**PROJECT Annual Work plan for 2014**

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| **Project Title:** | Scaling-up for Universal Coverage with Community Participation |
| **Expected CP Outcome(s):** | People in Sudan, with special emphasis on needy populations, have improved access to equitable and sustainable  quality basic services |
| **Expected Output(s):** | National institutions, systems, laws and policies strengthened for equitable, accountable and effective delivery of HIV and related services |
| **Project Duration:** | 1st April 2012 to 31st March 2017 |
| **Overall Project Budget:** | **160,000,000** |
| **Project Budget for 2014:** | **USD 2,984,599** |
| **Funds Available for 2014:** | **USD 2,984,599** |
| **Implementing Partner:** | UNDP |
| **Responsible Parties:** | WHO, UNICEF and National Malaria Control Programme (NMCP) |

**Agreed By:**

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| **UNDP** |
| Mrs. Yvonne Helle  Country Director  UNDP SUDAN |
| Signature: |
| Date: |

**I. Project Overview**

1. **Project Rationale:**

Despite considerable efforts exerted by the National Malaria Control Program (NMCP), malaria remains the leading cause of morbidity and mortality in Sudan. Efforts exerted in the past few years have led to a considerable reduction in the number of reported outpatients cases, inpatients and deaths. In 2001, the burden of malaria was estimated to be 7.5 million cases and 35,000 deaths compared to 2009 figures of 3.3 million cases and 9,788 deaths (MIS 2009).

The results of the MIS 2009 indicate a decline in the malaria prevalence rate from an average of 5.4 per cent (MIS 2005) to an average of 1.8 per cent. Three states have zero or almost zero prevalence. Other states have a malaria prevalence of less than 3%. However, prevalence in some states remains higher than the average with Blue Nile and West Darfur states registering a prevalence of 12.5 and 7.1 per cent. These states will receive a considerable focus in implementation of the Program in order to realize similar reductions in prevalence.

Almost 80% of the population living in Sudan is at risk of malaria infection. Moreover, between 8-16 million are at risk of malaria epidemics. According to the MIS survey 2009 there are only marginal differences in infection prevalence by age. However, infection prevalence among individuals in the lowest wealth quintile is almost 7 times higher than in the wealthiest quintile. The survey also indicated that the incidence of malaria tends to be higher in rural populations than in urban populations. In addition the unrest in Darfur has led to displacement of over 1,500,000 people in the region, creating additional needs in terms of malaria control.

This program aims to rapidly “catch-up” on the Roll Back Malaria 2010 coverage targets in ownership and use of long-lasting insecticidal nets (LLINs) to attain universal coverage of key interventions. The program is therefore in line with the National Malaria Strategic Plan 2012 – 2016 and is intended to build on achievements made through other Global Fund malaria programs in Sudan, namely the Round 2 and Round 7 malaria grants, while focusing the activities on internally displaced persons (IDPs), refugees, nomads, pregnant women, sub-urban and slum communities, children under the age of five and other age groups.

Under this program, successful interventions from previous rounds will be scaled up while the lessons learnt will be applied.

The priority program activities and interventions include (i) artemisinin-based combination therapy rollout in the public and private sectors, (ii) LLINs for disease prevention through mass campaigns and routine distribution, (iii) increase in malaria diagnosis using microscopy at major hospitals and health centres, (iv) rollout of rapid diagnostic tests (RDTs) at dispensaries, basic health units and in the communities, (v) indoor residual spraying and (vi) malaria surveillance.

1. **Main project objectives and strategy/approach**

**Goal:**

To reduce malaria-related morbidity and mortality by 50% of the 2009 levels by 2016

**Strategies and objectives**

* To increase the proportion of malaria cases correctly managed
* To achieve rapid scale-up of LLINs to universal coverage of target population
* To protect all populations in the intensive irrigated areas from malaria through bi-annual indoor residual spraying
* To reach 80% of the populations at risk of malaria with behavioural change communication interventions for improved knowledge, attitude and practices on malaria
* To strengthen and sustain malaria surveillance, monitoring and evaluation systems and managerial capacity in localities

**Cross-cutting Issues:**

* Income generation activities are targeting Malaria Community Volunteers (MCV) with training to improve community access to antimalarial intervention to alleviate the malaria burden which is the main cause of losing approximately 40% of harvest which contribute to causes of poverty at community level.
* TB/HIV is another cross-cutting issue that is targeted in this project with training voluntary counselling and testing for TB patients as well as condom distribution.
* The project is targeting the 17 states with focus on war affected areas and conflict zones with activities and capacity building in the form of refurbishment of localities warehouses as well as upgrading of locality staff capacity in planning and communicable disease science.

