**PROJECT Annual Workplan**

**2014**

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| **Project Title:**  | To intensify the HIV/AIDS national response in Sudan |
| **Expected CP Outcome(s):**  | 3. Countries have strengthened institutions to progressively deliver universal access to basic services |
| **Expected Output(s):**  | 3.3. National institutions, systems, laws and policies strengthened for equitable, accountable and effective delivery of HIV and related services |
| **Project Duration:** | 1 March 2012 to 28 Feb 2017  |
| **Overall Project Budget:** | USD 59,155,347 |
| **Project Budget for 2014:** | USD 5,258,422 |
| **Funds Available for 2014:** | USD 8,293,052.71 |
| **Implementing Partner:** | UNDP |
| **Responsible Parties:** | WHO, UNICEF and UNFPA  |

**Agreed By:**

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| **UNDP** |
| Mrs. Yvonne HelleCountry DirectorUNDP SUDAN |
| Signature: |
| Date:  |

**Project Overview**

1. **Project Rationale:**

The characteristics of the HIV epidemic in Sudan mirror that prevailing in the Middle East and North Africa (MENA) region. In this region, HIV is concentrated among high-risk populations with vulnerable populations being the bridge of HIV transmission into the general population.

1. **HIV in the general population:** According to the comprehensive epidemiological and behaviour review of the HIV/AIDS situation (August, 2009), the overall HIV prevalence is estimated at 0.67% in Sudan and projected to increase to 1.2% by 2015. Data from the estimation and projection for this reporting period in Sudan shows that in 2010, the total number of adults and children living with HIV is about 140,193; these include 134,414 adults (ages 15+) of which 77,655 are women (ages 15+); and 5,779 children (ages 0-14). There are 31,708 AIDS orphans (ages 0-17) in Sudan.
2. **HIV among Most-at-Risk Populations: Most-at-risk populations (MARPs) in Sudan include Female Sex Workers (FSWs), Clients of FSWs and Men having Sex with Men (MSM).**
3. **Female sex workers and clients of FSWs:** A national HIV survey carried out in 2002 estimated HIV prevalence among FSWs to be 4.4%. Unmarried women constitute 85% of FSWs in Sudan. Of these FSWs, 42% have never married, 35% are divorced and 8.4% are widowed. Over 50% of the FSWs support an average of 3.2 dependants.
4. **Men who have sex with men:** A survey carried out among MSMs in 2005 estimated the HIV prevalence among this group to be 9.3%. Behavioural data shows that about 25% of MSMs are married and 50% have concomitant sex with women. Most men start having sex with other men at a young age.
5. **HIV among Vulnerable Populations:** Vulnerable Populations in Sudan include the following:
	1. **Prisoners:** A 2006 survey among prisoners in Khartoum estimated HIV prevalence to be 8.6%. A comprehensive survey on HIV among prisoners has not been carried out yet. It is a significant increase when compared with the 2% prevalence in the 2002 survey.

**IV.2.Youth at risk:** Students constitute a segment of the youth that is particularly vulnerable to HIV infection. Of the population studied, 5.5% engaged in premarital sex, 48.6% had one sexual partner, 14.5% had two partners, 20.9% had three partners, and 23.2% had more than 3 partners; and 6.2% ever used condoms[[1]](#footnote-1).

**IV.3.Populations of Humanitarian Concern - Refugees and Internally Displaced Persons:** Emergencies in Sudan resulted in massive population movement. The conflict in Southern Sudan has created a large displaced population that is facing another wave of movement after signing the peace agreement. The conflict in Darfur has resulted in a large number of displaced persons raising both national and international concerns about sexual exploitation and gender based violence. The conflict in Darfur has created large settlements in and around the major towns in the region, where the displaced populations face challenging situations including loss of income and disrupted social integrity.

**IV.4.Tea sellers:** Most of the tea sellers in Sudan are women, and they are under constant pressure to find a suitable marketing spot. Epidemiological data showed that prevalence among tea sellers is about 2.5% while a recent study shows the prevalence as 2.2%[[2]](#footnote-2)which is significantly higher than the general population.

