# GOVERNMENT OF THE SYRIAN ARAB REPUBLIC

# UNITED NATIONS DEVELOPMENT PROGRAMME

&

**THE GLONAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA**

## Support of the National Tuberculosis Programme in the Syrian Arab Republic

## Project#: SYR/07/021

Country: **Syrian Arab Republic**

UNDAF Outcome(s)/Indicator(s): **3. Inter- and intra-regional, disparities related to access and quality of health, education and other basic social services reduced with a focus on the Northern, Eastern and Badia regions of the country and other disadvantaged areas.**

**3.4. Health services capacities built, to reduce current prevalence rates of major communicable and non-communicable diseases; and early detection and complete treatment in place all over the country**

Expected Outcome(s)/Indicator (s): **E.2 Enhance efficiency of measures to reduce and**
*(GP/RP/CP outcomes linked to the MYFF goal and service line)* **prevent further spread of tuberculosis infection in Syria**
**- TB Detection rate B: 46% – T: 70% (year 5)**
**- TB Treatment Success rate B: 86% – T: 90% (year 5)**
**MYFF Goal No. 1**

Expected Output(s)/Annual Targets: *(GP/RP/CP outputs linked to the above CP outcome)*

- **E.2.1 Pursue high-quality DOTS in Syria particularly among the poor populations in the nine governorates.**
- **E.2. 2 Address MDR-TB and other challenges.**
- **E.2.3 Engage all care providers to improve accessibility particularly for the poor populations in the nine governorates.**
- **E.2.4 Empower people with TB and community among poor and vulnerable population to overcome stigma among TB patients and in communities.**
- **E.2.5 Strengthen NTP programme management capacity.**

**Implementing Partner:** UNDP - Syria
**Principal Recipient:** UNDP - Syria

*Narrative*

This project is designed to support the National Tuberculosis Programme (NTP) for 2007-2012. Funding is provided by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). The main goal of the project is to enhance efficiency of measures to reduce and prevent further spread of tuberculosis infection in Syria. The project provides for a comprehensive use of Direct Observation Treatment Strategy (DOTS) in practical work of the state health system and development of the capacity of the national reference laboratory. In order to develop the modern model of tuberculosis epidemiological surveillance in Syria, it is planned to address the low case detection and contribute to reducing the gaps identified in the 10 – year strategic plan by improving access to TB care particularly for poor and vulnerable populations; strengthening the health system through PAL implementation and encouraging advocacy, communication and social mobilization.

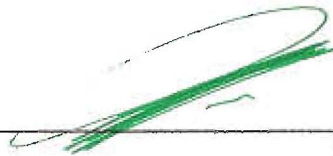
The aim of NTP is to reach detection rate of 70% by 2010 with 27% reduction in tuberculosis (TB) prevalence and incidence.

The project provides for free treatment of patients using first- and second-line drugs, which will help to minimize adverse effects of tuberculosis infection. It also stipulates the development of material and technical facilities in tuberculosis treatment institutions so that they meet international standards, thereby allowing a high degree of safety for patients and medical staff.

One of the project targets is to prevent further spread of tuberculosis among the most vulnerable groups.

| | |
|---|---|
| Project implementation period: 2007-2012<br>Project title: Support of the National Tuberculosis Programme in the Syrian Arab Republic<br>Project#: SYR/07/021<br>Project duration: 5 years<br>Implementing Partner: Direct Implementation Modality by UNDP | Programme Budget: US$ 7,954,810<br>GMS: US$ 397,740<br><br>Total Budget: US$ 8,352,550<br><br>Allocated Resources:<br>Global Fund Grant: US$ 8,352,550 |

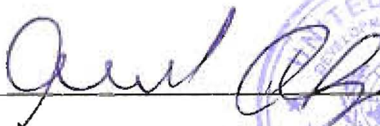
**Agreed by**
**H.E. Dr. Tayssir Al-Raddawi** ______________________



**Head of State Planning Commission** **Date:**

**On behalf of the Syrian Government**

**Agreed by**
**Mr. Ahmed Al-Rhazaoui** ______________________



**Officer-in-Charge - UNDP** **Date:**

**On behalf of the Implementing Partner/Principal Recipient**

**SITUATION ANALYSIS** *(minimum one paragraph, suggested maximum one page)*

Tuberculosis (TB) is one of the health priorities in Syria, with an estimated annual incidence of 18 new smear positive cases per 100,000. Each year 3,400 individuals develope active TB (smear positive TB). Of these new cases, only 1561 were detected and treated by the NTP , while 1839 were either not treated or inadequately treated by other health sectors. Low case detection (46%) is therefore the main challenge facing the National Tuberculosis Programme since 100% DOTS coverage was achieved and 88% of cases detected were successfully treated.

As in many other countries of the Region, TB continues to be a major communicable disease in Syria. The estimated prevalence of all TB forms in Syria was 51 per 100,000 in 2004 (Global TB report, WHO, 2006) , indicating that 9074TB cases (all forms) existed in the community in the same year.