1. **Key Achievements from January1st 2013 up to December 2013:**

* The cost extension plan up to December 2014 submitted for Global Fund approval
* 2.5 million bed net procured and distributed to the targeted communities including IPDs and refugees
* More than 2.3 million malaria cases treated with ACTs free of charges
* IRS campaigns first round were conducted in Gezira and Sennar states
* Malaria Programme Review concluded and aide memoire signed by partners
* M&E e-data base activities were commenced

1. **Challenges:**

* Reporting of malaria cases through one channel (NHIS)
* Update of the national strategic plan.
* Procurement of first line of treatment became a real challenge due to Global Funds quality assurance policy ,
* Establishing a net tracking system for procurement and supply and distribution of bed net (LLINs)

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| **EXPECTED OUTPUTS** | **ACTIVITY RESULT AND ACTIONS** | **TIMEFRAME** | | | | **RESPONSIBLE PARTY** | | **PLANNED BUDGET IN USD** | | | | |
| **Q1** | **Q2** | **Q3** | **Q4** | **Source of Funds** | | **Budget Description** | | **Amount**  **(in USD)** |
| **1. Increased the proportion of malaria cases correctly managed**  **Baseline:**   * **2,894,862** were treated according to the national guidelines   **Indicators:**  - Number of patients with uncomplicated and severe malaria receiving anti-malarial treatment according to the National guidelines  -Number and % of health facilities providing free anti-malarial drugs  -Number of dispensaries using (free) RDTs for malaria diagnosis  -Number of health service providers trained in laboratory techniques, PSM, epidemic control, HMM, and treatment of cases (doctors, nurses, lab technicians, medical assistants)  **Targets:**  2,500,000  **Related CP outcome:**  People in Sudan, with special emphasis on needy populations, have improved access to equitable and sustainable quality basic services | **Activity Result 1**: 85% of malaria cases correctly managed according to the NTG and prevented by applying effective vector control intervention.  1.2Refresher training of service laboratory staff |  |  |  |  | WHO | | GFATM | | 71600 | | 37,816 |
| 1.3.Conduct basic training for medical assistants, community health workers (CHWs) on RDTs |  |  |  |  | WHO | | GFATM | | 71600 | | 20,688 |
| 1.4Supervision of service laboratories by state malaria reference laboratory staff |  |  |  |  | NMCP | | GFATM | | 71600 | | 18,450 |
| 1.5 Provide supplies and equipment for service delivery laboratories (microscope) |  |  |  |  | UNDP | | GFATM | | 72300 | | 0 |
| 1.6 PSM for (domestic logistic) for microscope |  |  |  |  | UNDP | | GFATM | | 74700 | | 3,000 |
| 1.7 Conduct supervision of health facilities and CHVs using RDTs by state malaria reference laboratory staff |  |  |  |  | NMCP | | GFATM | | 71600 | | 12,000 |
| Over head |  |  |  |  | WHO | | GFATM | | 75100 | | 4,095 |
| Over head |  |  |  |  | UNDP | | GFATM | | 75100 | | 6,723 |
| 1.8 Provide 1st&2nd line treatment (Artesunate plus SP) AS50mg+SP500/25mg |  |  |  |  | UNDP | | GFATM | | 72300 | | 0 |
| 1.9Provide 1st&2nd line treatment (Artesunate plus SP) AS100mg+SP500/25mg |  |  |  |  | UNDP | | GFATM | | 72300 | | 0 |
| 1.8 Provide severe malaria treatment Quinine Injection |  |  |  |  | UNDP | | GFATM | | 72300 | | 0 |
| 1.9 Provide severe malaria treatment Quinine Tablets |  |  |  |  | UNDP | | GFATM | | 72300 | | 0 |
| 1.10 Provide severe malaria treatment Dextrose 5% with Water |  |  |  |  | UNDP | | GFATM | | 72300 | | 377,300 |
| 1.11 PSM cost for domestic logistic of anti malarial drugs |  |  |  |  | UNDP | | GFATM | | 74700 | | 10,000 |
| Over Head |  |  |  |  | UNDP | | GFATM | | 75100 | | 27,111 |
| 1.12 Conduct supervision activities for health facilities to monitor the adherence to the ant malarial treatment policy |  |  |  |  | NMCP | | GFATM | | 71600 | | 32,100 |
| 1.13 Select volunteers (selection facilitated by community leaders) to work as HMM service delivery focal persons in their communities |  |  |  |  | WHO | | GFATM | | 71600 | | 6,717 |
| 1.14 Provide supplies and equipments to facilitate the volunteers' work (S&E) |  |  |  |  | UNDP | | GFATM | | 72300 | | 0 |
| 1.15 Develop and print records and guidelines for HMM. |  |  |  |  | WHO | | GFATM | | 72400 | | 0 |
| 1.16 Train volunteers on HMM policy |  |  |  |  | WHO | | GFATM | | 71600 | | 20,680 |
| 1.17Campaign for education and advocacy on HMM policy |  |  |  |  | WHO | | GFATM | | 71600 | | 45,000 |
| 1.19 Supervise and monitor the HMM policy implementation and volunteers performance |  |  |  |  | NMCP | | GFATM | | 71600 | | 36,450 |
| Over head |  |  |  |  | WHO | | GFATM | | 75100 | | 5,068 |
