



Project Title: A malaria free Vanuatu, contributing to the good health and well-being of the population

Project Number: 00130166

Implementing Partner: Ministry of Health, Malaria Programme, Vanuatu

Start Date: 01 January 2021 **End Date:** 31 December 2023 **PAC Meeting date:** 04 January 2021

Brief Description

This project seeks to support Vanuatu’s Ministry of Health vision to achieve a ‘malaria-free Vanuatu’ with investments being specifically directed to support Vanuatu’s commitment to reduce local transmission of malaria to zero in all provinces by the end of 2023.

The projects contribution to this malaria elimination approach is through the provision of long-lasting insecticide treated bed nets (LLINs), enhancing malaria case management, and support to building a resilient and sustainable health system with focus on health information management and human resource capacity.

Contributing Outcome:
United Nations Pacific Strategy (UNPS) 2018 – 2022
Outcome 4: Equitable basic services
 By 2022, more people in the Pacific, particularly the most vulnerable have increased equitable access to and utilization of inclusive, resilient and quality basic services

Sub-regional programme document for PICTs (SRPD) 2018 - 2022
Outcome 5.3 More women and men benefit from strengthened governance systems for equitable service delivery, including access to justice.

Indicative output(s) with Gender Marker²:

1. Vector Control (GEN 2)
2. Case Management (GEN 2)
3. Resilient and Sustainable Systems for Health (RSSH): Health management information systems and M&E (GEN 2)

Gen 2: The malaria elimination model of surveillance and response moves service delivery beyond facility-based service delivery to the community. This approach will significantly increase the penetration of malaria services into the rural periphery; increasing access for women, remote populations, those impacted by natural disasters and other marginalised groups.

Total resources required:	USD 2,968,368	
Total resources allocated:	UNDP TRAC:	
	Donor:	USD 2,968,368
	Government:	
	In-Kind:	
Unfunded:		

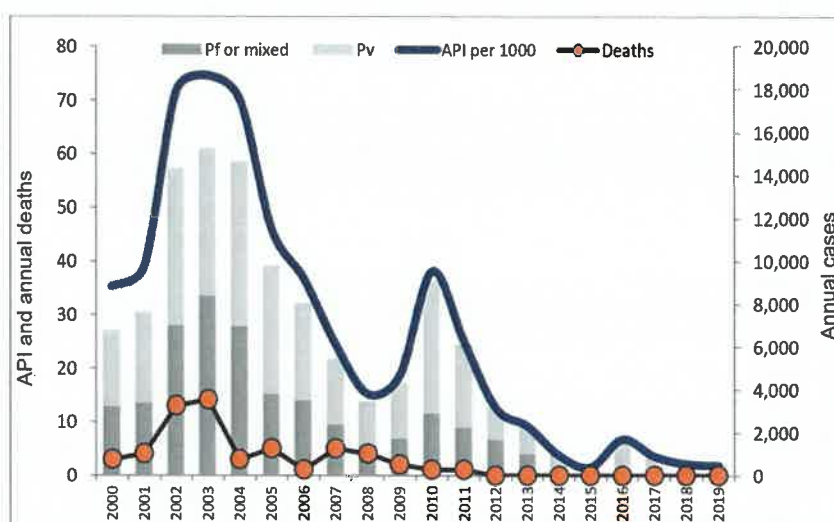
Government	UNDP
  Print Name: Len TARIVONDA Date: 13/01/2021	 Print Name: UNDP Resident Representative Date: 14/01/2021

I. DEVELOPMENT CHALLENGE

Background:

Vanuatu is currently on track to reach the target annual parasite incidence (API) of 1 per 1,000 nationally in 2020, as defined by the National Malaria Strategic Plan 2015-20. Vanuatu also declared the successful elimination of malaria in its southern-most province of Tafea in 2017. This 2021-2023 project is geared towards supporting the Ministry of Health (MoH) achieve its vision of 'a malaria-free Vanuatu'. It will co-finance a new, rigorous National Strategic Plan for Malaria Elimination 2021-2026 (NSPME), representing a final surge-effort to end malaria. Specifically, this Global Fund (GF) investment will support Vanuatu's commitment to reduce local transmission of malaria to zero in all provinces by the end of 2023.

Development Challenge: Under the previous Strategic Plan, the program goals had been to reduce the API to < 1 per 1,000 nationally by the end of 2020 and maintain zero confirmed deaths from malaria.



The National API has decreased from 3.8 per 1,000 in 2017 to 2.2 per 1,000 in 2018 and 1.9 per 1,000 in 2019, with no confirmed malaria deaths since 2011 (Ministry of Health, 2020). In addition to success in Tafea, malaria incidence is now very low in Penama and Torba provinces and most of Shefa province.

Most cases are now reported from Malampa and Sanma provinces and the island of Epi in Shefa province. ¹

Despite limited entomological data, *Anopheles farauti* s.s. is known to be the only vector of malaria in Vanuatu, existing and breeding almost exclusively within a few kilometres of the coast. Whilst there is some evidence of a shift in the behaviour of this vector to early outdoor biting, there is no evidence of pyrethroid resistance and females continue to rest indoors frequently and for long enough that both long lasting insecticide treated bed nets (LLINs) and indoor residual spraying (IRS) remain effective vector control strategies.

Root Causes:

Based on the National Statistics Office (NSO) 2016 mini-census data, majority of the 75% of the population defined as "rural" reside in close proximity to the coast. The focal-coastal nature of malaria means transmission is most likely to occur among the most mobile populations, and this presents a significant risk to case re-importation and re-establishment in an elimination scenario. With disease burden similar in males and females, there is no evidence of occupational malaria, suggesting that transmission is primarily within villages. Women and populations impacted by natural disasters do, however, risk disproportioned barriers to access and the NSPME specifically prioritises interventions to address these barriers.

Relevance to National & Global Development Priorities:

The commitment of the Government of Vanuatu (GOV) to health as a development priority is specifically articulated in the People's Plan 2016-2030 (Government of Vanuatu, 2016), which reinforces alignment with the Sustainable Development Goals. The Plan specifically targets a reduction of the incidence of communicable and non-communicable diseases (SOC3.2), which maps through to the soon-to-be updated Health Sector Strategy (HSS) 2017-2020 (Ministry of Health, 2017).

¹ National Vector Borne Disease Control Programme (NVBDCP) 2019 Annual Report

The commitment to eliminate indigenous malaria transmission (a notifiable disease) by the end of 2023 is operationalised via the NSPME 2021-2026 (Ministry of Health, 2020). Vanuatu aims to achieve WHO malaria-free certification no later than the end of 2026. NSPME sets out clear, time-bound indicators for the implementation period (Table 1).

Table 1 NSPME 2021-2026 Timelines and Targets (abbreviated)

	2019	2021	2022	2023	2024	2025	2026
Confirmed cases (microscopy/ RDT)	576	≤280	≤140	≤56	0	0	0
Annual parasite incidence: Confirmed cases per 1000 persons per year	1.9	≤1.0	≤0.5	≤0.2	≤0.1	≤0.1	≤0.1
Provinces reporting zero cases of malaria at end of year (of 6)	1	3	4	6	6	6	6
Zero indigenous cases by end of year		Penama, Torba	Shefa	Malampa, Sanma			Certification
Maintain prevention of re-establishment	Tafea	Tafea	+Torba, Penama	+ Shefa	All	All	All
Inpatient malaria deaths	0	0	0	0	0	0	0
Test positivity rate	2.4	<1.25	<1	<1	0	0	0
Number of active foci	26	36	18	8	0	0	0

II. STRATEGY

In line with the UNPS outcome 4, the programme is geared towards supporting national efforts in working towards a malaria free Vanuatu thereby contributing to the good health and wellbeing of the population.

The **Project Goals** are fully aligned to the National Strategic Plan for Malaria Elimination (NSPME) for 2021-2026, which is to

1. Prevent re-establishment of transmission in all provinces where transmission has been interrupted
2. Achieve zero indigenous malaria cases in all provinces of Vanuatu by the end of 2023
3. Receive World Health Organization (WHO) certification of malaria-free status in 2026

Project Objectives are also fully aligned to the NSPME 2021-2026

1. To maintain universal coverage with long-lasting insecticidal mosquito nets (LLINs); and to rapidly reduce malaria transmission in selected high burden areas using indoor residual spraying (IRS).
2. To roll out case-based surveillance and response nationwide using the '1-7-60' approach
3. To test all fever cases for malaria by rapid diagnostic test (RDT) or microscopy and provide prompt radical treatment and care for all confirmed cases according to the national Malaria Diagnosis and Treatment Guidelines.
4. To mobilize communities through health promotion and leverage the support of all stakeholders in a multi-sectoral effort to accelerate the elimination of malaria.
5. To ensure that malaria and other VBD prevention, surveillance and case management are well integrated into disaster preparedness and response activities

Strategic Objectives (Supporting Elements)

SE1. Maintain a high level of political commitment to malaria elimination; and to strengthen program management at national level and implementation at provincial and local levels through improved mechanisms for workforce management, program planning, disbursement of funds, information and data management, technical assistance and cooperation, procurement and supply chain management, and performance monitoring.

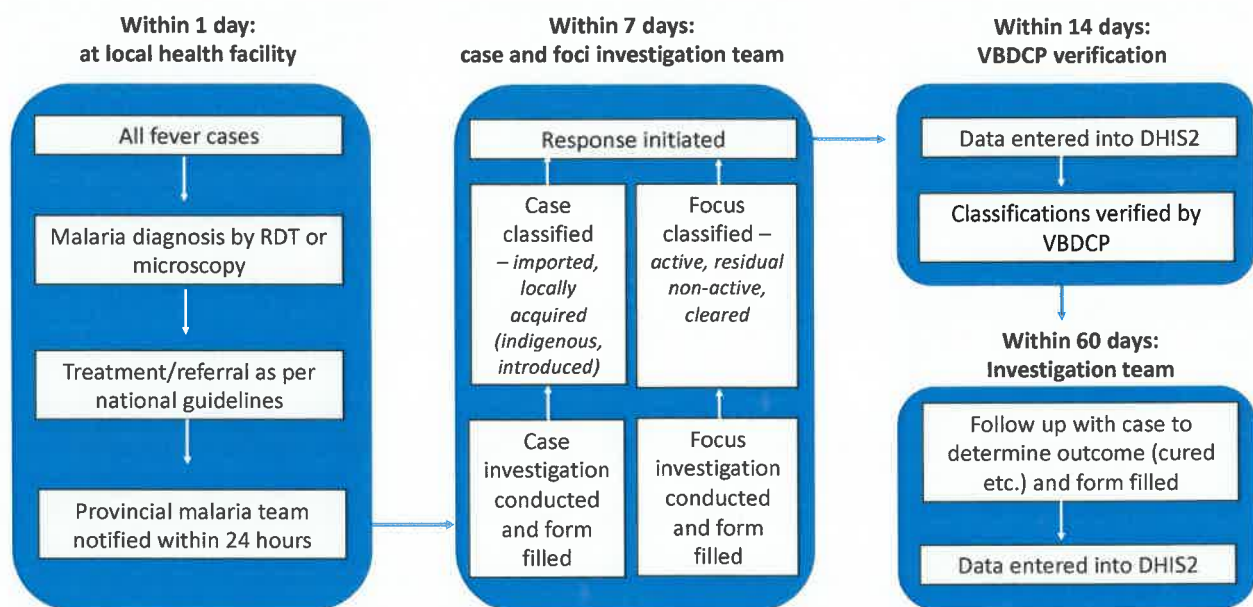
SE2. Leverage technical partnerships in support of innovation by generating new knowledge and applying it to improve delivery and quality of malaria services.

The Elimination Approach

The most significant change under the new NSPME is the move to an elimination model of surveillance and response, using a '1-7-60' approach. This means cases will be reported within one day of detection; investigation and classification of cases and suspected foci and any response actions must be taken within seven days of detection; and follow-up assessments must be made within 60 days of detection to confirm completion of radical treatment and detect possible relapses of *P. vivax* (Figure 5).

Informed by experience in Tafea, the NSPME aims for very high coverage of interventions in defined at-risk populations, supported by highly targeted IRS where required. For efficiency, provinces and health zones with zero transmission are progressively removed from the 'at risk' compartment, with subsequent rounds focused on an ever-smaller denominator. LLINs are delivered through regular 'rolling' mass distributions whereby one-third of health-zones will be targeted annually (at a coverage of 1.25 people per net).

Figure 5: 1-7-60 Case-based surveillance.



RDT: rapid diagnostic test; VBDCP: Vector Borne Diseases Control Program; DHIS2: district health information system

Project Activities

To support national efforts in implementing its malaria elimination model, the project will support the following key areas

- 1. Vector Control:** Procurement and distribution of LLINs through universal mass campaigns as well as community based continuous distribution
- 2. Case Management:**
 - i. Support facility-based treatment through training of HCW; procurement of rapid diagnostic tests (RTDs) and consumables; procurement of microscope; and support to supportive supervisory visits to health zones (integrated testing, treatment and surveillance supervision visits)
 - ii. Support epidemic preparedness through the development of disaster relief plans specific for malaria to ensure an adequate response to national disasters
- 3. Building resilient and sustainable systems for health**
 - i. Through Integrated service delivery and quality improvement: This includes support to quality of care for malaria patients through annual yearly engagement of all health care workers at provincial and central level and through provision of technical assistance with WHO as key provider; procurement of equipment's, vehicles, and furniture's and maintenance and service costs of non-health equipment
 - ii. Through human resources for health, including community health workers: This includes funding the malaria community mobilization officer, the finance and administration officer, the WHO vector laboratory technician and the WHO supply chain and procurement officer.

- 4. Program Management:** Provide grant management and PR transition support through UNDP as well as support MOH PMU operational costs as well as the establishment of the National Elimination Steering Committee (MESC).

Development Process:

The proposed project approach was devised and agreed upon through a wide consultative approach at country and regional level involving all relevant stakeholders including government and civil society representatives, members of the Vanuatu Country Coordinating Mechanism (VCCM), members of the Pacific Islands Regional Multi-Country Coordinating Mechanism (PIRMCCM), DFAT, and regional technical partners including UNDP, WHO and UNAIDS. The process of grant planning and design was led by an independent consultant.

National and Regional Guiding Documents:

The proposed project approach is guided by the following key documents

- National Strategic Plan for Malaria Elimination 2021-2026
- Global Fund portfolio analysis 2019
- Elimination-focussed health systems Landscape analysis 2020 (UNSF/Nossal)

Detailed expert-led country dialogue was held with key informants from the senior MoH leadership, and wider stakeholders from government, civil society and development partners.

Gender Programming

Gender analysis: Lack of knowledge and awareness about malaria are major risk factors in malaria control and prevention in general and among women in particular. Evidence suggests, for example, that barriers to information access result in women sometimes being less able to correctly identify the malaria parasite as a causative agent for malaria. Similarly, numerous barriers to access can make facility-based service delivery less accessible and less available to women. High levels of gender discrimination in Vanuatu would suggest these barriers require special attention.

Data show women bear a significant burden of violence and discrimination in communities. Three in five women have experienced sexual and/or physical violence, and the practice of bride-price further undermines their status. Whilst the impact is a pervasive and cross-cutting constraint to equitable national development, the impact on access to malaria services is less clear. Certainly, with travel times to health facilities often 4 hours (and sometimes 12 hours), it's reasonable to assume significant barriers to accessing facility-based care, particularly for pregnant women. The 2013 Demographic and Health Survey (DHS) revealed that despite high LLIN coverage, utilisation of LLINs in Vanuatu was unacceptably low (41% amongst pregnant women).

Addressing the gender gap in service access: With the proposed malaria elimination model, the shift in service delivery from being facility-based to the community will make significant contributions to reducing barriers to service access by women particularly pregnant mothers. Training for Provincial Health Teams for Malaria Elimination (PHT-ME) will have a heavy focus on barriers and enablers to equitable access and utilisation. Similarly, IEC/BCC training will incorporate gender dimensions, as will community mobilisation activities. This will include localising awareness and prevention campaigns. Here decision making on the bed-net distribution, implementation, program review and evaluation will be done consultatively with the enhanced participation of women, and with the explicit objective of improving LLIN access for women and pregnant women.