Low case detection is therefore the main challenge facing the National Control programme since 100% DOTS coverage was achieved and 88% of cases detected were successfully treated. Therefore, the programme has achieved the global target of 85% treatment success rate (TSR) but is still far behind the case detection target of 70%.

The National Tuberculosis Programme (NTP) adopted the internationally approved strategy to control TB, i.e. DOTS, in 1997 and the country achieved DOTS all over in the Ministry of Health (MOH) health facilities by 2000. During 2006 the NTP also adopted the global STOP TB strategy and the Millennium Development Goals (MDG). However, case detection remains low (46%) and improving it is the main challenge facing the NTP since 100% DOTS coverage was achieved and 86% of cases detected were successfully treated (2006 data).

The goal of the project is to reduce TB burden in Syria particularly among the poor and vulnerable populations in line with the MDG and the Stop TB Partnership targets.
In order to achieve the above goal, the Project will give a special emphasis on TB care for poor and vulnerable populations, and will address the five gaps identified in the overall needs assessment. The poor populations identified are those living in five northern governorates, and those living in the rural areas of 2 middle and 2 coastal governorates.

This Grant will be used to address the low case detection and contribute to reducing the gaps identified in the 10-year strategic plan by improving access to TB care particularly for poor and vulnerable populations; addressing MDR-TB (Multi Drug Resistant-TB); engaging all care providers; strengthening the health system through Practical Approach to Lung health (PAL) implementation; and encouraging advocacy, communication and social mobilization.

## I. National Measures and Strategy of Tuberculosis Management

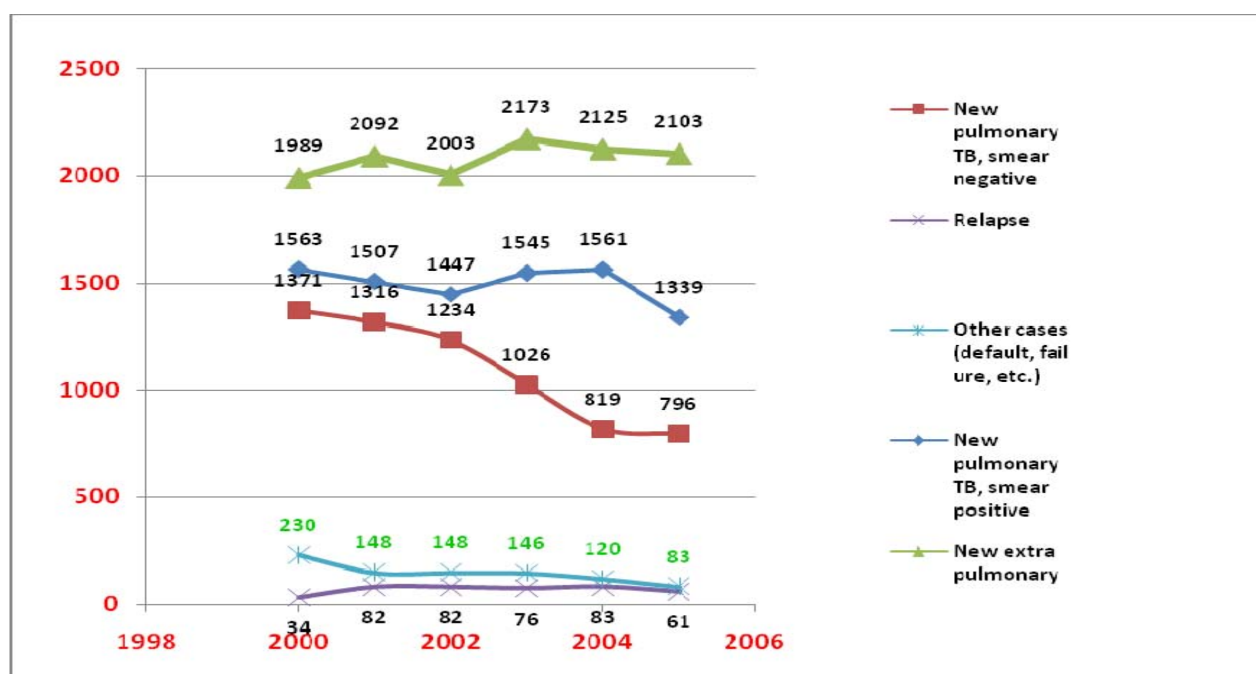
All tuberculosis treatment activities are funded by the State through the MOH budget.

In the system of the Ministry of Health, tuberculosis prevention and treatment activities are organized through specialized centres in all Syrian Governorates where confirmation of diagnosis and the treatment takes place.

Methods of diagnostic measures to ensure full access to services, referral procedures and patient treatment protocols are defined at all stages, by a series of regulatory documents of the Syrian Ministry of Health.

This is indeed the main challenge in the TB control programme in Syria and it reflects on one side the low access of TB diagnostic services outside the coverage of MOH facilities, the urgent need to deal comprehensively with the TB problem and involve all TB stakeholders in providing standardized TB care, on the other side there could be a need to revisit the estimate of new smear positive TB incidence.

