


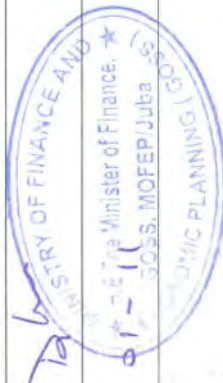


UNDP Southern Sudan

2011 Annual Work Plan

Project name	Amount
Tuberculosis and HIV/AIDS Collaborative Programme in Southern Sudan: GFATM Round 5	US\$7,331,963

H.E David Deng Athorbei Minister of Finance and Economic Planning Government of Southern Sudan	Mr. Joe Feeney Head of Office UNDP-Southern Sudan Programme
Signature: 	Signature: 
Date: 25-01-11	Date:





**United Nations Development Programme
Southern Sudan
Annual Work Plan 2011**

Project Title: Tuberculosis and HIV/AIDS Collaborative Programme in Southern Sudan: GFATM Round 5

UNDAF Outcome: By 2012, individuals and communities have equitable access to and increased utilisation of strengthened and quality basic social services within an enabling environment, with special emphasis on women, youth, children and vulnerable groups

Expected CP Outcome: Improved impact of resources to fight HIV/AIDS (*and other diseases*)

Expected CP Output: Better delivery/usage of the GFATM funds for response to HIV/AIDS and other diseases

Implementing Partner: UNDP
Ministry of Health (MoH), Government of Southern Sudan (MoH-GoSS)

Responsible Parties: Arkangelo Ali Association (AAA)
Malteser International (MI)
WHO

Brief Description

This project is aimed at establishing mechanisms for collaboration between TB and HIV/AIDS programmes, decreasing the burden of TB in people living with HIV/AIDS (PLWHA), and decreasing the burden of HIV/AIDS in TB patients. The key components of the project will include the establishment of TB/HIV joint Technical Coordinating Units in the MoH-GoSS, organise national level TB/HIV planning meetings to review and evaluate progress, establish an Advocacy, Communication and Social Mobilisation (ACSM) Unit, monitoring and evaluation of collaborative TB/HIV activities.

Programme Period:	2009-2012
Programme Component:	1 Poverty Reduction and the Achievement of the MDGs
Atlas Award ID:	45245
Start date:	1 January 2011
End Date:	30 September 2011
PAC Meeting Date:	November 2010
Management Arrangements:	Direct Implementation

2011 AWP budget:	US\$7,331,963
Total resources required:	US\$7,331,963
Total allocated resources:	US\$7,331,963
• Regular:	_____
• Other:	_____
○ GFATM	US\$7,331,963
○ Government	_____

Agreed by the Ministry of Finance and Economic Planning:

Agreed by the Ministry of Health:

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Agreed by the UNDP:

I. ANNUAL WORK PLAN

Year: 2011

EXPECTED OUTPUT Related CP outcome: Improved impact of resources to fight HIV/AIDS (and other diseases)	PLANNED ACTIVITIES	TIMEFRAME				RESPONSIBLE PARTY	Funding Source	PLANNED BUDGET	
		Q 1	Q 2	Q 3	Q 4			Budget Description	Amount
Output 1: Establish mechanisms for collaboration between TB and HIV/AIDS programmes	<p>1. Activity Result: Establishment of TB/HIV Technical Coordinating Unit in the MOH/GOSS</p> <p>1.1.1 Action: To develop, TB/HIV integrated strategic policy and strategic plan</p> <p>1.1.2 Action: To print and distribute policies</p> <p>1.1.3 Action: Conduct workshop to advocate joint TB/HIV policies</p> <p>1.1.4 Action: To conduct training for the staff of the coordinating body on health information and data management</p>	X		X		UNDP in support of MoH, WHO, AAA, and Malteser	72600 (Grants)	US\$109,902	
Indicator: Policy developed Baseline: 0 Target: 1		X		X		UNDP in support of MoH, WHO, AAA, and Malteser	61100 (Staff Cost)	US\$219,180	
Indicator: Number of copies of policies printed and distributed Baseline: 2,000 Target: 5,000		X		X		UNDP in support of MoH, WHO, AAA, and Malteser	GMS (7%)	US\$23,036	
Indicator: Number of workshop conducted Baseline: 2 Target: 4		X		X		UNDP in support of MoH, WHO, AAA, and Malteser	GFATM/30078		
Indicator: Number of people trained on revised HIMS and data management for TB/HIV collaborative program Baseline: 564 Target: 369		X		X		UNDP in support of MoH, WHO, AAA, and Malteser			

<p><i>Indicator:</i> Number of staff recruited <i>Baseline:</i> 4 <i>Target:</i> 4</p>	<p>1.1.5 Action: To establish national TB/HIV coordinating body: recruit and support the cost of staff</p>	X	X	X	X	<p>UNDP in support of MoH, WHO, AAA, and Malteser</p>		<p>US\$78,112 US\$5,468</p>
<p><i>Indicator:</i> Number of Coordination bodies established <i>Baseline:</i> 15 <i>Target:</i> 15</p>	<p>1.1.6 Action Establish National TB/HIV Coordination body. Recruit staff in Mundry</p>	X	X	X	X	<p>UNDP in support of MoH, WHO, AAA, and Malteser</p>	<p>72600 (Grants) GMS (7%)</p>	
<p><i>Indicator:</i> Number of meetings organized <i>Baseline:</i> 4 <i>Target:</i> 8</p>	<p>2. Activity Result: Establishing a Joint TB/HIV Planning Meeting</p>	X			X	<p>UNDP in support of MoH, WHO, AAA, and Malteser</p>		