| Over head |  |  |  |  | UNDP | | GFATM | | 75100 | | 10,221 |
| **2.** **Enhanced Scale up of LLINs to universal coverage of target population** **Baseline:** 5,056,046  **Indicators:**  -Number of ITNs distributed  -Number of public health officers completing training in medical entomology and vector control  -Number and % of localities with at least 2 malaria control staff trained in different aspects of malaria control  -% of households with at least one ITN  **Targets:** 6,914,693  **Related CP outcome:**  People in Sudan, with special emphasis on needy\* populations, have improved access to equitable and sustainable quality basic services | 2.1Procure LLINs |  |  |  |  | UNDP | | GFATM | | 72300 | | 345,332 |
| 2.2PSM for LLINs |  |  |  |  | UNDP | | GFATM | | 74700 | | 46,620 |
| 2.3 In country transportation/distribution up to the locality level. |  |  |  |  | UNICEF | | GFATM | | 74700 | | 31,214 |
| 2.4 Distribute one net (LLIN) per every 2 persons using COMBI approach |  |  |  |  | UNICEF | | GFATM | | 74700 | | 72,833 |
| 2.5 Introduce of bed net tracking system |  |  |  |  | UNICEF | | GFATM | | 74210 | | 70,000 |
| 2.6 Conduct data entry and analysis, produce reports and dissemination |  |  |  |  | UNICEF | | GFATM | | 74210 | | 7,000 |
| Over head for UNICEF |  |  |  |  | UNICEF | | GFATM | | 75100 | | 12,673 |
| Over head for UNDP |  |  |  |  | UNDP | | GFATM | | 75100 | | 40,997 |
| 3.1Procure (33.525 tons bendiocarb insecticide) |  |  |  |  | UNDP | | GFATM | | | 72300 | 0 |
| 3.2Procurement of 1,584 pumps |  |  |  |  | UNDP | | GFATM | | | 72300 | 0 |
| 3.3Procurement 2,631 pairs of overalls |  |  |  |  | UNDP | | GFATM | | | 72300 | 10,545 |
| 3.4Procurement 2,631 pairs of hand gloves |  |  |  |  | UNDP | | GFATM | | | 72300 | 17,616 |
| 3.5Procurement of 2,631 pairs of helments with face shield for insecticide spraying team |  |  |  |  | UNDP | | GFATM | | | 72300 | 0 |
| 3.6 Procurement 2,631 pairs gum boots for spray teams |  |  |  |  | UNDP | | GFATM | | | 72300 | 0 |
| 3.7 Procurement 2,631 pairs of masks for spray teams |  |  |  |  | UNDP | | GFATM | | | 72300 | 205,108 |
| 3.8 Procurement of bioassay test kits |  |  |  |  | UNDP | | GFATM | | | 72300 | 0 |
| 3.9PSM cost for IRS procurement |  |  |  |  | UNDP | | GFATM | | | 74700 | 20,000 |
| 3.10 Conduct Geographical Reconnaissance in Algazira and Sennar states |  |  |  |  | WHO | | GFATM | | | 71600 | 0 |
| 3.11 Train spraying teams and supervisors in quality application of IRS second round in Sennar state |  |  |  |  | WHO | | GFATM | | | 71600 | 113,896 |
| 3.12 conduct house to house spraying – per diem of IRS campaign teams(1,932) in Gezira state for 1 round |  |  |  |  | WHO | | GFATM | | | 71600 | 0 |
| 3.13 conduct house to house spraying – per diem of IRS campaign teams supervisors (283) in Gezira state |  |  |  |  | WHO | | GFATM | | | 71600 | 0 |
| 3.14 conduct house to house spraying - Car rent for IRS campaign (supervision and transportation) 41 cars in Gezira state for 1 round |  |  |  |  | WHO | | GFATM | | | 73100 | 0 |
| 3.15 conduct house to house spraying – per diem of IRS campaign teams(1576) in Sennar state for 2 rounds |  |  |  |  | WHO | | GFATM | | | 71600 | 198,576 |
| 3.16 conduct house to house spraying – per diem of IRS campaign teams supervisors (227) in Sennar state for 2 rounds |  |  |  |  | WHO | | GFATM | | | 71600 | 81,720 |
| 3.16 conduct house to house spraying - Car rent for IRS campaign (supervision and transportation) 30 cars in Sennar state for 2 rounds |  |  |  |  | WHO | | GFATM | | | 73100 | 27,000 |
| 3.17 Supervisory visits from National during IRS campaign (4 persons for Gezira state for one round) |  |  |  |  | NMCP | | GFATM | | | 71600 | 3,120 |
| 3.18 supervisory visits from National during IRS campaign (3 persons for Sennar state for 2 round) |  |  |  |  | NMCP | | GFATM | | | 71600 | 1,040 |
| 3.19 Conduct bioassay test to ensure quality of application/efficacy |  |  |  |  | WHO | | GFATM | | | 71600 | 18,673 |
| 3.20 Conduct data entry and final report and dissemination |  |  |  |  | WHO | | GFATM | | | 71600 | 2,798 |
|  | Over head |  |  |  |  | WHO | | GFATM | | | 75100 | 30,791 |
| Over head |  |  |  |  | UNDP | | GFATM | | | 75100 | 50,966 |
| **4.Increased coverage of the populations at risk of malaria reached with behavioral change communication interventions for improved knowledge, attitude and practices on malaria**  **Baseline: 70%**  **Indicators:**  % of people who know cause of, symptoms of, treatment for or preventive measures for Malaria  **Targets: 80%**  **Related CP outcome:**  People in Sudan, with special emphasis on needy populations, have improved access to equitable and sustainable quality basic services | 4.1 Broadcast advertisement and radio spots on national and local radios. |  |  |  |  | WHO | | GFATM | | | 72400 | 36,000 |
