United Nations Development Programme

PROJECT DOCUMENT

Afghanistan

Project Title: Combined grant to support HIV/AIDS, Tuberculosis & Malaria programs and Health Systems in Afghanistan (Z Grant) (GC-7)
Project Number: 01001381
Implementing Partner: UNDP Afghanistan
Start Date: 1 January 2024 **End Date:** 31 December 2026 **PAC Meeting date:** 19 December 2023

Brief Description

Afghanistan has an estimated population of over 40 million people. Afghanistan, with a 638 maternal mortality ratio and 50 under five mortality, is in the upper rank in the list of developing countries. Deliveries attended by skilled birth attendants are 51% and ANC plus four visits are at 18%. Afghanistan is experiencing an extensive and complex humanitarian crisis characterized by political and economic instability, a persistent high burden of infectious and non-communicable diseases, ongoing outbreaks of communicable diseases, and COVID-19 that continues to spread with only 12% of eligible beneficiaries fully vaccinated. To further exacerbate the humanitarian situation, ongoing pandemics, economic crises, environmental disasters, and wars have direct and severe implications for health. This is even more profound in areas with little to no health service – this area is often referred to as "white areas or underserved areas." HIV remains low among the general population, and the response focuses on prevention among key populations such as people who inject drugs. The TB burden in Afghanistan is based on the WHO estimation of 193/100,000 population. Afghanistan is among the highest malaria burden countries in its region. The disease is endemic in large parts of the country, and the malaria program ensures universal access to case management and distribution of mosquito nets in targeted areas. There were multiple malaria outbreaks in 2023, which is a worrisome trend.

This Project is working towards the Global Fund vision of a world free of the burden of AIDS, tuberculosis and malaria with better, equitable health for all. The activities in this funding request were designed to reflect priorities highlighted in the malaria, HIV and TB national strategic plans of Afghanistan, and have also considered overall value for money for maximum effectiveness. The malaria activities will focus on optimization of vector control coverage, including distribution of bed nets. There will also be a focus on improving equitable access to quality, early diagnosis, and treatment of malaria, through public health facilities, at the community level and in the private sector, as well as strengthening surveillance, monitoring and evaluation to support data collection through routine surveillance system (DHIS2) and vector surveillance. The HIV programming will be implemented with the goal of reaching the 2025 and 2030 HIV targets, with a focus on closing HIV prevention and treatment coverage gaps, and an emphasis on most affected populations. Lastly, to accelerate progress toward the 2030 TB targets and recover ground lost due to COVID-19, Afghanistan will deliver equitable, people-centered, cost-effective TB interventions that address vulnerabilities, barriers, and gaps in access to and quality of services. Identified priorities show that interventions will target the most affected populations, including key/other vulnerable populations (eg PLHIV, prisoners, PUDs, etc), TB patients, people at risk of malaria, people who live in white areas, mobile populations (IDPs, refugees, migrants), etc. It should also be noted that there are plans to scale up several cost-cutting strategies to substantially improve program performance and create cost efficiencies. Attention to effectiveness, efficiency, and value for money has also been weaved into activities and interventions.

Contributing Outcomes:
UNFSA Output 1.1: Health and nutrition systems have improved and resilient capacities and resources to deliver accessible, affordable, gender- and age-responsive, shock responsive, and culturally acceptable essential healthcare and nutrition services that prioritize the most vulnerable.
UNDP Strategic Plan Output 1.4: Equitable, resilient, and sustainable systems for health and pandemic preparedness strengthened to address communicable and non-communicable diseases, including COVID-19, HIV, tuberculosis, malaria, and mental health
Indicative Output(s) with gender marker[1]: Output 1 – Gen1

Total resources required:	$65,537,654	
Total resources allocated:		
	UNDP TRAC:	TBC
	Donor: Global Fund	$65,537,654
	Government:	
	In-Kind:	
Unfunded:		

Agreed by:

UNDP

DocuSigned by:
Stephen Rodriques
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Mr. Stephen Rodriques
Resident Representative
UNDP Afghanistan
Date: 8 Jan 2024