Indicator: Number of staff recruited Baseline: 1 Target: 5	Indicator: Number of vehicles purchased Baseline: 1 Target: 2	Indicator: Needs assessment implemented, report produced Baseline: N/A Target: 1	Indicator: Number of IEC set of materials per campaign Baseline: 2 Target: 6	Indicator: Number of ACSM campaigns organized Baseline: 0 Target: 6	Indicator: Number of people trained Baseline: 22 Target: 100	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X																																								
3. Activity Result: Provision of a Joint TB/HIV IEC materials in TB/HIV services		1.3.1 Action: To establish ACSM unit: recruit necessary staff		1.3.2 Action: To establish ACSM unit: vehicle, furniture and IT equipment procurement		1.3.3 Action: To implement needs assessment in Southern Sudan		1.3.4 Action: To develop, print and distribute IEC materials		1.3.5 Action: To organize ACSM campaigns		1.3.6 Action: To organize ToT trainings for the health workers and partner organization on ACSM activities																																																																			
UNDP in support of MoH, WHO, AAA, and Malteser		UNDP in support of MoH, WHO, AAA, and Malteser		UNDP in support of MoH, WHO, AAA, and Malteser		UNDP in support of MoH, WHO, AAA, and Malteser		UNDP in support of MoH, WHO, AAA, and Malteser		UNDP in support of MoH, WHO, AAA, and Malteser		UNDP in support of MoH, WHO, AAA, and Malteser		UNDP in support of MoH, WHO, AAA, and Malteser		UNDP in support of MoH, WHO, AAA, and Malteser		UNDP in support of MoH, WHO, AAA, and Malteser		UNDP in support of MoH, WHO, AAA, and Malteser		UNDP in support of MoH, WHO, AAA, and Malteser		UNDP in support of MoH, WHO, AAA, and Malteser		UNDP in support of MoH, WHO, AAA, and Malteser		UNDP in support of MoH, WHO, AAA, and Malteser		UNDP in support of MoH, WHO, AAA, and Malteser		UNDP in support of MoH, WHO, AAA, and Malteser		UNDP in support of MoH, WHO, AAA, and Malteser		UNDP in support of MoH, WHO, AAA, and Malteser		UNDP in support of MoH, WHO, AAA, and Malteser		UNDP in support of MoH, WHO, AAA, and Malteser		UNDP in support of MoH, WHO, AAA, and Malteser		UNDP in support of MoH, WHO, AAA, and Malteser		UNDP in support of MoH, WHO, AAA, and Malteser		UNDP in support of MoH, WHO, AAA, and Malteser		UNDP in support of MoH, WHO, AAA, and Malteser		UNDP in support of MoH, WHO, AAA, and Malteser		UNDP in support of MoH, WHO, AAA, and Malteser		UNDP in support of MoH, WHO, AAA, and Malteser		UNDP in support of MoH, WHO, AAA, and Malteser		UNDP in support of MoH, WHO, AAA, and Malteser		UNDP in support of MoH, WHO, AAA, and Malteser		UNDP in support of MoH, WHO, AAA, and Malteser		UNDP in support of MoH, WHO, AAA, and Malteser		UNDP in support of MoH, WHO, AAA, and Malteser		UNDP in support of MoH, WHO, AAA, and Malteser		UNDP in support of MoH, WHO, AAA, and Malteser		UNDP in support of MoH, WHO, AAA, and Malteser		UNDP in support of MoH, WHO, AAA, and Malteser			
72600 (Grants)		61100 (Staff Cost)		72300 (Materials & Goods)		71200 (International Consultants)		GMS (7%)																																																																							
US\$308,326		US\$61,560		US\$462,996		US\$28,500		US\$60,297																																																																							

<p><i>Indicator:</i> Number of days supported <i>Baseline:</i> 4 <i>Target:</i> 6</p> <p><i>Indicator:</i> Advocacy workshops conducted <i>Baseline:</i> 2 <i>Target:</i> 4</p>	<p>1.3.7 Action: To support TB and HIV world observance days</p> <p>1.3.8 Action To organize Cascade of advocacy workshops for community leaders</p>	<p>X</p> <p>X</p>	<p>X</p> <p>X</p>	<p>X</p> <p>X</p>	<p>UNDP in support of MoH, WHO, AAA, and Malteser</p> <p>UNDP in support of MoH, WHO, AAA, and Malteser</p>				
<p><i>Indicator:</i> Number of meetings organized <i>Baseline:</i> 2 <i>Target:</i> 4</p> <p><i>Indicator:</i> Number of joint supervision missions conducted <i>Baseline:</i> 4 <i>Target:</i> 6</p> <p><i>Indicator:</i> Number of joint supervision missions conducted <i>Baseline:</i> 8 <i>Target:</i> 12</p>	<p>4. Activity Result: Creation of partnership development and collaboration</p> <p>1.4.1 Action: To organize bi-annual joint strategic plan meetings with partners</p> <p>1.4.2 Action: To conduct quarterly local joint supervision missions</p> <p>1.4.3 Action To conduct quarterly supervision missions (TB + HIV)</p>	<p>X</p> <p>X</p> <p>X</p>	<p>X</p> <p>X</p> <p>X</p>	<p>X</p> <p>X</p> <p>X</p>	<p>UNDP in support of MoH, WHO, AAA, and Malteser</p> <p>UNDP in support of MoH, WHO, AAA, and Malteser</p> <p>UNDP in support of MoH, WHO, AAA, and Malteser</p>	<p>72600 (Grants)</p> <p>GMS (7%)</p> <p>GFATM/300 78</p>	<p>US\$13,368</p> <p>US\$936</p>		

5. Activity Result:	Monitoring and Evaluation of Collaborative TB/HIV Activities							72600 (Grants)	US\$343,964
1.5.1 Action: To establish M&E unit: recruit necessary staff	Indicator: Number of staff recruited Baseline: 6 Target: 6	X	X	X			UNDP in support of MoH, WHO, AAA, and Malteser	61100 (Staff Cost)	US\$65,818
1.5.2 Action: To establish M&E unit: procure vehicles for M&E	Indicator: Number of vehicles procured Baseline: 1 Target: 1	X					UNDP in support of MoH, WHO, AAA, and Malteser	71200 (International Consultants)	US\$19,551
1.5.3 Action: To establish M&E unit: procure furniture and equipment	Indicator: M&E unit equipped Baseline: 1 Target: 1	X					UNDP in support of MoH, WHO, AAA, and Malteser	GMS (7%)	US\$30,053
1.5.4 Action: To conduct HMIS and basic M&E training for national, state and county level TB/HIV health workers	Indicator: Number of people trained Baseline: 200 Target: 240	X	X				UNDP in support of MoH, WHO, AAA, and Malteser		
1.5.5 Action: To conduct Data Quality Assessment (onsite verification of data, site supervisions)	Indicator: Number of missions conducted Baseline: N/A Target: 4						UNDP in support of MoH, WHO, AAA, and Malteser		
1.5.6 Action: To conduct final evaluation of the program	Indicator: Evaluation done Baseline: 0 Target: 1	X	X	X			UNDP in support of MoH, WHO, AAA, and Malteser		
1.5.7 Action: To conduct M&E training to partners	Indicator: Number of training conducted Baseline: N/A Target: 2	X	X				UNDP in support of MoH, WHO, AAA, and Malteser		