| 4.2 Broadcast drama including Malaria massages in National and Blue Nile TV |  |  |  |  | WHO | | GFATM | | | 72400 | 15,000 |
| Over head for WHO |  |  |  |  | WHO | | GFATM | | | 75100 | 3,570 |
| Over head for UNDP |  |  |  |  | UNDP | | GFATM | | | 75100 | 3,820 |
| **5. To strengthen and sustain Malaria surveillance, monitoring and evaluation systems and managerial capacity strengthened and maintained at locality level**  **Baseline: Not available**  **Indicators:**  Percentage of service delivery points (health facilities and community service providers) submitting timely and complete reports (to the next reporting level)  **Targets: 4,994**  **Related CP outcome:**  People in Sudan, with special emphasis on needy populations, have improved access to equitable and sustainable quality basic services | 5.1 Conduct 3-days refresher training course on early detection and rapid response to Malaria epidemic (595) |  |  |  |  | | WHO | | GFATM | | 71600 | 28,322 |
| 5.2.Conduct one week training workshop at each state for localities and state staff responsible data management on GIS (152) |  |  |  |  | | WHO | | GFATM | | 71600 | 0 |
| 5.3.Conduct short training course in planning malaria control |  |  |  |  | | WHO | | GFATM | | 71600 | 0 |
| 5.4.Conduct short training course in malaria epidemiology approach |  |  |  |  | | WHO | | GFATM | | 71600 | 0 |
| 5.5.Conduct short training course in IVM |  |  |  |  | | WHO | | GFATM | | 71600 | 0 |
| 5.6.Conduct basic training course on Malaria Microscopy |  |  |  |  | | WHO | | GFATM | | 71600 | 80,036 |
| 5.7.Short course in entomology and vector control |  |  |  |  | | WHO | | GFATM | | 71600 | 37,309 |
| 5.8.Conduct training of vector control teams in vector surveillance and vector incrimination |  |  |  |  | | WHO | | GFATM | | 71600 | 0 |
| 5.9.Conduct training of vector control person in vector identification using different keys for |  |  |  |  | | WHO | | GFATM | | 74120 | 0 |
| 5.10 Provide 3 stand by generators for training institutes |  |  |  |  | | UNDP | | GFATM | | 72300 | 0 |
| 5.11 Provision of GPS devices for 289 unit (152 in Year 1) |  |  |  |  | | UNDP | | GFATM | | 72300 | 30,825 |
| 5.12.Provision of computers (119) for the locality and sentinel sites level |  |  |  |  | | UNDP | | GFATM | | 72300 | 75,600 |
| 5.13.Provision of printers for sentinel sites level |  |  |  |  | | UNDP | | GFATM | | 72300 | 10,350 |
| 5.14.Provision of internet devices and services for rest sentinel sites |  |  |  |  | | UNDP | | GFATM | | 72300 | 15,700 |
| Over head for WHO |  |  |  |  | | WHO | | GFATM | | 75100 | 10,197 |
| Over head for UNDP |  |  |  |  | | UNDP | | GFATM | | 75100 | 20,184 |
| 5.15Conduct joint PR and SR monitoring visit |  |  |  |  | | UNDP | | GFATM | | 71600 | 7,665 |
| 5.16.Establish and maintain E- data base |  |  |  |  | | WHO | | GFATM | |  | 0 |
| 5.17 Update of National M&E plan |  |  |  |  | | WHO | | GFATM | | 71600 | 31,772 |
| 5.18 Conduction of 15 training courses in supply chain management targeting hospitals dispensing personnel |  |  |  |  | | UNDP | | GFATM | | 71600 | 19,806 |
| Conduction of 15 training courses in supply chain management targeting health centres dispensing personnel |  |  |  |  | | UNDP | | GFATM | | 71600 | 14,884 |
| Workshop for the revision of forms and tools of the routine logistics management information system |  |  |  |  | | UNDP | | GFATM | | 71600 | 0 |
| Printing of registry books for supply chain management system at central and state level |  |  |  |  | | UNDP | | GFATM | | 72400 | 41,648 |
| Conduction of joint supervisory visits from the central to states level (2 visits/state/year ) and from the states to locality and health facilities level (4/health facility/year) |  |  |  |  | | WHO | | GFATM | | 71600 | 37,500 |
| Conduction of biannual coordination meetings for states coordinators |  |  |  |  | | WHO | | GFATM | | 71600 | 29,486 |
| Conduction of biannual coordination meetings at state levels |  |  |  |  | | WHO | | GFATM | | 71600 | 38,340 |
| Conduction of annual self-assessment exercises to evaluate the process and outcomes of the system. |  |  |  |  | | WHO | | GFATM | | 71600 | 0 |
|  | Over head for WHO |  |  |  |  | | WHO | | GFATM | | 75100 | 9,597 |
| Over head for UNDP |  |  |  |  | | WHO | | GFATM | | 75100 | 16,149 |
|  | HR cost |  |  |  |  | | UNDP | | GFATM | | 71400 | 209,342 |
| Operation cost |  |  |  |  | | UNDP | | GFATM | | 72000 | 60,660 |
|  | Over head |  |  |  |  | | UNDP | | GFATM | | 75100 | 18,900 |
| **Grand Total for 2014 AWP including UNDP costs (admin, security ,communication & GMS)** | | | | | | | | | | | | **2,984,599** |

