710</i></p>	<p><i>Activity Result 1: Effective Vector Control</i></p> <ul style="list-style-type: none"> <li>▪ <i>1.1 Long Lasting Insecticidal nets (LLIN) – Mass Campaign (Distribution)</i></li> </ul>	X	X	X	X	UNDP	GF	<p>Procurement and supply management (LLINs)</p> <p>Transport, shipping and handle</p> <p>Communication Salaries</p> <p>(1.1) \$394,106</p>

<sup>5</sup> Baseline refers to the number of LLIN distributed in 2013 as reported to the Global Fund.

Data source: LLIN Distribution registers and program reports Target setting assumptions include: (i) total country population at risk, projected based on 2009 census, ref. 'Programmatic LLIN table' tab;

(ii) LLIN/person ratio of 1: 1.25; (iii) three-year rolling mass distribution plan, ref. 'LLIN Distribution Plan

<p>Baseline: MIS conducted in 2011 and DHS conducted in 2013</p> <p>Indicators: MIS and routine reporting conducted</p> <p>Targets 2016 - 2017</p> <ul style="list-style-type: none"> <li>- MIS Protocol and Research Design Completed and Endorsed</li> <li>- Annual supervision plans developed</li> </ul> <p>Targets 2017</p>	<p><b>Activity Result 2:</b> Performing HSS - Health information systems and M&amp;E</p> <ul style="list-style-type: none"> <li>▪ 2.1 Analysis, review and transparency (Annual supervision plans – routine reporting)</li> <li>▪ 2.2 Surveys (MIS)</li> </ul>	<p>X</p>	<p>X</p>				<p>UNDP</p>	<p>GF</p>	<p>General Operating Expenses (e.g contractual services for MIS)</p>	<p>(2.1) \$16,024</p> <p>(2.2) \$245,506</p>
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<p>- Annual M&amp;E review and lessons learnt Workshop</p>	<p>Baseline: NA</p> <p>Indicators: Financial and narrative reports</p>	<p>Targets (year 1)</p> <p>- UNDP &amp; MoH supervision plans developed (July 2015 – July 2016 – July 2017)</p>	<p>-Supervision Visits (6 monthly)</p>	<p>Targets (year 2)</p> <p>-Supervision Visits (6 monthly)</p>								
		<p><b>Activity Result 3: Grant Management</b></p> <ul style="list-style-type: none"> <li>▪ 3.1 Grant Management (PMU Supervision and Monitoring)</li> <li>▪ 3.2 Policy, Planning, coordination and management</li> </ul>		<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>UNDP</p>	<p>GF</p>	<p>Salaries Travel Contractual services General operating expenses Overhead Training, workshop &amp; conference</p>	<p>(3.1) \$256,409 (3.2) \$21,382</p>
TOTAL											\$933,427	



## V. MANAGEMENT ARRANGEMENTS

UNDP has established a Programme Management Unit (PMU) to manage the operations of the Global Fund grants, provide general guidance on GFATM policies and procedures and ensure the responsibility for procurement of the health products and other commodities under this grant are met. The Core PMU is based in Suva, Fiji, the Pacific hub. In addition there are 5 out-posted positions two of which will be out-posted in Vanuatu, given the size and complexity of the programme in this LDC.

The PMU presented in the organogram below comprises both internationally and locally recruited personnel that assist the **Programme Manager (P4 International)** with the delivery of project activities. The Project Manager coordinates with all the partners and ensures that project activities are efficiently and effectively carried out. He also oversees the implementation of all Global Fund grants in addition to providing support to the implementation of the Capacity Development Plan. Furthermore, the Project Manager ensures facilitation of knowledge building and sharing within the PMU as well as partnership strengthening and coordination.