<p>Output 2: Decrease the burden of TB in people living with HIV and AIDS (PLWHA)</p> <p><i>Indicator:</i> Number of officers recruited <i>Baseline:</i> 0 <i>Target:</i> 2</p> <p><i>Indicator:</i> Number of trainings conducted <i>Baseline:</i> 8 <i>Target:</i> 10</p> <p><i>Indicator:</i> Number of people living with HIV/AIDS receiving HIV testing and counselling or HIV treatment and care services who are screened for TB symptoms <i>Baseline:</i> 15,808 <i>Target:</i> 13,611</p> <p><i>Indicator:</i> Number of health facilities providing VCT, TB screening and TB preventive therapy <i>Baseline:</i> 124 <i>Target:</i> 120</p> <p><i>Indicator:</i> Number of people trained <i>Baseline:</i> N/A <i>Target:</i> 180</p>	<p>6. Activity Result: Intensified TB Case finding among PLWHA</p> <p>2.6.1 Action: To recruit one training officer to be responsible for all trainings, follow up and procure furniture</p> <p>2.6.2 Action: To conduct training for laboratory technicians and clinicians on TB Management</p> <p>2.6.3 Action: To screen HIV infected people on TB symptoms based on specifically designed checklist</p> <p>2.6.4 Action: To train VCT center staff on TB screening and preventive therapy</p> <p>2.6.5 Action: To organize training for the laboratory health workers in TB/HIV sites on equipments and maintenance</p>	<p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p>	<p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p>	<p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p>	<p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p>	<p>UNDP in support of MoH, WHO, AAA, and Malteser</p> <p>UNDP in support of MoH, WHO, AAA, and Malteser</p> <p>UNDP in support of MoH, WHO, AAA, and Malteser</p> <p>UNDP in support of MoH, WHO, AAA, and Malteser</p> <p>UNDP in support of MoH, WHO, AAA, and Malteser</p>	<p>72600 (Grants) GMS (7%)</p> <p>GFATM/30078</p>	<p>US\$196,981 US\$13,789</p>
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<p><i>Indicator:</i> Number of newly diagnosed HIV positive clients who are given treatment for latent TB infection <i>Baseline:</i> 0 <i>Target:</i> 250</p>	<p>7. Activity result: Provision of treatment for latent TB infection for HIV positive</p> <p>2.7.1 Action: To procure and provide Isoniazid to HIV positive people</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>UNDP in support of MoH, WHO, AAA, and Malteser</p>	<p>GFATM/300 78 GFATM/300 78</p>	<p>72600 (Grants) 72300 (Materials & Goods) GMS (7%)</p>	<p>US\$24,000 US\$835,560 US\$60,169</p>
<p><i>Indicator:</i> Number of training conducted <i>Baseline:</i> 0 <i>Target:</i> 6</p>	<p>2.7.2 Action: To train personnel involved in TB treatment on IPT</p>	<p>X</p>	<p>X</p>	<p>UNDP in support of MoH, WHO, AAA, and Malteser</p>	<p>UNDP in support of MoH, WHO, AAA, and Malteser</p>	<p>GFATM/300 78 GFATM/300 78</p>	<p>72600 (Grants) 72300 (Materials & Goods) GMS (7%)</p>	<p>US\$24,000 US\$835,560 US\$60,169</p>
<p><i>Indicator:</i> Number of X-ray machine and generators distributed <i>Baseline:</i> 0 <i>Target:</i> 4</p>	<p>2.7.3 Action: To procure X-ray machine (including accessories, consumables and generators for 3 pilot sites</p>	<p>X</p>	<p>X</p>	<p>UNDP in support of MoH, WHO, AAA, and Malteser</p>	<p>UNDP in support of MoH, WHO, AAA, and Malteser</p>	<p>GFATM/300 78 GFATM/300 78</p>	<p>72600 (Grants) 72300 (Materials & Goods) GMS (7%)</p>	<p>US\$24,000 US\$835,560 US\$60,169</p>
<p><i>Indicator:</i> Number of technicians trained <i>Baseline:</i> 0 <i>Target:</i> 10</p>	<p>2.7.4 Action: To train laboratory X-ray technicians</p>	<p>X</p>	<p>X</p>	<p>UNDP in support of MoH, WHO, AAA, and Malteser</p>	<p>UNDP in support of MoH, WHO, AAA, and Malteser</p>	<p>GFATM/300 78 GFATM/300 78</p>	<p>72600 (Grants) 72300 (Materials & Goods) GMS (7%)</p>	<p>US\$24,000 US\$835,560 US\$60,169</p>

<p><i>Indicator:</i> Policy developed <i>Baseline:</i> 0 <i>Target:</i> 1</p>	<p>8. Activity result: Provision of infection control services in Health Care Facilities in congregate settings</p> <p>2.8.1 Action: To develop specific policy on TB prevention and control in congregate settings</p>	<p>X</p>	<p>UNDP in support of MoH, WHO, AAA, and Malteser</p>	<p>72600 (Grants)</p>	<p>US\$162,947</p>
<p><i>Indicator:</i> Number of health workers trained <i>Baseline:</i> 0 <i>Target:</i> 120</p>	<p>2.8.2 Action: To train workers on TB infections control in congregate settings</p>	<p>X</p>	<p>UNDP in support of MoH, WHO, AAA, and Malteser</p>	<p>71200 (International Consultants)</p>	<p>US\$37,221</p>
<p><i>Indicator:</i> Number of health workers trained <i>Baseline:</i> 0 <i>Target:</i> 120</p>	<p>2.8.3 Action: To conduct workshop to health workers on national policy of TB management in congregate setting</p>	<p>X</p>	<p>UNDP in support of MoH, WHO, AAA, and Malteser</p>	<p>GMS (7%)</p>	<p>US\$14,012</p>
<p>X</p>	<p>UNDP in support of MoH, WHO, AAA, and Malteser</p>	<p>72600 (Grants)</p>	<p>US\$162,947</p>		
<p>X</p>	<p>UNDP in support of MoH, WHO, AAA, and Malteser</p>	<p>72300 (Materials & Goods)</p>	<p>US\$200,000</p>		
<p>X</p>	<p>UNDP in support of MoH, WHO, AAA, and Malteser</p>	<p>61100 (Staff Cost)</p>	<p>US\$121,160</p>		
<p>X</p>	<p>UNDP in support of MoH, WHO, AAA, and Malteser</p>	<p>GMS (7%)</p>	<p>US\$30,472</p>		

<p>Out Put 3: Decrease the burden of HIV/AIDS in TB patients</p> <p><i>Indicator:</i> Number of staff recruited <i>Baseline:</i> 0 <i>Target:</i> 6</p>	<p>9. Activity Result: Provision of continuous HIV sero-prevalence surveillance among TB patients</p> <p>3.9.1 Action: To establish HIV surveillance unit: staff recruitment</p>	<p>X</p>	<p>UNDP in support of MoH, WHO, AAA, and Malteser</p>	<p>GFATM/300 78</p>	<p>US\$114,149</p>
<p>X</p>	<p>UNDP in support of MoH, WHO, AAA, and Malteser</p>	<p>72600 (Grants)</p>	<p>US\$114,149</p>		
<p>X</p>	<p>UNDP in support of MoH, WHO, AAA, and Malteser</p>	<p>72300 (Materials & Goods)</p>	<p>US\$200,000</p>		
<p>X</p>	<p>UNDP in support of MoH, WHO, AAA, and Malteser</p>	<p>61100 (Staff Cost)</p>	<p>US\$121,160</p>		
<p>X</p>	<p>UNDP in support of MoH, WHO, AAA, and Malteser</p>	<p>GMS (7%)</p>	<p>US\$30,472</p>		