The work of partners in Vanuatu: It is also important to note that the recently designed DFAT bilateral health programme has a significant gender equity component. It is anticipated that the DFAT investment will assist the government to incorporate gender-equity initiatives into provincial health operations, supported by new Vanuatu provincial health grants (Australian Department of Foreign Affairs and Trade, 2019).

Gender monitoring and reporting

The NVBDCP will be monitoring the use of insecticide-treated nets by females as per the agreed data disaggregated requirements of its global fund performance indicators. Additionally, the NVBDCP will be monitoring the impact of BCC/IEC activities on women as per the requirements of the NSPME results framework. Several approaches have been identified to ensure the collection and reporting of gender-disaggregated data. This includes

- i. A request has been made for the inclusion of malaria survey questions, including the use of bed nets by pregnant women and children into the National Statistics Office 2020 census. This is a nationwide survey across all provinces and health zones and is planned for November 2020 with results most likely becoming available in 2021.
- ii. Targeted post-distribution survey in Health Zones. The final 2021-2023 performance framework requires the NVBDCP to report on LLIN usage indicators annually. Therefore the NVBDCP will also conduct post-distribution mini-surveys to collect this outcome level data annually for the new grant cycle. In September 2020, the NVBDCP with support from WHO commenced engagements with a local contractor to pilot this mini-survey across five of six provinces. Selection of provinces was based on incidence data and location of LLIN distribution in the 2018-2020 grant cycle. The NVBDCP is currently working towards revising data collection forms to enable assessment of the proportion of women sleeping under an LLIN the previous night. Gaps and lessons learned from the 2020 data collection process will be used to improve survey activities in 2021 to ensure the collection of reliable and meaningful data for GF reporting
- iii. Opportunities will also be identified to include gender-sensitive LLIN indicators in other large nationwide surveys (eg. STEPS survey, which has now been delayed to 2021)

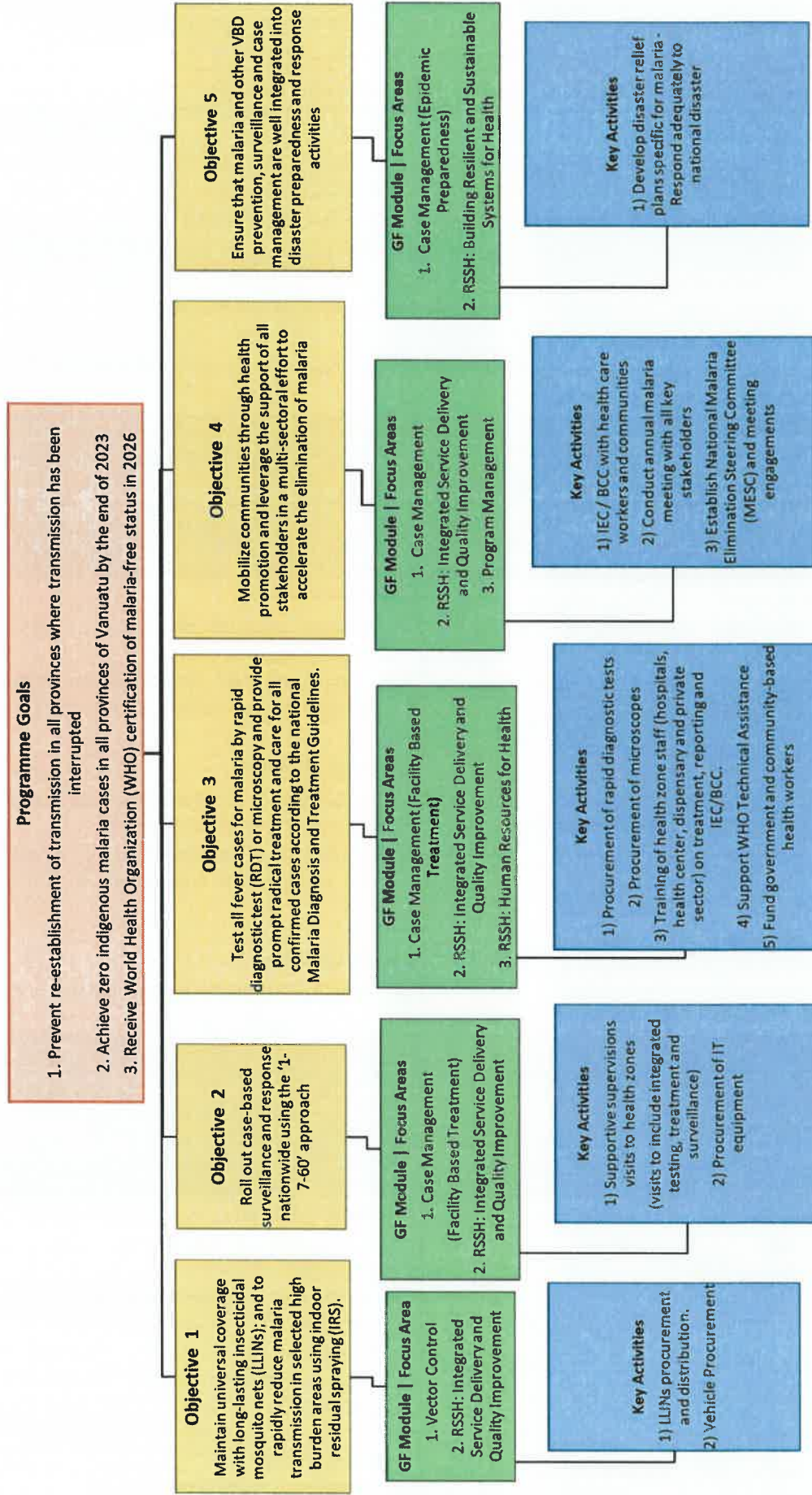
Addressing Other Barriers and Disruptions to Service Access

Natural Disasters: Vanuatu is particularly vulnerable to natural disasters including earthquakes, cyclones and volcanic eruption. Such events can result in large population displacements with a rapid, dramatic reduction in access to health and other services and risk of malaria and other disease outbreaks. Severe Tropical Cyclone (TC) Harold, which struck the most populous mid-northern provinces of Vanuatu on April 6, 2020, is the most recent natural disaster to affect the country. The more targeted, stratification-based approach to vector control will be supported through reprogramming 2018-2020 grant resources which will allow around 38,000 additional LLINs to be distributed in 2021. The programme will also support epidemic preparedness through the development of disaster relief plans specific for malaria to support the programmes response to natural disasters.

Geographical Challenges: Small, remote and outer island communities have poorer access to health and malaria services than those communities in the main islands or in more urban settings. The agility and responsiveness required for elimination are particularly challenging; the deployment of skilled staff to remote rural areas is not unique to Vanuatu, but the need for travel by small boat to many locations across 65 inhabited islands present significant logistical challenges for service delivery, supply chain and supervision.

Overall, the transition to an elimination model will significantly increase the penetration of malaria services into the rural periphery; increasing access for women, remote populations and those impacted by natural disasters.

III. RESULTS AND PARTNERSHIPS



RSSH: Refers to Building Resilient and Sustainable Systems for Health. Under the RSSH Module, the health systems included for strengthening includes: (1) integrated service delivery and quality improvements; (2) health products management; (3) human resources for health including community workers; (4) health management information systems and M&E; (5) community systems strengthening; (6) health sector governance and planning; (7) financial management systems and (8) laboratory systems

Expected Results

<p>Programme Goals:</p> <ol style="list-style-type: none"> 1. Prevent re-establishment of transmission in all provinces where transmission has been interrupted 2. Achieve zero indigenous malaria cases in all provinces of Vanuatu by the end of 2023 3. Receive World Health Organization (WHO) certification of malaria-free status in 2026 	
<p>Programme Objectives:</p> <ol style="list-style-type: none"> 1. To maintain universal coverage with long-lasting insecticidal mosquito nets (LLINs); and to rapidly reduce malaria transmission in selected high burden areas using indoor residual spraying (IRS). 2. To roll out case-based surveillance and response nationwide using the '1-7-60' approach 3. To test all fever cases for malaria by rapid diagnostic test (RDT) or microscopy and provide prompt radical treatment and care for all confirmed cases according to the national Malaria Diagnosis and Treatment Guidelines. 4. To mobilize communities through health promotion and leverage the support of all stakeholders in a multi-sectoral effort to accelerate the elimination of malaria. 5. To ensure that malaria and other VBD prevention, surveillance and case management are well integrated into disaster preparedness and response activities 	
<p>Objective 1: To maintain universal coverage with long-lasting insecticidal mosquito nets (LLINs); and to rapidly reduce malaria transmission in selected high burden areas using indoor residual spraying (IRS).</p> <p>SMART Objective 1: By 2023, to have the Annual Parasite Incidence (API) reduced to 0.2 per 1000 population and the total number of reported malaria cases reduced to 56 cases or less</p>	
<p>GF Modules / Focus Areas: Vector Control and RSSH (Intergrated Service Delivery and Quality Improvement)</p>	
<p>Programme interventions</p> <ol style="list-style-type: none"> 1. Long lasting insecticide nets – mass campaign – universal 2. Long lasting insecticide nets – continuous distribution – community based 3. Service delivery infrastructure <p>Key activities</p> <ul style="list-style-type: none"> • LLINs procurement and distribution • Vehicle procurement to support LLINs distribution 	<p>Coverage indicators</p> <ul style="list-style-type: none"> • Number of LLINs distributed to at risk populations through mass campaigns • Number of LLINs distributed to targeted risk groups through continuous distribution <p>Outcome indicators</p> <ul style="list-style-type: none"> • Proportion of population that slept under an insecticide treated net the previous night • Proportion of population using an insecticide -treated net among those with access to an insecticide treated net <p>Impact indicators</p> <ul style="list-style-type: none"> • Reported malaria cases (presumed and confirmed) • Annual Parasite Incidence
<p>Objective 2: To roll out case-based surveillance and response nationwide using the '1-7-60' approach</p> <p>SMART Objective 2: By 2023, Achieve in a reduction in malaria foci to 8 cases per year with all malaria foci and confirmed cases being fully investigated and classified. Ie 100% case and foci investigation and classification</p>	
<p>GF Modules / Focus Areas: Case Management and RSSH (Human Resources for Health and Intergrated Service Delivery and Quality Improvement)</p>	
<p>Key Global Fund interventions</p> <ol style="list-style-type: none"> 1. Facility-based testing 2. Service delivery infrastructure <p>Key activities</p> <ul style="list-style-type: none"> • Conduct supportive supervision visits to health zones (integrated testing, treatment and surveillance supervision visits) • Procurement of IT equipment (computers, computer equipment, software and applications) to support surveillance activities • HR Support 	<p>Coverage indicators</p> <ul style="list-style-type: none"> • Percentage of malaria foci fully investigated and classified • Percentage of confirmed cases fully investigated and classified • Completeness of facility reporting: Percentage of expected facility monthly reports that are actually received <p>Impact Indicators</p> <ul style="list-style-type: none"> • Number of active foci of malaria

Objective 3: To test all fever cases for malaria by rapid diagnostic test (RDT) or microscopy and provide prompt radical treatment and care for all confirmed cases according to the national Malaria Diagnosis and Treatment Guidelines.

SMART Objective 3: Maintain zero malaria inpatient deaths with an annual blood examination rate of 10% per 100 population; 100% parasitological testing rate of all suspected malaria cases and 100% of all confirmed cases being put on first line antimalaria treatment at public health facilities

GF Modules / Focus Areas: Case Management and RSSH (Human Resources for Health and Integrated Service Delivery and Quality Improvement)

<p>Key interventions</p> <ol style="list-style-type: none"> 1. Facility-based treatment 2. Quality of Care 3. Remuneration & deployment of existing / new staff <p>Key activities</p> <ul style="list-style-type: none"> • Procurement of rapid diagnostic kits • Procurement of microscopes • Training of health zone staff (hospitals, health centers, dispensary and private sector) on prevention (IEC/BCC), treatment and reporting • Support WHO Technical Assistance • Fund government and community based health workers 	<p>Coverage indicators</p> <ul style="list-style-type: none"> • Proportion of suspected malaria cases that receive a parasitological test at public sector health facilities • Proportion of confirmed malaria cases that received first-line antimalarial treatment at public sector health facilities <p>Outcome indicators</p> <ul style="list-style-type: none"> • Annual Blood Examination Rate: per 100 population per year (Elimination Settings) • Inpatient malaria deaths per year: rate per 100,000 persons per year
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Objective 4: Mobilize communities through health promotion and leverage the support of all stakeholders in a multi-sectoral effort to accelerate the elimination of malaria

GF Modules / Focus Areas: Case Management and RSSH (Integrated Service Delivery and Quality Improvement) and Program Management

<p>Key Global Fund interventions</p> <ol style="list-style-type: none"> 1. IEC/BCC (Case Management) 2. Quality of Care 3. Coordination and Management of National Disease Control Programs <p>Key activities</p> <ol style="list-style-type: none"> 1. IEC/BCC activities with health care workers and communities 2. Conduct annual malaria meeting with all key stakeholders 3. Establish the National Malaria Elimination Steering Committee (MESC) and meeting engagements 	<p>No GF indicator: As there are no GF specific malaria indicators relating to community mobilization.</p>
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Module 5: To ensure that malaria and other VBD prevention, surveillance and case management are well integrated into disaster preparedness and response activities

GF Modules / Focus Areas: Case Management (Epidemic Preparedness)

<p>Key Global Fund interventions</p> <ul style="list-style-type: none"> • Epidemic Preparedness <p>Key activities</p> <ul style="list-style-type: none"> • Develop disaster relief plans specific for malaria – workshop to develop approach and SOPs • Print and disseminate updated SOPs 	<p>No GF indicator: As there are no GF specific malaria indicators relating to disaster risk management</p>
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Partnerships and Triangular Cooperation

Grant management support (principal recipient)
UNDP will continue its in its grant management | principal recipient role in the 2021-2023 grant cycle whilst simultaneously supporting the rapid initiation of the capacity development / PR transition process to the Ministry of Health. This includes support to building the programme management unit (PMU) structure (including ToRs and Job Descriptions), legal authority, reporting systems and governance

arrangements (procedures, policies, signatories, oversight). The intention is to have a fully functional PMU operational within the MOH by 2024.

Apart from overall grant management and PMU capacity strengthening support, UNDP makes direct contribution to the results that will be achieved under the following Global Fund modules/focus areas including:

- **Vector Control Module** through the procurement of LLINs
- **Case Management Module** through the procurement of RDTs, microscopes
- **RSSH Modules** whereby support to improving service delivery and quality improvements is provided through the procurement of IT equipment's, furniture's, vehicles to be utilised by the national malaria programme and by supporting WHO technical assistance

National implementing partner (grant sub recipient)

This is the **Ministry of Health Vanuatu**. The MOH is responsible for in country implementation of which project interventions are contributing to all four GF Modules / Focus Areas including Vector Control, Case Management and Building Resilient and Sustainable Health Systems through integrated service delivery and quality improvements and support to human resource capacity. Key activities under this project includes actual distribution of LLINs in targeted areas, training of zone health care workers on testing, treatment, reporting and developing information, education and communication (IEC) materials and messaging and behaviour change communication (BCC). The national programme is also responsible for carrying out supportive supervisory visits to health zones. These visits include monitoring and capacity support to integrated testing, treatment and surveillance.

Strengthening health management information systems

Data management, including routine reporting and data-based planning is being identified as a priority area for strengthening. The NVBDCP pioneered the use of the DHIS2 Malaria Module using a standard dashboard to monitor key indicators at national and provincial level yet reporting levels have remained relatively low at 71% as per the 2019 NVBDCP annual report. Strengthening the health management information system via DHIS2 is a common priority for the MoH across disease areas as well as for all development partners and is prioritised under the grant. A strengthened HMIS will provide better data to distinguish recrudescence, reinfection, and relapse. The new NSPME specifically addresses the transition to an elimination agenda, with the minimum levels of reporting, targeting and supervision identified; these will be supported under **MEMTI², with government and WHO support**.

