



UNDP Southern Sudan

2011 Annual Work Plan

Project name	Amount
Improving and Expanding Tuberculosis Control in Southern Sudan Global Fund Round 7	\$ 2,783,755

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:  Date: 25-01-2011	Signature:  Date: 21-1-11



**United Nations Development Programme
Southern Sudan
Annual Workplan 2011**

Project Title Improving and Expanding Tuberculosis Control in Southern Sudan

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

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

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

Implementing Partner: UNDP

Responsible Parties: National Tuberculosis, Leprosy and Buruli ulcer control Program, Ministry of Health; Catholic Diocese of Torit (CDoT); WHO; Arkangelo Ali Association (AAA).

Brief Description

The Tuberculosis Project is aimed at contributing to the improvement of quality of life of the people of Southern Sudan by reducing dramatically the burden of TB in Southern Sudan by 2015 in line with Millennium Development Goals and stop TB Partnerships targets. The major components of the project include pursuing high quality Directly Observed Therapy Short course (DOTS) expansion and enhancement, improving monitoring and evaluation through human resources development and technical assistance at service delivery points and managerial points, introducing programmatic management of drug resistance TB.

<p>Programme Period: 2009-2012</p> <p>Programme Component: 1 Poverty Reduction and the achievement of MDGs</p> <p>Atlas Award ID: 57123</p> <p>Start Date: 1 January 2011</p> <p>End Date: 31 December 2011</p> <p>PAC Meeting Date: November 2010</p> <p>Management Arrangements: Direct Implementation</p>	<p>2011 AWP budget: US\$ 2,783,755</p> <p>Total resources required: US\$ 2,783,755</p> <p>Total allocated resources: US\$2,783,755</p> <ul style="list-style-type: none"> • Regular: _____ • Other: <ul style="list-style-type: none"> ○ GFATM US\$ 2,783,755 ○ Government _____
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Agreed by the Ministry of Finance and Economic Planning:

Agreed by the Ministry of Health:

Agreed by the UNDP:

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I. ANNUAL WORKPLAN

Year: 2011

EXPECTED OUTPUTS	PLANNED ACTIVITIES	TIMEFRAME				RESPONSIBLE PARTY	PLANNED BUDGET	
		Q 1	Q 2	Q 3	Q 4		Funding Source	Amount
Output 1: High quality DOTS expansion and enhancement	1. Activity Result: Establishment and continued support of TB management units through improving diagnosis using quality assured microscopy						72100 (Contractual Services-Company)	US\$25,000
Indicator: Number of Laboratory units renovated and equipped Baseline: 48 Target: 1	1.1.1 Activity Action: Renovate laboratory units						61100 (Staff Cost)	US\$237,600
			X				72600 (Grants)	US\$36,168
						UNDP in support of MoH; WHO, AAA, CDDT		

<p><i>Indicator:</i> Number of laboratory technicians and assistants supported under this grant <i>Baseline:</i> 96 <i>Target:</i> 98</p>	<p>1.1.2 Activity Action: Support laboratory technicians and assistants</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>UNDP in support of MoH; WHO, AAA, CDOT</p>		
<p><i>Indicator:</i> Number of Laboratory technicians and assistants trained on AFB sputum microscopy (refresher course) <i>Baseline:</i> 0 <i>Target:</i> 60</p>	<p>1.1.3 Activity Action: Conduct refresher course in AFB sputum microscopy</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>UNDP in support of MoH; WHO, AAA, CDOT</p>		
<p><i>Indicator:</i> Number of quality assurance and supervisory visits to peripheral laboratories per year <i>Baseline:</i> 0 <i>Target:</i> 2</p>	<p>1.1.4 Activity Action: Quality assurance and control supervisory visits to peripheral laboratories</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>UNDP in support of MoH; WHO, AAA, CDOT</p>		