<p><i>Indicator:</i> Number of vehicles and motorbikes purchased <i>Baseline:</i> 1 <i>Target:</i> 3</p>	<p>3.9.2 Action: To establish HIV surveillance unit: vehicles procurement</p>	<p>X</p>	<p>X</p>	<p>UNDP in support of MoH, WHO, AAA, and Malteser</p>		
<p><i>Indicator:</i> Number of ELISA procured <i>Baseline:</i> 6 <i>Target:</i> 6</p>	<p>3.9.4 Action: To procure ELISA machine for national and state level (Including generators and other consumer able goods)</p>	<p>X</p>		<p>UNDP in support of MoH, WHO, AAA, and Malteser</p>		
<p><i>Indicator:</i> Number of surveys conducted <i>Baseline:</i> 0 <i>Target:</i> 1</p>	<p>3.9.5 Action: To conduct a survey on HIV prevalence among TB patients and vice versa</p>	<p>X</p>		<p>UNDP in support of MoH, WHO, AAA, and Malteser</p>		
<p><i>Indicator:</i> Number of laboratory personnel trained <i>Baseline:</i> N/A <i>Target:</i> 40</p>	<p>3.9.6: Action To conduct training for laboratory staff on testing procedures</p>	<p>X</p>		<p>UNDP in support of MoH, WHO, AAA, and Malteser</p>		
<p><i>Indicator:</i> Central laboratory upgraded for surveillance, Lab strategy + Policy finalised, PCRs/Viral Load, CD4 machine procured <i>Baseline:</i> 0 <i>Target:</i> 4</p>	<p>3.9.7 Action: To develop capacity of the central laboratory to conduct surveys (Lab strategy, policy, procurement of PCRs/Viral Load, and CD4 machines)</p>	<p>X</p>	<p>X</p>	<p>UNDP in support of MoH, WHO, AAA, and Malteser</p>		
<p><i>Indicator:</i> Operational research conducted <i>Baseline:</i> N/A <i>Target:</i> 1</p>	<p>3.9.8 Action: To conduct operational research on TB and HIV</p>	<p>X</p>	<p>X</p>	<p>UNDP in support of MoH, WHO, AAA, and Malteser</p>		

<p><i>Indicator:</i> Number of staff trained <i>Baseline:</i> N/A <i>Target:</i> 80</p>	<p>10. Activity Result: Provision of HIV testing and counselling services</p> <p>3.10.1 Action: To train health workers for 21 days to become counsellors</p>	<p>X</p>	<p>UNDP in support of MoH, WHO, AAA, and Malteser</p>	<p>72600 (Grants) 72300 (Materials & Goods) GMS (7%)</p>	<p>US\$53,882 US\$58,717 US\$7,882</p>
<p><i>Indicator:</i> Number of TB patients receiving HIV testing and counselling services (DTC) <i>Baseline:</i> 2,886 <i>Target:</i> 11,101</p>	<p>3.10.2 Action: To procure and distribute rapid HIV test kits among DTC points</p>	<p>X</p>	<p>UNDP in support of MoH, WHO, AAA, and Malteser</p>		
<p><i>Indicator:</i> Number of laboratories supported <i>Baseline:</i> 3 <i>Target:</i> 3</p>	<p>3.10.3 Action: To strengthen the national and state level central laboratories for TB/HIV collaborative and QA (procurement generators, reagents, supplies etc.)</p>	<p>X</p>	<p>UNDP in support of MoH, WHO, AAA, and Malteser</p>	<p>GFATM/300 78</p>	
<p><i>Indicator:</i> Number of condom distributed through TB/HIV service points <i>Baseline:</i> 264,467 <i>Target:</i> 95,000</p>	<p>11. Activity Result: Promotion and provision of HIV prevention methods to TB patients</p> <p>3.11.1 Action: To procure and distribute condoms and demonstration equipments for TB settings</p>	<p>X</p>	<p>UNDP in support of MoH, WHO, AAA, and Malteser</p>	<p>72600 (Grants) 72300 (Materials & Goods) GMS (7%)</p>	<p>US\$53,905 US\$994 US\$3,843</p>
<p><i>Indicator:</i> Number and percentage of TB health facilities providing condoms and health education on importance of HIV prevention methods to patients. <i>Baseline:</i> 45% <i>Target:</i> 54%</p>	<p>3.11.2 Action: To implement acceptance campaign in TB treatment centres including stigma and discrimination</p>	<p>X</p>	<p>UNDP in support of MoH, WHO, AAA, and Malteser</p>		

<p>12. Activity Result Provision of Co-trimoxazole Preventive therapy to HIV positive TB patients during TB treatment</p> <p>3.12.1 Action: To procure Co-trimoxazole for CPT</p> <p>3.12.2 Action: To develop, print and disseminate guidelines for CPT therapy in Southern Sudan</p> <p>3.12.3 Action: To organize training to health workers on CPT for TB/HIV sites</p>	<p>Indicator: Number of HIV positive TB patients who receive CPT during TB treatment Baseline: 220 Target: 3,232</p> <p>Indicator: Number of guidelines printed and disseminated Baseline: 2,000 Target: 3,000</p> <p>Indicator: Number of health workers trained Baseline: 0 Target: 80</p>	<p>X</p> <p>X</p> <p>X</p>	<p>X</p> <p>X</p> <p>X</p>	<p>UNDP in support of MoH, WHO, AAA, and Malteser</p> <p>UNDP in support of MoH, WHO, AAA, and Malteser</p> <p>UNDP in support of MoH, WHO, AAA, and Malteser</p>	<p>GFATM/300 78</p>	<p>72600 (Grants)</p> <p>72300 (Materials & Goods)</p> <p>GMS (7%)</p>	<p>US\$86,764</p> <p>US\$17,706</p> <p>US\$7,313</p>
<p>13. Activity Result: Increase access to care and support services by HIV positive TB patients</p> <p>3.13.1 Action: To organize training for health workers on referral procedures for patients</p>	<p>Indicator: Number of HIV positive TB patients referred to HIV home based care and/or support services Baseline: 34 Target: 2,424</p>	<p>X</p>	<p>X</p>	<p>UNDP in support of MoH, WHO, AAA, and Malteser</p>	<p>72600 (Grants)</p> <p>GMS (7%)</p>	<p>US\$106,358</p> <p>US\$7,445</p>	

<p>14. Activity Result: Increase access to antiretroviral drugs and treatment of opportunistic infections</p> <p>3.14.1 Action: To establish ART unit: staff hired</p> <p>3.14.2 Action: To establish ART unit: vehicles and furniture and IT equipment procurement</p> <p>3.14.3 Action: To procure ARVs and related drugs to treat opportunistic infections</p> <p>3.14.4 Action: To develop, print and disseminate guidelines and protocols for ART and treatment of opportunistic infections</p> <p>3.14.5 Action: To organize training for medical workers on ARV</p> <p>3.14.6 Action: To organize training to laboratory personnel on TLC and CD4 counters</p>	<p>Indicator: Number of staff recruited Baseline: 0 Target: 58</p> <p>Indicator: Number of vehicles Baseline: 1 Target: 1</p> <p>Indicator: Number and percentage of HIV positive TB patients who have begun or are continuing ARV during or at the end of TB treatment Baseline: 317 Target: 666</p> <p>Indicator: Number of guidelines printed and distributed Baseline: 3,000 Target: 4,000</p> <p>Indicator: Number of health workers trained in ART for patients with TB/HIV co-infection Baseline: 133 Target: 205</p> <p>Indicator: Number of people trained Baseline: 0 Target: 40</p> <p>Related CP outcome: Improved impact of resources to fight HIV/AIDS (and other diseases)</p>	<p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p>			<p>UNDP in support of MoH, WHO, AAA, and Malteser</p> <p>UNDP in support of MoH, WHO, AAA, and Malteser</p> <p>UNDP in support of MoH, WHO, AAA, and Malteser</p> <p>UNDP in support of MoH, WHO, AAA, and Malteser</p> <p>UNDP in support of MoH, WHO, AAA, and Malteser</p>	<p>72600 (Grants)</p> <p>61100 (Staff Cost)</p> <p>71200 (International Consultants)</p> <p>72300 (Materials & Goods)</p> <p>GMS (7%)</p>	<p>US\$175,083</p> <p>US\$171,000</p> <p>US\$190,000</p> <p>US\$326,556</p> <p>US\$60,385</p>
GFATM/300 78							