Strengthening financial management systems through capacity building and transition planning

Reviews noted that weak planning and financial management have in the past led to significant delays in implementation. In particular, the use of imprests to manage field activities has been a long-running concern. This is addressed in the NSPME and Global Fund proposal with additional capacity building as part of transition planning. As per the Transition and Capacity Development process, **UNDP** will support the strengthening of the MoH PMU, with a rapid transition of core functions in preparation for the MoH to take over the PR role for any future Global Fund grants (and equivalent project management functions for other donor-financed initiatives) from 2024. **DFAT** bilateral support under the DFAT-VHP will support the strengthening of provincial financial management systems, including via a provincial health grant model. This will be planned to operate synergistically with the implementation of the malaria program.

Disaster resilient implementation

Natural disasters have impacted significantly on health systems capacity and development. The 2019 Tropical Cyclone Harold tracked across the most populous islands of Vanuatu directly impacting two islands with the highest remaining malaria burden (Santo and Malekula). Destruction was widespread, including significant damage to health facilities, homes, water supply and food crops. Initial findings from Sanma Province indicate that an estimated 80 – 90% of the population lost their houses, while some 60% of schools and 50% of health centres may be damaged. Natural disasters are a common feature of the implementation environment and for this reason, the NSPME includes malaria and disaster response as a core component. Under the overall leadership of the MOH, the **NVBDCP** will work with the **National Disaster Management Office (NDMO) Health and Nutrition Cluster** to establish plans and mechanisms to

² MEMTI = Malaria Elimination in Melanesia and Timor Leste Initiative. An innovative Global Fund finance modality to incentivize additional contributions to achieve the goal of malaria elimination by 2030 in Vanuatu, Papua New Guinea, Solomon Islands and Timor-Leste

support immediate provision of comprehensive malaria and VBD prevention and case management services as part of Vanuatu's disaster relief package.

Relapsing malaria

Scaling up capacity to tackle *P. vivax* malaria has also been identified as a priority. Under the NSPME, the program will apply new approaches to primaquine treatment and active follow-up for *P. vivax* malaria, based on G6PD status. The bulk of support towards these efforts are prioritised under the **MEMTI funding support**.

Human resource management

Staffing shortages and mismatches have been a long-running constraint in Vanuatu, caused by poor workforce planning as well as geographic and financial constraints. This is being addressed by a new Role Delineation Policy by the Ministry of Health, which is focussed on strengthening services at the provincial level. Returning medical graduates from Cuba, a re-vamped of nurse training, plus the revival of the Village Health Worker (VHW) cadre all have the potential to ameliorate many of these challenges if adequately financed and managed.

Additional technical assistance will be provided through the **Australian, United States Peace Corps and WHO volunteer programs**. Two Peace Corp placements for public health program management support have been identified for Malampa and Sanma provinces; Australian volunteer positions have also been requested, for placement in each of the other provinces (with the possible exception of Tafea); and a WHO Stop Malaria volunteer will be placed with the national program.

Project Risks and Assumptions

The national programme highlighted **three key risks** that could negatively impact programme delivery and the broader health system optimal functionality

1. **Government fiscal space:** Vanuatu is classified as a lower-middle-income country with GNI per capita of US\$3,250 in 2018 (World Bank 2020). There has been a slow decline in Gross Domestic Product (GDP) growth over many years, exacerbated by Tropical Cyclone Pam in 2015 which displaced 65,000 people and damaged 90% of buildings countrywide, and is now set for rapid retraction under COVID-19 (World Bank Group, 2020) and the aftermath of Tropical Cyclone Harold whose impact is still being assessed. The combined impact of two major events have placed exceptional demands on the health system, whilst also impacting the micro-fiscal situation.
2. **Human Resources and Financial Management:** The health sector has suffered from limited HR management capacity for many years. High staff turnover (especially at senior management level), vacant positions and nearly 60% of staff only acting in their substantive roles creates various challenges in continuity and performance management. Previous strategies have been adopted to reduce staffing gaps with limited success.
3. **Natural disasters:** The region is subject to a range of natural threats, including tropical cyclones, earthquakes and volcanic eruptions, resulting in large-scale population displacements. This is reflected in the country's number one ranking on the World Risk Index (Integrated Research on Disaster Risk – IRDR 2017) and (World Bank Group, 2018). Most recent events include Tropical Cyclone Pam in March 2015, several eruptions of the Manaro Voui volcano on Ambae in 2017/2018, Tropical Cyclone Harold in 2020, and ashfall from Yasur volcano, Tanna in 2020.

The risk log (annex 3) expands on the risk mitigation measures that will be employed to respond to the these.

The achievement of the overall goal to progress towards malaria elimination in Vanuatu in spite of the recurring natural disasters and global economic shocks (including the recession related to the COVID-19 pandemic) is highly dependant on the **assumption** that funding support from MEMTI and the Global Fund Prioritized Above Allocation Request (PAAR) will be approved to support health system strengthening efforts by addressing critical barriers to national or sub-national elimination.

Stakeholder Engagement

The proposed project approach was devised and agreed upon through a wide consultative approach at country and regional level involving all relevant stakeholders including government and civil society representatives, members of the Vanuatu Country Coordinating Mechanism (VCCM), members of the Pacific Islands Regional Multi-Country Coordinating Mechanism (PIRMCCM), DFAT, and regional technical partners including UNDP, WHO and UNAIDS. The process of grant planning and design was led by an independent consultant.

Development partner coordination is being acknowledged as a significant challenge. Going forward, the existing Joint Partners Working Group will be strengthened with a new Joint Partnership Agreement that will provide a stronger basis for development partners to engage with Government on policy and sector-wide development issues.

Targeted Project Beneficiaries

Malaria transmission in Vanuatu is strongly associated with proximity to the coast (NVBDCP 2019 Annual Report, pg. 6) and therefore project interventions **primarily targets rural and costal populations** that make up majority of the population of Vanuatu.

Other potentially vulnerable groups include

- **Pregnant women and/or women of reproductive age:** The 2013 Demographic and Health Survey (DHS) revealed that, despite high LLIN coverage, utilisation of LLINs in Vanuatu was unacceptably low (41% amongst pregnant women). Moreover, long travels to facilities represents a barrier for women especially those in rural and remote communities. LLIN coverage, utilisation of LLINs in Vanuatu was unacceptably low (41% amongst pregnant women). With the proposed malaria elimination model, the shift in service delivery from being facility-based to the community will make significant contributions to reducing barriers to service access by women, particularly pregnant mothers. Training for Provincial Health Teams for Malaria Elimination (PHT-ME) will have a heavy focus on barriers and enablers to equitable access and utilisation. Similarly, IEC/BCC training will incorporate gender dimensions, as will community mobilisation activities. Here decision making on the bed-net distribution, implementation, program review and evaluation will be done consultatively with the enhanced participation of women, and with the explicit objective of improving LLIN access for women and pregnant women
- **Boarding school students:** Annual mass distributions will also be done to children living away from home in boarding schools to ensure that no one is left behind
- **Rural and remote communities:** Based on the National Statistics Office (NSO) 2016 mini-census data, the population of Vanuatu is young and predominantly rural. Approximately 75% of the population lives in rural areas. The NSPME prioritises supervision activities to the periphery. Support to peripheral health workers will include identification of neglected populations and proactive provision of IEC/BCC awareness materials. The investment in LLIN distribution to remote health zones, and investment in supporting community health workers and linked BCC/IEC will ensure high levels of coverage and access.
- **Populations impacted by natural disaster:** The region is subject to a range of natural threats, including tropical cyclones, earthquakes and volcanic eruptions. This results in large-scale population displacements. Communications and access to affected areas can be fragile following natural disasters. The proposal earmarks specific resources to ensure an adequate response, such as reserved LLIN stocks.

Communications and Knowledge Management

The programme will primarily utilize online and digital media to achieve its communications goals and will involve joint efforts from all the programme partners. Several mediums and channels will be used. A dedicated Facebook page for the programme, first developed in an earlier phase of the grant, will continue to be a primary communications platform. The existing resources and networks of programme partners, including UNDP global, regional and country offices, will be used to amplify communications.

With regards to content, there will be three main streams: 1) Promoting strategic information developed by the programme to support advocacy efforts with policy makers; 2) developing stories and other

communications materials which can compel and galvanize people of influence to pursue change – visual storytelling in the form of photo essays or short videos will be preferred; and 3) traditional press releases, web articles, blogs, op-eds and a mailing list to share progress and success with stakeholders.

Media outreach will be a joint effort by the partners. Press releases, product launches, results stories, etc. will be amplified through each partner’s channels.

Efforts will be made to tailor content to local audiences through translation and making use of communication channels deemed particularly effective in reaching certain target audiences in countries.

Communications and knowledge management technical advice will also be provided to programme partners to support their efforts to effectively respond to malaria. Given the ongoing COVID-19 pandemic, this will be vital as the partners adapt and implement new strategies to ensure vulnerable communities continue to receive the health services and support, they need.

Table 2 provides additional information on the main communications products that are anticipated.

Product	Description and/or use	Submit to and/or display for
Programme newsletter	Using MailChimp email tool, regular updates of progress and achievements by PR for grant supported interventions	<ul style="list-style-type: none"> ▪ All key stakeholders ▪ UNDP Yammer ▪ Social media
Programme brief/ factsheet	Regularly updated programme brief, capturing key results	<ul style="list-style-type: none"> ▪ UNDP Yammer ▪ Social media ▪ UNDP website ▪ Regional MWP workshops
Results Infographics	Visual presentation of key results	<ul style="list-style-type: none"> ▪ UNDP Yammer ▪ Social media ▪ UNDP website ▪ Regional MWP workshops
Facebook, Twitter	Regular, short updates on programme progress, featuring photos, video and links to other related materials. Engage with partners and community. Accomplished via a programme Facebook page as well as cross-posting on other UNDP country office and regional office pages and Twitter accounts.	<ul style="list-style-type: none"> ▪ Public
Press releases, news articles, results stories, photo essays, videos	Programme progress and results are presented in the form of press releases, news articles, results stories, photo essays, videos, etc. and published to the UNDP website (country office, regional, global) and other corporate platforms (for example: UNDP Stories, YouTube, Twitter, Medium, Flickr).	<ul style="list-style-type: none"> ▪ UNDP website ▪ UNDP Yammer ▪ Social media ▪ MailChimp (in the form of News Flash emails that highlight key developments)
Knowledge products	As per the programme work plan, knowledge products are developed by the PR and SRs and disseminated to target audiences. Types of products can include discussion papers, research reports, policy briefs, annual reports, etc.	<ul style="list-style-type: none"> ▪ UNDP Yammer ▪ Social media ▪ UNDP website ▪ Regional MWP workshops

Sustainability and Scaling Up

In line with the NSPME, the VBDCP is focused on sustainability through elimination. Core functions to enable prevention of re-introduction are to be integrated within routine health service delivery wherever possible. With the anticipated elimination of Malaria, the need for new sources of malaria financing should diminish, allowing external financing to address other critical disease burdens. Transition of core project management functions from the PR to the MoH are critical for these benefits to be realised.

IV. PROJECT MANAGEMENT

Cost efficiency and effectiveness

Cost efficiency and effectiveness in the programme management will be achieved through adherence to the UNDP Programme and Operations Policies and Procedures (POPP) and reviewed regularly through the governance mechanism as well as annually by the project board (PIRMCCM).

The strategy of this programme is to deliver maximum results with the available resources through ensuring the design is based on good practices and lessons learned, that activities are specific and clearly linked to the expected outputs, and that there is a sound results management and monitoring framework in place with indicators linked to the Theory of Change. The programme aims to balance cost efficient implementation and best value for money with quality delivery and effectiveness of activities. For its capacity building activities, the programme will utilize outside experts as well as in-house experts from within UNDP and other UN agencies; as well as in-kind contributions from stakeholders.

The project has a very wide geographic spread and reduced resources compared to previous allocations. It is crucial therefore that strategies are adopted to ensure maximum results. There are five key strategies that are designed to assure cost effectiveness and efficiency. These are:

1. The project builds on global knowledge that UNDP has acquired through partnership with the Global Fund since 2003. Programmatic and operational guidelines are available to staff and ease implementation. The UNDP Global Fund and Health Implementation Team, based in New York, Geneva and Copenhagen, provide guidance and advisory services on complex implementation issues as well as on health-related procurement.
2. The project, in alignment with the UNDP–Global Fund Grant Regulations, is accountable for the entire supply chain, from product selection to the rational use of medicines. Thus, the project will undertake regional procurement of health products and equipment using the UNDP–Global Fund procurement architecture designed to facilitate timely supply of quality assured pharmaceutical and health products to meet the needs of Global Fund-financed grants implemented by UNDP, at affordable cost through a value for money service proposition. The project will undertake forecasting and quantification of health products on an annual basis using an adjusted consumption method; develop a timeline-based procurement plan; action procurement, receipt and manage supplies at its regional warehouse; and undertake biannual distributions to countries with quarterly stock reporting to monitor stock at the country level. The project will undertake the role to manage the supply and ensure sound forecasting strategies are used to minimize and avoid health products and medicines expiration and wastage. The project will also undertake PSM capacity development activities both at country and regional level to upskill pharmacy, lab, procurement and programme staff knowledge in forecasting, quantification, inventory management, distribution and procurement of health products.
3. The project will make use of modern technology and support the use of telemedicine activities whereby mentorship and coaching for the health staff will be provided through online media, saving on cost of travel. Online courses and platforms will be used for sharing knowledge among countries.
4. In communicating results, UNDP will use digital technologies such as social media, websites, electronic newsletters, email dissemination, annual reports and other electronic tools, saving on production and paper while ensuring wide reach.
5. The project will utilize standardized programmatic and financial reporting and recording forms. This will ensure comparability of data and an equal approach to all implementers.

Project management

The project management will be based in the UNDP Pacific Office in Fiji and implemented through programme management unit (PMU) set up for this purpose. The project will benefit from the institutional structure of the UNDP office as well as UNDP financial, operations and procurement systems. The project will work closely in collaboration with the Vanuatu Ministry of Health, WHO and other partners and donors in the region to ensure complementarity and to avoid duplication of efforts.

UNDP has established a PMU to manage the operations of the Global Fund grants, provide general guidance on Global Fund policies and procedures, and to ensure responsibility for procurement of the health products and other commodities under this grant are met. The core PMU is based in Suva, Fiji with two outposted positions: one in Vanuatu, given the size and complexity of managing the HIV/TB in-country programme and a standalone malaria programme; and one in Samoa to cover Samoa, Niue and Cook Islands.

The PMU presented in the organogram 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. She 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.

Suva, Fiji based staff

▪ **Programme Manager - Suva, Fiji (P4 International)**

- Responsible for the implementation of the Multi-Country Integrated HIV/TB Programme.
- Responsible for the day-to-day management of the Multi-Country Programme.
- Establishes and maintains strategic partnerships and supports the resource mobilization in cooperation with the Management Support and Business Development Team.
- Ensure knowledge and capacity building focusing on the achievement of results

The following key positions within the broader PMU structure will be reporting to the Programme Manager and directly responsible for grant management and capacity building support to the Vanuatu GF funded malaria project.

▪ **Programme Analyst - Port Vila, Vanuatu (SB4)**

- Supports assigned portfolio of SRs in Vanuatu on all matters of programme implementation.
- Focuses on ensuring timely delivery of programme results and supporting SRs in strategic planning, developing work plans and budgets, forecasting, reprogramming, innovation, communications, advocacy and capacity building.
- Monitors activities and takes decisions on realignment, if necessary.
- Liaises with ministries of health and other counterparts regarding implementation.
- Analyses programmatic and financial results.

