ASM-19232 - Quality Assurance - Closure

Procedure Year: 2025

Procedure Rating: Satisfactory

Procedure Status: Approved

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Procedure Department: CO - Vanuatu - Cty Pgmm

Procedure Type: Closure

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Portofolio/Project Type: Project

RELATED PORTFOLIOS/PROJECTS (1)

NAME	PORTOFOLIO/PROJECT NAME	DEPARTMENT	STATUS	ATLAS PROJECT NUMBER	START DATE	END DATE
00123611	A Malaria Free Vanuatu, contri-UNDP-FJI-00123611	CO - Vanuatu - Cty Pgmm	Financially Closed	00130166	1/1/2021	12/31/2025

Approval Information

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APPROVAL HISTORY

STEP NAME	DATE	STATUS	ASSIGNED TO
Submitted for Approval	2026-05-25 22:21:01	Approved	Emmilia Tuiwawa
Submitted for Approval	2026-05-25 22:17:55	Reassigned	Emmilia Tuiwawa

QA Questionnaire:

Strategic | Status: Complete | Quality Rating: Satisfactory

1. Did the project pro-actively identified changes to the external environment and incorporated them into the project strategy?

- ○ 3: The project team has identified relevant changes in the external environment that may present new opportunities or threats to the project's ability to achieve its objectives and the assumptions have been tested to determine if the project's strategy is still valid. There is evidence that the project board has considered the implications, and documented any changes needed to the project in response. (all must be true)
- ◉ 2: The project team has identified relevant changes in the external environment that may present new opportunities or threats to the project's ability to achieve its objectives. There is some evidence that the project board discussed this, but relevant changes may not have been fully integrated in the project. (both must be true)
- ○ 1: The project team may have considered relevant changes in the external environment since implementation began, but there is no evidence that the project team has considered changes to the project as a result.

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

During the reporting period of 2025, the Vanuatu malaria grant remained stable and strategically focused, even while operating under a reduced allocation environment and new reprioritization requirements. To preserve elimination gains, the program deliberately concentrated its resources on elimination-critical functions, specifically case management, surveillance, rapid response capacity, and commodity security. As a result, malaria services were maintained nationwide without major disruptions, and vector control activities adopted a targeted, risk-based approach to maximize impact. Financially, the project utilized strategic sequencing

by deferring non-essential and capital-intensive health system strengthening (RSSH) components to safeguard frontline service delivery and prioritize operational continuity.

2. Was the project aligned with the thematic focus of the Strategic Plan?

- 3: The project responds at least one of the development settings as specified in the Strategic Plan (SP) and adopts at least one Signature Solution and the project's RRF includes at all the relevant SP output indicators. (all must be true)
- (●) 2: The project responds to one of the three areas of development work as specified in the Strategic Plan. The project's RRF includes at least one SP output indicator, if relevant. (both must be true)
- 1: While the project may respond to a partner's identified need, this need falls outside the UNDP Strategic Plan. Also select this option if none of the relevant SP indicators are included in the RRF.

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

The Strategic Plan defines its "Resilience" signature solution as supporting countries in building resilience to diverse shocks, specifically including epidemics. The project remained strategically focused on elimination-critical functions (case management, surveillance, and rapid response) to ensure uninterrupted service and preserve elimination gains against malaria

Relevant | Status: Complete | Quality Rating: Satisfactory

3. Are the project's targeted groups, and particularly those marginalized, vulnerable and left further behind (LNOB), being systematically engaged, with a priority focus on the discriminated and marginalized, to ensure the project leaves no one behind (LNOB) and remains relevant for them?

- 3: Systematic and structured feedback was collected over the project duration from a representative sample of beneficiaries, with a priority focus on the discriminated and marginalized, as part of the project's monitoring system. Representatives from the targeted groups were active members of the project's governance mechanism (i.e., the project board or equivalent) and there is credible evidence that their feedback informs project decision making. (all must be true)
- (●) 2: Targeted groups were engaged in implementation and monitoring, with a priority focus on the discriminated and marginalized. Beneficiary feedback, which may be anecdotal, was collected regularly to ensure the project addressed local priorities. This information was used to inform project decision making. (all must be true to select this option)
- 1: Some beneficiary feedback may have been collected, but this information did not inform project decision making. This option should also be selected if no beneficiary feedback was collected
- Not Applicable

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

The project pro-actively maintains community-based surveillance mechanisms for early detection of outbreaks in high-risk areas, while prioritizing the protection of frontline Human Resources for Health (HRH) in remote facilities—safeguarding those who serve the most marginalized populations. Engagement strategies have evolved from standalone activities to interventions directly linked to case detection and referral, ensuring outreach is purposeful and reaches marginalized individuals at the point of care

4. Did the project generate knowledge, and lessons learned (i.e., what has worked and what has not) and has this knowledge informed management decisions to ensure the continued relevance of the project towards its stated objectives, the quality of its outputs and the management of risk?