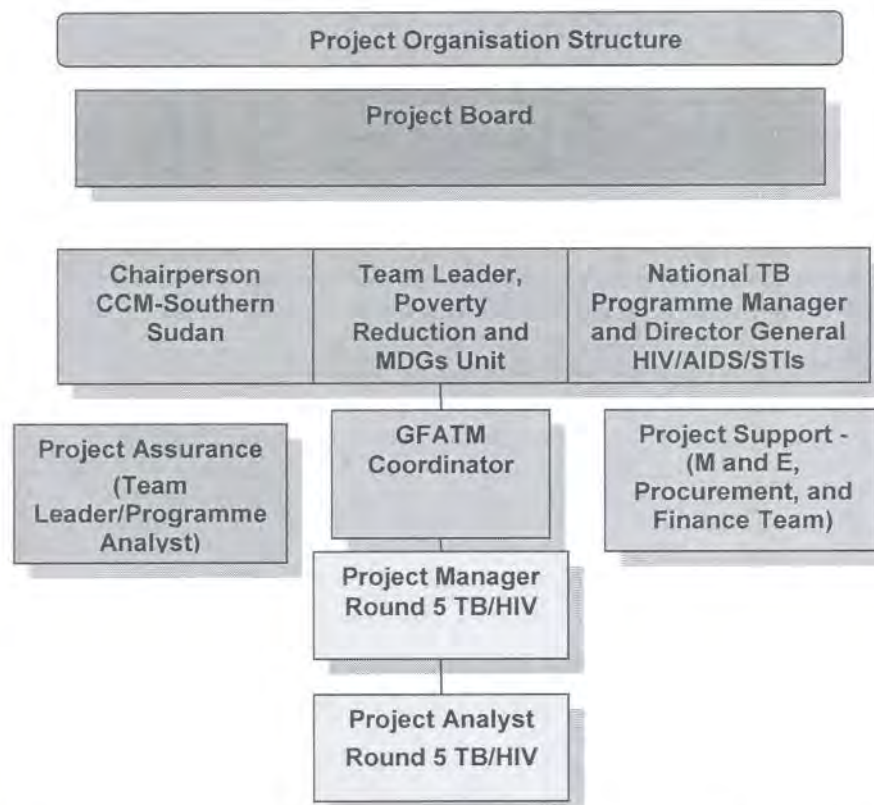
Activity Result 15 (SRs) Human Resources, Planning, Administration and Overhead costs for Sub-Recipients general management 3.15.1 Action: Planning and administration cost Activity Result 16: Project management Activities properly carried out 3.16.1 Action: Liaise and report to CCM 3.16.2 Action: Conduct Quarterly Reviews against Annual Work Plan 3.16.3 Action: Conduct Annual Review 3.16.4 Action: Conduct field monitoring trips 3.16.5 Action: Supply Chain Management Agent	X	X	X	X	UNDP GFATM/300 78	72600 (Grants) 61100 (Staff Cost) GMS (7%) 61100 (Staff Cost) 71600(Travel-M&E) 75105 (Facilities & Admin – Implement) (PR Planning, Admin, Infrastructure, and SCM) GMS (7%) Rental & Maintenance (common services-premises): 3%: Contribution (office common security) : 1%: Reimbursement Cost (to UNDP for support services): 1%:	US\$289,136 US\$365,667 US\$45,836 US\$702,021 US\$68,343 US\$461,622 US\$86,239 US\$206,244 US\$68,748 US\$68,748
	X	X	X	X			
	X	X	X	X			
	X	X	X	X			
	X	X	X	X			
	X	X	X	X			
	X	X	X	X			
	X	X	X	X			
	X	X	X	X			
	TOTAL						

II. MANAGEMENT ARRANGEMENTS

The project will operate under the oversight of a Project Board which includes the Chair Person of CCM-SS (Country Coordinating Mechanism Southern Sudan), the Deputy Head of Office (Programme) for UNDP, the Director General of Community and Public Health. The Project Board is responsible for the overall direction and management of the project and has responsibility and authority for the project within the remit of the project mandate. The Project Board approves all major plans and authorises any major deviation from agreed plans. It is the authority that signs off the completion of each year of the project, as well as authorises the start of the next year. It ensures that required resources are committed, and arbitrates on any conflicts within the project, negotiating solutions to any problems between the project and external bodies.

The Project Board is ultimately responsible for assuring that the project remains on course to deliver the desired outcome of the project as defined in the Project Document. According to the size, complexity and risk of the project, the Project Board may decide to delegate some of this Project Assurance responsibility.

The overall project organisation structure is as follows:



The Global Fund Project is part of the Poverty Reduction and MDGs Unit and is supported by other Units such as Operations and Business Management Unit. In Southern Sudan, UNDP has been serving as a last resort Principal Recipient - PR since 2004 for five grants. The PR works in collaboration with national and international partners involved in the fight against Tuberculosis and HIV/AIDS. The Global Fund resources are additional to national resources as well as resources provided by other partners.

The PR has a number of Conditions Precedent and Special Terms and Conditions that should be fulfilled during various stages of the programme Grant Agreement. These Conditions Precedent and Special Terms and Conditions are outlined in Sections B and C of the Annex A to the Grant Agreement between Principal Recipient and the Global Fund.

The Country Coordination Mechanism – CCM performs the oversight function as well as monitoring and evaluation of the Global Fund projects in the country. Different stages of project implementation such as project amendments, phase two continuation requests, no cost extension request, are cleared by and submitted to the Global Fund through the CCM.

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The Local Fund Agent – LFA, serves as Global Fund representative in the country. It provides oversight of the project implementation, conducts verification of the programmatic and financial reports and makes recommendations to the Global Fund with regards to project progress and disbursement of funds.

The Project management Unit – PMU of the PR has four major functions.

Project Management: This is comprised of project managers and project analysts. The project manager is fully responsible for the overall coordination of the project activities. The project manager and the analyst works in close collaboration with the national counterparts and other stakeholders to implement this project.

Procurement and Supply Management: This team is headed by a procurement specialist, one procurement specialist for health products, a procurement analyst and an associate. Under the grant agreement signed between UNDP as PR and the Global Fund, all procurement activities are exclusively done by the PR.

Finance Management: This team is made up of a finance specialist, an analyst and two finance associates. The finance team is responsible for budget management.

Monitoring and Evaluation: This team is composed of two M and E specialists and two analysts based at GoSS and four international UNVs at the state levels. The team is responsible for monitoring of project activities, review and verification of data and preparation of progress reports to the donor.