The table below indicates the Staffing support for the Malaria project management:

**Table 2: PMU Staffing contributions and level of efforts to the Malaria Project.**

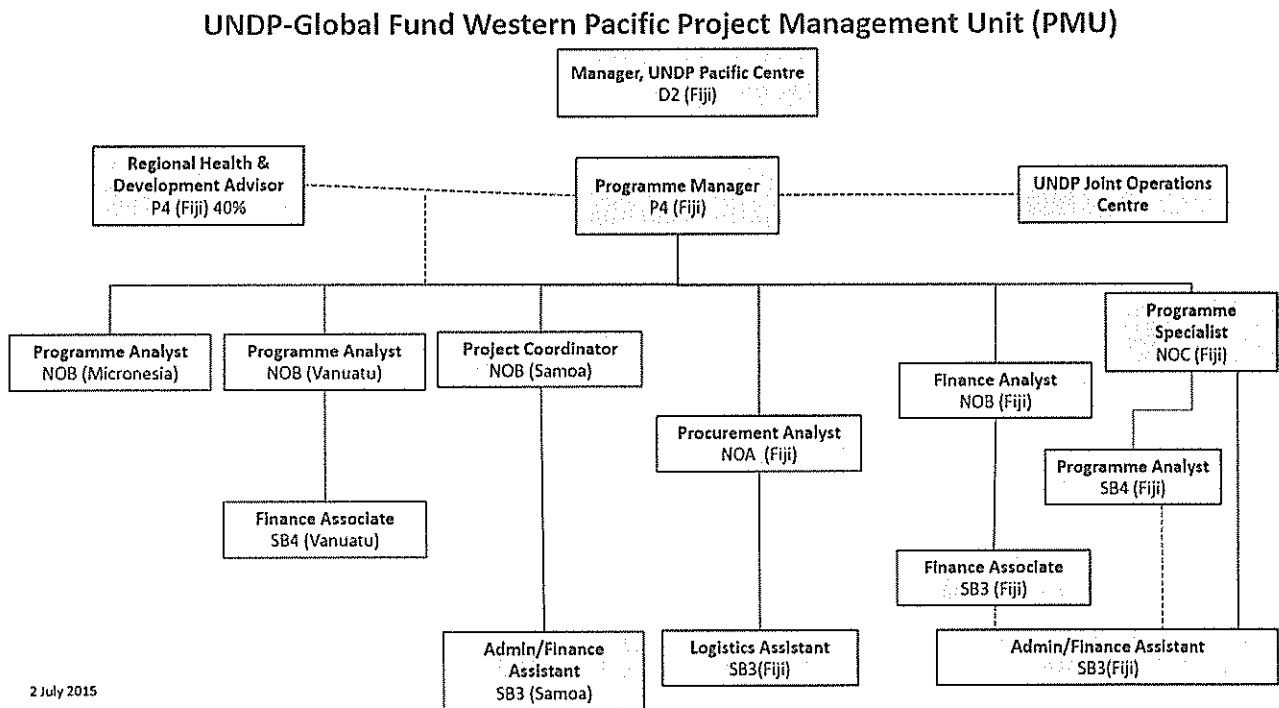
Staff Title	Function	Grade	Level of apportioned to Malaria Project <sup>6</sup>	Duty Station
<b>Programme manager</b>	<ul style="list-style-type: none"> <li>- Responsible for the implementation of the Multi-country Programmes</li> <li>- Responsible for the day-to-day management of the Multi-country Programmes,</li> <li>- Establish and maintains strategic partnerships and supports the resource mobilization in cooperation with the Management Support and Business Development Team</li> <li>- Ensure knowledge and capacity building, focusing on the achievement of the following results:</li> </ul>	P4	5%	Suva Fiji
<b>Operation Specialist support</b>	<ul style="list-style-type: none"> <li>- Elaboration and implementation of operational strategies</li> <li>- Efficient management of procurement and supply chain processes and oversight in line with GF/UNDP regulations</li> <li>- Organization of procurement process</li> <li>- Elaboration, introduction and implementation of sourcing strategy and e-procurement tools</li> <li>- Development of procurement related reports and regular updates on the grants procurement process for the Global Fund, Global Fund LFA, UNDP Global Fund Programme Team, UNDP Procurement Support Office, UNDP Country Office, and others as required by UNDP management.</li> </ul>	NOB	10%	Suva Fiji

<sup>6</sup> Note: the apportionment calculated here does not reflect the true level of effort as the PMU cost are shared across all UNDP managed GF Grants (HIV/TB and Malaria)

