

UNDP Southern Sudan

2010 Annual Work Plan

Project name	Amount
Malaria Control Programme in Southern Sudan: Global Fund for AIDS, TB and Malaria (GFATM) Round 2	US\$624,839

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: 18-10-10	Date: 

Project Title: Malaria Control Programme in Southern Sudan: GFATM Round 2

UNDAF Outcome: 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: 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
Government of Southern Sudan (GOSS) Ministry of Health (MoH), Arkangelo All Association (AAA).

Brief Description
This project is aimed at curbing the burden of malaria especially among pregnant women and under five children through distribution of LLITNs and both prophylaxis and treatment of uncomplicated and complicated malaria. It also strengthens the health systems to better respond to malaria morbidity. This project is implemented by UNDP in partnership with the Ministry of Health (MoH).

Programme Period: 2009-2012 Programme Component: 1 Poverty reduction and the achievement of the MDGs Atlas Award ID: 40073 Start Date: 1st January 2010 End Date: 31st March 2010 PAC Meeting Date: 30th November 2009 Management Arrangements: Direct Implementation	2010 AWP budget: US\$ 624,839 Total resources required: US\$ 624,839 Total allocated resources: US\$ 624,839 • Regular: • Other: • GFATM US\$ 624,839 • Government Unfunded budget: _____ 0 In-kind Contributions: N/A
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Agreed by the Ministry of Finance and Economic Planning:

Agreed by the Ministry of Health:

Agreed by the UNDP:



ANNUAL WORK PLAN

Year: 2010

EXPECTED OUTPUT	PLANNED ACTIVITIES	TIMEFRAME				RESPONSIBLE PARTY	PLANNED BUDGET		
		Q1	Q2	Q3	Q4		Funding Source	Budget Description	Amount
<p>Related CP outcome: Improve impact of resources to fight HIV/AIDS (and other diseases)</p> <p>Output 1: To ensure that at least 80% of women of child bearing age and children under the age of 5 years in the areas of operation sleep under Long Lasting Insecticide Treated Nets-LLITNs by the end of the programme.</p> <p>Indicator: Number of service deliverers trained in distribution of LLITNs Baseline: 1,343 Target: 5,496</p> <p>Indicator: Number of LLITNs Distributed Baseline: 168,647 Target: 12,181,912</p> <p>Output 2: To ensure Intermittent Preventive Treatment (IPT) to 70% of all pregnant women in the areas of operation by the end of the programme.</p> <p>Indicator: Number of service deliverers trained on provision of IPT</p>	<p>Activity Result1: LLITNs distributed</p> <p>1.1.1 Action: Conduct training for service deliverers in distribution of LLITNs</p> <p>1.1.2 Action: Distribute LLITNs</p> <p>Activity Result 2: Malaria prevention during pregnancy</p> <p>2.2.1 Action: Conduct training for service deliverers in</p>	X				<p>UNDP in support of MoH; AAA</p> <p>UNDP in support of MoH; AAA</p>	<p>GFATM/ 30078</p> <p>GFATM/ 30078</p>	<p>72600 (Grants) 75100 (GMS)</p> <p>72600 (Grants) 75100 (GMS)</p>	<p>US\$149,318</p> <p>US\$7,466</p> <p>US\$37,094</p> <p>US\$1,855</p>

<p>Baseline: 1228 Target: 2,854</p> <p>Indicator: Proportion/number of facilities providing IPT to pregnant women Baseline: 97% Target: 98%</p>	<p>IPT provision</p>	<p>X</p>		<p>UNDP in support of MoH; AAA</p>			
<p>Indicator: Number of pregnant women receiving Intermittent preventive Treatment(IPT) Baseline:30,620 Target: 183,835</p>	<p>2.2.2 Action: Undertake IPT awareness activities</p> <p>2.2.3 Action: Provide IPT to pregnant women</p>	<p>X</p>		<p>UNDP in support of MoH; AAA</p>			
<p>Output 3: To ensure that 80% of patients with uncomplicated malaria in the areas of operation receive early diagnosis and are provided with prompt and effective treatment by the end of the programme.</p> <p>Indicator: Number of service deliverers (TBAs, Midwives, MCHWs, CHWs) trained on BCC to promote early care seeking from appropriate providers Baseline: 1,205 Target: 8,075</p> <p>Indicator: Number of patients with uncomplicated malaria given</p>	<p>Activity Result 3: Prompt effective antimalarial treatment</p> <p>3.3.1 Action: Conduct training/re-training health workers(Doctors, CO, nurses, CHWs on uncomplicated malaria management</p> <p>3.3.2 Action: Provide diagnosis &</p>	<p>X</p>		<p>UNDP in support of MOH; AAA</p>	<p>GFATM/ 30078</p>	<p>72600 (Grants) 75100 (GMS)</p>	<p>US\$105,492 US\$5,275</p>