The PR has subcontracted four agencies² to execute this project as follows:

All four implementing partners are responsible for implementing all aspects of the programme in all 10 States of Southern Sudan. The project is aimed at establishing mechanisms for collaboration between TB and HIV/AIDS programmes, decreasing the burden of TB in people living with HIV/AIDS (PLWHA), and decreasing the burden of HIV/AIDS in TB patients. The key components of the project include establishment of TB/HIV joint technical coordinating Unit in the MoH-GoSS, Communication and Social Mobilization (ACSM) Unit, monitoring and evaluation of collaborative TB/HIV activities, increased TB case finding among PLWHA, provision of treatment for latent TB infection for HIV positive patients and provision of infection control services in health care settings and or congregate settings.

Audit arrangements

Article 7. b. i. and ii. of the Special Terms and Conditions of the Grant Agreement between UNDP and the Global Fund state that:

- i. The Principal Recipient shall have annual financial audits conducted of Program expenditures. Subject to the approval of the Global Fund, which approval shall not be unreasonably withheld, the Principal Recipient shall select an independent auditor to conduct the audits and set the terms of reference pursuant to which they shall be conducted. The cost of such special audit shall be borne by the Program.
- ii. Should the Global Fund have reason to request a special purpose audit on the use of Global Fund resources, UNDP agrees to be responsible for: (i) securing the appointment of a mutually agreed independent auditor; and (ii) preparing mutually agreed audit Terms of Reference which reflect, as necessary, circumstances giving rise to the Global Fund's request for said audit. The cost of such special audit shall be borne by the Program.

Agreement on intellectual property rights and use of logo on the project's deliverables

The Principal Recipient must enter into an agreement with the Global Fund prior to using the Global Fund logo. The logo must be used in accordance with the terms and conditions of that agreement.

² The Ministry of Health, Government of Southern Sudan (MoH-GoSS), Arkangelo Ali Association (AAA), Malterser International, and WHO

III. MONITORING FRAMEWORK AND EVALUATION

In accordance with the programming policies and procedures outlined in the UNDP User Guide, the project will be monitored through the following:

Within the annual cycle

- On a quarterly basis, a quality assessment shall record progress towards the completion of key results, based on quality criteria and methods captured in the Quality Management table below.
- An Issue Log shall be activated in Atlas and updated by the Project Manager to facilitate tracking and resolution of potential problems or requests for change.
- Based on the initial risk analysis submitted, a risk log shall be activated in Atlas and regularly updated by reviewing the external environment that may affect the project implementation.
- Based on the above information recorded in Atlas, a Project Progress Reports (PPR) shall be submitted by the Project Manager to the Project Board through Project Assurance, using the standard report format available in the Executive Snapshot.
- A project Lesson-learned log shall be activated and regularly updated to ensure on-going learning and adaptation within the organization, and to facilitate the preparation of the Lessons-learned Report at the end of the project
- A Monitoring Schedule Plan shall be activated in Atlas and updated to track key management actions/events

Annual reports

Annual Reports: Article 13, b. (2) states that Not later than 45 days after the close of each fiscal year of the Principal Recipient, the Principal Recipient shall submit to the Global Fund, in form and substance satisfactory to the Global Fund, an annual financial and programmatic monitoring report (in addition to the six-monthly reports) covering the preceding fiscal year.

Annual Project Review: Based on the above report, an annual project review shall be conducted during the fourth quarter of the year or soon after, to assess the performance of the project and appraise the Annual Work Plan (AWP) for the following year. In the last year, this review will be a final assessment. This review is driven by the Project Board (the Country Coordinating Mechanism) and may involve other stakeholders as required. It shall focus on the extent to which progress is being made towards outputs, and that these remain aligned to appropriate outcomes.

Additionally, in accordance with the Standard Terms and Conditions in the grant agreement between the Principal Recipient and the Global Fund, the project will be monitored as follows:

Six monthly reports

Article 13, b. (1) states that "not later than 45 days after the close of each reporting period of the specific programme grant agreement, the Principal Recipient shall submit to the Global Fund, in form and substance satisfactory to the Global Fund, a periodic report on the Programme. The report shall reflect (i) financial activity during the reporting period in question and cumulatively from the beginning of the Programme until the end of the reporting period; and (ii) a description of progress towards achieving the agreed-upon milestones set forth in Annex A of the Grant Agreement. The Principal Recipient shall explain in the report any variance between planned and actual achievements for the period in question".

Final evaluation

The Global Fund projects are subject to two types of evaluations. Midterm evaluations are conducted for projects transitioning from phase I to phase II. Final evaluations are conducted at the end of phase II of the project. The TB/HIV Round 5 grant is in phase II of project implementation and an end of grant evaluation is planned at the project closure.

Quality Management for Project Activity Results

OUTPUT 1: Establish mechanisms for collaboration between TB and HIV/AIDS programs		
Activity Result 1	Establishment of TB/HIV Technical Coordinating Unit in the MoH/GoSS	Start Date: 1 January 2011 End Date: 30 September 2011
Purpose	To establish TB/HIV Technical Coordinating Unit in the MoH/GoSS	
Description	<ul style="list-style-type: none"> • Develop, TB/HIV integrated strategic policy and strategic plan • Print and distribute policies • Conduct workshop to advocate joint TB/HIV policies • Conduct training for the staff of the coordinating body on health information and data management • Establish national TB/HIV coordinating body: recruit and support the cost of staff 	
Quality Criteria	Quality Method	Date of Assessment
369 people trained on revised HIMS and data management for TB/HIV collaborative program	Training reports and attendance lists	May, August, November 2011
4 staff recruited	Recruitment files	February 2011
Activity Result 2	Establishing a Joint TB/HIV Planning Meeting	Start Date: 1 January 2011 End Date: 30 September 2011
Purpose	To establish a Joint TB/HIV Planning Meeting	
Description	To organize national level TB/HIV planning meetings to review and evaluate the progress	
Quality Criteria	Quality Method	Date of Assessment
8 meetings organized	Minutes of meeting	May, August, November 2011
Activity Result 3	Provision of a Joint TB/HIV IEC materials in TB/HIV services	Start Date: 1 January 2011 End Date: 30 September 2011
Purpose	To provide Joint TB/HIV IEC materials in TB/HIV services	
Description	<ul style="list-style-type: none"> • Establish ACSM unit: recruit necessary staff • Establish ACSM unit: vehicle, furniture and IT equipment procurement • Implement needs assessment in Southern Sudan • Develop, print and distribute IEC materials • Organize ACSM campaigns • Organize ToT trainings for the health workers and partner organization on ACSM activities • Support TB and HIV world observance days 	
Quality Criteria	Quality Method	Date of Assessment
ToT trainings for 100 health workers and partner organization on ACSM activities	Training reports and attendance lists	May, November 2011

Activity Result 4	Creation of partnership development and collaboration	Start Date: 1 January 2011 End Date: 30 September 2011
Purpose	To create partnership development and collaboration	
Description	<ul style="list-style-type: none"> Organize bi-annual joint strategic plan meetings with partners Conduct quarterly local joint supervision missions 	
Quality Criteria	Quality Method	Date of Assessment
6 joint supervision missions conducted	Mission reports	May, August, November 2011