# III. Project Management Structure

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1. **Project Board** (CCM): Chaired by Dr Isam Ahmed Abdalla (FMOH Undersecretary) and is made of members such as the various Government bodies (National Programmes), NGOs, UN agencies, People living with the disease organizations, CBOs, etc.
2. **Donor:** Global Fund to fight AIDS, Tuberculosis and Malaria
3. **Executive Body (Principal Recipient):** UNDP
4. **Stakeholders:** Mainly same as members of the CCM as well as the Sub-Recipients
5. **Project Assurance:** UNDP MDG and Poverty Unit (UNDP HIV programme officer; Ammar Mohammed and Mr. Ahmed Elhag)
6. **Executive Project Manager:** Mr. Sherry Joseph the PMU Programme Manager
7. **Project Team:** Dr Abdalla Ahmed; Malaria project specialist, Mrs. Hala Hashim, Project analyst; Mrs. Salma Elbushra, Project associate; Dr. Hisham Osman, Malaria M&E analyst; Finance and admin section (Mr Haider Kakakhel), Procurement section (Mrs. Pamela) and PSM section

The above project management structure can be illustrated:



1. **Project Board Composition**

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| --- | --- |
| **Role** | **Representing Institution** |
| 1. Mrs. Yvonne Helle | UNDP |
| 1. Mr Anshu Banerjee (Dr) 2. Mr Per Eneback 3. Fahad Awad (Dr) | WHO  UNICEF  NMCP |
| 1. Country Cooperation Mechanism (CCM) | Government of Sudan and other stakeholders (such as UN agencies, NGOs, Civil Society Organizations, People living with the disease, etc.,) |

1. **Planned Meeting Schedule for 2013**

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| **Date** | **Venue** | **Purpose** |
| Monthly implementation meeting with all stakeholders (WHO,UNICEF,UNHCR(R7) , NMCP, CCM & other SRs) | UNDP, NMCP, WHO or UNICEF | Continuous follow-up and resolution of any challenges |
| Quarterly CCM meetings | CCM at FMOH | Follow up on implementation and resolution of challenges |
| Ad-Hoc CCM sub committees meetings | NMCP, WHO ,UNICEF or UNDP | Follow up on any emerging issue that needs follow-up urgently |

The UNDP will directly implement the project. A Project Management Unit (PMU) consisting of an International Project Manager and a team of national professionals will carry out day-to-day management of the project

The Management Arrangement follows the UNDP’s new Results Management Guide (RMG). UNDP Direct Implementing Modality (DIM) will be used.

The Malaria Grant activities are executed by WHO, UNICEF, UNHCR and The National Malaria Control Program (NMCP)

The Parties agree to carry out their respective responsibilities in accordance with the provisions of the present Agreement, and to undertake the Project in accordance with UNDP policies and procedures as set out in the UNDP Programming Manual, which forms an integral part of the present Agreement. Each Party shall determine and communicate to the other Party the person (or unit) having the ultimate authority and responsibility for the Project on its behalf. The Parties shall keep each other informed of all activities pertaining to the Project and shall consult once every three months or as circumstances arise that may have a bearing on the status of either Party in the country or that may affect the achievement of the Objectives of the Project, with a view to reviewing the Project Work Plan and Budget. The Parties shall cooperate with each other in obtaining any licenses and permits required by national laws, where appropriate and necessary for the achievement of the Objectives of the Project. The parties shall also cooperate in the preparation of any reports, statements or disclosures, which are required by the GFATM or national law. The SR may use the name and emblem of the United Nations or UNDP only in direct connection with the Project, and subject to prior written consent of the UNDP Country Director.

The activities under the present Agreement are in support of the efforts of the Government of Sudan, and therefore the SR will communicate with the members of the CCM, including representatives of the Government, as necessary.  The UNDP Country Director will act as the principal channel for communicating with the Government and the CCM regarding the activities under the Agreement unless otherwise agreed with the Parties. The UNDP Country Director will facilitate access to information, advisory services, technical and professional support available to UNDP and will assist the SR to access the advisory services of other United Nations organizations, whenever necessary. The Parties shall cooperate in any public relations or publicity exercises, when the UNDP Country Director deems these appropriate or useful.

The SR shall be fully responsible for all services performed by its personnel, agents, employees, or contractors (hereinafter referred to as "Personnel"). The SR Personnel shall not be considered in any respect as being the employees or agents of UNDP. The SR shall ensure that all relevant national labour laws are observed. UNDP does not accept any liability for claims arising out of the activities performed under the present Agreement, or any claims for death, bodily injury, disability, damage to property or other hazards that may be suffered by SR Personnel as a result of their work pertaining to the project.  The SR shall maintain adequate medical and life insurance for SR personnel, as well as insurance coverage for service-incurred illness, injury, disability or death. The SR shall ensure that its Personnel meet the highest standards of qualification and technical and professional competence necessary for the achievement of the Objectives of the Project, and that decisions on employment related to the Project shall be free of discrimination on the basis of race, religion or creed, ethnicity or national origin, gender, disability, or other similar factors.  The SR shall ensure that all Personnel are free from any conflicts of interest relative to the Project Activities.