<p>treatment according to WHO guidelines</p> <p>Baseline: 177,895</p> <p>Target: 959,511</p> <p><i>Indicator:</i></p> <p>Proportion/number of facilities with no stock-out of anti-malaria drugs</p> <p>Baseline: 95%</p> <p>Target: 98%</p>	<p>treatment for uncomplicated malaria according to WHO guidelines</p> <p>3.3.3 Action:</p> <p>Distribute antimalarial drugs to health facilities</p>	<p>X</p>	<p>UNDP in support of MoH, AAA</p>	<p>GFATM/ 30078</p>	<p>72600 (Grants)</p> <p>75100 (GMS)</p>	<p>US\$38,783</p> <p>US\$1,939</p>
<p>Output 4:</p> <p>To ensure that 60% of patients with complicated/severe malaria in the areas of operation are timely diagnosed and receive correct treatment by the end of the programme.</p> <p><i>Indicator:</i></p> <p>Number of patients with complicated/severe malaria given treatment according to WHO guidelines</p> <p>Baseline: 8,823</p> <p>Target: 33,344</p>	<p>Activity Result 4:</p> <p>Prompt effective antimalarial treatment</p> <p>4.4.1 Action:</p> <p>Provide diagnosis & treatment for complicated malaria according to WHO guidelines</p>	<p>X</p>	<p>UNDP in support of MoH, AAA</p>	<p>GFATM/ 30078</p>	<p>72600 (Grants)</p> <p>75100 (GMS)</p>	<p>US\$14,675</p> <p>US\$734</p>
<p>Output 5:</p> <p>The ability to predict and contain malaria epidemics improved in the programme areas.</p>	<p>Activity Result 5:</p> <p>Health workers trained on emergency preparedness</p>			<p>GFATM/ 30078</p>	<p>72600 (Grants)</p> <p>75100 (GMS)</p>	<p>US\$14,675</p> <p>US\$734</p>

<p>Indicator: Number of health workers trained on emergency preparedness(prediction and containment of epidemics) <i>Baseline:</i> 532 <i>Target:</i> 2,212 Indicator: Number of health facilities following WHO's EWARN <i>Baseline:</i> 101 <i>Target:</i> 406</p>	<p>5.5.1 Action: Conduct training for health workers in emergency preparedness and response (EWARN)</p>	<p>X</p>	<p>UNDP in support of MoH; AAA</p>	<p>UNDP in support of MoH; AAA</p>	<p>GFATM/ 30078</p>	<p>72600 (Grants) 75100 (GMS)</p>	<p>US\$20,942 US\$1,047</p>
<p>Output 6: Capacity of local health management systems enhanced for effective malaria control Indicator: Number of health service deliverers trained in health information system(HIS) <i>Baseline:</i> 536 <i>Target:</i> 1,585</p>	<p>Activity Result 6: Health systems strengthening</p>	<p>X</p>	<p>UNDP in support of MoH; AAA</p>	<p>GFATM/ 30078</p>	<p>72600 (Grants) 75100 (GMS)</p>	<p>US\$20,942 US\$1,047</p>	<p>US\$20,942 US\$1,047</p>
<p>Indicator: Number of health facilities implementing revised health information system(HIS) <i>Baseline:</i> 121 <i>Target:</i> 510</p>	<p>6.6.1 Action: Establish/re-establish and train community health committees</p>	<p>X</p>	<p>UNDP in support of MoH; AAA</p>	<p>GFATM</p>	<p>72600 (Grants) 75100 (GMS)</p>	<p>US\$20,942 US\$1,047</p>	<p>US\$20,942 US\$1,047</p>
<p>OUTPUT 7: To produce up-to-date information on malaria. Indicator:</p>	<p>6.6.2 Action: Conduct training of health facility staff in Health Information system reporting</p>	<p>X</p>	<p>UNDP in support of MoH; AAA</p>	<p>GFATM/ 30078</p>	<p>72600 (Grants) 75100 (GMS)</p>	<p>US\$20,942 US\$1,047</p>	<p>US\$20,942 US\$1,047</p>