### a. The following graph shows the case findings for tuberculosis from 2000 to 2005



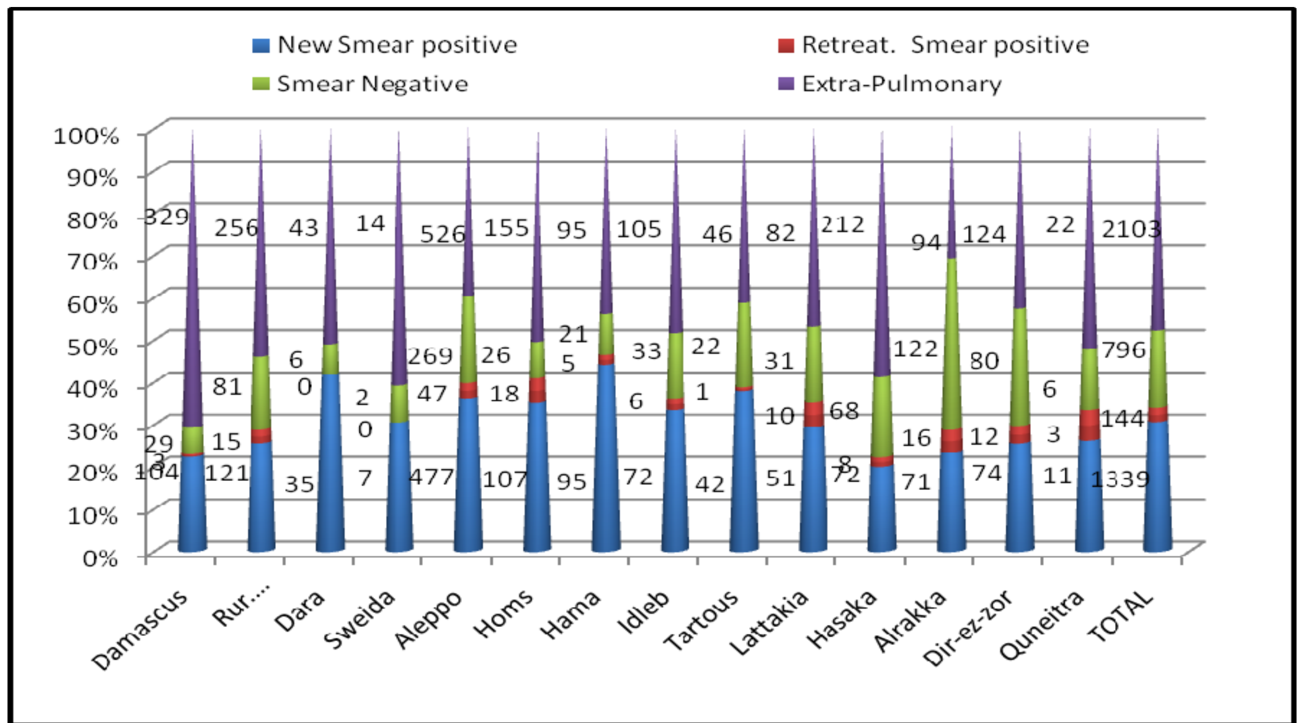
b. **The average age of TB patient in Syria is approximately 33 years, and more than 82% of the cases are from the productive age group (15-54).The following table shows the breakdown of TB cases by age in 2005:**

| **Age group** | **Diagnosis** | | | | **Total** |
|---|---|---|---|---|---|
| | **New Smear Positive** | **Re-treatment Smear positive** | **Smear Negative** | **Extra-pulmonary** | |
| 0-14 | 36 | 0 | 116 | 313 | 465 |
| 15- 24 | 446 | 32 | 146 | 631 | 1255 |
| 25-34 | 342 | 51 | 139 | 460 | 992 |
| 35-44 | 169 | 24 | 103 | 234 | 530 |
| 45-54 | 167 | 19 | 93 | 188 | 467 |
| 55-64 | 94 | 11 | 100 | 140 | 345 |
| <65 | 85 | 7 | 99 | 137 | 328 |
| **Total** | **1339** | **203** | **796** | **2103** | **4382** |

c. **The following table shows the breakdown of TB cases by gender from 2000-2005**

| Diagnosis | 2000 | | 2001 | | 2002 | | 2003 | | 2004 | | 2005 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | M | F | M | F | M | F | M | F | M | F | M | F |
| New Smear pos | 1046 | 517 | 984 | 523 | 973 | 474 | 996 | 549 | 994 | 567 | 855 | 484 |
| Retreat. Smear pos | 188 | 76 | 166 | 64 | 160 | 70 | 156 | 66 | 146 | 57 | 104 | 40 |
| Smear negative | 738 | 633 | 707 | 609 | 636 | 598 | 568 | 458 | 452 | 367 | 453 | 343 |
| Extra pulmonary | 984 | 1005 | 987 | 1105 | 1021 | 982 | 1021 | 1152 | 988 | 1137 | 990 | 1113 |
| Total | 2956 | 2231 | 2844 | 2301 | 2790 | 2124 | 2741 | 2225 | 2580 | 2128 | 2402 | 1980 |