	- Facilitation of knowledge building and knowledge sharing			
<b>Programme Analyst</b>	- Implementation of Global Fund Multi-country programme strategies - Effective management of Global Fund Multi-country programme - Creation of strategic partnerships and implementation of the resource mobilization strategy - Provision of top quality policy advice services to national partners and facilitation of knowledge building and management	NOB	100%	Port Vila
<b>Finance Associate</b>	- Accounting, finance and administrative support - Malaria project cash management - Facilitation of knowledge building and knowledge sharing	SB4	100%	Port Vila
<b>Health &amp; Development advisor</b>	- On demand technical backstopping remote and or mission to Vanuatu	P4	5%	Suva Fiji

Other UNDP staff affected to the Suva-Fiji based PMU will also contribute to the Malaria project however associated cost are not apportioned to the malaria grant.

Figure 2: Project PMU Structure



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## VI. MONITORING FRAMEWORK AND EVALUATION

*Please refer to the Deliverable Description to complete this component of the template.*

*Suggested text to be adapted to project context*

In accordance with the programming policies and procedures outlined in the UNDP User Guide and in alignment with the reporting cycle agreed with the Global Fund for this project, the project will adopt a results-based management approach focusing on the performance and realization of outputs, outcomes and impacts as agreed in the Performance Framework with the Global Fund.

Given the nature of this project focused essentially on the procurement and supply management of LLINs, routine support to National Malaria control programme through staffing and surveillance through a Malaria Indicator Survey in 2017 the results will be monitored:

- **Periodically (sixth monthly)** through a set of workplan tracking measures and scheduled malaria surveillance tool (Malaria Indicator Survey in 2017). The latter will assess impact at outcome level in 2017. Regular monitoring of project activities will be operationalized through a system of sixth monthly progress reports that the programme team will submit to the Global Fund and shared with relevant stakeholders (Vanuatu CCM and PIRMCCM). The Programme Management Unit under the leadership of the Programme Manager will assess, consolidate and support reporting from the Sub-recipient (Vanuatu MoH) and provide regular updates to UNDP management based on results to capture the data indicators mentioned in the grant agreement. Scheduled reporting dates are provided in the performance framework below.
- An Issue Log shall be activated in Atlas and updated by the Project Manager to facilitate tracking and resolution of potential problems or requests for change.
- Based on the initial risk analysis submitted (see Annexe 2), a risk log shall be activated in Atlas and regularly updated by reviewing the external environment that may affect the project implementation.
- Based on the above information recorded in Atlas, a Project Progress Reports (PPR) shall be submitted by the Project Manager to the Project Board through Project Assurance, using the standard report format available in the Executive Snapshot.
- a project Lesson-learned log shall be 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
- a Monitoring Schedule Plan shall be activated in Atlas and updated to track key management actions/events

### Annually

- **Annual Review Report.** An Annual Review Report shall be prepared by the Project Manager and shared with the Project Board and the Outcome Board. This annual report will be streamlined with the coinciding sixth monthly report to the Global Fund (UPR) and will include as minimum requirement 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 shall be 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.