▪ **Procurement and Supply Chain Management Analyst – Suva, Fiji (SB4)**

- Implementation of operational strategies.
- Efficient management of procurement and supply chain processes and oversight in line with Global Fund/UNDP regulations.
- Organization of procurement processes.
- Elaboration, introduction and implementation of sourcing strategies and e-procurement tools.
- Development of procurement related reports and regular updates on the grant's procurement process for the Global Fund, Global Fund Local Fund Agent, UNDP-Global Fund Programme Team, UNDP Procurement Support Office, UNDP Country Office and others as required by UNDP management.
- Facilitation of knowledge and capacity building and knowledge sharing.

▪ **M&E Analyst – Suva, Fiji (SB4)**

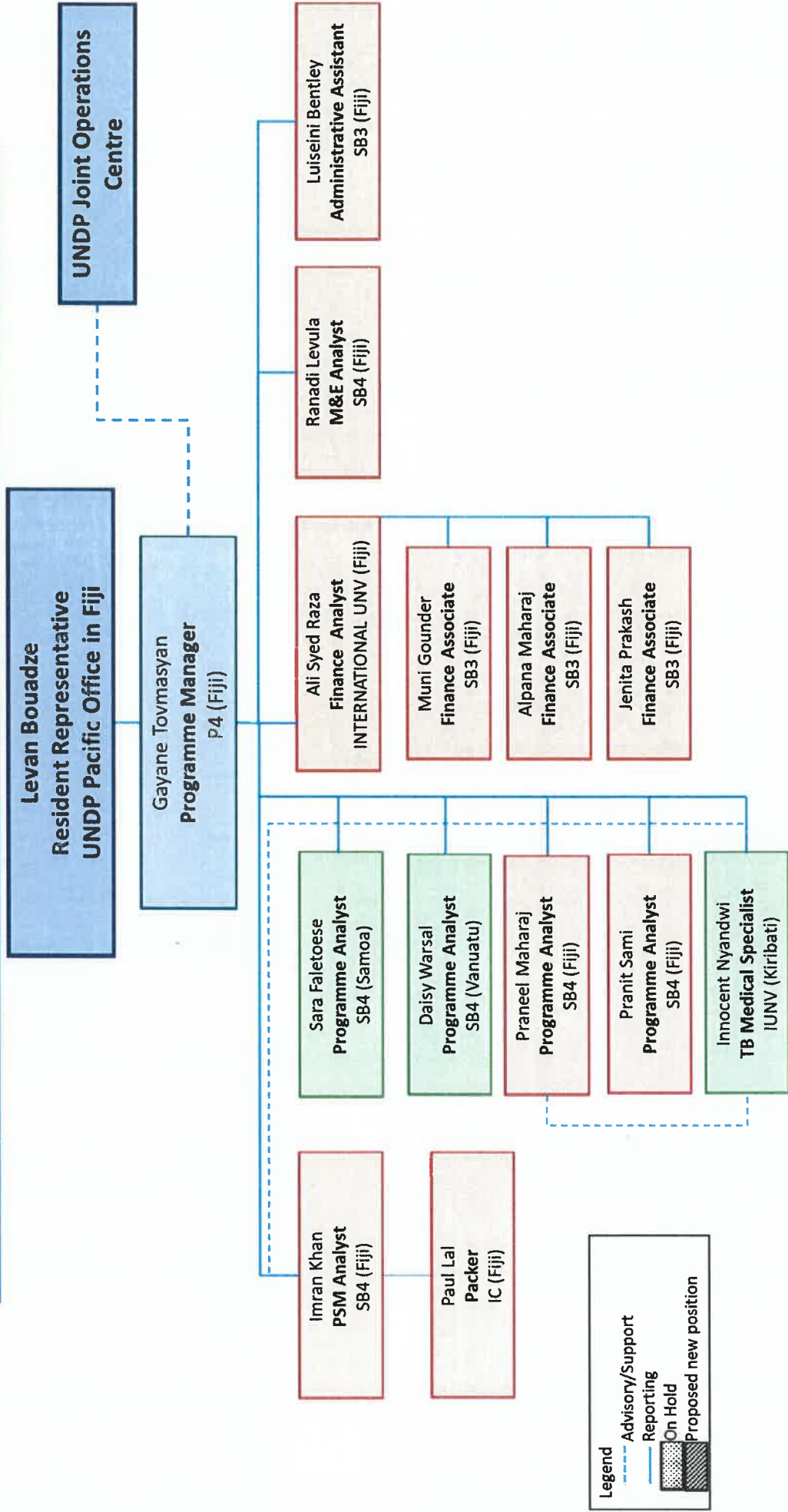
- Coordinates M&E activities within the HIV/TB and malaria programmes.
- Provides support to all SRs on M&E for the 11 programme countries.
- Collects, analyzes and compiles programme reporting data.
- Drafts programmatic reports to the Global Fund.
- Contributes to the grant making process by developing programmatic targets, M&E plans and identifying gaps in national surveillance systems.
- Develops user-friendly reporting tools for SRs.
- Contributes to enhancing national reporting systems in all programme countries.

▪ **Communications Specialist – Bangkok, Thailand (P2 – 25% salary support)**

- Provides support to the programme on communications and knowledge management.

- Produces results stories, press releases, blogs, newsletters, email news alerts and publications.
 - Manages the programme's social media channels and ensures programme results and products are promoted widely through UNDP and partner channels.
 - Provides overall communications advice and technical support to the programme and its partners.
- **Finance Specialist – Suva, Fiji (IUNV)**
 - Implements operational and financial management strategies.
 - Monitors and reports on management of programme budgets and functioning of the optimal cost-recovery system.
 - Management oversight of the HIV/TB and malaria programme accounts.
 - Programme cash management and approves funding authorization and certificate of expenditures (FACE) forms for the SRs.
 - Facilitation of knowledge and capacity building of SRs.
 - Acts as focal point for national implementation (NIM) audit.
- **Finance Associates – Suva, Fiji (SB3)**
 - Support the implementation of operational and financial management strategies.
 - Provide support in budgeting and reporting function.
 - SRs reports verification and forecast analysis.
 - Programme cash management and review/correct the submitted quarterly financial reports and funding authorization and FACE form for the SRs.
 - Handling payment processes for the HIV/TB and malaria programmes.
 - Facilitation of knowledge and capacity building and knowledge sharing.
- **Administrative Assistant (SB3) - Suva, Fiji**
 - Supports administration and implementation of programme/operations strategies.
 - Support to administration of budgets and functioning of the optimal cost-recovery system.
 - Travel and visa support.
 - Organizing regional events and trainings.
 - Leave monitor.
 - Learning focal point.
 - Facilitation of knowledge building and knowledge sharing.

UNDP Project Management Unit (PMU) Organogram – Yr.2021 – Yr.2023



V. RESULTS FRAMEWORK³

Intended Outcome as stated in the UNDAF/Country [or Global/Regional] Programme Results and Resource Framework:								
By 2022, more people in the Pacific, particularly the most vulnerable, have increased equitable access to and utilization of inclusive, resilient and quality basic services.								
Outcome indicators as stated in the Country Programme [or Global/Regional] Results and Resources Framework, including baseline and targets:								
Malaria O-9^(M) Annual blood examination rate: per 100 population per year (Elimination settings)								
Baseline: 22,547 293,593 (7.7%)	Target Yr. 1: 30,847 308,470 (10%)	Target Yr. 2: 31,619 316,188 (10%)	Target Yr. 3: 32,410 324,099 (10%)					
Malaria O-1a Proportion of population that slept under an insecticide-treated net the previous night (disaggregated by male and female)								
Baseline: 4,479 10,794 (44%)	Target Yr. 1: 80%	Target Yr. 2: 80%	Target Yr. 3: 80%					
Malaria O-3 Proportion of population using an insecticide-treated net among those with access to an insecticide-treated net (disaggregated by male and female)								
Baseline: Not Available	Target Yr. 60%	Target Yr. 2: 70%	Target Yr. 3: 80%					
Applicable Output(s) from the UNDP Strategic Plan: Accelerate structural transformations for sustainable development								
Project title and Atlas Project Number: LLIN Coverage In Vanuatu [00130166]								
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	
Output 1 Vector Control	1.1 Number of long-lasting insecticidal nets distributed to at-risk populations through mass campaigns	NVBDCP Annual Report	80,623	2019	59,090	59,090	59,090	Method: Program data using D1 D2 Forms Risks: Data entry error, sub optimal verification, misrepresentation of actual distribution coverage

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.

Gen 2	1.2 Number of long-lasting insecticidal nets distributed to targeted risk groups through continuous distribution (disaggregated by pregnant women, school children, children under 5 and other population groups)	NVBDCP Annual Report	0	2019	10,500	9,720	9,340	Method: Program data using D1 D2 Forms Risks: Data entry error, sub optimal verification, misrepresentation of actual distribution coverage
Output 2 Case Management Gen 2	2.1 Proportion of suspected malaria cases that receive a parasitological test at public sector health facilities	NVBDCP Annual Report	22,547 22,547 100%	2019	22,160 22,160 (100%)	11,239 11,239 (100%)	11,239 11,239 (100%)	Method: Cased Based Surveillance Risks: Delayed uploading of case-based surveillance data at facility level onto DHIS2 platforms
	2.2 Percentage of malaria foci fully investigated and classified	NVBDCP Annual Report	26 26 100%	2019	36 36 100%	18 18 100%	8 8 100%	Method: Cased Based Surveillance Risks: Delayed uploading of case-based surveillance data at facility level onto DHIS2 platforms
	2.3 Proportion of confirmed malaria cases that received first-line antimalaria treatment at public sector health facilities	NVBDCP Annual Report	567 576 99%	2019	280 280 100%	140 140 100%	56 56 100%	Method: Cased Based Surveillance Risks: Delayed uploading of case-based surveillance data at facility level onto DHIS2 platforms
Output 3 RSSH: Health management information systems and M&E Gen 2	2.3 Percentage of confirmed cases fully investigated and classified	NVBDCP Annual Report	206 576 36%	2019	252 280 90%	133 140 95%	56 56 100%	Method: Cased Based Surveillance Risks: Delayed uploading of case-based surveillance data at facility level onto DHIS2 platforms
	3.1 Completeness of facility reporting: Percentage of expected facility monthly reports (for the reporting period) that are received	NVBDCP Annual Report	2,619 3,708 71%	2019	2,967 3,708 80%	3,152 3,708 85%	3,338 3,708 90%	Method: Routine surveillance Risks: (1) Disaster that affects health facility infrastructure and reporting capacity. (2) Delayed uploading of case-based surveillance data at facility level onto DHIS2 platforms (3) Internet Connectivity that prevents data uploading capacity

Gender Rating Supportive Statement: The malaria elimination model of surveillance and response moves service delivery beyond facility-based service delivery to the community. This approach will significantly increase the penetration of malaria services into the rural periphery; increasing access for women, remote populations, those impacted by natural disasters and other marginalised groups. Moreover, the programme has identified gender related gaps in programming, implementation as well as monitoring and reporting and have provided initiatives to respond to this at all levels. Refer to the section on [gender programming](#) on pages 5.

Vector Control – Refers to distribution of LLINs to communities. Universal coverage of all at risk populations (men and women).

Case Management – Refers to testing, surveillance and treatment. Target is to test all suspected cases, investigate and classify all foci and confirmed cases and treat all confirmed cases regardless (men and women)

RSSH Health Management and Information Systems – Vanuatu MOH uses DHS12 and all health facilities are also using this platform to report. DHS2 allows for the capturing, monitoring and reporting of cases by gender and by age. Approaches to improve the LLINs usage data by gender is covered under the section [gender programming](#).

VI. 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.	UNDP	NA
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.	UNDP and MOH	NA
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.	UNDP and MOH	NA
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.	every 2 years	Areas of strength and weakness will be reviewed by project management and used to inform decisions to improve project performance.	UNDP	NA
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.	UNDP	NA
Project Report	A progress report will be presented to the Project Board and key stakeholders,	Annually, and at the end of the		UNDP	NA

	<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 (Project Board)</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>Specify frequency (i.e., 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>	<p>UNDP</p>	<p>NA</p>

All monitoring costs are not budgeted for separately but covered under the PR programme management – grant management costs in the detailed budget. The monitoring role is not confined to the M&E officers role but also a duty of programme, finance and PSM focal points with oversight responsibilities provided by the Programme Manager. However in relation to the results to be achieved as per the performance framework, this is a key responsibility of the M&E focal point.

Evaluation Plan⁵

Evaluation Title	Partners (if joint)	Related Strategic Plan Output	UNDAF/CPD Outcome	Planned Completion Date	Key Evaluation Stakeholders	Cost and Source of Funding
<p>e.g., Mid-Term Evaluation</p>						
<p>Note: All programme evaluations are commissioned by the Global Fund using an independent consultant.</p>						

⁵ Optional, if needed

VII. MULTI-YEAR WORK PLAN ⁶⁷

EXPECTED OUTPUTS	PLANNED ACTIVITIES	Planned Budget by Year			RESPONSIBLE PARTY	PLANNED BUDGET	
		Y1 USD	Y2 USD	Y3 USD		Funding Source	Amount
Output 1 Vector Control (Gender marker: 2)	1.1 Long-lasting insecticidal nets (LLIN) - mass campaign . Includes procurement, shipping and distribution	354,528.48	354,528.48	354,528.48	UNDP VU MOH	GF	1,063,585.44
	1.2 Long-lasting insecticidal nets (LLIN) - continuous campaign . Includes procurement, shipping and distribution	32,041.18	32,365.07	32,695.61	UNDP VU MOH	GF	97,101.86
	Total Output 1	386,569.66	386,893.56	387,224.09			1,160,687.30
Output 2 Case Management (Gender marker: 2)	1.1 Epidemic preparedness	9,509.26	9,509.26	9,509.26	UNDP VU MOH	GF	28,527.79
	1.2 Facility-based treatment	219,257.34	201,358.36	195,058.31	UNDP VU MOH	GF	615,674.02
	Total Output 2	228,766.61	210,867.63	204,567.58			644,201.81
Output 3 Building Resilient and Sustainable Systems for Health (RSSH) (Gender marker: 2)	1.1 Human Resources for Health, including community health workers	39,280.11	39,280.11	39,280.11	UNDP VU MOH	GF	117,840.33
	1.2 Integrated service delivery and quality improvement	229,608.33	75,115.74	75,115.74	UNDP VU MOH	GF	379,839.80
	Total Output 3	268,888.44	114,395.85	114,395.85			497,680.13
	Program Management (PR - Grant Management) Inclusive of 7% GMS cost	204,486.83	217,410.83	196,012.82	UNDP	GF	617,910.48

⁶ 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

⁷ 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.

EXPECTED OUTPUTS	PLANNED ACTIVITIES	Planned Budget by Year			RESPONSIBLE PARTY	PLANNED BUDGET	
		Y1 USD	Y2 USD	Y3 USD		Funding Source	Amount
	Program Management (SR – Coordination and management of national disease control programs)	23,296.00	12,295.99	12,295.99	VU MOH	GF	47,887.97
	Total Program Management Cost	227,782.82	229,706.82	208,308.80			665,798.44
	Total	1,112,007.53	941,863.85	914,496.31			2,968,367.69

VIII. GOVERNANCE AND MANAGEMENT ARRANGEMENTS

UNDP assumed its responsibilities as Principal Recipient of this Programme in 2015 following the decision of the PIRM CCM – the governance and advisory body of this Programme. This is the third three-year Programme cycle covering 2018-2020 in continuation of the first cycle of 2015-2017.

UNDP Pacific Office in Fiji directly implements this Multi-Country Programme covering 11 Pacific Island Countries. The implementation will be governed by the UNDP and the Global Fund rules and regulations. The Programme Management Unit has been set up in Suva which reports directly to UNDP Country Director in the Pacific Office in Fiji. UNDP Global Fund/Health Implementation Support Team in Geneva and New York will provide advisory services, guidance and technical assistance in Programme Implementation.