Activity Result 5	Monitoring and Evaluation of Collaborative TB/HIV Activities	Start Date: 1 January 2011 End Date: 30 September 2011
Purpose	To monitor and Evaluate Collaborative TB/HIV Activities	
Description	<ul style="list-style-type: none"> Establish M&E unit: recruit necessary staff Establish M&E unit: procure vehicles for M&E Establish M&E unit: procure furniture and equipment Conduct HMIS and basic M&E training for national, state and county level TB/HIV health workers Conduct Data Quality Assessment (onsite verification of data, site supervisions) Conduct M&E training for partners 	
Quality Criteria	Quality Method	Date of Assessment
240 people trained in HMIS and basic M&E training	Training reports and attendance lists	May, August, November 2011
4 Data Quality Assessments conducted	Mission reports	May, August, November 2011

OUTPUT 2: Decrease the burden of TB in people living with HIV and AIDS (PLWHA)

Activity Result 6	Intensified TB Case finding among PLWHA	Start Date: 1 January 2011 End Date: 30 September 2011
Purpose	To intensify TB Case finding among PLWHA	
Description	<ul style="list-style-type: none"> Recruit one training officer to be responsible for all trainings and follow up and procure furniture Conduct training for laboratory technicians and clinicians on TB management Screen HIV infected people on TB symptoms based on specifically designed checklist Train VCT centres staff on TB screening and preventive therapy Procure microscopes with spare parts and related consumables for TB/HIV sites Organize a training for the laboratory health workers in TB/HIV sites on equipments and maintenance 	
Quality Criteria	Quality Method	Date of Assessment
Strengthening of laboratory through training of laboratory technicians and clinicians on TB management and provision of laboratory equipment	Training reports, attendance lists, onsite verification	May, November 2011
13,611 people living with HIV/AIDS receiving HIV testing and counselling or HIV treatment and care services who are screened for TB symptoms	TB screening reports	May, August, November 2011
120 health facilities providing VCT, TB screening and TB preventive therapy	TB screening reports	May, August, November 2011

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Activity Result 7	Provision of treatment for latent TB infection for HIV positive	Start Date: 1 January 2011 End Date: 30 September 2011
Purpose	Provision of treatment for latent TB infection for HIV positive	
Description	<ul style="list-style-type: none"> • Procure and provide Isoniazid to HIV positive people • Train personnel involved in TB treatment on IPT • Procure X-ray machine (including accessories, consumables and generators for 4 pilot sites) • Train laboratory X-ray technicians 	
Quality Criteria	Quality Method	Date of Assessment
Strengthening of laboratory through provision of X-ray machines and generators, and training of laboratory x-ray technicians	Procurement records, onsite-site verification, training reports	May 2011

Activity Result 8	Provision of infection control services in Health care settings and/or congregate settings	Start Date: 1 January 2011 End Date: 30 September 2011
Purpose	To provide infection control services in Health care settings and/or congregate settings	
Description	<ul style="list-style-type: none"> • Develop specific policy on TB prevention and control in congregate setting • Train workers on TB infection control in congregate settings • Conduct workshop to the health workers on national Policy of TB management in congregate settings • Conduct awareness campaigns on TB infection control in congregate settings 	
Quality Criteria	Quality Method	Date of Assessment
Development of specific policy on TB prevention and control in congregate settings, and training of health workers on TB infection control in congregate settings	Policy document, training reports and attendance lists	May, November 2011
6 campaigns conducted on TB infection control in congregate settings	Campaign reports, attend at least one campaign	May, November 2011

OUTPUT 3: Decrease the burden of HIV/AIDS in TB patients		
Activity Result 9	Provision of continuous HIV sero-prevalence surveillance among TB patients	Start Date: 1 January 2011 End Date: 30 September 2011
Purpose	To provide continuous HIV sero-prevalence surveillance among TB patients	
Description	<ul style="list-style-type: none"> • Establish HIV surveillance unit: staff recruitment • Establish HIV surveillance unit: vehicles procurement • Establish HIV surveillance unit: renovation and procurement of office furniture and equipment • Procure ELISA machine for national and state level • Conduct 2 surveys on HIV prevalence among TB and vice versa • Train laboratory staff in testing procedures • Develop capacity of the central laboratory to conduct surveys, including procurement of one PCR, one viral load and CD4count machine for quality control • Conduct operational research on TB and HIV 	
Quality Criteria	Quality Method	Date of Assessment
Strengthen HIV surveillance through procurement of lab equipment (Elisa, PCR and CD4 count machines) and training of lab technicians on testing procedures	Procurement records and site visits, surveillance reports	May 2011
Conduct 1 surveillances on HIV prevalence among TB and vice versa	Surveillance report	February 2011

Activity Result 10	Provision of HIV testing and counselling services	Start Date: 1 January 2011 End Date: 30 September 2011
Purpose	To provide HIV testing and counselling services	
Description	<ul style="list-style-type: none"> • Train health workers to become counsellors for 21 days • Procure and distribute rapid HIV test kits among DTC points • Strengthen the national and state level central laboratories for TB/HIV collaborative and QA (procurement generators, reagents, supplies etc.) 	
Quality Criteria	Quality Method	Date of Assessment
80 health workers trained to become counsellors for 21 days	Training reports and attendance lists	May, November 2011
11,101 TB patients receiving HIV testing and counselling services (DTC)	DTC registers	May, August, November 2011

Activity Result 11	Promotion and provision of HIV prevention methods to TB patients	Start Date: 1 January 2011 End Date: 30 September 2011
Purpose	To promote and provide HIV prevention methods to TB patients	
Description	<ul style="list-style-type: none"> • Procure and distribute condoms and demonstration equipments for TB settings • Implement acceptance campaign in TB treatment centres including stigma and discrimination 	
Quality Criteria	Quality Method	Date of Assessment
95,000 condoms distributed through TB/HIV service points	Condom distribution registers	May, August, November 2011
54% TB health facilities providing condoms and health education on importance of HIV prevention methods to patients.	Receipt forms and health education reports	May, August, November 2011

OUTPUT 4:

Activity Result 12	Provision of Co-trimoxazole Preventive Therapy to HIV positive TB patients during TB treatment	Start Date: 1 January 2011 End Date: 30 September 2011
Purpose	To provide Co-trimoxazole Preventive Therapy to HIV positive TB patients during TB treatment	
Description	<ul style="list-style-type: none"> • Procure Co-trimoxazole for CPT • Develop, print and disseminate guidelines for CPT therapy in Southern Sudan • Organize training to health workers on CPT for TB/HIV sites 	
Quality Criteria	Quality Method	Date of Assessment
Training of health workers on CPT and provision of CPT to 3,232 HIV positive TB patients during TB treatment	Training reports and attendance lists, CPT registers	May, August, November 2011
Printing and dissemination of 3,000 guidelines	Guidelines	May 2011

Activity Result 13	Increase access to care and support services by HIV positive TB patients	Start Date: 1 January 2011 End Date: 30 September 2011
Purpose	To increase access to care and support services by HIV positive TB patients	
Description	To organize training for health workers on referral procedures for patients	
Quality Criteria	Quality Method	Date of Assessment
494 HIV positive TB patients referred to HIV home based care and/or support services	Referral forms	May, August, November 2011