UNDP shall contribute to the Project the goods and services indicated in the Budget section of the Project Document. The SR, in consultation with UNDP, will develop the specifications and/or Terms of Reference for the goods and services identified.  UNDP after review and approval of the specifications and Terms of Reference shall carry out the procurement of the requested Resources in accordance with UNDP regulations and rules.  All payments will be made directly by UNDP to the vendor or service provider selected through UNDP’s procedures in accordance with the respective contracts.  The SR has been authorized in the Project Work Plan and Budget to directly procure any goods or services, the SR shall ensure that, when placing orders or awarding contracts, it will safeguard the principles of highest quality, economy and efficiency, and that the placing of such orders will be based on an assessment of competitive quotations, bids, or proposals unless otherwise agreed to by UNDP. Equipment, non-expendable materials, or other property furnished or financed by UNDP shall remain the property of UNDP and shall be returned to UNDP upon completion of the Project or upon termination of the present Agreement, unless otherwise agreed upon between the Parties, and in consultation with the GFATM.  During Project implementation, all equipment and materials shall be devoted to the Program, and the SR shall be responsible for their proper custody, maintenance and care.  The SR shall, for the protection of such equipment and materials during implementation of the Project, obtain appropriate insurance in the amounts agreed upon between the Parties and incorporated in the Project Budget. The SR will identify supplies, equipment and other materials furnished or financed by UNDP as property of UNDP. In cases of damage, theft or other losses of vehicles and other property made available to the SR, the SR shall provide UNDP with a comprehensive report, including police report, where appropriate, and any other evidence giving full details of the events leading to the loss of the property. UNDP shall make every effort as appropriate to assist the SR in clearing all equipment and supplies through customs at places of entry into the country where Project activities are to take place.The SR shall maintain complete and accurate records of equipment, supplies and other property furnished or financed by UNDP and shall take periodic physical inventories. The SR shall provide UNDP biannually with the inventory of such equipment, property and non-expendable materials and supplies, and at such time and in such form as UNDP may request.

If authorized in the Project Work Plans and Budget, UNDP will make available to the SR funds up to the maximum amount of budget under the execution/implementation of the SR. The funds will be paid to the SR quarterly, after a financial report and other agreed-upon documentation, as referenced in Article X, below, for the activities covered by the relevant quarter have been submitted to and accepted by UNDP as showing satisfactory management and use of UNDP Resources. The SR agrees to utilize all Resources furnished or financed under this Agreement in strict accordance with the Project Document. UNDP has no obligation to provide any Resources that are different than or whose value exceeds what is set forth in the Project Work Plan and Budget, except that the SR may authorize budget variations not exceeding ten (10) per cent on any one item of the Budget if the total Budget allocated by UNDP is not exceeded. Any variations exceeding ten (10) per cent on any one-line item and any variations that involve purchases or activities that are different than what is set forth in the Project Document shall be subject to prior consultations with and approval by UNDP. **The SR shall notify UNDP about any expected variations in the Quarterly Reports, as set in the work plan**

In the case of any disbursement that is not made or used in accordance with this Agreement, or that finances goods or services that are not used in accordance with this Agreement, UNDP, notwithstanding the availability or exercise of any other remedies under this Agreement, may require SR to refund the amount of such disbursement within fifteen (15) days after SR receives UNDP´s request for a refund. The right to reimbursement set forth in the above article will continue, notwithstanding any other provision of this Agreement, for three (3) years from the date of the last disbursement under this Agreement.  Prior approval of a disbursement by UNDP, the GFATM, and/or the LFA does not limit the right to refund provided for above; in the event that evidence shows that the original disbursement to the SR was against the provisions of this Agreement. The SR shall keep accurate and up-to-date records and documents in respect of all Resources received under this agreement and any expenditure incurred with the funds made available by UNDP to ensure that all expenditures are in conformity with the provisions of the Project Work Plan and Project Budgets. For each resource received or disbursement, proper supporting documentation shall be maintained, including original invoices, bills, and receipts pertinent to the transaction. Any Income, as defined in Article I, paragraph (l), above, arising from the management of the Project shall be promptly disclosed to UNDP. The Income shall be reflected in a revised Project Budget and Work Plan and recorded as accrued income to UNDP unless otherwise agreed between the Parties.

Upon completion of the Project/or Termination of the Agreement, the SR shall maintain the records for a period of at least four years unless otherwise agreed upon between the Parties.

**Project Board:** This will be the Country Cooperation Mechanism (CCM)

**Project Assurance** is the responsibility of the UNDP MDG and poverty Unit (Programme officer through UNDP HIV/AIDS Program Officer, Dr Ammar Salih)

**Project Manager:** Mr. Sherry Joseph appointed as the Project manager to oversee the day to day management of the project.