Except for matters specifically agreed to in a Grant Agreement, UNDP uses its standard operational framework for implementing Global Fund grants. Art. 2(a) of the UNDP–Global Fund Grant Regulations annexed to the Framework Agreement concluded between UNDP and the Global Fund on 13 October 2016 (Grant Regulations) recognizes that UNDP will “implement or oversee the implementation of the Program in accordance with UNDP regulations, rules, policies and procedures and decisions of the UNDP Governing Bodies, as well as the terms of the relevant Grant Agreement.” The term “UNDP Governing Bodies” principally refers to the United Nations General Assembly, Executive Board and internal oversight bodies (such as the Chief Executive Board (CEB), High Level Committee on Management (HLCM) and the UNDP Executive Group) and such other organs of the United Nations that possess the authority to pass decisions of general applicability under the Charter of the United Nations or the legal framework of UNDP.

Project implementation must comply with the UNDP Programme and Operations Policies and Procedures (POPP), and, particularly the section on Programmes and Projects. Effective 1 March 2016, UNDP launched programming reforms that include new quality standards, new monitoring policy, revised project document template and changes to the Country Programme Action Plan (CPAP) requirement. Further information on UNDP’s programming reforms and access to the revised guidance and templates are available [here](#).

As Principal Recipient (PR), UNDP is legally responsible and financially accountable for implementation results. The nature of these responsibilities, as well as the high level of legal and financial exposure involved, call for the use of the Direct Implementation Modality (DIM) as the optimal implementation modality. As defined in the UNDP POPP, the requisite approvals need to be obtained for grants implemented under the DIM modality and Global Fund grants have, as a rule, been implemented under this modality.

As per UNDP rules, UNDP will engage with sub-recipients in 11 countries through sub-recipient agreement following appropriate selected process and sub-recipient’s capacity assessment. Funding to sub-recipients will be disbursed in line with the approved work plan and budget after submission and acceptance of quarterly programmatic and financial reports.

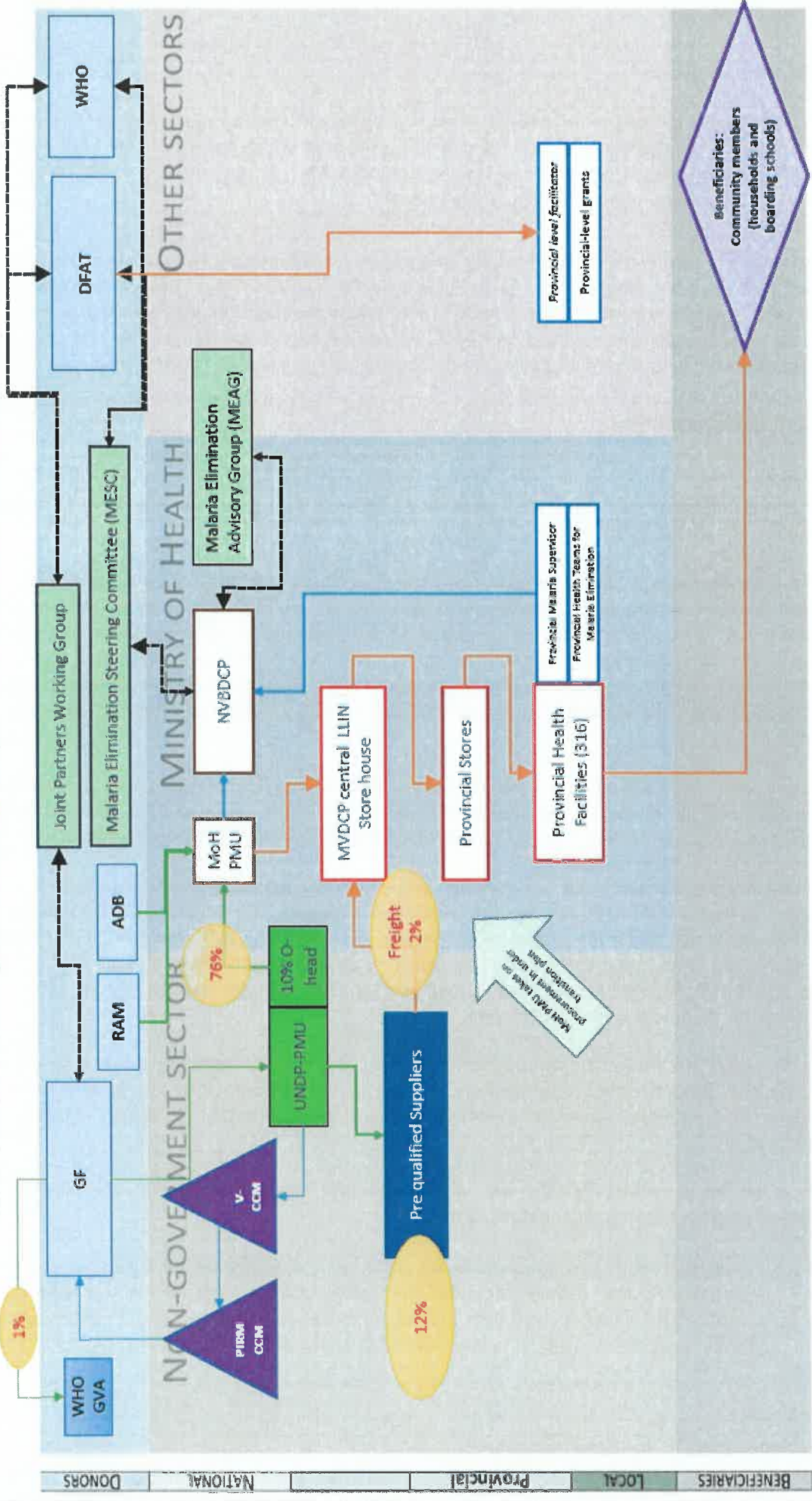
PIRM CCM is the Programme governance and advisory body. The Pacific Islands Regional Country Coordinating Mechanism (PIRM CCM), a country-level multi-stakeholder partnership, develops and submits grant proposals to the Global Fund based on priority needs at the national level. After grant approval, they oversee progress during implementation. The PIRM CCM is responsible for overseeing the performance of the grants and making strategic decisions at key opportunities during grant implementation, including endorsing requests for reprogramming or changing implementation arrangements. It is important for the Principal Recipient (PR) to maintain regular communication with the PIRM CCM at every stage of the grant cycle to ensure progress is actively monitored and any bottlenecks or challenges are addressed in a timely manner. The PIRM CCM has a wide representation from all 11 Pacific Island countries including representatives of the government, civil society and communities of people affected by HIV, TB and malaria. The PIRM CCM convenes once a year where UNDP is making its annual progress report. The PIRM CCM has Executive Committee and Oversight Working Group which convene twice a year.

UNDP interacts with PIRM CCM through several ways:

- PR regularly attends PIRM CCM meetings and provides updates on grant implementation progress and implementation issues;
- PR shares with the PIRM CCM progress updates and/or disbursement requests submitted to the Global Fund including the Global Fund feedback and decision;
- PR proactively shares with the PIRM CCM any Performance Letters or Notification Letters shared by the Global Fund, in case the PIRM CCM was not copied;
- PR involves the PIRM CCM in any reprogramming and extension requests that they may submit to the Global Fund and provides evidence of PIRM CCM's endorsement of the requests; and
- At the time of grant closure, PR involves the PIRM CCM in the preparation of the closeout plan and budget that should be endorsed by the CCM prior to submission to the Global Fund for approval.

The malaria programme's implementation arrangements for the 2021–2023 grant cycle is reflected in the chart that follows.

Vanuatu Malaria Implementation Map – GF Allocation PLUS PAAR+MEMTI



IX. LEGAL CONTEXT

This project document shall be the instrument referred to as such in Article 1 of the Standard Basic Assistance Agreement between the Government of Fiji and UNDP, signed on which was signed by both parties on 30 October 1970 and the Letter of Agreement dated 1 November 1975. All references in the SBAA to “Executing Agency” shall be deemed to refer to “Implementing Partner.”

This project will be implemented by UNDP Pacific Office in Fiji (“Implementing Partner”) in accordance with its financial regulations, rules, practices and procedures only to the extent that they do not contravene the principles of the Financial Regulations and Rules of UNDP. Where the financial governance of an Implementing Partner does not provide the required guidance to ensure best value for money, fairness, integrity, transparency, and effective international competition, the financial governance of UNDP shall apply.

X. RISK MANAGEMENT

Option b. UNDP (DIM)

1. UNDP as the Implementing Partner shall comply with the policies, procedures and practices of the United Nations Security Management System (UNSMS.)
2. UNDP agrees to undertake all reasonable efforts to ensure that none of the [project funds]⁸ [UNDP funds received pursuant to the Project Document]⁹ 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). The list can be accessed via http://www.un.org/sc/committees/1267/aq_sanctions_list.shtml. This provision must be included in all sub-contracts or sub-agreements entered under this Project Document.
3. Consistent with UNDP’s Programme and Operations Policies and Procedures, social and environmental sustainability will be enhanced through application of the UNDP Social and Environmental Standards (<http://www.undp.org/ses>) and related Accountability Mechanism (<http://www.undp.org/secu-srm>).
4. The Implementing Partner shall: (a) conduct project and programme-related activities in a manner consistent with the UNDP Social and Environmental Standards, (b) implement any management or mitigation plan prepared for the project or programme to comply with such standards, and (c) engage in a constructive and timely manner to address any concerns and complaints raised through the Accountability Mechanism. UNDP will seek to ensure that communities and other project stakeholders are informed of and have access to the Accountability Mechanism.
5. All signatories to the Project Document shall cooperate in good faith with any exercise to evaluate any programme or project-related commitments or compliance with the UNDP Social and Environmental Standards. This includes providing access to project sites, relevant personnel, information, and documentation.
6. UNDP as the Implementing Partner will ensure that the following obligations are binding on each responsible party, subcontractor and sub-recipient:
 - a. Consistent with the Article III of the SBAA [or the Supplemental Provisions to the Project Document], the responsibility for the safety and security of each responsible party, subcontractor and sub-recipient and its personnel and property, and of UNDP’s property in such responsible party’s, subcontractor’s and sub-recipient’s custody, rests with such

⁸ To be used where UNDP is the Implementing Partner

⁹ To be used where the UN, a UN fund/programme or a specialized agency is the Implementing Partner

responsible party, subcontractor and sub-recipient. To this end, each responsible party, subcontractor and sub-recipient 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;
 - ii. assume all risks and liabilities related to such responsible party's, subcontractor's and sub-recipient's security, and the full implementation of the security plan.
- b. UNDP reserves the right to verify whether such a plan is in place, and to suggest modifications to the plan when necessary. Failure to maintain and implement an appropriate security plan as required hereunder shall be deemed a breach of the responsible party's, subcontractor's and sub-recipient's obligations under this Project Document.
- c. Each responsible party, subcontractor and sub-recipient will take appropriate steps to prevent misuse of funds, fraud or corruption, by its officials, consultants, subcontractors and sub-recipients in implementing the project or programme or using the UNDP funds. It will ensure that its financial management, anti-corruption and anti-fraud policies are in place and enforced for all funding received from or through UNDP.
- d. The requirements of the following documents, then in force at the time of signature of the Project Document, apply to each responsible party, subcontractor and sub-recipient: (a) UNDP Policy on Fraud and other Corrupt Practices and (b) UNDP Office of Audit and Investigations Investigation Guidelines. Each responsible party, subcontractor and sub-recipient agrees to the requirements of the above documents, which are an integral part of this Project Document and are available online at www.undp.org.
- e. In the event that an investigation is required, UNDP will conduct investigations relating to any aspect of UNDP programmes and projects. Each responsible party, subcontractor and sub-recipient will provide its full cooperation, including making available personnel, relevant documentation, and granting access to its (and its consultants', subcontractors' and sub-recipients') premises, for such purposes at reasonable times and on reasonable conditions as may be required for the purpose of an investigation. Should there be a limitation in meeting this obligation, UNDP shall consult with it to find a solution.
- f. Each responsible party, subcontractor and sub-recipient will promptly inform UNDP as the Implementing Partner in case of any incidence of inappropriate use of funds, or credible allegation of fraud or corruption with due confidentiality.

Where it becomes aware that a UNDP project or activity, in whole or in part, is the focus of investigation for alleged fraud/corruption, each responsible party, subcontractor and sub-recipient will inform the UNDP Resident Representative/Head of Office, who will promptly inform UNDP's Office of Audit and Investigations (OAI). It will provide regular updates to the head of UNDP in the country and OAI of the status of, and actions relating to, such investigation.

- g. Choose one of the three following options:

Option 1: UNDP will be entitled to a refund from the responsible party, subcontractor or sub-recipient of any funds provided that have been used inappropriately, including through fraud or corruption, or otherwise paid other than in accordance with the terms and conditions of this Project Document. Such amount may be deducted by UNDP from any payment due to the responsible party, subcontractor or sub-recipient under this or any other agreement. Recovery of such amount by UNDP shall not diminish or curtail any responsible party's, subcontractor's or sub-recipient's obligations under this Project Document.

Where such funds have not been refunded to UNDP, the responsible party, subcontractor or sub-recipient agrees that donors to UNDP (including the Government) whose funding is the

source, in whole or in part, of the funds for the activities under this Project Document, may seek recourse to such responsible party, subcontractor or sub-recipient for the recovery of any funds determined by UNDP to have been used inappropriately, including through fraud or corruption, or otherwise paid other than in accordance with the terms and conditions of the Project Document.

Note: The term "Project Document" as used in this clause shall be deemed to include any relevant subsidiary agreement further to the Project Document, including those with responsible parties, subcontractors and sub-recipients.

- h. Each contract issued by the responsible party, subcontractor or sub-recipient in connection with this Project Document shall include a provision representing that no fees, gratuities, rebates, gifts, commissions or other payments, other than those shown in the proposal, have been given, received, or promised in connection with the selection process or in contract execution, and that the recipient of funds from it shall cooperate with any and all investigations and post-payment audits.
- i. Should UNDP refer to the relevant national authorities for appropriate legal action any alleged wrongdoing relating to the project or programme, the Government will ensure that the relevant national authorities shall actively investigate the same and take appropriate legal action against all individuals found to have participated in the wrongdoing, recover and return any recovered funds to UNDP.
- j. Each responsible party, subcontractor and sub-recipient shall ensure that all of its obligations set forth under this section entitled "Risk Management" are passed on to its subcontractors and sub-recipients and that all the clauses under this section entitled "Risk Management Standard Clauses" are adequately reflected, mutatis mutandis, in all its sub-contracts or sub-agreements entered into further to this Project Document.

XI. ANNEXES

1. Project quality assurance report
2. Social and environmental screening template
3. Risk analysis.
4. Capacity assessment:
5. Project Board Terms of Reference and TORs of key management positions

XII. BIBLIOGRAPHY

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PROJECT QA ASSESSMENT: DESIGN AND APPRAISAL

OVERALL PROJECT

EXEMPLARY (5) ●●●●●	HIGHLY SATISFACTORY (4) ●●●●○	SATISFACTORY (3) ●●●○○	NEEDS IMPROVEMENT (2) ●●○○○	INADEQUATE (1) ●○○○○
At least four criteria are rated Exemplary, and all criteria are rated High or Exemplary.	All criteria are rated Satisfactory or higher, and at least four criteria are rated High or Exemplary.	At least six criteria are rated Satisfactory or higher, and only one may be rated Needs Improvement. The Principled criterion must be rated Satisfactory or above.	At least three criteria are rated Satisfactory or higher, and only four criteria may be rated Needs Improvement.	One or more criteria are rated Inadequate, or five or more criteria are rated Needs Improvement.

DECISION

- **APPROVE** – the project is of sufficient quality to be approved in its current form. Any management actions must be addressed in a timely manner.
- **APPROVE WITH QUALIFICATIONS** – the project has issues that must be addressed before the project document can be approved. Any management actions must be addressed in a timely manner.
- **DISAPPROVE** – the project has significant issues that should prevent the project from being approved as drafted.