- 3: Knowledge and lessons learned from internal or external sources (gained, for example, from Peer Assists, After Action Reviews or Lessons Learned Workshops) backed by credible evidence from evaluation, corporate policies/strategies, analysis and monitoring were discussed in project board meetings and reflected in the minutes. There is clear evidence that changes were made to the project to ensure its continued relevance. (both must be true)
- (●) 2: Knowledge and lessons learned backed by relatively limited evidence, drawn mainly from within the project, were considered by the project team. There is some evidence that changes were made to the project as a result to ensure its continued relevance. (both must be true)
- 1: There is limited or no evidence that knowledge and lessons learned were collected by the project team. There is little or no evidence that this informed project decision making.

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

1.Management refocused the project on critical elimination activities such as case management, surveillance, rapid response, and ensuring essential medicines and supplies are available, so services continue without interruption.

2. Non-essential and expensive system-strengthening activities and equipment purchases were postponed to protect the quality of frontline services.

3. Due to limited resources, activities such as vector control were focused on high-burden and high-risk areas to achieve the greatest impact.
4. Supervision visits were combined across health programs, and virtual meetings were used to reduce travel and geographic costs.

5. Was the project sufficiently at scale, or is there potential to scale up in the future, to meaningfully contribute to development change?

- ( ) 3: There was credible evidence that the project reached sufficient number of beneficiaries (either directly through significant coverage of target groups, or indirectly, through policy change) to meaningfully contribute to development change.
- (•) 2: While the project was not considered at scale, there are explicit plans in place to scale up the project in the future (e.g. by extending its coverage or using project results to advocate for policy change).
- ( ) 1: The project was not at scale, and there are no plans to scale up the project in the future.

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

There is significant potential and a recognized need to scale up or at least sustain funding in the future to meaningfully contribute to long-term change. The project team has explicitly stated that "sustained financing under GC8 will be essential" to prevent the erosion of surveillance capacity and to secure long-term elimination stability in Vanuatu's complex geographic context.

Principled | Status: Complete | Quality Rating: Satisfactory

6. Were the project's measures (through outputs, activities, indicators) to address gender inequalities and empower women relevant and produced the intended effect? If not, evidence-based adjustments and changes were made.

- ( ) 3: The project team has systematically gathered data and evidence through project monitoring on the relevance of the measures to address gender inequalities and empower women. Analysis of data and evidence were used to inform adjustments and changes, as appropriate. (both must be true)
- (•) 2: The project team had some data and evidence on the relevance of the measures to address gender inequalities and empower women. There is evidence that at least some adjustments were made, as appropriate. (both must be true)
- ( ) 1: The project team had limited or no evidence on the relevance of measures to address gender inequalities and empowering women. No evidence of adjustments and/or changes made. This option should also be selected if the project has no measures to address gender inequalities and empower women relevant to the project results and activities.

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

In Vanuatu, during response to the earthquake and Natural disaster, Women, children under five, and pregnant women were prioritized for LLIN distribution. Refer to PUDR impact indicators Tab.

7. Were social and environmental impacts and risks successfully managed and monitored?

○ 3: Social and environmental risks were tracked in the risk log. Appropriate assessments conducted where required (i.e., Environmental and Social Impact Assessment (ESIA) for High risk projects and some level of social and environmental assessment for Moderate risk projects as identified through SESP). Relevant management plan(s) developed for identified risks through consultative process and implemented, resourced, and monitored. Risks effectively managed or mitigated. If there is a substantive change to the project or change in context that affects risk levels, the SESP was updated to reflect these changes. (all must be true)

◉ 2: Social and environmental risks were tracked in the risk log. Appropriate assessments were conducted where required (i.e., Environmental and Social Impact Assessment (ESIA) for high/substantial-risk projects and targeted assessments for moderate risk projects as identified through SESP). Relevant management plan(s) developed, implemented, and monitored for identified risks. Select this option for SESP exempted projects and/or categorized as low risk through the SESP.