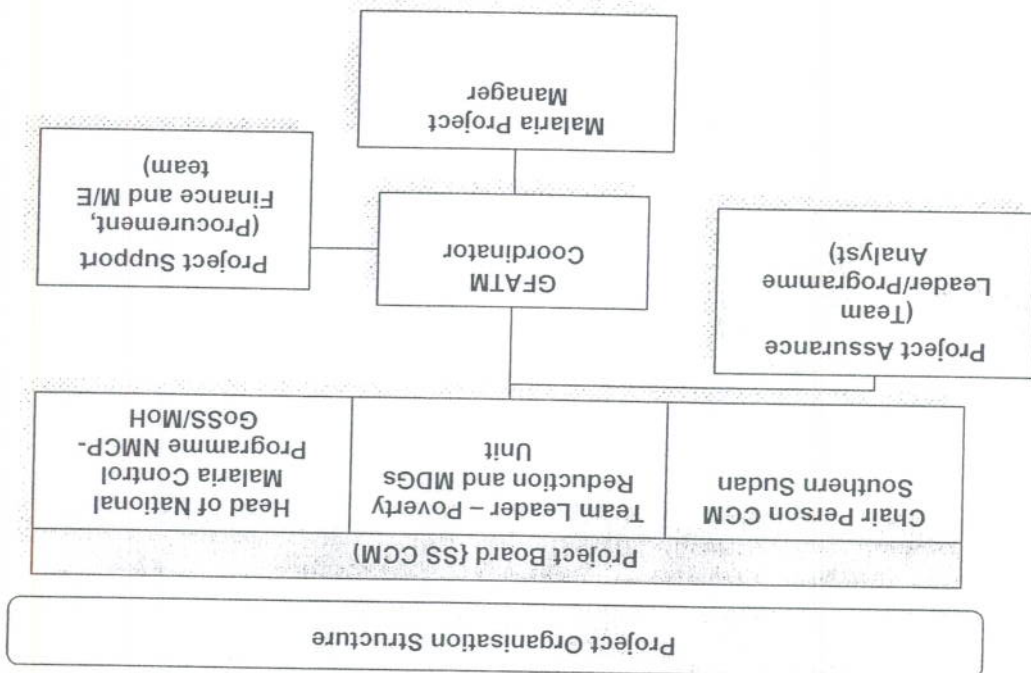
Number of surveys conducted							75100 (GMS)	US\$484
Baseline: 0 Target: 1	7.7.1 Action: Conduct KAP survey in programme areas	X			UNDP in support of MoH:			

MANAGEMENT ARRANGEMENTS

The project will operate under the oversight of a Project Board which includes the Chair Person of CCM-SS, the Deputy Head of Office (Programme) for UNDP and the chairperson of National Malaria Control Programme (NMCP). 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. In addition, it approves the appointment and responsibilities of the Project Manager and any delegation of its Project Assurance responsibilities.

The Project Board is ultimately responsible for assurance that the project remains on course to deliver the desired outcome of the required quality to meet the scope of the project 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 HIV and AIDS. The Global Fund resources are additional to national resources and as well as resources 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.

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 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 advisor, two procurement specialists each for health and non health items, 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 three 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.

The PR has subcontracted Arkangelo All Association (AAA): to execute this project that ends on 31st March 2010.