**d. The following graph shows the breakdown of TB cases by province in 2005**




**e. <u>Treatment Regimens</u>**

Since 1997, the treatment of tuberculosis in Syria follows the WHO-recommended DOTS strategy using the short course treatment of CAT1, 2, 3. In 2004 CAT3 was replaced by CAT1 and the current used treatment regimens are as follows:

| TB Treatment Category | TB patients (case definitions)*** | TB treatment regimens<br>Intensive phase<br>Continuation Phase |
|---|---|---|
| I | -new smear-positive pulmonary TB<br>-new cases of severe forms of extra-pulmonary TB<br>- new cases of severe forms of smear-negative pulmonary TB*<br>-new smear-negative pulmonary TB<br>-new less severe forms of extra-pulmonary TB** | 2HREZ<br>4 HR or<br>2HRSZ<br>4HR |
| II | -sputum smear-positive<br>- relapse;<br>- treatment failure ;<br>- treatment after interruption ; | 2 HRESZ /1HREZ<br>5HRE |

1. For cases of smear positive pulmonary TB, all doses are directly observed during the intensive phase; only one dose per week is observed in the health center during the continuation phase, with the remaining six days of medication (fixed-dose combination

drugs:R/H) being given to the patient under family member observation. For patients who live far away, an outreach worker, a trained community volunteer, or a trained health care worker from another program observes all doses during the intensive phase.

2. For cases of smear-negative pulmonary TB and extra pulmonary TB, one dose per week is taken under direct observation, with the remaining six doses administered under family member supervision. This is the case for both intensive phase and continuation phases of treatment.

**f) Drug Resistance**

While there is no large-scale surveillance mechanism, a preliminary study was conducted by the national laboratory found that in cultures obtained from 295 patients, 215 ( 72.88%) were fully sensitive to first-line drugs, while 80 (27.12) were resistant to one or more drugs. The findings are as follows:

| | New cases | Previously treated cases |
|---|---|---|
| | % | % |
| Multidrug resistance | 4.41 | 24.56 |
| HR | 1.02 | 1.57 |
| HRS | 1.02 | 8.77 |
| HRE | 0.00 | 1.75 |
| HRES | 2.37 | 12.28 |
| Other resistance | 5.08 | 15.79 |
| SH | 1.69 | 8.77 |
| EH | 0.34 | 0.00 |
| ES | 1.02 | 1.75 |
| RS | 1.02 | 5.26 |
| ESH | 1.02 | 0.00 |

Currently, patients with chronic TB are tested for resistance to first-line drugs. Resistant patients are sent to Jordan (Massah Al-Nur) for treatment. The treatment costs Syrian patients 350 SYP (approx $7) per month. Since Ofloxacin is not available in Jordan, this medication is sent from Syria with the patients. The patients receive 6 months of intensive phase treatment in Jordan and the continuation phase in Syria using the following treatment:

| **INTENSIVE PHASE** | **Duration in Months** |
|---|---|
| Kanamycin | 6 |
| Thiacetazone | 6 |
| Ofloxacin | 6 |
| Pyrazinamide | 6 |
| Ethambutol | 6 |
| Rifampicin / INH | 6 |

| **CONTINUATION PHASE** | **Duration in Months** |
|---|---|
| Thiacetazone | 18 |
| Ofloxacine | 18 |
| Ethambutol | 18 |
| Rifampicin / INH | 18 |

With this regimen, sputum and culture conversion occur for some of the patients in the third month. The adverse reactions encountered during the treatment are minimum. The treatment outcome for the cohort that has gone through the Jordanian treatment program is as follows:

| | 2000 | 2001 | 2002 | 2003 | 2004 |
|---|---|---|---|---|---|
| Total Number of Patients | 22 | 33 | 32 | 22 | 24 |
| Cured | 8 | 4 | 0 | 12 | 1 |
| Complete treatment | 3 | 0 | 0 | 0 | 0 |
| Died | 6 | 2 | 2 | 5 | 2 |
| Failed | 2 | 3 | 0 | 0 | 0 |
| Defaulted | 0 | 10 | 1 | 4 | 5 |
| Transferred out | 0 | 0 | 0 | 0 | 1 |
| Under treatment | 1 | 14 | 29 | 1 | 14 |

NTP anticipate to have approximately 30 patients with poly- or multi-drug resistance to treat per year. With a functioning DOTS-Plus program with direct observation of treatment, it is expected that the number of patients will begin to decrease. Drugs purchased through the Green Light Committee (GLC) at reasonable prices will increase ability for the Syrian NTP to successfully treat MDR-TB.
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**STRATEGY** *(minimum one paragraph, suggested maximum one page)*

1. ***Pursue high-quality DOTS in Syria particularly among the poor populations in the nine governorates.***

The population of the five northeastern governorates (Aleppo, Idlep, AlHasaka, Der Ezzor, Al Rakka), two middle governorates (Hama and Homs) and two coastal governorates (Tartous & Lattakia) are poorer governorates in Syria. Using the upper poverty line, more than one third (35.8%) of the populations living in these governorates fall under the poverty line. Moreover, health service network is unequally distributed in these governorates, particularly in rural areas.
To address TB care delivery for these poor and vulnerable populations, the Project will expand the diagnostic centers in the nine governorates, ensure accessibility to treatment services with direct

supervision and patient support, strengthen the drug management system, strengthen the e-monitoring system and impact measurement, and address the management of the cases of respiratory symptoms to improve TB case detection and the quality of TB diagnosis.