I. DEVELOPMENT CHALLENGE

Before the change of political regime on Aug 15, 2021, Afghanistan had made considerable progress over two decades in increasing the coverage of health services and improving some key health indicators. Since 2000, there have been substantial declines in death in children younger than 5 years, estimated at 129.34 in 2000, declining to 55.66 in 2021. During the same time, maternal mortality decreased from 1346 (in 2000) to 620 (in 2020), maternal deaths, per 100,000 live births. Life expectancy also increased from 55.60 in 2000 to 65.29 in 2020. Despite this progress, the country was on track to reach the SDG 3 goals by 2030, with major challenges noted and the score stagnating or increasing at less than 50% of the required rate. Malaria indicators showed dramatic positive change over the last decade. The malaria burden reduced more than 75% compared with 2015, which is more than NMSP and global target, and malaria confirmation rate increased to 99.9% compared to 28% in 2015.

The health sector launched reforms in March 2003 which included the development of the Basic Package of Health Services (BPHS) to focus on the delivery of the minimum set of essential primary health care (PHC) services in rural areas, including malaria, tuberculosis (TB), Human Immuno-Deficiency Virus/Acquired Immuno-Deficiency Syndrome (HIV/AIDS) and Reproductive Maternal Neonatal and Child Health (RMNCH) services. The implementation of BPHS was contracted-out to national and international NGOs for the delivery of PHC services, assuming a stewardship role of the Ministry of Public Health (MoPH) to ensure appropriate health services for people. To complement the BPHS, in 2005 the MoPH implemented the Essential Package of Hospital Services (EPHS) focused on secondary and tertiary health services.

In early 2021, the MoPH endorsed the Integrated Package of Essential Health Services (IPEHS) that would have expanded the coverage and scope of health services and moved the country towards universal health coverage. But the IPEHS was not implemented given the conflict and the change of regime later that year. With the drawdown and eventual complete withdrawal of foreign troops in Afghanistan in August 2021, the Taliban took over as the governing authorities in the country. The international community still has not recognized Taliban as the official, new government of Afghanistan; the global community continues to grapple on how to work with the de facto government and whether this includes formal recognition. To be able to work within the country, the international community expedited the adoption of UN Security Council Resolution 2615 (the 'humanitarian exception') and the issuance of several General Licenses to facilitate necessary engagement for the purposes of delivering humanitarian assistance and basic human needs support. This has allowed humanitarian operations to continue, eased some of the banking challenges that partners are experiencing, and ensured that critical payments which have to be made to line ministries to implement programs have been able to be completed. The UN has brought approximately US $1.8 billion into Afghanistan since December 2021 for the UN and partners to continue to undertake work.

The World Bank approved the Health Emergency Response (HER) project to sustain the provision of BPHS and EPHS until the end of December 2023. The overall objective of the Afghanistan Health Emergency Response (HER) project is to increase the utilization and quality of essential health services, including the Basic Package of Health Services (BPHS), Essential Package of Hospital Services (EPHS), community- and facility-based nutrition services, and COVID-19 prevention and response interventions, in 34 provinces of Afghanistan. Discussions are underway for HER2 beyond December 2023.

Changes in the Global Fund program due to the change in authorities included:

- Since 2021 Global Fund grants in Afghanistan are managed under Additional Safeguard Policy, the country is considered a Challenging Operating Environment and is a non-CCM country. These arrangements will continue to be in place during the next funding cycle.
- Suspension of HIV prevention and other program activities in order to protect the safety of UNDP staff, SR staff and program beneficiaries. The work with Women and Men with High-Risk Behaviour was completely suspended and will not be part of this application, as it is still too dangerous. The services for these groups will be provided as part of general population.
- Termination of activities for PWIDs in the provinces previously funded from the government co-financing budget, for HIV: the funding by government for HIV activities related to PWIDs in Badakhshan, Parwan, Kabul DIC#3, Paktia, Farah, Helmand, Nimroz did not continue past August 2021 and these support for PWIDs ceased.
- The grant and activities of the co-PR, the MoPH, were suspended by the GF and the activities transferred to UNDP.

- Postponement of the IBBS survey and other studies that were critical to the revision of impact, outcome and coverage indicators in the grant.