# V. Quality Management for Project Activity Results

|  |  |  |  |
| --- | --- | --- | --- |
| **OUTPUT 1:** **Prevention: BCC - Mass Media: Sustained Massive Advertising through mass media** | | | |
| **Activity Result 1**  **(Atlas Activity ID)** | Malaria cases treated with prompt and effective anti-malarial treatment and malaria transmission prevented by applying effective vector control intervention | | Start Date: 2012  End Date: 2017 |
| **Purpose** | To reduce malaria morbidity and mortality by means of reduction of Prevalence of malaria parasite infection from 1.8 to 1.6 | | |
| **Description** | National institutions, systems, laws and policies strengthened for equitable, accountable and effective delivery of HIV and related services | | |
| Quality Criteria | |  |  |
| % of children U5 & pregnant ladies sleeping under an ITN | | Malaria Indicator Survey | Ongoing |
| **OUTPUT 2:** **Prevention: Prevention: Insecticide treated nets (ITNs)** | | | |
| **Activity Result 1**  **(Atlas Activity ID)** | To treat malaria cases with prompt and effective anti-malarial treatment in addition to prevent malaria transmission by applying effective vector control intervention | | Start Date: 2012  End Date: 2017 |
| **Purpose** | To reduce malaria morbidity and mortality by mean of reduction of Prevalence of malaria parasite infection from 1.8 to 1.6 | | |
| **Description** | National institutions, systems, laws and policies strengthened for equitable, accountable and effective delivery of HIV and related services | | |
| Quality Criteria | |  |  |
| Number of houses in the IRS targeted states that were sprayed with residual | | M&E & supervision plus financial follow up and enhanced procurement |  |
| % of households with at least one ITN | | Malaria Indicator Survey procurement | On-going |
| Number of ITNs distributed | | M&E & supervision plus financial follow up and enhanced procurement | On-going |
| **OUTPUT 3:** **Treatment prompt and effective anti-malarial treatment** | | | |
| **Activity Result 1**  **(Atlas Activity ID)** | To treat malaria cases with prompt and effective anti-malarial treatment in addition to prevent malaria transmission by applying effective vector control intervention | | Start Date: 2012  End Date: 2017 |
| **Purpose** | To reduce malaria morbidity and mortality by mean of reduction of Prevalence of malaria parasite infection from 1.8 to 1.6 | | |
| **Description** | National institutions, systems, laws and policies strengthened for equitable, accountable and effective delivery of HIV and related services | | |
| Quality Criteria | |  |  |
| Number of patients with uncomplicated and severe malaria receiving anti-malarial treatment according to the National guidelines | | M&E & supervision plus financial follow up and enhanced procurement | Ongoing |
| **OUTPUT 4:** **Treatment: Home based management of malaria** | | | |
| **Activity Result 1**  **(Atlas Activity ID)** | To treat malaria cases with prompt and effective anti-malarial treatment in addition to prevent malaria transmission by applying effective vector control intervention | | Start Date: 2012  End Date: 2017 |
| **Purpose** | To reduce malaria morbidity and mortality by mean of reduction of Prevalence of malaria parasite infection from 1.8 to 1.6 | | |
| **Description** | National institutions, systems, laws and policies strengthened for equitable, accountable and effective delivery of HIV and related services | | |
| Quality Criteria | |  |  |
| Number of patients with uncomplicated and severe malaria receiving anti-malarial treatment according to the National guidelines | | M&E & supervision plus financial follow up and enhanced procurement | On-going |
| **OUTPUT 5:** **Treatment: Diagnosis** | | | |
| **Activity Result 1**  **(Atlas Activity ID)** | To treat malaria cases with prompt and effective anti-malarial treatment in addition to prevent malaria transmission by applying effective vector control intervention | | Start Date: 2012  End Date: 2017 |
| **Purpose** | To reduce malaria morbidity and mortality by mean of reduction of Prevalence of malaria parasite infection from 1.8 to 1.6 | | |
| **Description** | National institutions, systems, laws and policies strengthened for equitable, accountable and effective delivery of HIV and related services | | |
| Quality Criteria | |  |  |
| Number of dispensaries using (free) RDTs for malaria diagnosis | | Number of localities with warehouse having adequate storage conditions | On-going |
| **OUTPUT 6:** Supportive environment: Monitoring drug resistance | | | |
| **Activity Result 1**  **(Atlas Activity ID)** | To treat malaria cases with prompt and effective anti-malarial treatment in addition to prevent malaria transmission by applying effective vector control intervention | | Start Date: 2012  End Date: 2017 |
| **Purpose** | To reduce malaria morbidity and mortality by mean of reduction of Prevalence of malaria parasite infection from 1.8 to 1.6 | | |
| **Description** | National institutions, systems, laws and policies strengthened for equitable, accountable and effective delivery of HIV and related services | | |
| Quality Criteria | |  |  |
| % of patients with malaria/fever receiving appropriate treatment within 24 hours. | | Malaria Indicator Survey | On-going |
| **OUTPUT 7:** HSS: Human resources | | | |
| **Activity Result 1**  **(Atlas Activity ID)** | To treat malaria cases with prompt and effective anti-malarial treatment in addition to prevent malaria transmission by applying effective vector control intervention | | Start Date: 2012  End Date: 2017 |
| **Purpose** | To reduce malaria morbidity and mortality by mean of reduction of Prevalence of malaria parasite infection from 1.8 to 1.6 | | |
| **Description** | National institutions, systems, laws and policies strengthened for equitable, accountable and effective delivery of HIV and related services | | |
| Quality Criteria | |  |  |
| Number of health service providers trained in laboratory techniques, PSM, epidemic control, HMM, and treatment of cases (doctors, nurses, lab technicians, medical assistants) | | M&E & supervision plus financial follow up | On-going |
| **OUTPUT 8** : Information system and operational research . | | | |
| **Activity Result 1**  **(Atlas Activity ID)** | To treat malaria cases with prompt and effective anti-malarial treatment in addition to prevent malaria transmission by applying effective vector control intervention | | Start Date: 2012  End Date: 2017 |
| **Purpose** | To reduce malaria morbidity and mortality by mean of reduction of Prevalence of malaria parasite infection from 1.8 to 1.6 | | |
| **Description** | National institutions, systems, laws and policies strengthened for equitable, accountable and effective delivery of HIV and related services | | |
| Quality Criteria | |  |  |
| Prevalence of malaria parasite infection from 1.8 to 1.6 | | M&E. | On-going |
| **OUTPUT 9** : HSS: Procurement and Supply Management. | | | |
| **Activity Result 1**  **(Atlas Activity ID)** | To treat malaria cases with prompt and effective anti-malarial treatment in addition to prevent malaria transmission by applying effective vector control intervention | | Start Date: 2012  End Date: 2017 |
| **Purpose** | To reduce malaria morbidity and mortality by mean of reduction of Prevalence of malaria parasite infection from 1.8 to 1.6 | | |
| **Description** | National institutions, systems, laws and policies strengthened for equitable, accountable and effective delivery of HIV and related services | | |
| Quality Criteria | |  |  |
| Number of localities with warehouse having adequate storage conditions | | Number of localities with warehouse having adequate storage conditions. | On-going |
| **OUTPUT 10** : Monitoring and Evaluation. | | | |
| **Activity Result 1**  **(Atlas Activity ID)** | To treat malaria cases with prompt and effective anti-malarial treatment in addition to prevent malaria transmission by applying effective vector control intervention | | Start Date: 2012  End Date: 2017 |
| **Purpose** | To reduce malaria morbidity and mortality by mean of reduction of Prevalence of malaria parasite infection from 1.8 to 1.6 | | |
| **Description** | National institutions, systems, laws and policies strengthened for equitable, accountable and effective delivery of HIV and related services | | |
| Quality Criteria | |  |  |
| Prevalence of malaria parasite infection from 1.8 to 1.6 | | M&E . | On-going |