2. ***Address MDR-TB and other challenges.***

There are two types of vulnerable populations in Syria. The first consists of patients suffering from MDR-TB. The Project will support Syria to continue providing care for 35 MDR TB cases annually through GLCapproved proposal. The second population group that will be targeted by the Project are those in contact with TB patients as currently only 45% of them receive proper care.

3. ***Engage all care providers to improve accessibility particularly for the poor populations in the nine governorates.***

The Project aims at engaging all health care providers to improve accessibility to TB care particularly for the poor populations in the nine governorates. The project will assist the NTP and all partners in taking strategic approaches in their engagement by targeting each sector differently: private health sector, universities (Ministry of Higher Education), defense health services (Ministry of Defense), and prison and police health services (Ministry of Interior).

4. ***Empower people with TB and community among poor and vulnerable population.***

*The project aims to overcome stigma among TB patients and within communities. The key for success in this objective is to use the organized community empowerment initiatives such as Basic Development Needs (BDN) and Community Based Initiative (CBI) in addition to the NGOs and semi governmental organizations to facilitate access to communities and ensure accountability and harmonization with NTP.*

5. ***Strengthen the NTP Programme Management Capacity.***

To address the limited capacity of the NTP, this objective aims at strengthening the technical and managerial capacity of the central and provincial levels of NTP through recruitment of additional technical and administrative staff in the NTP, recruitment of international TB experts, procurement of basic equipment like computers and stationery, and support for monitoring and evaluation activities including support for communication tools. This objective is also supporting the Country Coordinating Mechanism CCM in conducting its coordination and collaborative activities so as to ensure appropriate preparation, implementation and monitoring of the Project.

3. **Expected Outcomes**

i. ***Achieve high-quality DOTS in Syria particularly among the poor populations in the nine governorates.***

a. **Expand the diagnostic centers for poor population in the nine governorates.**

- **Major Activities:**

1. Renovating 65 TB diagnostic laboratories in the nine governorates, these laboratories are based in the district health centers, and thus is integrated within PHC network, in addition to the 9 provincial TB specialized centers. Each TB laboratory will provide TB diagnostic services for 250,000 population
2. Provision of microscopes, or spare parts according to the situation, in the above laboratories. In addition the project will procure cold boxes to enable transpoting TB specimens from far away places taking into account the the selected governorates are of huge area and scattered population.
3. Training of laboratory technicians and physicians in the same laboratories, including per diem to participants, salary for facilitators and administration costs for training.
4. Establishment of External Quality Assurance (EQA) system: this includes workshop to develop national guidelines for EQA, printing of guidelines, 3 training courses for 75 lab workers, procuring wooden boxes and transporting the slides, operational cost of EQA, lab supervision and quarterly meeting to discuss performance.

b. **Ensure accessibility to treatment services with direct supervision and patient support for poor populations in the nine northeastern governorates.**

- **Major Activities:**

1. Forty four refresher training courses for 2 days will be provided to 1100 patients supporters one in each peripheral health facilities in the 9 governonates on management of TB suspects during the first and the third years
2. Four basic training courses 3 days for new patient supporters and volunteers will be provided in the first year, and will be repeated in the third year.
3. Both types of training will cover facilitators' technical support, and administration costs.
4. Provision of enablers for health workers.
5. Provision of enablers for patients.

c. **Strengthening drug management system.**

- **Major Activities:**

1. External technical assistance as consultancy on good Drug Management Practices, for one week in the 1st, 3rd and 5th years.
2. Training on good DMP, including inventory control for 3 days to 25 staff at central and intermediate level, and 60 drug management workers at district level. This training will be provided in the first and the third years (AC1.3.2,AC1.3.3)
3. Training of 15 storeroom personnel at all levels in the nine governorates on the use of electronic Drug Management Information System( DMIS), during the first and third years of the project. (AC1.3.4)
4. All the above training include technical support of facilitators (AC1.3.5) and administration costs (AC 1.3.9)
5. Support for supervisory visits (e.g. per diem for quarterly visits of 10 supervision teams at all levels). (AC1.3.6)
6. Provide first line TB drugs FDCs (Fixed Dose Combination) for 3000 TB patients through Global Drug Facility (GDF), in addition to the cost of drugs transportation. (AC1.3.7, 1.3.8)

d. **Monitoring and evaluation system: strengthening the e-monitoring system and impact measurement**