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

**Goal:**

* To reduce HIV transmission in Sudan; and
* To reduce HIV morbidity and mortality in Sudan.

**Strategies and objectives**

* Objective **1**: To reduce HIV transmission through the provision of services for MARPs.
* Objective **2**: Improve access and utilization of PMTCT services in Sudan.
* Objective **3**: Improve quality and uptake of existing care and treatment services in Sudan.
* Objective **4**: Strengthen HIV prevention in health care settings in Sudan.
* Objective **5**: Improve planning, management and monitoring of the HIV/AIDS response

 **Cross-cutting Issues:**

* 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 .
* Income generation activities are targeting Most-at-risk populations (MARPs) which aims at empowering sex workers with life skills, information and support needed to make informed decisions on their current and future life and to abandon sex work or to reduce their risky behaviour. Study conducted in 2008 in Khartoum state among FSWs showed that, 80.2% were selling sex due to economical reason, and more than 21% not use condom because their partners refused.
* The project agreement signed between UNDP and GF on December 15th 2011 and the Implementation started in March 1st, 2012.
1. **Challenges:**
* Working with Most-at-risk populations (MARPs) in specific female sex workers (FSW) and the men having sex with men (MSM) because of the current socio-political atmosphere of the country, it would not be feasible to address the human rights and legal issues in this current setting, this project, has thus explored the provision of other services to these populations aiming to provide them with their basic rights to live HIV free.
* Additional Safeguard Policy (ASG) applied by the Global Fund , precludes any direct payment to the Government
* Implementation & reporting are affected in war/conflict afflicted areas/zones namely Darfur, Blue Nile, and South Kordufan States.

# II. Annual Work plan 2014

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| **EXPECTED OUTPUTS** | **PLANNED ACTIVITIES** |  **Time Frame and Budget**  | **Responsible** | **PLANNED BUDGET IN USD** |
|
|  **Q1**  |  **Q2**  |  **Q3**  | **Q4** | **Source of Funds** | **Budget Description** | **Amount (in USD)** |
| 1**. Reduce HIV transmission through the provision of services for MARPs** Baseline: Indicator 1.1: N/AIndicator 2. 1: N/AIndicator 3. 1: 1,945,300Indicator 4. 1: 42,946Indicator 5. 1: N/A**Indicators:**Number of MSM and FSW reached with HIV prevention packageNumber of health care providers trained on syndromic management of STI according to the national guidelinesNumber of male condoms distributed for free nationwide.Number of individuals who received testing and counselling services for HIV and received their resultsNumber of MARPS who received testing and counselling services for HIV and received their results.Targets: 1. Indicator 1.1: 24,000
2. Indicator 2.1: 275
3. Indicator 3.1: 1,800,000
4. Indicator 4.1: 400,000
5. Indicator 5.1: 3,040