RATING CRITERIA

For all questions, select the option that best reflects the project

STRATEGIC

<p>1. Does the project specify how it will contribute to higher level change through linkage to the programme's Theory of Change?</p> <ul style="list-style-type: none"> • 3: The project is clearly linked to the programme's theory of change. It has an explicit change pathway that explains how the project will contribute to outcome level change and why the project's strategy will likely lead to this change. This analysis is backed by credible evidence of what works effectively in this context and includes assumptions and risks. The project document clearly shows how the project activities and broad interventions will contribute to changes at the output level, outcome and impact level and how these are connected with the programme strategies and goals. There is an explicit change pathway highlighted under section III Results and Partnerships Section of the ProDoc which is linked to the Results Framework in section V of the ProDoc • 2: The project is clearly linked to the programme's theory of change. It has a change pathway that explains how the project will contribute to outcome-level change and why the project strategy will likely lead to this change. • 1: The project document may describe in generic terms how the project will contribute to development results, without an explicit link to the programme's theory of change. <p><i>*Note: Projects not contributing to a programme must have a project-specific Theory of Change. See alternative question under the lightbulb for these cases.</i></p>	3	2
	1	
	Evidence	
<p>2. Is the project aligned with the UNDP Strategic Plan?</p>	3	2
	1	
	Evidence	

<ul style="list-style-type: none"> • 3: The project responds to at least one of the development settings as specified in the Strategic Plan¹ and adapts at least one Signature Solution². The project's RRF includes all the relevant SP output indicators. <i>(all must be true)</i> • 2: The project responds to at least one of the development settings as specified in the Strategic Plan⁴. The project's RRF includes at least one SP output indicator, if relevant. <i>(both must be true)</i> Development Setting: Accelerate structural transformations for suitable development. Signature Solution. Strengthen effective, inclusive and accountable governance • 1: The project responds to a partner's identified need, but this need falls outside of the UNDP Strategic Plan. Also select this option if none of the relevant SP indicators are included in the RRF. 							
3. Is the project linked to the programme outputs? (i.e., UNDAF Results Group Workplan/CPD, RPD or Strategic Plan IRRF for global projects/strategic interventions not part of a programme)	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No				
Yes	No						
RELEVANT							
4. Does the project target groups left furthest behind? <ul style="list-style-type: none"> • 3: The target groups are clearly specified, prioritising discriminated and marginalized groups left furthest behind, identified through a rigorous process based on evidence. Target groups for malaria have been clearly identified through mapping approaches, survey census, and through programme reports and data. The most at risk and vulnerable populations includes those in rural and coastal areas (high risk of malaria contraction and transmission), women (particularly pregnant women in remote areas), rural and remote communities and those populations impacted by natural disasters. • 2: The target groups are clearly specified, prioritizing groups left furthest behind. • 1: The target groups are not clearly specified. <p><i>*Note: Management Action must be taken for a score of 1. Projects that build institutional capacity should still identify targeted groups to justify support</i></p>	<table border="1"> <tr> <td>3</td> <td>2</td> </tr> <tr> <td colspan="2">1</td> </tr> <tr> <td colspan="2">Evidence</td> </tr> </table>	3	2	1		Evidence	
3	2						
1							
Evidence							
5. Have knowledge, good practices, and past lessons learned of UNDP and others informed the project design? <ul style="list-style-type: none"> • 3: Knowledge and lessons learned backed by credible evidence from sources such as evaluation, corporate policies/strategies, and/or monitoring have been explicitly used, with appropriate referencing, to justify the approach used by the project. The project design is informed by the the National Strategic Plan for Malaria Eliminations 2021-2026, the 2019 Global Fund Global Fund portfolio analysis, The 2020 Elimination-focussed health systems Landscape analysis(UNSF/Nossal), the 2018 Vanuatu Malaria Programme Review, Census Data and the NVBDCP Annual Reports • 2: The project design mentions knowledge and lessons learned backed by evidence/sources, but have not been used to justify the approach selected. • 1: There is little or no mention of knowledge and lessons learned informing the project design. Any references made are anecdotal and not backed by evidence. <p><i>*Note: Management Action or strong management justification must be given for a score of 1</i></p>	<table border="1"> <tr> <td>3</td> <td>2</td> </tr> <tr> <td colspan="2">1</td> </tr> <tr> <td colspan="2">Evidence</td> </tr> </table>	3	2	1		Evidence	
3	2						
1							
Evidence							
6. Does UNDP have a clear advantage to engage in the role envisioned by the project vis-à-vis national/regional/global partners and other actors? <ul style="list-style-type: none"> • 3: An analysis has been conducted on the role of other partners in the area where the project intends to work, and credible evidence supports the proposed engagement of UNDP and partners through the project, including identification of potential funding partners. It is clear how results achieved by partners will complement the project's intended results and a communication strategy is in place to communicate results and raise visibility vis-à-vis key partners. Options for south-south and triangular cooperation have been considered, as appropriate. <i>(all must be true)</i> UNDP is seen to be well placed to continue in its Grant Principal Recipient (PR) role due to its strong experience in managing complex programmes at the global level; existing staffing capacities and expertise; its support from the regional governing body – the PIRMCCM; its access to UNDP Global Fund / Health Implementaiton Support in Geneva and New York for advisory, guidance and technical assistance in programme implementation. UNDP particular benefits from its global procurement capacity. Finally according to the 2018 Aid 	<table border="1"> <tr> <td>3</td> <td>2</td> </tr> <tr> <td colspan="2">1</td> </tr> <tr> <td colspan="2">Evidence</td> </tr> </table>	3	2	1		Evidence	
3	2						
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Evidence							

¹ The three development settings in UNDP's 2018-2021 Strategic Plan are: a) Eradicate poverty in all its forms and dimensions; b) Accelerate structural transformations for sustainable development; and c) Build resilience to shocks and crises

² The six Signature Solutions of UNDP's 2018-2021 Strategic Plan are: a) Keeping people out of poverty; b) Strengthen effective, inclusive and accountable governance; c) Enhance national prevention and recovery capacities for resilient societies; d) Promote nature based solutions for a sustainable planet; e) Close the energy gap; and f) Strengthen gender equality and the empowerment of women and girls.

<p>Transparency Index, UNDP has been rated second most transparent development aid organisation in the world. List of partners at national and regional level is clearly outlined in the document under subsection titled "Partnerships and triangular cooperation". Communication of programme results, including results of the work of partners will be captured and reported through the channels highlighted in Table 2 'Programme Information and Knowledge Products' of the ProDoc</p> <ul style="list-style-type: none"> • 2: Some analysis has been conducted on the role of other partners in the area where the project intends to work, and relatively limited evidence supports the proposed engagement of and division of labour between UNDP and partners through the project, with unclear funding and communications strategies or plans. • 1: No clear analysis has been conducted on the role of other partners in the area that the project intends to work. There is risk that the project overlaps and/or does not coordinate with partners' interventions in this area. Options for south-south and triangular cooperation have not been considered, despite its potential relevance. <p>*Note: Management Action or strong management justification must be given for a score of 1</p>							
PRINCIPLED							
<p>7. Does the project apply a human rights-based approach?</p> <ul style="list-style-type: none"> • 3: The project is guided by human rights and incorporates the principles of accountability, meaningful participation, and non-discrimination in the project's strategy. The project upholds the relevant international and national laws and standards. Any potential adverse impacts on enjoyment of human rights were rigorously identified and assessed as relevant, with appropriate mitigation and management measures incorporated into project design and budget. <i>(all must be true)</i> The project is guided by human rights and gender equality principles under objectives 2 of the 2017-2022 Global Fund Strategy which is to protect and promote human rights and gender equality particularly in terms of service accessibility by populations displaced by natural disasters, populations in remote locations and women. The adoption of malaria elimination approach ensures this by decentralisation of services and taking facility based services to the communities to improve access by those in remote locations, those affected by natural disasters (displaced populations) and women (particularly pregnant women). The project does not adversely impact on peoples rights in any way. • 2: The project is guided by human rights by prioritizing accountability, meaningful participation and non-discrimination. Potential adverse impacts on enjoyment of human rights were identified and assessed as relevant, and appropriate mitigation and management measures incorporated into the project design and budget. <i>(both must be true)</i> • 1: No evidence that the project is guided by human rights. Limited or no evidence that potential adverse impacts on enjoyment of human rights were considered. <p>*Note: Management action or strong management justification must be given for a score of 1</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; background-color: #0070c0; color: white;">3</td> <td style="width: 50%; text-align: center;">2</td> </tr> <tr> <td colspan="2" style="text-align: center;">1</td> </tr> <tr> <td colspan="2" style="text-align: center;">Evidence</td> </tr> </table>	3	2	1		Evidence	
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Evidence							
<p>8. Does the project use gender analysis in the project design?</p> <ul style="list-style-type: none"> • 3: A participatory gender analysis has been conducted and results from this gender analysis inform the development challenge, strategy and expected results sections of the project document. Outputs and indicators of the results framework include explicit references to gender equality, and specific indicators measure and monitor results to ensure women are fully benefitting from the project. <i>(all must be true)</i>. The project is guided by human rights and gender equality principles under objectives 2 of the 2017-2022 Global Fund Strategy which is to protect and promote human rights and gender equality particularly in terms of service accessibility by vulnerable groups including women. Gender analysis in terms of service access was considered in the project design. Based on national survey data despite high LLIN coverage, utilisation of LLINs in Vanuatu was unacceptably low (41% amongst pregnant women). The adoption of malaria elimination approach of taking facility based services to the communities will make significant contributions to improving service access by pregnant women. • 2: A basic gender analysis has been carried out and results from this analysis are scattered (i.e., fragmented and not consistent) across the development challenge and strategy sections of the project document. The results framework may include some gender sensitive outputs and/or activities but gender inequalities are not consistently integrated across each output. <i>(all must be true)</i> • 1: The project design may or may not mention information and/or data on the differential impact of the project's development situation on gender relations, women and men, but the gender inequalities have not been clearly identified and reflected in the project document. <p>*Note: Management Action or strong management justification must be given for a score of 1</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; background-color: #0070c0; color: white;">3</td> <td style="width: 50%; text-align: center;">2</td> </tr> <tr> <td colspan="2" style="text-align: center;">1</td> </tr> <tr> <td colspan="2" style="text-align: center;">Evidence</td> </tr> </table>	3	2	1		Evidence	
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<p>9. Did the project support the resilience and sustainability of societies and/or ecosystems?</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; background-color: #0070c0; color: white;">3</td> <td style="width: 50%; text-align: center;">2</td> </tr> <tr> <td colspan="2" style="text-align: center;">1</td> </tr> </table>	3	2	1			
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<ul style="list-style-type: none"> • 3: Credible evidence that the project addresses sustainability and resilience dimensions of development challenges, which are integrated in the project strategy and design. The project reflects the interconnections between the social, economic and environmental dimensions of sustainable development. Relevant shocks, hazards and adverse social and environmental impacts have been identified and rigorously assessed with appropriate management and mitigation measures incorporated into project design and budget. <i>(all must be true)</i>. The project clearly highlights under the Sustainability and Scale Up Section on pages 11 that sustainability will be achieved through malaria elimination. Core functions to enable prevention of re-introduction are to be integrated within routine health service delivery wherever possible. With the anticipated elimination of Malaria, the need for new sources of malaria financing should diminish, allowing external financing to address other critical disease burdens. Transition of core project management functions from the PR to the MoH are critical for these benefits to be realised. The programme will also support epidemic preparedness through the development of disaster relief plans specific for malaria to support the programmes response to natural disasters. This includes working closely with the National Disaster Management Office (NDMO) Health and Nutrition Cluster to establish plans and mechanisms to support immediate provision of comprehensive malaria and vector borne disease prevention. • 2: The project design integrates sustainability and resilience dimensions of development challenges. Relevant shocks, hazards and adverse social and environmental impacts have been identified and assessed, and relevant management and mitigation measures incorporated into project design and budget. <i>(both must be true)</i> • 1: Sustainability and resilience dimensions and impacts were not adequately considered. <p>*Note: Management action or strong management justification must be given for a score of 1</p>	Evidence						
<p>10. Has the Social and Environmental Screening Procedure (SESP) been conducted to identify potential social and environmental impacts and risks? The SESP is not required for projects in which UNDP is Administrative Agent only and/or projects comprised solely of reports, coordination of events, trainings, workshops, meetings, conferences and/or communication materials and information dissemination. [if yes, upload the completed checklist. If SESP is not required, provide the reason for the exemption in the evidence section.] SESP Completed</p>	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td>SESP</td> <td>Not Required</td> </tr> </table>	Yes	No	SESP	Not Required		
Yes	No						
SESP	Not Required						
MANAGEMENT & MONITORING							
<p>11. Does the project have a strong results framework?</p> <ul style="list-style-type: none"> • 3: The project's selection of outputs and activities are at an appropriate level. Outputs are accompanied by SMART, results-oriented indicators that measure the key expected development changes, each with credible data sources and populated baselines and targets, including gender sensitive, target group focused, sex-disaggregated indicators where appropriate. <i>(all must be true)</i> Refer to 'Results and Partnership' as well as the 'Results Framework' section in the ProDoc. The project has goals and objectives fully aligned to the national malaria strategic plan, measureable and gender sensitive indicators (ie certain indicators will be disaggregated by female and male), credible data source (program and periodic data sources). Baselines and targets information is available for all key programme indicators. • 2: The project's selection of outputs and activities are at an appropriate level. Outputs are accompanied by SMART, results-oriented indicators, but baselines, targets and data sources may not yet be fully specified. Some use of target group focused, sex-disaggregated indicators, as appropriate. <i>(all must be true)</i> • 1: The project's selection of outputs and activities are not at an appropriate level; outputs are not accompanied by SMART, results-oriented indicators that measure the expected change and have not been populated with baselines and targets; data sources are not specified, and/or no gender sensitive, sex-disaggregation of indicators. <i>(if any is true)</i> <p>*Note: Management Action or strong management justification must be given for a score of 1</p>	<table border="1"> <tr> <td>3</td> <td>2</td> </tr> <tr> <td>1</td> <td></td> </tr> <tr> <td colspan="2">Evidence</td> </tr> </table>	3	2	1		Evidence	
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Evidence							
<p>12. Is the project's governance mechanism clearly defined in the project document, including composition of the project board?</p> <ul style="list-style-type: none"> • 3: The project's governance mechanism is fully defined. Individuals have been specified for each position in the governance mechanism (especially all members of the project board.) Project Board members have agreed on their roles and responsibilities as specified in the terms of reference. The ToR of the project board has been attached to the project document. <i>(all must be true)</i>. Refer to section VIII of the ProDoc for clear roles and responsibilities of the CCM and its interaction with the PR. Additional PIRMCCM supporting documents are attached for reference. • 2: The project's governance mechanism is defined; specific institutions are noted as holding key governance roles, but individuals may not have been specified yet. The project document lists the most important responsibilities of the project board, project director/manager and quality assurance roles. <i>(all must be true)</i> 	<table border="1"> <tr> <td>3</td> <td>2</td> </tr> <tr> <td>1</td> <td></td> </tr> <tr> <td colspan="2">Evidence</td> </tr> </table>	3	2	1		Evidence	
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Evidence							