Activity Result 14	Increase access to antiretroviral drugs and treatment of opportunistic infections	Start Date: 1 January 2011 End Date: 30 September 2011
Purpose	To increase access to antiretroviral drugs and treatment of opportunistic infections	
Description	<ul style="list-style-type: none"> • Establish ART unit: staff hired • Establish ART unit: vehicles and furniture and IT equipment procurement • Procure ARVs and related drugs to treat opportunistic infections • Develop, print and disseminate guidelines and protocols for ART and treatment of opportunistic infections • Organize training for medical workers on ARV • Organize training to laboratory personnel on TLC and CD4 counters 	
Quality Criteria	Quality Method	Date of Assessment
666 HIV positive TB patients who have begun or are continuing ARV during or at the end of TB treatment	ART registers	May, August, November 2011
205 health workers trained in ART for patients with TB/HIV co-infection	Training reports attendance lists	May, August, November 2011
40 lab personnel trained on TLC and CD4 counters	Training reports	May, November 2011

Activity Result 15	Strengthening management of TB/HIV Project Management	Start Date: 1 January 2011 End Date: 30 September 2011
Purpose	To strengthen management of TB/HIV Project Management	
Description	<ul style="list-style-type: none"> • Recruit staff • Liaise and report to CCM • Conduct Annual Review • Conduct Quarterly Reviews against Annual Work Plan • Conduct field monitoring trips 	
Quality Criteria	Quality Method	Date of Assessment
Regular reports to CCM	Documented interactions with CCM	May, August, November 2011
Quarterly and annual reviews against annual work plan	Quarterly review meeting reports	May, August, November 2011
Field monitoring trips conducted	Quarterly field monitoring reports	May, August, November 2011

IV. LEGAL CONTEXT

This document together with the CPAP signed by the Government and UNDP which is incorporated by reference constitute together a Project Document as referred to in the SBAA and all CPAP provisions apply to this document.

Consistent with the Article III of the Standard Basic Assistance Agreement, the responsibility for the safety and security of the implementing partner and its personnel and property, and of UNDP's property in the implementing partner's custody, rests with the implementing partner.

The implementing partner shall:

- a) Put in place an appropriate security plan and maintain the security plan, taking into account the security situation in the country where the project is being carried;
- b) Assume all risks and liabilities related to the implementing partner's security, and the full implementation of the security plan.

UNDP reserves the right to verify whether such a plan is in place, and to suggest modifications to the plan when necessary. Failure to maintain and implement an appropriate security plan as required hereunder shall be deemed a breach of this agreement.

The implementing partner agrees to undertake all reasonable efforts to ensure that none of the UNDP funds received pursuant to the Project Document are used to provide support to individuals or entities associated with terrorism and that the recipients of any amounts provided by UNDP hereunder do not appear on the list maintained by the Security Council Committee established pursuant to resolution 1267 (1999). The list can be accessed via <http://www.un.org/Docs/sc/committees/1267/1267ListEng.htm>. This provision must be included in all sub-contracts or sub-agreements entered into under this Project Document".

V. ANNEXES

Annex 1. RISK LOG

Project Title: Tuberculosis and HIV/AIDS Collaborative Programme in Southern Sudan: GFATM Round 5		Award ID: 45245		Date: 01/11/2010					
#	Description	Date Identified	Type	Impact & Probability	Countermeasures / Mngt response	Owner	Submitted, updated by	Last Update	Status 01/12/2010
1	Abortive capacity for at least 85% of the funds by both the PR and SRs by 30 September 2011 when the grant ends.	2010 after submission of the revised Year 5 budget	Organizational	<p>The impact is that the Global Fund will retain unused funds by 30 September 2011 and only approve a limited budget for grant closure after 30 September 2011.</p> <p>Impact: high Probability: high</p>	<p>The Project Manager has identified activities that have not been implemented and has a work plan to directly implement them and as well as through the MOH HIV/NTP. The procurement of X-rays and PCRs should be initiated as soon as possible.</p>	<p>The Project Manager in conjunction with the GFATM Coordinator, and the HIV/AIDS/STI Directorate/ NTP of the MoH-GoSS</p>	The Project Manager	Draft LOA for MOH being finalised for signature.	Draft LOA for MOH being finalised for signature.

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Annex 2
Project Staff Costs

	Name of Position	Location	International/National	Status	Months	Proforma Cost	Shared to this project	Budgeted in AWP	
								Output	Activity Result
1	Coordinator	Juba	National	In post	12	107,511.72	21,309.73	Improved coordination and management of GFATM projects	Technical support and advisory services to GFATM
2	Project Specialist - TB/HIV & HIV	Juba	International	In post	12	238,286.00	119,143.00	Overall project management and enhanced project delivery	Technical support to the overall project management
3	M&E Specialist	Juba	International	In post	12	238,286.00	47,230.29	Enhanced M&E capacity, delivery, and data quality	Technical support to the M&E system
4	PSM Specialist	Juba	International	In post	12	238,286.00	47,230.29	Enhanced PSM capacity and delivery	Technical support and overall procurement and Supply Chain Management services
5	Finance Specialist	Juba	International	In post	12	238,286.00	47,230.29	Enhanced Finance capacity, delivery and quality reporting	Technical support, finance services and delivery
6	Capacity Building Specialist - UNV (2)	Juba	International	In post	12	80,000.00	31,713.34	Enhanced national capacity to manage and monitor HIV/AIDS response	HIV/AIDS Capacity building
7	M&E Specialists - UNV (6)	Juba	International	In post	12	80,000.00	95,140.03	Enhanced M&E capacity and data quality at State, County and Facility level	M&E functions and delivery
8	Health Procurement Specialist UNV	Juba	International	In post	12	80,000.00	15,856.67	Enhanced Pharmaceutical capacity and pharmaceutical management	Procurement and Supply Chain Management services
9	M&E Analyst	Juba	National	In post	12	64,887.00	25,722.30	Support to M&E capacity, delivery, and data quality	M&E functions and delivery
10	Procurement and Contracting Analyst	Juba	National	In post	12	64,887.00	12,861.15	Support to PSM capacity and delivery	Procurement and contracting services
11	Finance Analyst	Juba	National	In post	12	64,887.00	12,861.15	Support to finance capacity, delivery and quality reporting	Finance services
12	Finance Associate	Juba	National	In post	12	31,948.00	12,664.72	Support to finance capacity, delivery and quality reporting	Finance services

13	Procurement Associate	Juba	National	In post	12	31,948.00	12,664.72	Support to PSM capacity and delivery	Procurement services	
14	Asset Associate (1)	Juba	Vacant	In post	12	31,948.00	6,332.36	Support management of health and non health assets	Asset management	
15	Admin Associate (1)	Juba	National	In post	12	31,948.00	6,332.36	Support office administration services	Administrative and secretarial support service	
16	Driver (6)	Juba	National	In post	12	16,627.00	19,773.67	Logistical support to implementation of the project	Logistical services	
17	Security guards	Juba	National	In post	12	16,627.00	9,886.83	Security services to staff, property and premises	Security services	
18	Cleaner	Juba	National	In post	12	16,627.00	3,295.61	Cleaning services to premises	Cleaning services	
TOTAL CHARGED TO THE PROJECT							547,248.51			

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