Related CP outcome: Countries have strengthened institutions to progressively deliver universal access to basic services  |  1.1: Establish clinic as a nodal point for peer education infrastructure  |  |  |  |  | **WHO** | **GFATM** | **71405** | **31,137** |
| 1.2 : Carry out Stigma reduction sensitization sessions for Health workers in all facilities containing HIV related services |  |  |  |  | **WHO** | **GFATM** | **75709** | **9,640** |
| 1.3 : WHO programme management and technical assistance cost including Human Resources |  |  |  |  | **WHO** | **GFATM** | **71405** | **127,590** |
| 1.4 : Train Health workers on STI syndromic management |  |  |  |  | **WHO** | **GFATM** | **75709** | **41,718** |
| 1.5 : Supporting Quality Assurance system for HIV Testing |  |  |  |  | **WHO** | **GFATM** | **74100** | **5,942** |
| 1.10 : Technical Assistance for Phase 2 Preparation |  |  |  |  | **WHO** | **GFATM** | **71405** | **152,918** |
| 1.11 : National AIDS Spending Assessment (NASA) (Technical support (International and National) using the standardized NASA tools in collaboration with Health economics department – FMOH |  |  |  |  | **WHO** | **GFATM** | **71405** | **65,130** |
| 1.7 : UNFPA programme management and technical assistance cost including Human Resources |  |  |  |  | **UNFPA** | **GFATM** | **71405** | **32,595** |
| 1.8 : Procure and deliver STI and OIs drugs |  |  |  |  | **UNDP** | **GFATM** | **72330** | **100,000** |
| 1.9 : Procure and distribute condoms  |  |  |  |  | **UNDP** | **GFATM** | **72335** | **324,383** |
| 1.12 : Provide Grants to CBOs/NGOs to carry out peer education activities and Grants for new sub-recipients (NGOs) |  |  |  |  | **UNICEF** | **GFATM** | **72600** | **113,100** |
| 1.13 : Conduct biannual media forum to sensitize on HIV issues  |  |  |  |  | **UNICEF** | **GFATM** | **75709** | **4,852** |
| UNFPA Overhead |  |  |  |  | **UNFPA** | **GFATM** | **75105** | **2,282** |
| WHO Overhead  |  |  |  |  | **WHO** | **GFATM** | **75105** | **30,385** |
| UNICEF Overhead  |  |  |  |  | **UNICEF** | **GFATM** | **75105** | **8,257** |
| UNDP GMS |  |  |  |  | **UNDP** | **GFATM** | **75115** | **70,630** |
| **TOTAL Activity 1** |  |  |  |  |  |  |  | **1,120,559** |
| **2. Improve access and utilization of PMTCT services in Sudan (North)** Baseline:Indicator 6.2: 59Indicator 7.2: N/AIndicators:Number of HIV positive pregnant women who received ARV to reduce the risk of MTCTNumber of health care providers trained to provide PMTCT according to national guidelines.Targets:Indicator 6.2: 200Indicator 7.2: 1,000**outcome:** Countries have strengthened institutions to progressively deliver universal access to basic services **Targets:**  380 | **SDA 2: Improve access and utilization of PMTCT services in Sudan**  |
| 2.1.1 : Train Health workers on PMTCT and UNICEF Technical Assistance |  |  |  |  | **UNICEF** | **GFATM** | **75709** | **209,060** |
| 2.2 : Running Cost for PMTCT Sites  |  |  |  |  | **UNICEF** | **GFATM** | **75105** | **175,000** |
| 2.3 :Social Mobilization of surrounding communities to increase the uptake of services (sub grants to five NGOS in five Prevalence states ) |  |  |  |  | **UNICEF** | **GFATM** | **75709** | **184,580** |
| 2.4: Supportive supervisory visits to 6 states  |  |  |  |  | **UNICEF** | **GFATM** | **74100** | **15,120** |
| 2.5 : Develop and broadcast awareness and mobilization materials  |  |  |  |  | **UNICEF** | **GFATM** | **75709** | **78,750** |
| 2.6: Provide care & support for 200 affected children & their families |  |  |  |  | **UNICEF** | **GFATM** | **75105** | **45,000** |
| 2.6. : Procurement of supplies and test kits  |  |  |  |  | **UNDP** | **GFATM** | **72330** | **500,000** |
| UNICEF Overhead  |  |  |  |  | **UNICEF** | **GFATM** | **75105** | **49,526** |
| UNDP GMS |  |  |  |  | **UNICEF** | **GFATM** | **75115** | **84,526** |
| **TOTAL Activity 2** |  |  |  |  |  |  |  | **1,341,561** |
| 3. Improve quality and uptake of existing care and treatment services in Sudan (North) Baseline: Indicator 8.3: 2,541Indicator 9.3: 8.29%Indicators:  Number of adults and children with advanced HIV infection receiving ART. % of estimated HIV-positive, TB cases that received treatment for TB and HIVTargets:Indicator 8.3: 7,000Indicator 9.3: 50%15%**Outcome:**  Countries have strengthened institutions to progressively deliver universal access to basic services | **SDA 3: Improve quality and uptake of existing care and treatment services in Sudan**  |  |  |  |  |  |  |  |  |
| 3.1 : Train Health workers on clinical management of HIV infection |  |  |  |  | **WHO** | **GFATM** | **75709** | **4,500** |
| 3.2 : Conduct annual general meeting of Health facilities managers and ART clinics staff |  |  |  |  | **WHO** | **GFATM** | **75709** | **13,320** |