- **Major Activities:**

1. Discuss and adapt the latest modifications of the WHO recommended recording and reporting (meeting, printing and training on the new R&R) (AC1.4.1a,b,c)
2. Upgrading the computerized monitoring system through developing a website, procurement of computers, scanners, printers, flash memories, communication tools such as faxes and cost of DSL connection to internet. This will be done for the 65 TB units within PHC system, and TB centers in the nine governorates. In addition to this training on Electronic Nominal Registration System (ENRS) will occur including the cost of facilitators and administration support.(AC1.4.2a,b,c,d,e,f,g)
3. Support to supervisory activities including developing supervision guidelines through workshops. Printing the guidelines, training, provision of transportation (cars, and motorcycles), maintenance, fuel cost, and per diem.(AC1.4.3a,b,c,d,e,f,g,h,i)
4. Implementation for Geographic Information System GIS with link to TB database through external technical support, procure GIS tools and basic GIS map, develop GIS TB data base, training of health workers (AC1.4.4a,b,c,d,e,f,g)
5. Operational research during the three years to be implemented jointly by all TB stakeholders.
6. Disease prevalence survey to be done by the fifth year after suitable preparation during the fourth year.

**e. PAL implementation:**

- **Major Activities:**

1. Updating and printing of PAL guidelines based on the results of the feasibility and impact study.
2. Training for both trainers and health workers including physicians (AC1.5.1a,b,c,d,e,f,g)
3. Providing the needed equipments, supplies and drugs as identified by the guidelines.
4. Follow up the implementation through supervision and cost of transportation

***ii. Address MDR-TB and other challenges***

**a. MDR management**

- **Major Activities:**

1. Establishing of three MDR management units in the national hospitals(AC2.1.1a,b)
2. Support NTP to build its capacity for MDR-TB management based on the GLC approved proposal (develop MDR guidelines through workshop, printing the guidelines and the training materials, training for workers and physicians) (AC2.1.2a,b,c,d,e,f,g,h )
3. Procure needed 2$^{nd}$ line TB drugs and others for MDR management. (AC2.1.3a,b) and pay GLC drugs.
4. Supervision (AC2.1.4a,b)
5. GLC Administration.

**b. Contacts Tracing**

- **Major Activities:**

1. Assist development of training materials, through workshop of two days in the first year and printing 1500 copies for training.
2. Training of 1100 health personnel on contact tracing activities during the second and fourth years in addition to covering the cost of the facilitators and the administration cost.

***iii. Engage all care providers to improve accessibility particularly for the poor populations in the nine governorates.***

**a. Involve Private Sector.**

- **Major Activities:**

1. Utilize external technical assistance to assess the situation and develop Public Private Mix (PPM) guidelines through a workshop of 2 days and printing the guidelines and the training materials(AC3.1.1a,b,c,d,e)
2. 20 training courses of 2 days each year for GPs and private practitioners on PPM activities.

3. Adaptation of the recording and reporting system, and printing the needed forms in addition to health education materials (AC3.1.4a,b).
4. Follow up PPM implementation and evaluation.

**b. <u>Involve Universities and other Health Facilities of the Ministry of Higher Education.</u>**

- **<u>Major Activities:</u>**

1. Consultative meeting and workshop to develop TB in medical school guidelines and training materials. This activity includes printing 2000 copies of guidelines and training materials.
2. 20 training courses of 1 day each year 3000 medical students on TB and medical schools (AC3.2.2a,b,c)
3. Adaptation of the recording and reporting system, and printing the needed forms in addition to health education materials (AC3.2.4a,b).
4. Follow up PPM implementation through supervision visits (AC3.2.3).

**c. <u>Involve Health Services of the Ministry of Defense.</u>**

- **<u>Major Activities:</u>**

1. Three training workshops for 2 days to disseminate PPM guidelines among 90 physicians in the Ministry of Defence (MOD) health facilities in the nine governorates.
2. Printing forms.
3. Printing health education materials.

**d. <u>Involve Health Services of Prisoners and Police.</u>**

- **<u>Major Activities:</u>**

1. Workshop for 2 days to develop training material and PPM guideline on TB in prisons.
2. Training both the physicians and the patients supporters in the prisons health services
3. Printing forms and registers.
4. National technical support for training activities.
5. Printing 1000 health education materials.

### e. Empower People with TB and Community among Poor and Vulnerable Population

#### a) Advocacy

- **Major Activities:**

1. Developing 40 radio spots on TB control and TB care.
2. Developing 4 TV spots on TB control and TB care.
3. Organize 5 media workshops, and 5 workshops for journalist for two days, one each year at central and intermediate levels, including facilitators, technical support and administration support and printing training materials.(AC4.1.3a,b,c,d,e).
4. Development of World TB Day promotional materials.
5. Provide 10 digital cameras at the provincial level.

#### b) Communication

- **Major Activities:**

1. Media campaign in the 9 governorates in the second and fourth year.
2. Train 30 peer educators for 3 days at the central level.
3. Conduct 6 outreach peer education workshops at provincial level for 2 days in the 5 years.
4. 5 workshops of two days to train community outreach workers how to detect TB symptoms and provide treatment in collaboration with CBI and BDN programmes.