<ul style="list-style-type: none"> 1: The project's governance mechanism is loosely defined in the project document, only mentioning key roles that will need to be filled at a later date. No information on the responsibilities of key positions in the governance mechanism is provided. <p>*Note: Management Action or strong management justification must be given for a score of 1</p>							
<p>13. Have the project risks been identified with clear plans stated to manage and mitigate each risk?</p> <ul style="list-style-type: none"> 3: Project risks related to the achievement of results are fully described in the project risk log, based on comprehensive analysis drawing on the programme's theory of change, Social and Environmental Standards and screening, situation analysis, capacity assessments and other analysis such as funding potential and reputational risk. Risks have been identified through a consultative process with key internal and external stakeholders. Clear and complete plan in place to manage and mitigate each risk, reflected in project budgeting and monitoring plans. <i>(both must be true)</i> Risk log contains systems and capacity risk, environmental risks (natural disasters in Vanuatu) and risks relating to government fiscal budget. These were identified through stakeholder discussions and reflected in the grant proposal submission. There are risks mitigation strategies identified by the programme to address these. 2: Project risks related to the achievement of results are identified in the initial project risk log based on a minimum level of analysis and consultation, with mitigation measures identified for each risk. 1: Some risks may be identified in the initial project risk log, but no evidence of consultation or analysis and no clear risk mitigation measures identified. This option is also selected if risks are not clearly identified and/or no initial risk log is included with the project document. <p>*Note: Management Action must be taken for a score of 1</p>	<table border="1"> <tr> <td style="background-color: #0070C0; color: white; text-align: center;">3</td> <td style="text-align: center;">2</td> </tr> <tr> <td colspan="2" style="text-align: center;">1</td> </tr> <tr> <td colspan="2" style="text-align: center;">Evidence</td> </tr> </table>	3	2	1		Evidence	
3	2						
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Evidence							
EFFICIENT							
<p>14. Have specific measures for ensuring cost-efficient use of resources been explicitly mentioned as part of the project design? This can include, for example: i) using the theory of change analysis to explore different options of achieving the maximum results with the resources available; ii) using a portfolio management approach to improve cost effectiveness through synergies with other interventions; iii) through joint operations (e.g., monitoring or procurement) with other partners; iv) sharing resources or coordinating delivery with other projects, v) using innovative approaches and technologies to reduce the cost of service delivery or other types of interventions.</p> <p>Examples</p> <ul style="list-style-type: none"> - Use of global UNDP and Global Fund Guidelines, Tools, Templates and Processes to support programming - Use of Global Fund procurement unit based in Copenhagen for procurement of health products which allows for economies of scale and price reductions <p>(Note: Evidence of at least one measure must be provided to answer yes for this question)</p>	<table border="1"> <tr> <td style="background-color: #0070C0; color: white; text-align: center;">Yes (3)</td> <td style="text-align: center;">No (1)</td> </tr> </table>	Yes (3)	No (1)				
Yes (3)	No (1)						
<p>15. Is the budget justified and supported with valid estimates?</p> <ul style="list-style-type: none"> 3: The project's budget is at the activity level with funding sources, and is specified for the duration of the project period in a multi-year budget. Realistic resource mobilisation plans are in place to fill unfunded components. Costs are supported with valid estimates using benchmarks from similar projects or activities. Cost implications from inflation and foreign exchange exposure have been estimated and incorporated in the budget. Adequate costs for monitoring, evaluation, communications and security have been incorporated. Detailed 3 year activity workplan and budget is in place. M&E and communications costs are factored in the budget under the PR grant management costs. M&E at national level is costed under the activity called supervisory visits 2: The project's budget is at the activity level with funding sources, when possible, and is specified for the duration of the project in a multi-year budget, but no funding plan is in place. Costs are supported with valid estimates based on prevailing rates. 1: The project's budget is not specified at the activity level, and/or may not be captured in a multi-year budget. 	<table border="1"> <tr> <td style="background-color: #0070C0; color: white; text-align: center;">3</td> <td style="text-align: center;">2</td> </tr> <tr> <td colspan="2" style="text-align: center;">1</td> </tr> <tr> <td colspan="2" style="text-align: center;">Evidence</td> </tr> </table>	3	2	1		Evidence	
3	2						
1							
Evidence							
<p>16. Is the Country Office/Regional Hub/Global Project fully recovering the costs involved with project implementation?</p> <ul style="list-style-type: none"> 3: The budget fully covers all project costs that are attributable to the project, including programme management and development effectiveness services related to strategic country programme planning, quality assurance, 	<table border="1"> <tr> <td style="background-color: #0070C0; color: white; text-align: center;">3</td> <td style="text-align: center;">2</td> </tr> <tr> <td colspan="2" style="text-align: center;">1</td> </tr> </table>	3	2	1			
3	2						
1							

<p>pipeline development, policy advocacy services, finance, procurement, human resources, administration, issuance of contracts, security, travel, assets, general services, information and communications based on full costing in accordance with prevailing UNDP policies (i.e., UPL, LPL.) This is clearly highlighted in the GF Detailed Workplan and Budget for 2021-2023. All UNDP project related costs are highlighted as program management costs under the intervention titled 'grant management'.</p> <ul style="list-style-type: none"> • 2: The budget covers significant project costs that are attributable to the project based on prevailing UNDP policies (i.e., UPL, LPL) as relevant. • 1: The budget does not adequately cover project costs that are attributable to the project, and UNDP is cross-subsidizing the project. <p>*Note: Management Action must be given for a score of 1. The budget must be revised to fully reflect the costs of implementation before the project commences.</p>	Evidence	
EFFECTIVE		
<p>17. Have targeted groups been engaged in the design of the project?</p> <ul style="list-style-type: none"> • 3: Credible evidence that all targeted groups, prioritising discriminated and marginalized populations that will be involved in or affected by the project, have been actively engaged in the design of the project. The project has an explicit strategy to identify, engage and ensure the meaningful participation of target groups as stakeholders throughout the project, including through monitoring and decision-making (e.g., representation on the project board, inclusion in samples for evaluations, etc.) Targets groups includes displaced populations, populations from remote and coastal locations, children in boarding schools and women – especially pregnant mothers. The design of the project was through a wide consultative approach at country and regional level involving all relevant stakeholders including government and civil society representatives, members of the Vanuatu Country Coordinating Mechanism (VCCM), members of the Pacific Islands Regional Multi-Country Coordinating Mechanism (PIRMCCM), DFAT, and regional technical partners including UNDP, WHO and UNAIDS. • 2: Some evidence that key targeted groups have been consulted in the design of the project. • 1: No evidence of engagement with targeted groups during project design. 	3	2
	1	
	Evidence	
<p>18. Does the project plan for adaptation and course correction if regular monitoring activities, evaluation, and lesson learned demonstrate there are better approaches to achieve the intended results and/or circumstances change during implementation? Programme monitoring is ongoing throughout the year and responses to monitoring data is ongoing. Approval levels for change on interventions are guided by GF and UNDP guidelines</p>	Yes (3)	No (1)
<p>19. The gender marker for all project outputs are scored at GEN2 or GEN3, indicating that gender has been fully mainstreamed into all project outputs at a minimum. The malaria elimination model of surveillance and response moves service delivery beyond facility-based service delivery to the community. This approaches will significantly increase the penetration of malaria services into the rural periphery; increasing access for women, remote populations, those impacted by natural disasters and other marginalised groups.</p>	Yes (3)	No (1)
*Note: Management Action or strong management justification must be given for a score of "no"	Evidence	
SUSTAINABILITY & NATIONAL OWNERSHIP		
<p>20. Have national/regional/global partners led, or proactively engaged in, the design of the project?</p> <ul style="list-style-type: none"> • 3: National partners (or regional/global partners for regional and global projects) have full ownership of the project and led the process of the development of the project jointly with UNDP. Grant strategy and priorities developed through wide consultation with national, regional and global partners • 2: The project has been developed by UNDP in close consultation with national/regional/global partners. • 1: The project has been developed by UNDP with limited or no engagement with national partners. 	3	2
	1	
	Evidence	
<p>21. Are key institutions and systems identified, and is there a strategy for strengthening specific/ comprehensive capacities based on capacity assessments conducted?</p> <ul style="list-style-type: none"> • 3: The project has a strategy for strengthening specific capacities of national institutions and/or actors based on a completed capacity assessment. This strategy includes an approach to regularly monitor national capacities using clear indicators and rigorous methods of data collection, and adjust the strategy to strengthen national capacities accordingly. Capacity assessments of the national programme was carried out in 2018 with a capacity development plan produced in 2019. This was carried out by UNDP MWP GF funded programme. The commitment to implement this CD plan is earmarked for the 2021-2023 grant period. UNDP will support the rapid initiation / PR transition process of the MOH. This includes support to building the programme management unit (PMU) structure (including ToRs and Job Descriptions), legal authority, reporting systems and governance arrangements 	3	2
	1	
	Evidence	

<p>(procedures, policies, signatories, oversight). The intention is to have a fully functional PMU operational within the MOH by 2024.</p> <ul style="list-style-type: none"> • 2: A capacity assessment has been completed. There are plans to develop a strategy to strengthen specific capacities of national institutions and/or actors based on the results of the capacity assessment. • 1: Capacity assessments have not been carried out. 		
<p>22. Is there is a clear strategy embedded in the project specifying how the project will use national systems (i.e., procurement, monitoring, evaluations, etc.,) to the extent possible? Yes. All strategies are fully aligned to the National Strategic Plan for Malaria Elimination 2021-2026 (NSPME). National systems will be used to support implementation of the project in country. There are specific areas for strengthening including HIS, Finance, HR, procurement, project management capacity. These have been clearly highlighted on page 7 of the ProdDoc and there is a clear list of national and development partners that would be responsible for each area that requires strengthening.</p>	Yes (3)	No (1)
<p>23. Is there a clear transition arrangement/ phase-out plan developed with key stakeholders in order to sustain or scale up results (including resource mobilisation and communications strategy)?</p> <ul style="list-style-type: none"> • The project clearly highlights under the Sustainability and Scale Up Section on pages 11 that sustainability will be achieved through malaria elimination. • Core functions to enable prevention of re-introduction are to be integrated within routine health service delivery wherever possible. • With the anticipated elimination of Malaria, the need for new sources of malaria financing should diminish, allowing external financing to address other critical disease burdens. • Transition of core project management functions from the PR (UNDP) to the MoH. UNDP will support the rapid initiation / PR transition process of the MOH. This includes support to building the programme management unit (PMU) structure (including ToRs and Job Descriptions), legal authority, reporting systems and governance arrangements (procedures, policies, signatories, oversight). • Systems strengthening by partners highlighted on page 7 of the ProdDoc. There is a clear list of national and development partners that would be responsible for each area that requires strengthening. • The programme will also support epidemic preparedness through the development of disaster relief plans specific for malaria to support the programmes response to natural disasters. This includes working closely with the National Disaster Management Office (NDMO) Health and Nutrition Cluster to establish plans and mechanisms to support immediate provision of comprehensive malaria and vector borne disease prevention. 	Yes (3)	No (1)

ANNEX 2: OFFLINE PROJECT RISK LOG TEMPLATE

#	Description	Risk Category	Impact & Probability	Risk Treatment / Management Measures	Risk Owner
	Enter a brief description of the risk. Risk description should include future event and cause.	Social and Environmental Financial Operational Organizational Political Regulatory Strategic Other	Describe the potential effect on the project if the future event were to occur. Enter probability based on 1-5 scale (1 = Not likely; 5 = Expected) Enter impact based on 1-5 scale (1 = Low; 5 = Critical)	What actions have been taken/will be taken to manage this risk.	The person or entity with the responsibility to manage the risk.
1.	Government Fiscal Space Vanuatu is classified as a lower-middle-income country with GNI per capita of US\$3,250 in 2018 (World Bank 2020). There has been a slow decline in Gross Domestic Product (GDP) growth over many years, exacerbated by Tropical Cyclone Pam in 2015 which displaced 65,000 people and damaged 90% of buildings countrywide, and is now set for rapid retraction under COVID-19 (World Bank Group, 2020) and the aftermath of Tropical Cyclone Harold whose impact is still being assessed. The combined impact of two major events have placed exceptional demands on the health system, whilst also impacting the micro-fiscal situation.	Regulatory	Sub-optimal service provision Pressure on overall health system P = 5 I = 5	The pre-COVID-19 / Tropical Cyclone Harold health financing landscape is well captured in the recent Health Financing Systems Assessment (World Bank Group, 2018). However, this analysis must be updated in the light of the more recent COVID-19 impact assessment (World Bank Group, 2020) which notes that nearly 50% of GDP accrues from the Tourism sector which is effectively closed. In addition, disruption to primary commodity exports and remittances from overseas workers will also impact on government revenue and fiscal space for health, with 15% of the population in extreme poverty (US\$1.90/day) and 40% in Poverty (US\$3.20/day) (World Bank Group, 2020). As mitigation, the MoH support focuses on human resource costs, as these are least likely to be impacted by any budget shortfall. More vulnerable budget-lines such as procurement have been allocated to the Global Fund.	Vanuatu Government MOH
2.	Human Resources and Financial Management	Organizational Operational	Sub-optimal HR capacity P = 4 I = 4	Transition planning, focusing on updating and implementing the capacity development plan will assist in addressing both HR and Financial management constraints. Whilst the Program is committed to long term sustainability, it is also the case that HR positions supported under this	MOH, UNDP Other development partners supporting

#	Description	Risk Category	Impact & Probability	Risk Treatment / Management Measures	Risk Owner
	Enter a brief description of the risk. Risk description should include future event and cause.	Social and Environmental Financial Operational Organizational Political Regulatory Strategic Other	Describe the potential effect on the project if the future event were to occur. Enter probability based on 1-5 scale (1 = Not likely; 5 = Expected) Enter impact based on 1-5 scale (1 = Low; 5 = Critical)	What actions have been taken/will be taken to manage this risk.	The person or entity with the responsibility to manage the risk.
3.	Frequent Natural Disasters The region is subject to a range of natural threats, including tropical cyclones, earthquakes and volcanic eruptions, resulting in large-scale population displacements. This is reflected in the country's number one ranking on the World Risk Index (Integrated Research on Disaster Risk – IRDR 2017) and (World Bank Group, 2018). Most recent events include Tropical Cyclone Pam in March 2015, several eruptions of the Manaro Voui volcano on Ambae in 2017/2018, Tropical Cyclone Harold in 2020, and ashfall from Yasur volcano, Tanna in 2020.	Social and Environmental	Vanuatu is considered to be one of the countries most at risk to natural disasters in the world . Displacement and resettlement creates vulnerabilities for women and children and greater exposure to sexual violence which increase HIV/STI risks amongst women and children. Crowded shelters also increase risk of TB transmission P = 5 I = 5	investment will be essential for surge capacity to enable the elimination endgame from 2021-2023 before eventual absorption of those functions into MoH. Readiness to manage malaria and other vector borne diseases in a disaster context is now a core component of the National Strategic Plan for Malaria Elimination (NSPME). Explicit links are being made with the National and Provincial Disaster Management Offices and other government departments to strengthen response capacity. Increased supervision capacity will also make implementation more robust. The programme will also Support epidemic preparedness through the development of disaster relief plans specific for malaria so as to ensure an adequate response to national disasters	systems (including HR) systems strengthening, including the Australian, United States Peace Corps and WHO volunteer programs MOH National and Provincial Disaster Management Offices
4.	COVID 19 impacts on programme implementation	Operational	Travel and movement restriction could have potential impacts on activity implementation as well as	- Health services to be regarded as essential services. - Shift away from LLINs mass distribution to 'rolling' or ongoing distribution.	MOH UNDP

#	Description	Risk Category	Impact & Probability	Risk Treatment / Management Measures	Risk Owner
	Enter a brief description of the risk. Risk description should include future event and cause.	Social and Environmental Financial Operational Organizational Political Regulatory Strategic Other	Describe the potential effect on the project if the future event were to occur. Enter probability based on 1-5 scale (1 = Not likely; 5 = Expected) Enter impact based on 1-5 scale (1 = Low; 5 = Critical)	What actions have been taken/will be taken to manage this risk.	The person or entity with the responsibility to manage the risk.
			disruption in supply of health and non health commodities. P = 4 I = 4	- Programme implementation including LLINs distribution protocols to be aligned to WHO COVID guidelines on service delivery	

Annex [#]. Social and Environmental Screening Template

The completed template, which constitutes the Social and Environmental Screening Report, must be included as an annex to the Project Document. Please refer to the [Social and Environmental Screening Procedure](#) and [Toolkit](#) for guidance on how to answer the 6 questions.

Project Information

Project Information	
1. Project Title	A malaria free Vanuatu, contributing to the good health and well-being of the population
2. Project Number	00130166
3. Location (Global/Region/Country)	Vanuatu

Part A. Integrating Overarching Principles to Strengthen Social and Environmental Sustainability

QUESTION 1: How Does the Project Integrate the Overarching Principles in order to Strengthen Social and Environmental Sustainability?