| 3.3: Providing running costs for ART sites (per Quarter) |  |  |  |  | **WHO** | **GFATM** | **75105** | **51,000** |
| 3.4 : Attend TB/HIV coordination meeting at Federal and state level |  |  |  |  | **WHO** | **GFATM** | **75709** | **2,720** |
| 3.5 : UNDP HIV Analyst |  |  |  |  | **UNDP** | **GFATM** | **71405** | **13,500** |
| 3.6 : Procurement and supply of ARVs |  |  |  |  | **UNDP** | **GFATM** | **72330** | **600,000** |
| 3.7: Procurement for Early Infant Diagnosis (EID) and transportation of DBS samples/Procurement of PCR lab consumables |  |  |  |  | **UNDP** | **GFATM** | **72335** | **300,000** |
| 3.8 : Scale up pediatric care and treatment |  |  |  |  | **UNICEF** | **GFATM** | **75709** | **30,560** |
| 3.9: Income generating activities  |  |  |  |  | **UNFPA** | **GFATM** | **74100** | **14,400** |
| 3.10 : PLHIV Associations and CBOs provide psychosocial support |  |  |  |  | **UNDP** | **GFATM** | **72600** | **81,000** |
| 3.11 : Running cost for 15 PLHIV Associations |  |  |  |  | **UNDP** | **GFATM** | **75105** | **131,077** |
| 3. 12 : Building Capacity of clinical supervisors |  |  |  |  | **WHO** | **GFATM** | **75100** | **16,590** |
| 3.13 : Involve PLHIV as ART adherence supporters  |  |  |  |  | **WHO** | **GFATM** | **71400** | **10,200** |
| WHO Overhead  |  |  |  |  | **WHO** | **GFATM** | **75100** | **6,883** |
| UNICEF Overhead  |  |  |  |  | **UNICEF** | **GFATM** | **75100** | **2,139** |
| UNFPA Overhead  |  |  |  |  | **UNFPA** | **GFATM** | **75100** | **1,008** |
| UNDP GMS |  |  |  |  | **UNDP** | **GFATM** | **75115** | **88,821** |
| **TOTAL Activity 3** |  |  |  |  |  |  |  | **1,367,718** |
| 4. 1 : TB/HIV coordination meeting at Federal and state level |  |  |  |  | **UNDP** | **GFATM** | **75709** | **15,455** |
| 4.2 : Provide operational support for blood collection from low risk donors |  |  |  |  | **WHO** | **GFATM** | **75105** | **4,200** |
| 4.3 : Develop and disseminate voluntary donor mobilization materials including mass media messages |  |  |  |  | **WHO** | **GFATM** | **74100** | **65,550** |
| 4.4: Establish QA system between National Blood Transfusion Service and one accredited laboratory abroad. |  |  |  |  | **WHO** | **GFATM** | **74100** | **40,000** |
| 4.5 : Train 45 blood bank staff, 15 donor management officers and 30 clinicians annually on various transfusion using WHO manual |  |  |  |  | **WHO** | **GFATM** | **75709** | **7,938** |
| 4.6 : Offer donor centre services |  |  |  |  | **WHO** | **GFATM** | **75105** | **16,000** |
| 4.7 : Train 100 HCW and 30 Managers annually on infection control based on protocols developed in 2009 |  |  |  |  | **WHO** | **GFATM** | **75709** | **5,518** |
| 4.8: Conduct orientation seminar for HCW on PEP  |  |  |  |  | **WHO** | **GFATM** | **75709** | **3,086** |
| WHO Overhead  |  |  |  |  | **WHO** | **GFATM** | **75105** | **9,960** |
| UNDP GMS |  |  |  |  | **UNDP** | **GFATM** | **75115** | **11,042** |
| **TOTAL Activity 4** |  |  |  |  |  |  |  | **178,750** |
| **SDA 5: Improve planning, management and monitoring of the HIV/AIDS response** |  |  |  |  |  |  |  |  |
| 5.1: Conduct two rounds (2013-2016) of bio-behavioral survey among MARPs in the 15 states. |  |  |  |  | **WHO** | **GFATM** | **74100** | **490,568** |
|  5.3: Conduct monthly OSDV from SAP to health facilities and to community based activities. |  |  |  |  | **WHO** | **GFATM** | **74105** | **77,340** |
| 5.5 Provide cost of the monthly internet voucher to the 17 states programmes and 32 ART centers.  |  |  |  |  | **WHO** | **GFATM** | **71405** | **4,160** |
| 5.4: Conduct quarterly OSDV from SNAP to SAP and facilities |  |  |  |  | **UNDP** | **GFATM** | **74100** | **14,670** |
| 5.5 : SNAP incentives and top up salaries  |  |  |  |  | **UNDP** | **GFATM** | **71405** | **138,600** |
| 5.6: Conduct National Coordinators' meeting, financial and technical support will be provided to the biannual federal and State Coordinators' meeting. |  |  |  |  | **UNDP** | **GFATM** | **75709** | **15,500** |
| 5.7 Provide support to the Sudan AIDS Network (SAN) to carry out its secretarial functions |  |  |  |  | **UNFPA** | **GFATM** | **71405** | **37,362** |
| UNFPA Overhead  |  |  |  |  | **UNFPA** | **GFATM** | **75105** | **2,615** |
| WHO Overhead  |  |  |  |  | **WHO** | **GFATM** | **75105** | **40,045** |
| UNDP GMS |  |  |  |  | **UNDP** | **GFATM** | **75115** | **54,474** |
| **TOTAL Activity 5** |  |  |  |  |  |  |  | **875,335** |
|  | **SDA 6: Planning and programme administration** |  |  |  |  |  |  |  |  |
|  | PMU operations & HR cost |  |  |  |  | **UNDP** | **GFATM** | **71405** | **350,000** |
|  | UNDP GMS |  |  |  |  | **UNDP** | **GFATM** | **75105** | **24,500** |
| **TOTAL Activity 6** |  |  |  |  |  |  |  |  | **374,500** |
|  | **Grand total** |  |  |  |  |  |  |  | **5,258,422** |