○ 1: Social and environmental risks were tracked in the risk log. For projects categorized as High or Moderate Risk, there was no evidence that social and environmental assessments completed and/or management plans or measures development, implemented or monitored. There are substantive changes to the project or changes in the context but SESP was not updated. (any may be true)

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

The project pro-actively managed risks to its core objectives by prioritizing elimination-critical functions—case management, surveillance, rapid response, and commodity security—ensuring that nationwide services remained stable despite a "reduced allocation environment".

Social Inclusion (LNOB): To mitigate the risk of leaving remote populations behind, the project adopted a "targeted and risk-based approach" that prioritized high-burden and high-risk areas.

Community Engagement: Management addressed the potential for reduced community participation by shifting to "service-linked community engagement". This focused outreach on activities directly tied to case detection and referral to ensure the project remained relevant and effective at the local level.

Maintenance of Surveillance: The project-maintained community-based surveillance mechanisms as a critical social and health risk mitigation strategy to ensure the early detection of localized outbreaks

8. Were grievance mechanisms available to project-affected people and were grievances (if any) addressed to ensure any perceived harm was effectively mitigated?

○ 3: Project-affected people actively informed of UNDP's Corporate Accountability Mechanism (SRM/SECU) and how to access it. If the project was categorized as High or Moderate Risk through the SESP, a project -level grievance mechanism was in place and project affected people informed. If grievances were received, they were effectively addressed in accordance with SRM Guidance. (all must be true)

◉ 2: Project-affected people have been informed of UNDP's Corporate Accountability Mechanism and how to access it. If the project is categorized as High Risk through the SESP, a project -level grievance mechanism is in place and project affected people informed. If grievances have been received they are responded to but face challenges in arriving at a resolution. Select this option for SESP Exempted projects.

○ 1: Project-affected people was not informed of UNDP's Corporate Accountability Mechanism. If grievances were received, they were not responded to. (any may be true)

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

Despite operating under a streamlined budget, oversight and coordination mechanisms remained fully functional throughout the reporting period, ensuring continued accountability and responsiveness. Malaria oversight has increasingly been integrated into broader health sector systems and existing Ministry of Health governance structures, strengthening long-term stability, transparency, and institutional oversight. The project also adopted a service-linked community engagement approach, focusing on activities directly connected to case detection and referral pathways, thereby enhancing responsiveness to community concerns. In addition, community-based surveillance mechanisms remained active and effective, supporting early detection of outbreaks in localized areas. Together, these measures demonstrate that grievance and feedback mechanisms were accessible, operational, and effectively embedded within both community and health sector structure

Management & Monitoring | Status: Complete | Quality Rating: Satisfactory

9. Was the project's M&E Plan adequately implemented?

- 3: The project had a comprehensive and costed M&E plan. Baselines, targets and milestones were fully populated. Progress data against indicators in the project's RRF was reported regularly using credible data sources and collected according to the frequency stated in the Plan, including sex disaggregated data as relevant. Any evaluations conducted, if relevant, fully meet decentralized evaluation standards, including gender UNEG standards. Lessons learned, included during evaluations and/or After-Action Reviews, were used to take corrective actions when necessary. (all must be true)
- (selected) 2: The project costed M&E Plan, and most baselines and targets were populated. Progress data against indicators in the project's RRF was collected on a regular basis, although there was may be some slippage in following the frequency stated in the Plan and data sources was not always reliable. Any evaluations conducted, if relevant, met most decentralized evaluation standards. Lessons learned were captured but were used to take corrective actions. (all must be true)
- 1: The project had M&E Plan, but costs were not clearly planned and budgeted for, or were unrealistic. Progress data was not regularly collected against the indicators in the project's RRF. Evaluations did not meet decentralized evaluation standards. Lessons learned were rarely captured and used. Select this option also if the project did not have an M&E plan.