#### c) Social Mobilization

- **Major Activities:**

1. 2 workshops of two days, each year to train 200 community representatives of CBI project on TB control activities.
2. 10 TB education workshops in schools, mosques/churches and workplaces, through five years.

#### d. Cross-cutting areas for ACSM

- **Major Activities:**

20 two-day ACSM (Advocacy, Communication and Social Mobilization) training workshops in 5 years to develop ACSM capacity among 150 TB health workers.

### *iv. Strengthen the NTP Programme Management Capacity*

**a. Strengthen Technical and Managerial Capacity of NTP, Particularly at the National level, for successful implementation of the Project**

- **Major Activities:**

1. Recruiting additional national staff to support the NTP
2. Recruiting international experts (both long-term and short-term) to assist the NTP
3. Procurement of computers, laptops, printers, communication tools and establish NTP intranet (AC 5.1.3a,b,c)
4. Admin/ secretarial assistance to the NTP both at CU and provincial levels.
5. 20 fellowships for different staff at both central and provincial level in two years.
6. Updating the NTP guidelines including technical assistance, translation and printing (AC 5.16a,b,c)

**b. Support to CCM**

- **Major Activities:**

1. Support to CCM monthly meetings
2. Secretarial assistance to CCM
3. Support to executive board bi-weekly meetings
4. Support to sub-CCMs quarterly meetings in the nine governorates.
5. Support to the quarterly meetings of the technical advisory body in the nine governorates.

**4. Beneficiaries**

- Tuberculosis institutions of the Ministry of Health system, which will improve the level and quality of services provided both to vulnerable groups and general population by providing better opportunities for diagnosis and treatment of tuberculosis.
- Tuberculosis patients, who will get access to modern tuberculosis diagnosis and treatment methods.
- Prisoners who will have significantly reduced risk of disease due to improved access to tuberculosis diagnosis and treatment.
- People living with HIV and AIDS will have significantly reduced risk of HIV-associated tuberculosis due to preventive measures.
- The most vulnerable population groups (people with very low incomes, vulnerable people, persons released form prisons, etc.), who will have opportunity for diagnosis and timely treatment using high-quality drugs.
- Medical staff of tuberculosis treatment institutions and departments, who will have opportunity to enhance their resource capacity in the field of planning, monitoring, evaluation and implementation of programmes.
- Medical professionals, laboratory staff, primary health staff and medical staff, who will have the required medical and technical facilities needed to exclude the risk of disease.
- General population, who will benefit from the project implementation due to stabilization of the situation and reduced threat of further spread of the disease. .

**PROJECT RESULTS AND RESOURCES FRAMEWORK and ANNUAL WORK PLAN BUDGET SHEET (annex II)**

**MANAGEMENT ARRANGEMENTS**

The UNDP will directly execute the project. A Project Management Team consisting of an International Programme Manager and a team of national staff will carry out day-to-day management of the project.

The team will have the following national staff

1. National Programme Manager
2. Procurement Officer.
3. Monitoring and Evaluation Officer.
4. Financial Associate.
5. Admin / Finance Assistant.

The Management Arrangements follow the UNDP's new Results Management Guide UNDP Direct Implementing Modality will be used in executing the project.

UNDP will be the principal recipient of the grant and will be the overall responsible party for implementation; however, UNDP will be signing agreements with sub-recipients to implement several activities in the project as per the attached AWP. The sub-recipients are the following:

- Ministry of Health.
- Ministry of Higher Education.
- Ministry of Information.
- WHO, Syria.
- UNICEF, Syria.
- Syrian Thoracic Association.
- Journalists Syndicate.
- Tuberculosis Association.
- Women Union.
- Red Crescent.

The selection of sub-recipients will be cleared by the CAP, ACP and LPAC as per the guidelines of the Operations Manual.

Project Board *(PB)*: The PB will provide the policy guidance, oversight and coordination of the overall Project and will make strategic decisions to influence the direction and impact of the Project. The PB will be convened at the beginning of each calendar year to approve the annual work plan and review progress of the preceding year. Quarterly meetings of the PB will be convened for monitoring progress and strategic advice. Additional meetings will be organised as needed.

The PB will be chaired by the Project Executive/ UNDP Deputy Resident Representative. Representatives of the Ministry of Health and NGO partners will constitute as beneficiaries. Representatives of the State Planning Commission will also be invited. The CCM will represent the supplier. The National Programme Manager will act as the Secretariat to the PB.

**MONITORING AND EVALUATION**

## I. Purpose and Scope of the M&E System

The overall purpose of the M&E system is to provide information that will enable tracking of progress and to enhance decision-making at all levels in the implementation of GFATM Round 6.