**III. Project Management Structure**

*This section should describe the project set-up. Please include all staff positions (title and location) involved in the delivery of the project.*

**III. Project Management Structure**

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: The** Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)
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 (Dr. Ammar Salih & Mr. Ahmed Elhag)
6. **Executive Project Manager:** Headed by Mr. Sherry Joseph the PMU Programme Manager.
7. **Project support Team:** Made of HIV/AIDS (Dr. Aala Mahmoud), Finance & admin section (Mr. Haider Kakakhel), Procurement section as well as the legal section

**The above pr**oject management structure can be illustrated:



1. **Project Board Composition**

|  |  |
| --- | --- |
| **Role** | **Representing Institution** |
| 1. Mr. Sherry Joseph
 | UNDP |
| 1. Mr. Anshu Banerjee (Dr.)
2. Mr .Geert CAPPELAERE
3. Ms. Pamela DeLargy
 | WHOUNICEFUNFPA |
| 1. Sudan Country Coordination 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 2014**

|  |  |  |
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| **Date** | **Venue** | **Purpose** |
| Monthly implementation meeting with all stakeholders (WHO,UNICEF,UNFPA , SNAP, & CCM ) | (WHO,UNICEF,UNFPA , SNAP, & CCM ) | Continuous follow-up and resolution of any challenges |
| Quarterly CCM meetings  | CCM at FMOH | Follow up on implementation and resolution of challenges  |
| Ah-Hoc sub-CCM committees meetings | (WHO,UNICEF,UNFPA , SNAP, & CCM ) | Follow up on any emerging issue that needs follow-up urgently |

The UNDP will directly execute 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 in executing the project.