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

Monitoring and evaluation efforts were strategically prioritized to focus on elimination-sensitive indicators rather than the full original scope, ensuring that critical outcomes remained closely tracked despite resource constraints. System improvements are being implemented in phased stages, carefully aligned with current resource availability to maintain steady progress. To address high inter-island logistics costs, the project integrated M&E supervision visits with other health program missions, maximizing efficiency while strengthening field-level data verification and oversight

10. Did the project's governance mechanism (i.e., the project board or equivalent) function as intended?

- 3: The project's governance mechanism operated well, and was a model for other projects. It met in the agreed frequency stated in the project document and the minutes of the meetings were all on file. There was regular (at least annual) progress reporting to the project board or equivalent on results, risks and opportunities. It is clear that the project board explicitly reviewed and used evidence, including progress data, knowledge, lessons and evaluations, as the basis for informing management decisions (e.g., change in strategy, approach, work plan.) (all must be true to select this option)
- (selected) 2: The project's governance mechanism met in the agreed frequency and minutes of the meeting are on file. A project progress report was submitted to the project board or equivalent at least once per year, covering results, risks and opportunities. (both must be true to select this option)
- 1: The project's governance mechanism did not meet in the frequency stated in the project document over the past year and/or the project board or equivalent was not functioning as a decision-making body for the project as intended.

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

Governance mechanisms remained fully functional throughout the reporting period, even under streamlined operational budgets. The governance structure demonstrated strong strategic leadership by effectively managing a reduced allocation environment through rapid internal reprogramming, making high-level decisions to sequence non-essential health system components while safeguarding lifesaving frontline services. Coordination with the Ministry of Health remained stable and responsive, particularly in supply chain management, preventing any significant stock-outs of malaria commodities.

To enhance sustainability and mitigate fiscal risks, the project increasingly aligned with existing Ministry of Health governance structures and integrated malaria oversight into broader health sector mechanisms. Furthermore, the timely completion and formal sign-off of the Progress Update and Disbursement Request by the Principal Recipient confirms that administrative, reporting, and compliance requirements were consistently met, reinforcing that governance arrangements were operating effectively and as intended.

11. Were risks to the project adequately monitored and managed?

- 3: The project monitored risks every quarter and consulted with the key stakeholders, security advisors, to identify continuing and emerging risks to assess if the main assumptions remained valid. There is clear evidence that relevant management plans and mitigating measures were fully implemented to address each key project risk and were updated to reflect the latest risk assessment. (all must be true)
- (selected) 2: The project monitored risks every year, as evidenced by an updated risk log. Some updates were made to management plans and mitigation measures.

1: The risk log was not updated as required. There was may be some evidence that the project monitored risks that may affected the project's achievement of results, but there is no explicit evidence that management actions were taken to mitigate risks.

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

Risks were actively monitored throughout the project period through a structured and proactive approach. The project team identified module-specific risks, including funding instability, logistics delays, supply chain disruptions, workforce attrition in remote areas, and reduced analytical capacity linked to delayed digital modernization. Oversight and coordination mechanisms remained functional and responsive, with stable supply chain coordination alongside the Ministry of Health ensuring that no significant stock-outs occurred. Management also closely tracked the impact of funding reductions, recognizing that the program is operating at minimum functional thresholds in surveillance intensity and system strengthening. This continuous monitoring informed forward-looking risk assessments and enabled timely mitigation measures to safeguard core program outcomes

Efficient | Status: Complete | Quality Rating: Satisfactory

12. Adequate resources were mobilized to achieve intended results. If not, management decisions were taken to adjust expected results in the project's results framework.

- (●) Yes
- ( ) No

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

Although resources were reduced, the project acted decisively to ensure that core objectives continued to be delivered. Management undertook rapid internal reprogramming and re-sequenced workplan activities to protect elimination-critical interventions. Resources were strategically concentrated on case management, surveillance, rapid response and commodity security, while non-essential and capital-intensive components, including infrastructure upgrades and non-critical equipment purchases, were deliberately deferred to safeguard frontline service delivery. Operational adjustments were also introduced, including a targeted and risk-based approach to vector control and the integration of supervision visits across multiple health programs to offset high inter-island logistics costs.

13. Were project inputs procured and delivered on time to efficiently contribute to results?

- ( ) 3: The project had a procurement plan and kept it updated. The project quarterly reviewed operational bottlenecks to procuring inputs in a timely manner and addressed them through appropriate management actions. (all must be true)
- (●) 2: The project had updated procurement plan. The project annually reviewed operational bottlenecks to procuring inputs in a timely manner and addressed them through appropriate management actions. (all must be true)
- ( ) 1: The project did not have an updated procurement plan. The project team may or may not have reviewed operational bottlenecks to procuring inputs regularly, however management actions were not taken to address them.

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

The Vanuatu malaria grant commodities were procured and delivered with high efficiency for critical items, while non-essential inputs were deliberately delayed to manage funding constraints.

14. Was there regular monitoring and recording of cost efficiencies, taking into account the expected quality of results?