# VI. Risk Log

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **#** | **Description** | **Date Identified** | **Type** | **Impact &**  **Probability** | **Counter measures / Mngt response** | **Owner** | **Submitted, updated by** | **Last Update** | **Status** |
|  | US Economic Sanctions on Sudan. This affects the importation of drugs on time | From beginning of project (2012) | Political | High | Importing through PSO LTAs from other countries | GF/UNDP/WHO & SRs | 2012/2013 | 2013 | On-going |
|  | Additional Safe guard Policy. This restricts the government to take responsibility in the programme implementation | From beginning of project (2012) | Political | High | Working through non-governmental SRs or with SRs on re-imbursement basis | GF/UNDP/WHO & SRs | 2012/2013 | 2013 | On-going |
|  | Reaching people in the conflict area (No NGOs willing to work in West Darfur) | From beginning of project (2012) | Security | High | Through the National and state Ministries of health and through Civil and local NGOs | GF/UNDP/WHO & SRs | 2012/2013 | 2013 | On-going |
|  | High Turnover of staff in the Civil Society, Government and PMU | From beginning of project (2012) | Operational | High | Continuous in-house training for the new staff as well as creating an institutional memory for already implemented activities through proper archiving and data system | GF/UNDP/WHO & SRs | 2012/2013 | 2013 | On-going |
|  | Low capacity among the Civil Society | From beginning of project (2012) | Operational | High | Continuous training and involvement of the civil society in project implementation to upgrade their capacities | GF/UNDP/WHO & SRs | 2012/2013 | 2013 | On-going |

# ANNEX: Prioritized AWP for 2014

**MONITORING AND EVALUATION**

1.         The SR/s shall provide UNDP with periodic reports on the progress, activities, achievements and results of the Project, as agreed between the Parties.  At a minimum, the SR agrees to provide the reports set forth below.

2.         Quarterly Reports:  SR agrees to provide UNDP with a Financial and Programmatic Report in form and substance acceptable to UNDP within (30) days after the end of each of UNDP’s fiscal quarters. The Quarterly Reports shall reflect (i) the financial activity during the quarter in question and cumulatively from the beginning of the Program until the end of the reporting period, and (ii) a description of the progress achieved toward the milestones set forth in the Project Document.  **The SR shall explain in the report any variation between the planned and actual achievements for the period in question**.  If authorized by the Project Work Plan and Budget, the financial section of the Quarterly Reports should also request a quarterly disbursement of funds.

3.         The reports will cover the following time periods and will be due on the following dates:

            Period Covered By Report                                      Report Due Date

            Jan. 1- March 31 April 30th

            Apr.1- June 30 July 30th

July 1- September 30 October 30th

Oct 1- Dec 31 January 30th (next year)

**VIII. LEGAL CONTEXT**

This Document shall be the instrument referred to as such in Article 1 of the SBAA between the Government of Sudan and the UNDP, signed by the parties on 24 October 1978 and ratified by the Government of Sudan on 2nd January 1980

# ANNEX: Prioritized AWP for 2014

The following indicators are Impact & outcome indicators that are prioritized for 2013:

* Update of National strategic plan for malaria control
* Support national counterpart during application process through NFM
* Continue support the activities intended to reduce malaria prevalence
* Advocacy to increase LLIN utilization rate among population at risk
* Continuation of services through the anticipated resource that will be approved by the GF for the cost extension period