The HIV Grant activities are implemented by UNDP and executed by the WHO, UNICEF, and UNFPA.

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 the CCM, 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) percent 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 Coordination Mechanism (CCM)

**Project Assurance** is the responsibility of the UNDP Management made of UNDP (through UNDP HIV/AIDS Program Officer, Dr Ammar Salih and Mr. Ahmed Elhag MDGs & Gender Officer)

**Project Manager:** Mr. Sherry Joseph was appointed as the Project manager to oversee the day to day management of the project. he is overseen by UNDP HIV/AIDS Program Officer (Dr. Ammar Salih) who represents the (project assurance)

**V. Quality Management for Project Activity Results**

*Replicate the table for each activity result of the AWP to provide information on monitoring actions based on quality criteria.*

|  |
| --- |
| **OUTPUT 1:** **Provision of services for MARPs** |
| **Activity Result** **(Atlas Activity ID) 1** | Percentage of female sex workers reporting the use of a condom with their most recent client will be 25 % Percentage of men reporting the use of condom the last time they had anal sex with a male partner will be 20 % | Start Date: 1st of January 2014 End Date: 31 of December 2014 |
| **Purpose** |  To Reduce HIV transmission through the provision of services for MARPs |
| **Description** | National institutions, systems, laws and policies strengthened for equitable, accountable and effective delivery of HIV and related services |
| Quality Criteria |  |  |
| 1. Number of MSM and FSW reached with HIV prevention package
2. Number of health care providers trained on syndromic management of STI according to the national guidelines
3. Number of male condoms distributed for free nationwide.
4. Number of individuals who received testing and counseling services for HIV and received their results
5. Number of MARPS who received testing and counseling services for HIV and received their results
 | 1. SR report
2. Training records
3. Distribution reports
4. SNAP R&R system
5. SNAP R&R system
 | Ongoing |
| **OUTPUT 2:** Increased access and utilization of PMTCT services |
| **Activity Result 2****(Atlas Activity ID)** | Percentage of female sex workers who both correctly identified ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission will be 20 %  | Start Date: 1st of January 2014 End Date: 31 of December 2014 |
| **Purpose** | To improve access and utilization of PMTCT services in Sudan |
| **Description** | National institutions, systems, laws and policies strengthened for equitable, accountable and effective delivery of HIV and related services |
| Quality Criteria |  |  |
| 1. Number of HIV positive pregnant women who received ARV to reduce the risk of MTCT
2. Number of health care providers trained to provide PMTCT according to national guidelines.
 | 1. SNAP R&R system
2. Training records
 |  |
| Ongoing |
| Ongoing |
| **OUTPUT 3:** Increased uptake of existing HIV/AIDS care and treatment services in Sudan |
| **Activity Result 1****(Atlas Activity ID)** | Percentage of adults and children with HIV known to be alive and on treatment 12 months after initiation of antiretroviral therapy will be 70 %  | Start Date: 1st of January 2014 End Date: 31 of December 2014 |
| **Purpose** | To Improve quality and uptake of existing care and treatment services in Sudan  |
| **Description** | National institutions, systems, laws and policies strengthened for equitable, accountable and effective delivery of HIV and related services |
| Quality Criteria |  |  |
| % of estimated HIV-positive, TB cases that received treatment for TB and HIV | WHO-TB annual report | Ongoing |
| **OUTPUT 4:** Improved HIV prevention in health care settings in Sudan |
| **Activity Result 1****(Atlas Activity ID)** | Percentage of men who have sex with men who both correctly identified ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission will be 35%  | Start Date: 1st of January 2014 End Date: 31 of December 2014 |
| **Purpose** | To Strengthen HIV prevention in health care settings in Sudan  |
| **Description** | National institutions, systems, laws and policies strengthened for equitable, accountable and effective delivery of HIV and related services |
| Quality Criteria |  |  |
| Number of health care providers trained on HIV infection control | Reports (NBTS) | On-going |
| **OUTPUT 5: Efficient**  **planning, management and evaluation of the HIV/AIDS** |
| **Activity Result 1****(Atlas Activity ID)** | Percentage of health facilities (providing VCCT, ART and PMTCT services) submitting complete and timely monthly reports to SNAP will be 70 %. | Start Date: 1st of January 2014 End Date: 31 of December 2014 |
| **Purpose** | To improve planning, management and evaluation of the HIV/AIDS |
| **Description** | National institutions, systems, laws and policies strengthened for equitable, accountable and effective delivery of HIV and related services |
| Quality Criteria |  |  |
| Percentage of health facilities (providing VCCT, ART and PMTCT services) submitting complete and timely monthly reports to SNAP | SNAP R&R system | Ongoing |