- ( ) 3: There is evidence that the project regularly reviewed costs against relevant comparators (e.g., other projects or country offices) or industry benchmarks to ensure the project maximized results delivered with given resources. The project actively coordinated with other relevant ongoing projects and initiatives (UNDP or other) to ensure complementarity and sought efficiencies wherever possible (e.g. joint activities.) (both must be true)
- (●) 2: The project monitored its own costs and gave anecdotal examples of cost efficiencies (e.g., spending less to get the same result,) but there was no systematic analysis of costs and no link to the expected quality of results delivered. The project coordinated activities with other projects to achieve cost efficiency gains.
- ( ) 1: There is little or no evidence that the project monitored its own costs and considered ways to save money beyond following standard procurement rules.

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

Management monitored financial absorption patterns and implemented "strategic sequencing" instead of allowing implementation delays. This involved deliberately deferring non-essential and capital-intensive components to safeguard frontline service delivery and ensure that "elimination-critical interventions" were preserved.

Effective | Status: Complete | Quality Rating: Satisfactory

15. Was the project on track and delivered its expected outputs?

- (●) Yes
- ( ) No

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

Throughout the reporting period, the project maintained operational continuity, with case management and surveillance activities fully functional across all provinces and outbreak response mechanisms sustained. Commodity security was ensured, with no significant stock-outs of malaria supplies recorded. Vector control activities were carried out according to the revised workplan, adopting a targeted, risk-based approach to maximize impac

16. Were there regular reviews of the work plan to ensure that the project was on track to achieve the desired results, and to inform course corrections if needed?

- ( ) 3: Quarterly progress data informed regular reviews of the project work plan to ensure that the activities implemented were most likely to achieve the desired results. There is evidence that data and lessons learned (including from evaluations /or After-Action Reviews) were used to inform course corrections, as needed. Any necessary budget revisions were made. (both must be true)
- (●) 2: There was at least one review of the work plan per year with a view to assessing if project activities were on track to achieving the desired development results (i.e., outputs.) There may or may not be evidence that data or lessons learned were used to inform the review(s). Any necessary budget revisions have been made.
- ( ) 1: While the project team may have reviewed the work plan at least once over the past year to ensure outputs were delivered on time, no link was made to the delivery of desired development results. Select this option also if no review of the work plan by management took place.

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

Yes, there were regular and systematic reviews of the work plan, most notably a mid-cycle reprioritization triggered by a reduced funding environment. These reviews led to several critical course corrections to ensure the project remained focused on its most vital objectives

17. Were the targeted groups, and particularly those marginalized, vulnerable and left further behind (LNOB), systematically identified and engaged, prioritizing the marginalized and excluded, to ensure results were achieved as expected?

- ( ) 3: The project targeted specific groups and/or geographic areas, identified by using credible data sources on their capacity needs, deprivation and/or exclusion from development opportunities relevant to the project's area of work. There is clear evidence that the targeted groups were reached as intended. The project engaged regularly with targeted groups over the past year to assess whether they benefited as expected and adjustments were made if necessary, to refine targeting. (all must be true)
- (●) 2: The project targeted specific groups and/or geographic areas, based on some evidence of their capacity needs, deprivation and/or exclusion from development opportunities relevant to the project's area of work. Some evidence is provided to confirm that project beneficiaries are members of the targeted groups. There was some engagement with beneficiaries in the past year to assess whether they were benefiting as expected. (all must be true)
- ( ) 1: The project did not report on specific targeted groups. There is no evidence to confirm that project beneficiaries are populations have capacity needs or are deprived and/or excluded from development opportunities relevant to the project area of work. There is some engagement with beneficiaries to assess whether they benefited as expected, but it was limited or did not occurred in the past year.
- ( ) Not Applicable

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

To reinforce the project and ensure no one is left behind, activities were strategically targeted using a risk-based, geographically prioritized approach. Recognizing the challenges of Vanuatu's island geography, the project shifted from broad nationwide campaigns to focus on high-risk, high-burden areas, ensuring limited resources reached the populations most vulnerable to

disease. Identification of beneficiaries was integrated into service delivery, with community engagement directly linked to case detection and referral, so that the most relevant individuals were reached at the point of care.

18. If there is a digital or data technology solution in the project: have technology and data risks been addressed specifically for closure, or continued use by partners or UNDP?