<p><i>Indicator:</i> Number of clinical staff trained on DOTS <i>Baseline:</i> 0 <i>Target:</i> 120</p>	<p>2. Activity Result: Standardized treatment with supervision and patient support</p> <p>1.2.1 Activity Action: Conduct training workshop on DOTS for clinicians, nurses and doctors</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>UNDP in support of MoH; WHO, AAA, DOT</p>	<p>72600(Grants) GMS (7%)</p>	<p>US\$626,163 US\$43,831</p>
<p><i>Indicator:</i> Number of mobile outreach events in remote areas <i>Baseline:</i> 48 <i>Target:</i> 108</p>	<p>1.2.2. Activity Action: Intensify mobile outreach DOTS in remote areas</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>UNDP in support of MoH; WHO, AAA, DOT</p>		
<p><i>Indicator:</i> Number of TB Treatment supporters on trained on DOT management <i>Baseline:</i> 0 <i>Target:</i> 61</p>	<p>1.2.3. Activity Action: Conduct training for TB treatment supporters on DOT management</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>UNDP in support of MoH; WHO, AAA, DOT</p>		
<p><i>Indicator:</i> Number of Treatment supporters identified and supported <i>Baseline:</i> 0</p>	<p>1.2.4. Activity Action: Support treatment supporters</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>UNDP in support of MoH; WHO, AAA, DOT</p>		

<p><i>Target: 61</i></p> <p><i>Indicator:</i> Number of TB management units with adequate drugs and lab supplies <i>Baseline:</i> 48 <i>Target:</i> 49</p>	<p>1.2.5. Activity Action: Ensure that all TB Management units are stocked with adequate drugs and laboratory supplies</p>	<p>X</p> <p>X</p> <p>X</p> <p>X</p>	<p>UNDP in support of MoH; WHO, AAA, DOT</p>			
<p><i>Indicator:</i> Number of State TB coordinators engaged in M&E activity at state level <i>Baseline:</i> 0 <i>Target:</i> 10</p>	<p>3. Activity Result: Improved monitoring and evaluation through human resource development and technical assistance</p> <p>1.3.1 Activity Action: Support (through training, mentoring, running costs for vehicles) state TB coordinators to be engaged in M&E at the state level</p>	<p>X</p> <p>X</p> <p>X</p> <p>X</p>	<p>UNDP in support of MoH</p> <p>UNDP in support of GFATM/30 078</p>	<p>72600(Grants)</p> <p>61100(Staff Cost)</p> <p>GMS (7%)</p>	<p>US\$232,737</p> <p>US\$30,000</p> <p>US\$18,393</p>	
<p><i>Indicator:</i> Number of M&E officers in NTP supported <i>Baseline:</i> 2 <i>Target:</i> 2</p>	<p>1.3.2 Action: Support M&E officers within the NTP</p>	<p>X</p> <p>X</p> <p>X</p> <p>X</p>	<p>UNDP in support of MoH</p>			
<p><i>Indicator:</i> Number of R&R Tools printed <i>Baseline:</i> N/A <i>Target:</i> 16,100</p>	<p>1.3.3. Action: Print TB Recording and Reporting Tools and patient booklets</p>	<p>X</p>	<p>UNDP in support of MoH</p>			

<p>Indicator: Number of Annual M&E planning and review meetings Baseline:1 Target:1</p>	<p>1.3.4. Action: Annual M&E planning and review/mapping meeting</p>	X			UNDP in support of MoH	GFATM/30 078		
<p>Indicator: Number of supervisory visits conducted Baseline: 10 Target:10</p>	<p>1.3.5. Activity Action: Conduct supervisory and M&E visits to the states</p>	X	X	X	UNDP in support of MoH, WHO, CDDOT, AAA	GFATM/30 078		US\$245,752
<p>Output 2: Multi-drug resistant TB controlled & prevented</p>	<p>4. Activity Result: Introduction of programmatic management of drug resistant TB</p>	X	X	X	UNDP in support of MoH; WHO	GFATM/30 078	72600(Grants) GMS (7%)	US\$17,203
<p>Indicator: Number of master trainers trained on culture and DST Baseline: 0 Target: 26</p>	<p>1.4.1 Action: Train master trainers and cascade on culture and drug sensitivity testing</p>	X			UNDP in support of MoH; WHO, AAA, DOT			
<p>Indicator: Number of culture and DST done on sputum samples Baseline: 10 Target:108</p>	<p>1.4.2 Action: Drug resistant testing analysis of samples</p>	X	X	X				