While there has been a significant impact on women and girls since the de facto authorities took over, the ban on women from working for national and international non-governmental organizations (December 2022) and the requirement for women to have a mahram (December 2021), and the ban on selling contraceptives (February 2023) is of particular concern for women's access to health services (note that the ban on girls and women attending educational institutions is also a significant issue, and will have an impact on the access to health by women). So far, the ban does not include the health sector and women are still allowed to work. However, the application of the decrees is inconsistent and unpredictable; they are issued by different authorities, implemented by a variety of authorities, are applied inconsistently from one province to another, and there is not one central source through which they are communicated, thereby making it harder for women to comply. As per Gender Alert2, UNWOMEN 2022, 10% women said that they could cover their basic health needs compared to 23% men. Maternal Death rose to highest in the world, 963 death per 100,000 live birth (638 per 100,000 live births in 2018); meaning almost 1 death in every 2 hours , compounded by the unmet need for Family Planning 36.9% (26.8% before August 2021) leading to unintended Pregnancy for 4.8 million women (3.8 million women before 2021) Therefore,they impact significantly on the lives of girls and women, limiting their movement and their access to essential services and livelihoods.

Malaria

Malaria continues to be a public health problem in Afghanistan. The transmission of malaria is seasonal, and its distribution varies largely from place to place, depending on a variety of factors related to parasites, vectors, and human populations under different geographical, ecological and socio-economic conditions in the country. From the World Malaria Report 2020, 27% of Afghan population lives in areas at high risk for malaria, 50% at medium risk and the remaining 23% live in areas with no risk or very low risk of malaria transmission.

Due to substantial impact of scaled up interventions along with the mobilized commitment of government and international partners, socio-economic improvements, climate changes and some other factors the burden of malaria had reduced significantly during 2016-2021 in Afghanistan. Country wide there was a significant reduction of malaria deaths from 47 to zero death, and malaria cases from 384,943 to 86,370 (77.6%) comparing 2016 to 2021.

HIV

Afghanistan, National Program for Control of AIDS, STI and Hepatitis (ANPASH) Ministry of Public Health (MoPH) adopted the test and treat strategy for all people living with HIV (PLHIV) and evaluated progress towards 95-95-95 UNAIDS targets and identified program gaps among PLHIV in Afghanistan diagnosed in 2022. The epidemic is low level with HIV prevalence in general population estimated at <0.1%. The coverage for services has been low, with limited availability of epidemiological data, compounded with stigma and low level of awareness of HIV. It is estimated that the total number of PLHIV is 11,000, and 1144 adults and children are receiving ART (UNAIDS, 2021). By end of December 2022, there were 3309 (30%) PLHIV ever diagnosed reported since the start of the epidemic, and 1144 (35%) of those identified) provided ART.

Tuberculosis

Tuberculosis is a key public health problem in Afghanistan with an estimated TB incidence of 189 cases per 100,000 population and mortality among HIV-negative TB patients at 31 deaths per 100,000 population In the absence of TB prevalence surveys in the country, incidence estimates have relied on WHO modelling estimates, that indicate stable incidence at 189 per 100,000 during 2011-2021. Those most at risk for contracting tuberculosis include women and children, poor and malnourished people, refugees and internally displaced persons and the elderly. Women in Afghanistan are particularly vulnerable to the disease as they constitute two thirds of all TB patients. Despite the political instability and internal conflicts, the NTP in Afghanistan managed to increase its detection of people with TB during the last 20 years, reaching in 2019, the highest case notification rate (CNR) value of 139 new/relapse people with TB per 100 000 population, equivalent to 74% of those estimated. TB mortality has declined by 30% during the same 10-year period 2011-2021 from 44 to 31 per 100,000.

II. STRATEGY

In order to achieve the Global Fund vision of a world free of the burden of AIDS, tuberculosis and malaria with better, equitable health for all, these are the proposed disease strategies.

Malaria:
In alignment with the NHSP 2021-2025 and the NMSP 2023-2026, the national program has prioritized continued reliance on the two cost-effective modules of Case Management and Vector Control to maintain the progress achieved during the past decade.