Briefly describe in the space below how the Project mainstreams the human-rights based approach

- The adoption of a malaria elimination approach includes the decentralisation of services away from central areas and facility based service provision. Service provision within communities will improve access by those in remote and coastal locations. Those in coastal locations make around 75% of total population. Risk mapping and targeting programming will ensure all vulnerable populations will access required services.
- Key interventions are in place to ensure those affected by natural disasters (displaced populations) will receive immediate urgent attention in terms of service delivery as what has been practiced in 2020 with the TC Harold response. The programme will be utilizing LLINs stock from the 2018-2020 grant cycle to respond to any sudden requests for LLINs resulting from environmental shocks. The programme will also be working very closely with the National Disaster Management Office (NDMO) and Health and Nutrition Cluster to establish plans and mechanisms to support immediate provision of comprehensive malaria and vector borne disease prevention and case management services as part of Vanuatu's disaster relief package.

Briefly describe in the space below how the Project is likely to improve gender equality and women's empowerment

- Gender analysis in terms of service access was considered in the project design. Based on national survey data despite high LLIN coverage, utilisation of LLINs in Vanuatu was unacceptably low (41% amongst pregnant women). The adoption of malaria elimination approach of taking facility based services to the communities will make significant contributions to improving service access by pregnant women.

Briefly describe in the space below how the Project mainstreams environmental sustainability

- Key interventions are in place to ensure those affected by natural disasters (displaced populations) will receive immediate urgent attention in terms of service delivery as what has been practiced in 2020 with the TC Harold response. The programme will be utilizing LLINs stock from the 2018-2020 grant cycle to respond to any sudden requests for LLINs resulting from environmental shocks. The programme will also be working very closely with the National Disaster Management Office

(NDMO) and Health and Nutrition Cluster to establish plans and mechanisms to support immediate provision of comprehensive malaria and vector borne disease prevention and case management services as part of Vanuatu's disaster relief package. The programme will also support epidemic preparedness through the development of disaster relief plans specific for malaria so as to ensure an adequate response to national disasters

Part B. Identifying and Managing Social and Environmental Risks

<p>QUESTION 2: What are the Potential Social and Environmental Risks? <i>Note: Describe briefly potential social and environmental risks identified in Attachment 1 – Risk Screening Checklist (based on any “yes” responses). If no risks have been identified in Attachment 1 then note “No Risks Identified” and skip to Question 4 and Select “Low Risk”. Questions 5 and 6 not required for Low Risk Projects.</i></p>	<p>QUESTION 3: What is the level of significance of the potential social and environmental risks? <i>Note: Respond to Questions 4 and 5 below before proceeding to Question 6</i></p>	<p>QUESTION 6: What social and environmental assessment and management measures have been conducted and/or are required to address potential risks (for Risks with Moderate and High Significance)?</p>	<p>Description of assessment and management measures as reflected in the Project design. If ESIA or SESA is required note that the assessment should consider all potential impacts and risks.</p>
<p>Risk Description</p>	<p>Impact and Probability (1-5)</p>	<p>Significance (Low, Moderate, High)</p>	<p>Comments</p>
<p>Risk 1: Natural Disasters</p>	<p>I = 5 P = 5</p>	<p>High</p>	<p>Vanuatu is considered to be one of the countries most at risk to natural disasters in the world. This is reflected in the country's number one ranking on the World Risk Index (Integrated Research on Disaster Risk – IRDR 2017). (World Bank Group, 2018). The most recent events have been: Tropical Cyclone Pam March 2015, several eruptions of the Manaro Vouli volcano on Ambae in 2017/8 and ashfall from Yasur volcano, Tanna in 2020.</p>
<p>Risk 2 COVID 19 Impacts on programme implementation</p>	<p>I = 5 P = 5</p>	<p>High</p>	<p>Readiness to manage malaria and other vector borne diseases in a disaster context is now a core component of the National Strategic Plan for Malaria Elimination (NSPME). Explicit links are being made with the National and Provincial Disaster Management Offices and other government departments to strengthen response capacity. Increased supervision capacity will also make implementation more robust.</p> <ul style="list-style-type: none"> - Health services to be regarded as essential services. - Shift away from LLINs mass distribution to ‘rolling’ or ongoing distribution. <p>Programme Implementation including</p>

			LLINs distribution protocols to be aligned to WHO COVID guidelines on service delivery
QUESTION 4: What is the overall Project risk categorization?			
Select one (see SESP for guidance)			Comments
Low Risk <input type="checkbox"/>			
Moderate Risk <input type="checkbox"/>			
High Risk <input checked="" type="checkbox"/>			
QUESTION 5: Based on the identified risks and risk categorization, what requirements of the SES are relevant?			
Check all that apply			Comments
Principle 1: Human Rights			
<input checked="" type="checkbox"/>			Relating to access to proper services by communities most affected by natural disasters, ie displaced populations and the protection of woman and children in shelters
Principle 2: Gender Equality and Women's Empowerment			
1. Biodiversity Conservation and Natural Resource Management <input type="checkbox"/>			
2. Climate Change Mitigation and Adaptation <input checked="" type="checkbox"/>			Relates to high risks of natural disasters in Vanuatu
3. Community Health, Safety and Working Conditions <input type="checkbox"/>			
4. Cultural Heritage <input type="checkbox"/>			
5. Displacement and Resettlement <input checked="" type="checkbox"/>			Those that are displaced and living in shelters should have access to proper health services and protection of vulnerable groups such as woman and children are a priority
6. Indigenous Peoples <input type="checkbox"/>			
7. Pollution Prevention and Resource Efficiency <input type="checkbox"/>			

Final Sign Off

<i>Signature</i>	<i>Date</i>	<i>Description</i>
QA Assessor		UNDP staff member responsible for the Project, typically a UNDP Programme Officer. Final signature confirms they have "checked" to ensure that the SESP is adequately conducted.
QA Approver		UNDP senior manager, typically the UNDP Deputy Country Director (DCD), Country Director (CD), Deputy Resident Representative (DRR), or Resident Representative (RR). The QA Approver cannot also be the QA Assessor. Final signature confirms they have "cleared" the SESP prior to submittal to the PAC.
PAC Chair		UNDP chair of the PAC. In some cases PAC Chair may also be the QA Approver. Final signature confirms that the SESP was considered as part of the project appraisal and considered in recommendations of the PAC.

SESP Attachment 1. Social and Environmental Risk Screening Checklist

Checklist Potential Social and Environmental Risks		Answer (Yes/No)
Principles 1: Human Rights		
1.	Could the Project lead to adverse impacts on enjoyment of the human rights (civil, political, economic, social or cultural) of the affected population and particularly of marginalized groups?	No
2.	Is there a likelihood that the Project would have inequitable or discriminatory adverse impacts on affected populations, particularly people living in poverty or marginalized or excluded individuals or groups? ¹	No
3.	Could the Project potentially restrict availability, quality of and access to resources or basic services, in particular to marginalized individuals or groups?	No
4.	Is there a likelihood that the Project would exclude any potentially affected stakeholders, in particular marginalized groups, from fully participating in decisions that may affect them?	No
5.	Is there a risk that duty-bearers do not have the capacity to meet their obligations in the Project?	Yes
6.	Is there a risk that rights-holders do not have the capacity to claim their rights?	No
7.	Have local communities or individuals, given the opportunity, raised human rights concerns regarding the Project during the stakeholder engagement process?	No
8.	Is there a risk that the Project would exacerbate conflicts among and/or the risk of violence to project-affected communities and individuals?	No
Principle 2: Gender Equality and Women's Empowerment		
1.	Is there a likelihood that the proposed Project would have adverse impacts on gender equality and/or the situation of women and girls?	No
2.	Would the Project potentially reproduce discriminations against women based on gender, especially regarding participation in design and implementation or access to opportunities and benefits?	No
3.	Have women's groups/leaders raised gender equality concerns regarding the Project during the stakeholder engagement process and has this been included in the overall Project proposal and in the risk assessment?	No
4.	Would the Project potentially limit women's ability to use, develop and protect natural resources, taking into account different roles and positions of women and men in accessing environmental goods and services? <i>For example, activities that could lead to natural resources degradation or depletion in communities who depend on these resources for their livelihoods and well being</i>	No
Principle 3: Environmental Sustainability: Screening questions regarding environmental risks are encompassed by the specific Standard-related questions below		
Standard 1: Biodiversity Conservation and Sustainable Natural Resource Management		
1.1	Would the Project potentially cause adverse impacts to habitats (e.g. modified, natural, and critical habitats) and/or ecosystems and ecosystem services?	No

¹ Prohibited grounds of discrimination include race, ethnicity, gender, age, language, disability, sexual orientation, religion, political or other opinion, national or social or geographical origin, property, birth or other status including as an indigenous person or as a member of a minority. References to "women and men" or similar is understood to include women and men, boys and girls, and other groups discriminated against based on their gender identities, such as transgender people and transsexuals.

	<i>For example, through habitat loss, conversion or degradation, fragmentation, hydrological changes</i>	
1.2	Are any Project activities proposed within or adjacent to critical habitats and/or environmentally sensitive areas, including legally protected areas (e.g. nature reserve, national park), areas proposed for protection, or recognized as such by authoritative sources and/or indigenous peoples or local communities?	No
1.3	Does the Project involve changes to the use of lands and resources that may have adverse impacts on habitats, ecosystems, and/or livelihoods? (Note: if restrictions and/or limitations of access to lands would apply, refer to Standard 5)	No
1.4	Would Project activities pose risks to endangered species?	No
1.5	Would the Project pose a risk of introducing invasive alien species?	No
1.6	Does the Project involve harvesting of natural forests, plantation development, or reforestation?	No
1.7	Does the Project involve the production and/or harvesting of fish populations or other aquatic species?	No
1.8	Does the Project involve significant extraction, diversion or containment of surface or ground water? <i>For example, construction of dams, reservoirs, river basin developments, groundwater extraction</i>	No
1.9	Does the Project involve utilization of genetic resources? (e.g. collection and/or harvesting, commercial development)	No
1.10	Would the Project generate potential adverse transboundary or global environmental concerns?	No
1.11	Would the Project result in secondary or consequential development activities which could lead to adverse social and environmental effects, or would it generate cumulative impacts with other known existing or planned activities in the area? <i>For example, a new road through forested lands will generate direct environmental and social impacts (e.g. felling of trees, earthworks, potential relocation of inhabitants). The new road may also facilitate encroachment on lands by illegal settlers or generate unplanned commercial development along the route, potentially in sensitive areas. These are indirect, secondary, or induced impacts that need to be considered. Also, if similar developments in the same forested area are planned, then cumulative impacts of multiple activities (even if not part of the same Project) need to be considered.</i>	No
Standard 2: Climate Change Mitigation and Adaptation		
2.1	Will the proposed Project result in significant ² greenhouse gas emissions or may exacerbate climate change?	No
2.2	Would the potential outcomes of the Project be sensitive or vulnerable to potential impacts of climate change?	No
2.3	Is the proposed Project likely to directly or indirectly increase social and environmental vulnerability to climate change now or in the future (also known as maladaptive practices)? <i>For example, changes to land use planning may encourage further development of floodplains, potentially increasing the population's vulnerability to climate change, specifically flooding</i>	No
Standard 3: Community Health, Safety and Working Conditions		
3.1	Would elements of Project construction, operation, or decommissioning pose potential safety risks to local communities?	No
3.2	Would the Project pose potential risks to community health and safety due to the transport, storage, and use and/or disposal of hazardous or dangerous materials (e.g. explosives, fuel and other chemicals during construction and operation)?	No

² In regards to CO₂, 'significant emissions' corresponds generally to more than 25,000 tons per year (from both direct and indirect sources). [The Guidance Note on Climate Change Mitigation and Adaptation provides additional information on GHG emissions.]

3.3	Does the Project involve large-scale infrastructure development (e.g. dams, roads, buildings)?	No
3.4	Would failure of structural elements of the Project pose risks to communities? (e.g. collapse of buildings or infrastructure)	No
3.5	Would the proposed Project be susceptible to or lead to increased vulnerability to earthquakes, subsidence, landslides, erosion, flooding or extreme climatic conditions?	No
3.6	Would the Project result in potential increased health risks (e.g. from water-borne or other vector-borne diseases or communicable infections such as HIV/AIDS)?	No
3.7	Does the Project pose potential risks and vulnerabilities related to occupational health and safety due to physical, chemical, biological, and radiological hazards during Project construction, operation, or decommissioning?	No
3.8	Does the Project involve support for employment or livelihoods that may fail to comply with national and international labor standards (i.e. principles and standards of ILO fundamental conventions)?	No
3.9	Does the Project engage security personnel that may pose a potential risk to health and safety of communities and/or individuals (e.g. due to a lack of adequate training or accountability)?	No
Standard 4: Cultural Heritage		
4.1	Will the proposed Project result in interventions that would potentially adversely impact sites, structures, or objects with historical, cultural, artistic, traditional or religious values or intangible forms of culture (e.g. knowledge, innovations, practices)? (Note: Projects intended to protect and conserve Cultural Heritage may also have inadvertent adverse impacts)	No
4.2	Does the Project propose utilizing tangible and/or intangible forms of cultural heritage for commercial or other purposes?	No
Standard 5: Displacement and Resettlement		
5.1	Would the Project potentially involve temporary or permanent and full or partial physical displacement?	No
5.2	Would the Project possibly result in economic displacement (e.g. loss of assets or access to resources due to land acquisition or access restrictions – even in the absence of physical relocation)?	No
5.3	Is there a risk that the Project would lead to forced evictions? ³	No
5.4	Would the proposed Project possibly affect land tenure arrangements and/or community based property rights/customary rights to land, territories and/or resources?	No
Standard 6: Indigenous Peoples		
6.1	Are indigenous peoples present in the Project area (including Project area of influence)?	No
6.2	Is it likely that the Project or portions of the Project will be located on lands and territories claimed by indigenous peoples?	No
6.3	Would the proposed Project potentially affect the human rights, lands, natural resources, territories, and traditional livelihoods of indigenous peoples (regardless of whether indigenous peoples possess the legal titles to such areas, whether the Project is located within or outside of the lands and territories inhabited by the affected peoples, or whether the indigenous peoples are recognized as indigenous peoples by the country in question)? <i>If the answer to the screening question 6.3 is “yes” the potential risk impacts are considered potentially severe and/or critical and the Project would be categorized as either Moderate or High Risk.</i>	No

³ Forced evictions include acts and/or omissions involving the coerced or involuntary displacement of individuals, groups, or communities from homes and/or lands and common property resources that were occupied or depended upon, thus eliminating the ability of an individual, group, or community to reside or work in a particular dwelling, residence, or location without the provision of, and access to, appropriate forms of legal or other protections.

6.4	Has there been an absence of culturally appropriate consultations carried out with the objective of achieving FPIC on matters that may affect the rights and interests, lands, resources, territories and traditional livelihoods of the indigenous peoples concerned?	No
6.5	Does the proposed Project involve the utilization and/or commercial development of natural resources on lands and territories claimed by indigenous peoples?	No
6.6	Is there a potential for forced eviction or the whole or partial physical or economic displacement of indigenous peoples, including through access restrictions to lands, territories, and resources?	No
6.7	Would the Project adversely affect the development priorities of indigenous peoples as defined by them?	No
6.8	Would the Project potentially affect the physical and cultural survival of indigenous peoples?	No
6.9	Would the Project potentially affect the Cultural Heritage of indigenous peoples, including through the commercialization or use of their traditional knowledge and practices?	No
Standard 7: Pollution Prevention and Resource Efficiency		
7.1	Would the Project potentially result in the release of pollutants to the environment due to routine or non-routine circumstances with the potential for adverse local, regional, and/or transboundary impacts?	No
7.2	Would the proposed Project potentially result in the generation of waste (both hazardous and non-hazardous)?	No
7.3	Will the proposed Project potentially involve the manufacture, trade, release, and/or use of hazardous chemicals and/or materials? Does the Project propose use of chemicals or materials subject to international bans or phase-outs? <i>For example, DDT, PCBs and other chemicals listed in international conventions such as the Stockholm Conventions on Persistent Organic Pollutants or the Montreal Protocol</i>	No
7.4	Will the proposed Project involve the application of pesticides that may have a negative effect on the environment or human health?	No
7.5	Does the Project include activities that require significant consumption of raw materials, energy, and/or water?	No