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<p><i>Indicator:</i> Number of Drug resistance survey conducted <i>Baseline:</i> 0 <i>Target:</i> 1</p>	<p>1.4.3 Activity Action: Conduct Drug Resistance Survey</p>	<p>X</p>	<p>UNDP in support of MoH; WHO</p>			
<p>Output3: National capacity strengthened</p> <p><i>Indicator:</i> Number of NTP staff maintained and supported <i>Baseline:</i> 13 <i>Target:</i> 13</p>	<p>5. Activity Result : National TB program within the Ministry established and sustained</p> <p>1.5.1.Activity Action : Continue supporting the NTP staff</p>	<p>X X X</p>			<p>61100 (Staff cost) 72600 (Grants) GMS (7%)</p>	<p>US\$211,800 US\$31,232 US\$17,012</p>
<p><i>Indicator:</i> Number of officials trained <i>Baseline:</i> 0 <i>Target:</i> 4</p>	<p>1.5.2.Action : Overseas training of 4 officials from the NTP</p>	<p>X</p>				
	<p>6. Activity Result Project Management Activities properly carried out</p>			<p>GFATM/30 078</p>	<p>61100 (Staff Cost) GMS (7%)</p>	<p>US\$ 780,693 US\$54,648</p>

										TOTAL	US\$2,783,755
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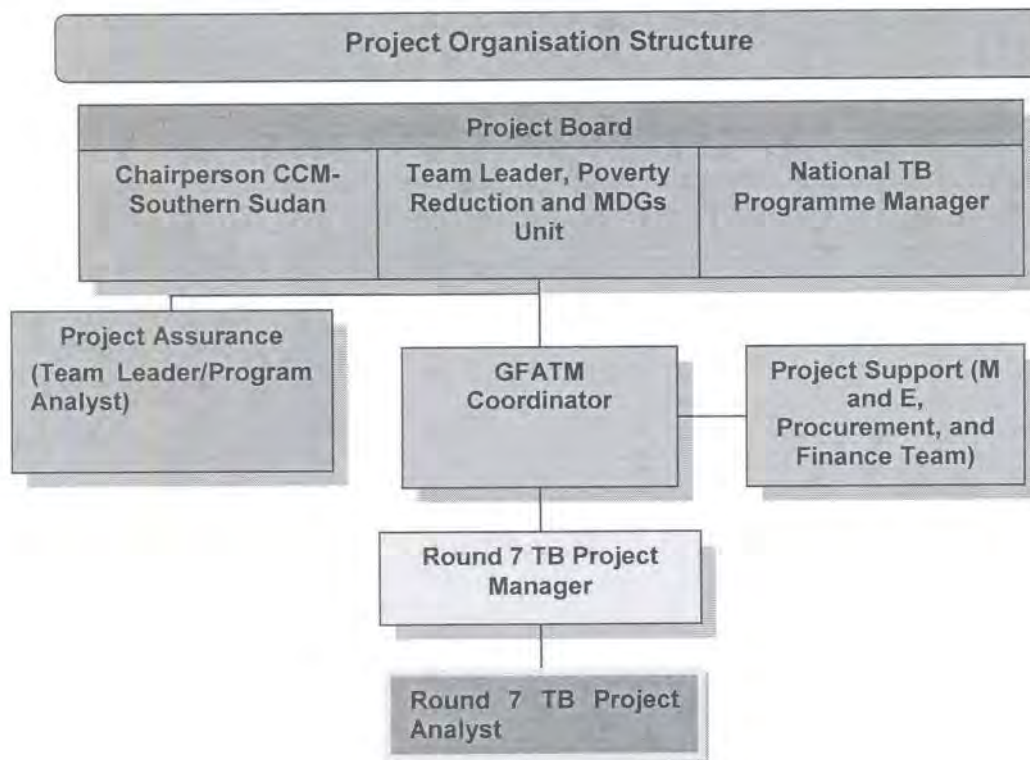
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II. MANAGEMENT ARRANGEMENTS

The project operates under the oversight of a Project Board which includes the Chair Person of CCM-Southern Sudan (Country Coordinating Mechanism Southern Sudan), the Deputy Head of Office (Programme) for UND, the Director General of Community and Public Health, and the Manager of National TB, Leprosy, and Buruli Ulcer control Program. 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. 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.