- 3: Yes, a) the implementation and closure followed good practices, such as UNDP's digital standards and data principles; b) technology sustainability risks are addressed: hosting, licenses, intellectual property, data ownership, code documentation, or partner capacity (operations, maintenance and continued improvement); and c) post project scalability has been considered: digital public goods or reusability for other UNDP units. (All must be true)
- (●) 2: Specific technology and data risks have been partially addressed for project closure, next to Standard UNDP sustainability practices and project risk management.
- 1: Standard UNDP sustainability practices and project risk management are applied, but no specific practices to address technology or data risks are followed.
- The project did not utilize a data or digital technology solution.

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

In the Vanuatu malaria project, integrated data systems and digital surveillance functions are identified as the primary technology components. While these systems are currently operational at a core level, the project has had to specifically manage significant risks associated with their delayed modernization and future sustainability.

Sustainability & National Ownership | Status: Complete | Quality Rating: Satisfactory

19. Were stakeholders and national partners fully engaged in the decision-making, implementation and monitoring of the project?

- 3: Only national systems (i.e., procurement, monitoring, evaluation, etc.) were used to fully implement and monitor the project. All relevant stakeholders and partners were fully and actively engaged in the process, playing a lead role in project decision-making, implementation and monitoring. (both must be true)
- (●) 2: National systems (i.e., procurement, monitoring, evaluation, etc.) were used to implement and monitor the project (such as country office support or project systems) were also used, if necessary. All relevant stakeholders and partners were actively engaged in the process, playing an active role in project decision-making, implementation and monitoring. (both must be true)
- 1: There was relatively limited or no engagement with national stakeholders and partners in the decision-making, implementation and/or monitoring of the project.
- Not Applicable

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

National partners and stakeholders were deeply and systematically engaged in the decision-making, implementation, and monitoring of the Vanuatu malaria project, with a strategic focus on integrating activities into existing national health structures to ensure long-term sustainability.

20. Were there regular monitoring of changes in capacities and performance of institutions and systems relevant to the project, as needed, and were the implementation arrangements8 adjusted according to changes in partner capacities?

- 3: Changes in capacities and performance of national institutions and systems were assessed/monitored using clear indicators, rigorous methods of data collection and credible data sources including relevant HACT assurance activities. Implementation arrangements were formally reviewed and adjusted, if needed, in agreement with partners according to changes in partner capacities. (all must be true)
- (●) 2: Aspects of changes in capacities and performance of relevant national institutions and systems were monitored by the project using indicators and reasonably credible data sources including relevant HACT assurance activities. Some adjustment was made to implementation arrangements if needed to reflect changes in partner capacities. (all must be true)
- 1: Some aspects of changes in capacities and performance of relevant national institutions and systems were monitored by the project, however changes to implementation arrangements were not considered. Also select this option if changes in capacities and performance of relevant national institutions and systems were not monitored by the project.
- Not Applicable

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

The project faced several interconnected challenges affecting its effectiveness. Limited domestic fiscal space and financing capacity constrained the rapid transition of health system–strengthening investments to national funding. Human resources performance in remote areas, including workforce attrition and HRH constraints, posed risks to service quality and coverage. Financial pressures also affected system functional thresholds, with surveillance and system-strengthening activities reaching only minimum operational levels. Additionally, delays in digital modernization threatened the health system's analytical and data capacity, potentially reducing its ability to make timely, informed decisions.

21. Were the transition and phase-out arrangements were reviewed and adjusted according to progress (including financial commitment and capacity).

- ( ) 3: The project's governance mechanism regularly reviewed the project's sustainability plan, including arrangements for transition and phase-out, to ensure the project remained on track in meeting the requirements set out by the plan. The plan was implemented as planned by the end of the project, taking into account any adjustments made during implementation. (both must be true)
- (•) 2: There was a review of the project's sustainability plan, including arrangements for transition and phase-out, to ensure the project remained on track in meeting the requirements set out by the plan.
- ( ) 1: The project may have had a sustainability plan but there was no review of this strategy after it was developed. Also select this option if the project did not have a sustainability strategy.

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

Management concluded that the program has largely exhausted internal efficiency gains under the current cycle, making sustained financing in the next grant cycle (GC8) essential to maintain surveillance capacity and ensure long-term stability for eventual transition in Vanuatu's complex geographic context. While recent adjustments have preserved program integrity and nationwide service delivery, the program is now operating at minimum functional thresholds, and further funding reductions could directly threaten elimination progress and the success of future phase-out efforts