Performance framework

<b>OUTPUT 1: LLIN distributed to at risk population through mass campaign</b>		
<b>Activity Result 1</b> (Atlas Activity ID)	<i>PERFORMING VECTOR CONTROL</i>	Start Date: July 2015 End Date: Dec 2017
<b>Purpose</b>	Evidence suggests that when large numbers of people use LLINs to protect themselves while sleeping, the burden of malaria can be reduced, resulting in a reduction in malaria morbidity and mortality.	
<b>Description</b>	Procurement and Supply Management (Distribution) of LLIN through mass campaign with associated information through leaflets and SMS messaging	
<b>Quality Criteria</b> <i>how/with what indicators the quality of the activity result will be measured?</i>	<b>Quality Method</b> <i>Means of verification. what method will be used to determine if quality criteria has been met?</i>	<b>Date of Assessment</b> <i>When will the assessment of quality be performed?</i>
Proportion of population that slept under an insecticide-treated net the previous night	Malaria Indicator Survey (2017) and UNDP Routine Reporting to the Global fund. IMPORTANT NOTE: The impact/ quality of the activity result 1 as per criteria cannot be known until the MIS survey is completed (2017)  In addition: UNDP programme (narrative) and financial reports Field trip reports Distribution reports from Sub-recipient	MIS (Jul-Dec 2017) NA before the period above  <b>Routine reports (6 monthly) including workplan Tracking measures due dates:</b>  <b>28 February 2016</b>  <b>28 August 2016</b>  <b>28 February 2017</b>  <b>March 2018</b>
Proportion of children under five years old who slept under an insecticide-treated net the previous night		
Proportion of pregnant women who slept under an insecticide-treated net the previous night		
Proportion of population with access to an ITN within their household		
Proportion of population using an insecticide-treated net among the population with access to an insecticide-treated net		
Proportion of households with at least one insecticide-treated net for every two people		
<b>OUTPUT 2: Health Information System strengthened: Malaria Indicator Survey and routine surveillance performed</b>		
<b>Activity Result 2</b> (Atlas Activity ID)	<i>PERFORMING HSS - HEALTH INFORMATION SYSTEMS AND M&amp;E</i>	Start Date: Jan 2017 End Date: Dec 2017
<b>Purpose</b>	To provide data on bed net (LLIN) ownership and use. Household surveys are especially relevant for measuring coverage of interventions that primarily target the household level, such as insecticide-treated nets (ITNs), and for understanding patterns of antimalarial use among target populations. Results from coverage assessments and impact measures are important for evaluating overall malaria control efforts and for understanding where further targeting of interventions is appropriate.	

<b>Description</b>	<p>MIS collects data on internationally recognized malaria indicators including for example: Household ownership of insecticide-treated mosquito nets and their use; intermittent preventive treatment against malaria during pregnancy; the type and timing of treatment of high fever in children under five years of age; where relevant, Indoor Residual Spraying (IRS) of insecticide to kill mosquitoes and in some instances bio-markers.</p> <p>The precise scope and content of survey will be determined in Survey design stage (Jan-June 2017) to be reviewed and approved by competent authorities. IRS and bio markers are not envisaged in the MIS under this grant.</p>	
<b>Quality Criteria</b> <i>how/with what indicators the quality of the activity result will be measured?</i>	<b>Quality Method</b> <i>Means of verification. what method will be used to determine if quality criteria has been met?</i>	<b>Date of Assessment</b> <i>When will the assessment of quality be performed?</i>
MIS Protocol and Research Design Completed and Endorsed	MIS design endorsed by Technical Advisory Group and by the Global Fund	Jan- Jun 2017 NA before the period above
MIS Report Completed and endorsed by Technical Advisory Group and Technical partners	Final report shared with partners, including the Global Fund	Jun – Dec 2017 NA before the period above
Annual supervision plans developed	Supervision plans developed by all provinces	Dec. 2015 - Dec. 2016 – Dec. 2017  <b>Routine reports (6 monthly) including workplan Tracking measures due dates:</b>  <b>28 February 2016</b>  <b>28 August 2016</b>  <b>28 February 2017</b>  <b>March 2018</b>
Annual M&E review and lessons learnt Workshop	Review report disseminated to partners including the Global Fund	Dec. 2016 – Dec. 2017
<b>OUTPUT 3: Programme managed as per UNDP standards</b>		
<b>Activity Result 3</b> (Atlas Activity ID)	<i>GRANT MANAGEMENT</i>	Start Date: Jul 2015 End Date: Dec 2017
<b>Purpose</b>	Plan, organise and control activities so that the project is completed successfully in line with UNDP rules, procedures and standards.	
<b>Description</b>	Programme, Finance and Human Resources management as per UNDP rules, regulations and standards.	
<b>Quality Criteria</b> <i>how/with what indicators the quality of the activity result will be measured?</i>	<b>Quality Method</b> <i>Means of verification. what method will be used to determine if quality criteria has been met?</i>	<b>Date of Assessment</b> <i>When will the assessment of quality be performed?</i>