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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.

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 compassed of project managers and project analysts. The R7 TB 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: Presently, this team consists of a procurement specialist, 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 state levels. The team is responsible for monitoring of project activities, review and verification of data and preparation of progress reports to the donor with the support of the project manager.

The PR has subcontracted four agencies¹ 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 contributing to the improvement of quality of life of the people of Southern Sudan by reducing dramatically the burden of TB in Southern Sudan by 2015 in line with Millennium Development Goals and stop TB Partnerships targets. The major components of the project include pursuing high quality Directly Observed Therapy Short course (DOTS) expansion and enhancement, improving monitoring and evaluation through human resources development and technical assistance at service delivery points and managerial points, introducing programmatic management of drug resistance TB.

The Sub-recipients:

Arkangol Ali Association (AAA), a faith-based organization, is one of the sub-recipients of the grant. It is contributing towards the overall goal of reducing mortality and morbidity due to TB by supporting 16 TB management units in 2011 to provide comprehensive TB care through rehabilitation of needy laboratories, training of laboratory technicians and assistants, outreach campaign to sensitize the community on TB and carry out diagnostic services using mobile laboratories as well as ensuring sufficient drugs in all facilities.

World Health Organization (WHO) is a UN organization that is continuing to serve as a sub-recipient of the grant. The agency has three sub-sub recipients under it, namely COSV, CUAMM, and World Vision International. They are supporting four TB management units and working on ensuring that TB services are provided adequately through maintenance and equipping of TB laboratories. The agency is also focusing on technical assistance provision to the Ministry of Health on a regular basis.

Catholic Dioces of Torit (CDOT) is a faith-based organization, that has joined the partnership in combating TB in Southern Sudan. For 2011, the partner will implement in three TB management units. Thus, they will provide all the necessary TB services of diagnosis, treatment, care, prevention and control within the facilities and for the catchment population.

National TB Control Program is the government department under the Directorate of Community and Public Helath within the Ministry of Health. It is a new SR for this grant. Since the department at present is fully staffed and equipped in terms of programmatic, financial and operational capacity to implement some of the

¹ The National TB Control Program under Ministry of Health, Government of Southern Sudan (NTP-MoH-GoSS), Arkangelo Ali Association (AAA), Catholic Dioces of Torit (CDOT) and WHO

activities under the grant, it was decided that the NTP should take the major portion of the grant's population. Thus, NTP will be taking over 27 health facilities in their portfolio. Some of the facilities which were under Malteser are now shifted to the NTP.

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.

The Principal Recipient shall notify the Global Fund promptly in writing of any audits of activities financed by this Agreement initiated by or at the request of an audit authority of the Government of the Host Country or of any other entity.

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.

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

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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".

Midterm and 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. As the project is still in its Phase1 implementation, midterm evaluation is planned for Q1 of 2011.

Quality Management for Project Activity Results

Quality Management for Project Activity Results

OUTPUT 1: High quality DOTS expansion and enhancement		
Activity Result 1	Establishment and continued support of TB management units through improving diagnosis using quality assured microscopy	Start Date: 1 st Jan 2011 End Date: 31 st Dec 2011
Purpose	To improve diagnosis of TB through supporting quality assured microscopy	
Description	In order to contribute to high quality DOTS expansion and enhancement in the end, the project will renovate and equip laboratories to enable them function fully. Laboratory technicians and assistants will also be recruited, trained, and mentored through regular external quality assurance exercises.	
Quality Criteria	Quality Method	Date of Assessment
One additional laboratory renovated; 48 others supported through provision of supplies and reagents	Regular reports on the renovation process; Final report.	November 2011
Two laboratory technicians recruited	Recruitment files	May 2011
60 laboratory technicians and assistants trained on AFB Microscopy	Training reports and attendance sheet	November 2011
Two rounds of Quality assurance and control supervisory visits	QA reports	November 2011