The specific objectives of the M&E System include:

- To systematically track progresses and evaluate the impact of the national interventions.
- To promote the need for systematic data collection and utilization of monitoring and evaluation results in the further planning of TB interventions by the NTP and its partners.
- To strengthen the M&E capacity of NTP at all levels ( central and peripheral) and other potential SRs, to collect, analyse and use data.
- To increase the understanding of trends and explaining the changes in the levels of TB prevalence overtime.
- To give guidance on TB reporting requirements (MDGs, and GFATM).
- To support the planning, prioritisation and management of the Grant resources.

These objectives will be fulfilled by:

- Reviewing and defining measurable set of indicators including performance indicators.
- Collecting, processing and providing reliable and timely data on progress and quality of the implementing process and the performance of sub-recipients in meeting targets.
- Ensuring continuous feedback from implementing project staff and project managers on the process of implementing planned activities and
- Providing a conducive environment to critically reflect on these processes so as to understand the reasons for successes or failures to improve responsiveness, effectiveness and efficiency of project implementation.

## II. Scope of the M&E System

The M&E will be done through the participation of all partners (NTP, PR, WHO and SRs) in accordance with their scope of responsibilities for M & E. The table below details the various aspects of M & E, together with the assigned responsibilities:

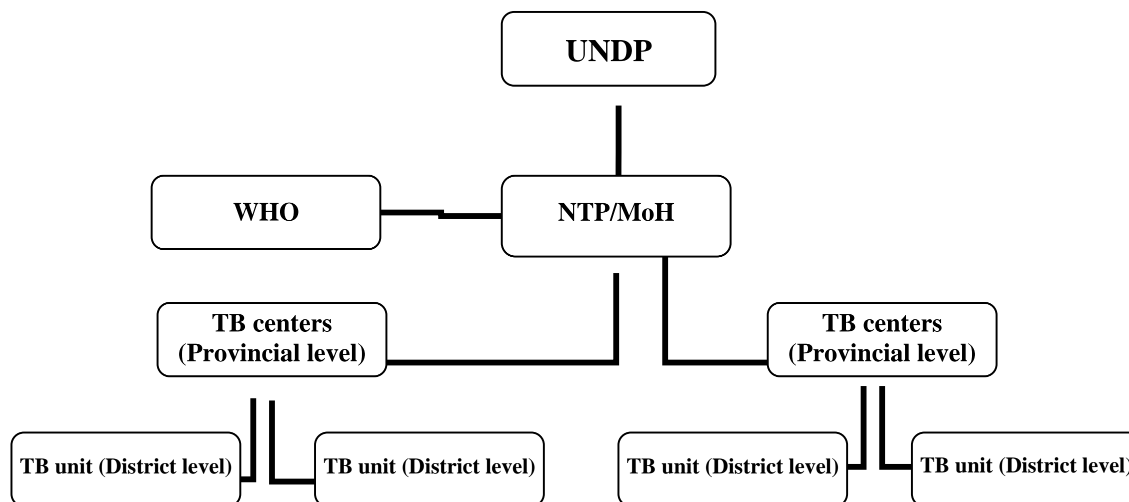
| Monitoring and Evaluation Component | Responsible |
|---|---|
| Overall Technical and Financial M&E of the project at the strategic level | PR and NTP |
| Financial monitoring of the project | PR |
| Monitoring the Impact of the project on the disease in the country | WHO, NTP |
| Monitoring the coverage of the project | PR and NTP |
| Technical reports | NTP, WHO |
| Monitoring the implementation of individual activities | Sub recipients |

Responsibilities of each partner will be clarified and stressed in the SR agreement which will be signed between the PR and the SRs. Each sub-recipient will be responsible to provide the timely data related to indicators tied directly or indirectly to the activities he is implementing. The schedule for submitting the data will be clarified in the SR agreement and delays in reporting will be immediately reported to the LFA and the Global Fund.

The SR will clarify the channels of collecting data, especially those not related to the ENRS. This can be done though reports to be submitted to the PR and reviewed by the NTP for their technical advice.

Emphasis is placed on the collection of data that provides specific, quantifiable and time bound reporting of progress towards the achievement of results that can, as necessary, be independently verified. In most cases, data collection at the national level will be on-going, and will draw on existing monitoring systems when appropriate (monthly reports by NTP centres in the governorates), to provide data that will be used for impact measurement.

**The following graph indicates the suggested flow of information:** (Bottom -Up)



**LEGAL CONTEXT**

"This project document shall be the instrument referred to as such in Article 1 of the SBAA between the Government of (Syria) and UNDP, signed on (12 March 1981).

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. "

**ANNEXES**

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|---|---|
| **ANNEX 1** | **Programme Grant Agreement between the Global Fund to Fight AIDS, Tuberculosis and Malaria and the United Nations Development Programme.** |
| **ANNEX 2** | **Project Work Plan and Budget.** |
| **ANNEX 3** | **Procurement and Supply Management Plan.** |
| **ANNEX 4** | **List of Sub-recipients within the Project.** |
| **ANNEX 5** | **Statues of the Country Coordinating Mechanism in the Syrian Arab Republic.** |
| **ANNEX 6** | **Project Manager Terms of Reference.** |
| **ANNEX 7** | **Description of UNDP Country Office Support Services.** |