<p>UNDP &amp; MoH supervision plans developed</p>	<p>Annual Supervision Plans</p> <p>UNDP Routine reporting to GF</p>	<p>Dec 2015 – Dec. 2016 – Dec. 2017</p> <p><b>Routine reports (6 monthly) including workplan Tracking measures due dates:</b></p> <p><b>28 February 2016</b></p> <p><b>28 August 2016</b></p> <p><b>28 February 2017</b></p> <p><b>March 2018</b></p>
<p>Six Monthly supervision and monitoring visits and reporting. Trip reports</p>	<p>Supervision Visits and UNDP Routine reporting to GF</p>	<p>Six monthly from Dec. 2015 till Dec. 2017</p> <p><b>Routine reports (6 monthly) including workplan Tracking measures due dates:</b></p> <p><b>28 February 2016</b></p> <p><b>28 August 2016</b></p> <p><b>28 February 2017</b></p> <p><b>March 2018</b></p>

The detailed Performance Framework Agreed with the Global Fund is provided in Annexe 3

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## VII. LEGAL CONTEXT

Click [here](#) for the standard text.

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## VIII. ANNEXES

**Risk Analysis.** Use the standard [Risk Log template](#). Please refer to the [Deliverable Description of the Risk Log](#) for instructions

**Agreements.** Any additional agreements, such as cost sharing agreements, project cooperation agreements signed with NGOs<sup>7</sup> (where the NGO is designated as the “executing entity”) should be attached.

**Terms of Reference:** TOR for key project personnel should be developed and attached

**Capacity Assessment:** Results of capacity assessments of Implementing Partner (including HACT Micro Assessment)

**Special Clauses.** In case of government cost-sharing through the project which is not within the CPAP, the following clauses should be included:

1. The schedule of payments and UNDP bank account details.
2. The value of the payment, if made in a currency other than United States dollars, shall be determined by applying the United Nations operational rate of exchange in effect on the date of payment. Should there be a change in the United Nations operational rate of exchange prior to the full utilization by the UNDP of the payment, the value of the balance of funds still held at that time will be adjusted accordingly. If, in such a case, a loss in the value of the balance of funds is recorded, UNDP shall inform the Government with a view to determining whether any further financing could be provided by the Government. Should such further financing not be available, the assistance to be provided to the project may be reduced, suspended or terminated by UNDP.
3. The above schedule of payments takes into account the requirement that the payments shall be made in advance of the implementation of planned activities. It may be amended to be consistent with the progress of project delivery.
4. UNDP shall receive and administer the payment in accordance with the regulations, rules and directives of UNDP.
5. All financial accounts and statements shall be expressed in United States dollars.
6. If unforeseen increases in expenditures or commitments are expected or realized (whether owing to inflationary factors, fluctuation in exchange rates or unforeseen contingencies), UNDP shall submit to the government on a timely basis a supplementary estimate showing the further financing that will be necessary. The Government shall use its best endeavors to obtain the additional funds required.
7. If the payments referred above are not received in accordance with the payment schedule, or if the additional financing required in accordance with paragraph []above is not forthcoming from the Government or other sources, the assistance to be provided to the project under this Agreement may be reduced, suspended or terminated by UNDP.
8. Any interest income attributable to the contribution shall be credited to UNDP Account and shall be utilized in accordance with established UNDP procedures.

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<sup>7</sup> For GEF projects, the agreement with any NGO pre-selected to be the main contractor should include the rationale for having pre-selected that NGO.

In accordance with the decisions and directives of UNDP's Executive Board:

The contribution shall be charged:

- (a) [...]cost recovery for the provision of general management support (GMS) by UNDP headquarters and country offices
- (b) Direct cost for implementation support services (ISS) provided by UNDP and/or an executing entity/implementing partner.

9. Ownership of equipment, supplies and other properties financed from the contribution shall vest in UNDP. Matters relating to the transfer of ownership by UNDP shall be determined in accordance with the relevant policies and procedures of UNDP.

10. The contribution shall be subject exclusively to the internal and external auditing procedures provided for in the financial regulations, rules and directives of UNDP.”