Activity Result 2	Standardized treatment with supervision and patient support	Start Date: 1 st Jan 2011 End Date: 31 st Dec 2011
Purpose	To provide standardized treatment with directly observed treatment scheme and continued patient support	
Description	As per the guidelines of the Stop TB Partnership, standardized treatment and patient support is part and parcel of the Directly Observed Therapy Strategy. Thus, the project will contribute to standardized treatment for every TB patient and at the same time identify patient supporters (relatives, neighbours) who can be trained and observe & support the patients in completing the course of treatment.	
Quality Criteria	Quality Method	Date of Assessment
120 clinicians trained on DOTS.	Training reports	May, August, November
108 rounds of outreach DOTS programs conducted	Trip reports; TB registers and quarterly reports	May, August, November
61 treatment supporters trained and supported	Training report, quarterly report	May, August, November

Activity Result 3	Improved monitoring and evaluation through human resource development	Start Date: 1 st Jan 2010 End Date: 31 st Dec 2010
Purpose	Improving Monitoring and evaluation of TB control programs	
Description	Monitoring and evaluation will be strengthened through human resource development and technical assistance using the following efforts: <ul style="list-style-type: none"> - Recruiting 10 state TB coordinators that will serve as delegates of NTP to execute M&E activities; - M&E officers within NTP will be supported regularly; - TB Recording and Reporting tools and patient booklets will be printed and distributed to each service delivery point as part of strengthening the system; - Annual M&E planning and review meeting will also be conducted; - Supervisory visits to each state and facility will be an integral part of the M&E system strengthening. 	
Quality Criteria	Quality Method	Date of Assessment

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10 State TB coordinators engaged in a regular M&E activity of respective state facilities	Regular visit reports	May, November 2011
TB recording and reporting tools and patient booklets printed as per the national standards and guidelines	Delivery reports	November 2011
Annual M&E planning and review meeting conducted	Proceedings	November 2011
Supervisory visits to each state and TB management units	Site visit reports	May, August, November 2011

Activity Result 4	Responding to Drug Resistance TB	Start Date: 1 st Jan 2011 End Date: 31 st Dec 2011
Purpose	To identify cases of Multi Drug Resistant TB among Re-treatment patients	
Description	In order to respond to the challenges of MDR TB, all re-treatment cases will be considered for sputum culture and sensitivity testing. Up until the central reference laboratory is completed, the project has opted for sample referral to Kenya Medical Research Institute.	
Quality Criteria	Quality Method	Date of Assessment
10 master trainers trained on culture and Drug sensitivity testing.	Training report	November 2011
Drug resistant testing analysis of sputum samples	Laboratory reports	April, August, November 2011

Activity Result 5	National TB program under the Ministry of Health sustained for it to coordinate, monitor and supervise TB program in South Sudan	Start Date: 1 st Jan 2011 End Date: 31 st Dec 2011
Purpose	To sustain the National TB control Program in order that TB control activities in the country are monitored and coordinated.	
Description	<ul style="list-style-type: none"> The NTP staff will be supported throughout the grant for them to effectively coordinate, monitor and supervise the implementation of all TB control activities in South Sudan. Overseas training on TB management and leadership as well as other specialities will be arranged for officials of the NTP. 	
Quality Criteria	Quality Method	Date of Assessment
13 staff will be supported	Quarterly report	May, August, November 2011
4 officials from the NTP trained overseas	Training reports	November 2011

Activity Result 6	Project management activities properly	Start Date: 1 st Jan 2011 End Date: 31 st Dec 2011
Purpose	To ensure that project activities are properly executed and managed.	
Description	<ul style="list-style-type: none"> In order that the project is executed and managed properly, a Project Management Unit comprising of project manager and analyst will be on board; quarterly and annual reviews will be conducted; and supervisory & mentoring trips will also be carried out. 	
Quality Criteria	Quality Method	Date of Assessment
Quarterly and annual reviews against annual work plan	Meeting Minutes	May, August, November 2011
Field supervisory and mentoring trips	Trip reports	May, August, November 2011

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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".