Arkangelo All Association (AAA): The AAA is the current sub recipient for this grant till 31st March 2010 when the grant ends. The AAA is responsible for all the activities listed in this AWP such as distribution of LLITNs, training of health providers on control of malaria and prompt and effective malaria treatment.

Audit arrangements

Article 7b, points 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 Programme 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 Programme.

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 Programme.

The PR is also required to conduct annual audits of the SRS.

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 (see annex 1), 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

Annually

- **Annual Review Report.** An Annual Review Report shall be prepared by the Project Manager and shared with the Project Board and the Outcome Board. As minimum requirement, the Annual Review Report shall consist of the Atlas standard format for the QPR covering the whole year with updated information for each above element of the QPR as well as a summary of results achieved against pre-defined annual targets at the output level.
- **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 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. The Malaria Round 2 project comes to an end on 31st March 2010 and an end of project evaluation is being organized.

Activity Result 5 Prediction and containment of the epidemic. Start Date: 1 st January 2010 End Date: 31 st March 2010	Purpose To increase knowledge and skills of health workers on prediction and containment of malaria epidemics	Description - Conduct training for health workers in emergency preparedness and response (EWARN) - Provide PHC facilities with emergency stock of antimalaria drugs
Quality Criteria	Quality Method Date of Assessment	Number of health workers trained on emergency preparedness(prediction and containment of epidemics) Training reports, attendance lists, SRS quarterly report 1 st quarter
Activity Result 6 Health systems strengthening. Start Date: 1 st January 2010 End Date: 31 st March 2010	Purpose To increase the skills and knowledge of health service deliverers on data quality and reporting	Description - Conduct training of health service deliverers in health information system.
Quality Criteria	Quality Method Date of Assessment	Number of health service deliverers trained in health information system(HIS) Training reports, attendance lists, SRS quarterly reports 1 st quarter report
Quality Criteria	Quality Method Date of Assessment	Number of health facilities implementing revised health information system(HIS) Supervision reports, SRS quarterly reports 1 st quarter report
OUTPUT 7: to produce up-to-date information on Malaria		
Activity Result 7 Start Date: 1 st January 2010 End Date: 31 st March 2010	Purpose To provide up-to-date information on Malaria	Description Conduct KAP survey
Quality Criteria	Quality method	Date of assessment 1 st quarter

Number of surveys conducted	Survey report	
OUTPUT : To increase the local capacity to enhance health management systems for effective malaria control.		
Activity Result 8	Project Management Activities Properly Carried out.	Start Date: 1 st January 2010 End Date: 31 st March 2010
Purpose	<u>Strengthening Management of the Malaria grant</u>	
Description	<ul style="list-style-type: none"> ▪ Liaise and report to CCM ▪ Conduct quarterly reviews ▪ Conduct annual review ▪ Conduct field monitoring visits 	
Quality Criteria	Quality Method	Date of Assessment
Close out of project with sustainable and phase-out strategy which helps to continue Malaria prevention services.	Grant closure work plans reviewed by CCM. Final project report. Project files. Assets inventory/handover	Before 31 st March 2010
Monitoring(review meetings) and supervision visits conducted to project sites	Monitoring and supervision reports, Minutes of the review process	Before 31 st March 2010

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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".

V. ANNEXES

Annex 1. RISK LOG



Project Title: Malaria Control Programme		Award ID: 40073		Date: 11/12/2009					
#	Description	Date Identified	Type	Impact & Probability	Countermeasures / Mngt response	Owner	Submitted, updated by	Last Update	Status
1	Grant closure and proper sustainability plan after 31 March 2010	Since 2004, during development of the project	Operational	Risk of services interruption which will impact on the health of the population Impact: High Probability: Medium	A grant closure plan has been developed and key issues identified are being discussed with the CCM, National malaria programme and SRs. Sub-Recipients have been requested to submit their no cost extension plans	Malaria Project Manager in conjunction with, MoH/GoSS -National Malaria Control programme and GFATM Coordinator	the Project Manager		Reducing; Discussion on development of phase-out strategy is progressing between MoH, UNDP and PSI