**VI. Risk Log**

Please include updated risk log for the year.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **#** | **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 (2010) | Political | High | Importing through PSO LTAs from other countries | GF/UNDP/WHO & SRs | 2010/2011 | 2011 | On-going |
|  |  Additional Safe guard Policy. This restricts the government to take responsibility in the programme implementation  | From beginning of project (2010) | Political | High | Working through non-governmental SRs or with SRs on re-imbursement basis | GF/UNDP/WHO & SRs | 2010/2011 | 2011 | On-going |
|  | Reaching people in the conflict area (No NGOs willing to work in West Darfur)  | From beginning of project (2010) | Security | High | Through the National and state Ministries of health and through Civil and local NGOs | GF/UNDP/WHO & SRs | 2010/2011 | 2011 | On-going |
|  | High Turnover of staff in the Civil Society, Government and PMU | From beginning of project (2010) | 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 | 2010/2011 | 2011 | On-going |
|  | Low capacity among the Civil Society  | From beginning of project (2010) | Operational | High | Continuous training and involvement of the civil society in project implementation to upgrade their capacities | GF/UNDP/WHO & SRs | 2010/2011 | 2011 | 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

           January 1st \_ 31st February march 30 th

 March 1st – June 30 July 30th

 July 1st\_ September 30st October 30th

 October 1st – December31st 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:

|  |  |  |  |
| --- | --- | --- | --- |
| Impact indicator number | Impact indicator formulation | **Baseline** | **Targets** |
| **value** | **Year**  | **Source** | **2013** |
| 1 | % of female sex workers who are HIV infected  | 3.1% | 2011 | IBBS | 2.79% |
| 2 | % of men who have sex with men who are HIV infected  | 2.75% | 2011 | IBBS | 2.48% |

|  |  |  |  |
| --- | --- | --- | --- |
| **Outcome indicator number** | **Outcome indicator formulation** | **Baseline** | **Targets** |
| **value** | **Year**  | **Source** | **2013** |
| 1 | % of female sex workers reporting the use of a condom with their most recent client  | 20.6% | 2011 | IBBS | 30% |
| 2 | % of men reporting the use of condom the last time they had anal sex with a male partner  | 16.9% | 2011 | IBBS | 25% |
| 3 | % of female sex workers who both correctly identified ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission  | 13.1% | 2011 | IBBS | 35% |
| 4 | % of men who have sex with men who both correctly identified ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission  | 22.7% | 2011 | IBBS | 50% |
| 5 | % of adults and children with HIV known to be alive and on treatment 12 months after initiation of antiretroviral therapy  | 63% | 2009 | Cohort analysis  | 75% |

1. Sudan Household Survey (2006) [↑](#footnote-ref-1)
2. Review of HIV Epidemic in Sudan: Situation Analysis (2009) [↑](#footnote-ref-2)