Annex 1.RISK LOG

Project Title: Improving and Expanding Tuberculosis Control in Southern Sudan Global Fund Round 7		Award ID: 57123		Date: 8/12/2010					
#	Description	Date Identified	Type	Impact & Probability	Countermeasures / Management response	Owner	Submitted, updated by	Last Update	Status
1	Unattainable target: Number of TB cases that receive DST among TB cases suspected of MDR TB: 366 in the original plan	Since August 2010 when Phase2 proposal was being written	Organizational	Because of the absence of a functional Central Reference Laboratory, it was not possible to attain the target of testing MDR TB as planned. Once the renovation of the reference laboratory is completed (in three months time), there is a favourable probability of attaining the target.	The PR along with the NTP & WHO has made a special arrangement with a neighbouring country (Kenya Medical Research Institute) to conduct MDR TB testing through sample referral. This has started recently.	Project Manager, GFATM Coordinator, And Directorate for Preventive Medicine of the MoH-GoSS	The PR	Regularly	A few samples from suspected cases of MDR TB have been sent to Kenya Medical Research Institute for testing, and results of a few have arrived.

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	Project Coordinator	Juba	International	In post	12	107,511.72	15,464.35	Support to administration of project implementation	Project management activities properly carried out
2	Project Specialist –TB	Juba	International	In post	12	238,286.00	238,286.00	Strengthened National Capacity	Project management activities properly carried out
3	Project Specialist- TB,HIV & HIV	Juba	International	In post	12	238,286.00	-		
4	M&E Specialist	Juba	International	In post	12	238,286.00	34,274.75	Strengthened National Capacity	Improved monitoring and evaluation through human resource development and technical assistance
5	PSM Specialist	Juba	International	In post	12	238,236.00	34,274.75	Improved capacity to provide high quality DOTS expansion and enhancement	Standardized treatment and supervision and patient support
6	Finance Specialist	Juba	International	In post	12	238,236.00	34,274.75	Support to administration of project implementation	Project management activities properly carried out
7	Health Management Specialist	Juba	International	Vacant	12	238,286.00	-		
8	Pharmaceutical Specialist	Juba	International	In recruitment	12	269,345.82	-		
9	Waste Management Specialist	Juba	International	-	12	238,286.00	-		
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Capacity Building Specialists-UNV(2)	Juba	International	Vacancy	12	160,000.00	23,014.19	Strengthened national capacity	Improved monitoring and evaluation through human resource development and technical assistance
M&E Specialists-UNV (6)	Juba	International	In post	12	480,000.00	69,042.58	Strengthened national capacity	Improved monitoring and evaluation through human resource development and technical assistance
Civil Engineers HSS R9-UNV (9)	Juba	International	In post	12	720,000.00	-	-	-
Health Procurement Specialist-UNV	Juba	International	In recruitment	12	80,000.00	11,507.10	Improved capacity to provide high quality DOTS expansion and enhancement	Standardized treatment with supervision and patient support
Project Specialist HSS R9	Juba	National	In post	12	83,024.00	-	-	-
Project Analyst HIV R4	Juba	National	In post	12	64,887.00	-	-	-
Project Analyst TB R7	Juba	National	In recruitment	12	64,887.00	64,887.00	Support to administration of project implementation	Project management activities properly carried out
M&E Analyst(2)	Juba	National	In post	12	129,774.00	18,666.53	Strengthened national capacity	Improved monitoring and evaluation through human resource development and technical assistance

Procurement and Contracting Analyst	Juba	National	In post	12	64,887.00	9,333.26	Support to administration of project implementation	Project management activities properly carried out
Finance Analyst	Juba	National	In post	12	64,887.00	9,333.26	Support to administration of project implementation	Project management activities properly carried out
Finance Associate	Juba	National	In post	12	63,896.00	9,190.72	Support to administration of project implementation	Project management activities properly carried out
Procurement Associate	Juba	National	In post	12	63,896.00	9,190.72	Strengthened national capacity	Project management activities properly carried out
Asset Associate	Juba	National	In post	12	31,948.00	4,595.36	Support to administration of project implementation	Project management activities properly carried out
Admin Associate	Juba	National	In post	12	31,948.00	4,595.36	Support to administration of project implementation	Project management activities properly carried out
Driver (6)	Juba	National	In post	12	99,762.00	14,349.64	Support to administration of project implementation	Project management activities properly carried out
Security guards	Juba	National	In post	12	49,881.00	7,174.82	Support to administration of project implementation	Project management activities properly carried out
Cleaner	Juba	National	In post	12	16,627.00	2,391.61	Support to administration of project implementation	Project management activities properly carried out
Total Juba Office					613,846.75			