Vector Control is the major malaria control intervention to maintain the progress achieved during the past decades. In Afghanistan, the main vector control interventions for malaria control are distribution of LLINs (house to house campaign and continuous distribution in malaria high risk districts) to people at high-risk of malaria. The national program recognizes the need to focus the proposed activities to maximize the impact and value for money of the allocation funding available. In this regard, the national program reviewed the stratification of endemic districts and identified 44 category 1 and 6 category 2 districts in four high-risk provinces (Nangarhar, Laghman, Kunar, Nuristan) for PBO nets distribution under allocation. This will cover 66% of the population prioritized for PBO nets.

The BPHS and EPHS through a wide range of Implementing Partners, have expanded access to malaria case management throughout the country. This essential program component requires sustained GF support and has been prioritized for allocation funding, as a cost-effective intervention. This includes support of the malaria case management at health facility and community level, Quality Assurance, IEC/BCC activities, Epidemic Preparedness and Response, and Program Management. These activities support the overall effectiveness of the program and require support beyond the current capacity of the government and partners. The MVDP is responsible to monitor and evaluate malaria related activities at central level and provincial level. The program has prioritized provision of malaria medicine, diagnostics (RDTs), insecticide under the allocation amount, due to their importance to ensure availability of malaria case management at public health facilities and community level, and effective and timely control of malaria outbreaks in the country.

Based on NMSP 2023-2026, Afghanistan needs $53 million for malaria control and elimination for the next four years. Due to limited allocation amount for the next GF grant (GC7), the program did a prioritization of the NMSP activities to focus on the most important and cost-effective strategic interventions considering equity, impacts, and the numbers of persons to be reached.

HIV:
Funding priority identification (and subsequent selection of relevant programmatic modules and interventions) was informed by examination of the current epidemiological data, key systemic drivers from the country context, lessons learned from the current grant and continued community consultation during the NSP IV revision, Situation Analysis, HIV program review and Funding Proposal development processes. In recognizing the importance of strong health systems for sustainability beyond the grant implementation, careful consideration was also given to targeted RSSH investments for complementing and increasing the impact of the prioritized programmatic investments. The foremost driver for the overall approach was the policy directive from de facto authorities to focus on key populations including People who Use Drugs (PUDs), spouses of PUDs, prisoners and PLHIVs.

To achieve the greatest impact with limited resources, prioritization considered the HIV epidemiology to ensure a focus of investments on those most affected and most vulnerable. Based on 2012 Integrated Biological and Behavioural Surveillance (IBBS) survey data and epidemiological analysis in 2022, Afghanistan currently experiences a low-level HIV epidemic in the general population with concentrations of infection among Key Populations (KPs), particularly people who inject drugs (PWIDs). The prisoners are another population prioritized in this grant as the prison population currently constitutes PUDs and others who have a high-risk profile for HIV. Due to the current sensitivities and country context, there will be no activities financed through this grant for Men with High-Risk Behaviour (MHRB) and Women with High-Risk Behaviour (WHRB). They will be reached through alternative activities such as HIV Testing Services (HTS)/Voluntary Counselling and Testing (VCTs) and the elimination of mother to child transmission (eMTCT) activities.

Prioritization of geographical areas was established through a highly consultative process, based on matrix analysis of quantitative and qualitative data of drivers of the epidemic to maximize the impact of preventive interventions for key populations including PUDs and prisoners. Incorporating the epidemiological data and the outputs of this exercise, provinces were categorized into high, medium and low priority for service provision.

As a result of this exercise, within-allocation investment is planned to cover a total of seven high priority provinces (Kabul, Herat, Nangarhar, Balkh, Kandahar, Kunduz, and Khost). Detailed differentiation by service delivery mode and key population for each province is noted in the performance framework with additional comments on activities for improving service delivery quality to enhance client enrolment.

Tuberculosis:
Tuberculosis remains a key public health problem in Afghanistan with stable incidence and improvements in declining mortality over the last decade. The NTP and partners made significant progress over this period with investments from GF and other donors in increasing detection of people with TB and overall treatment outcomes and coverage. NTP has introduced rapid diagnostic technology (GeneXpert) and expanded to hospitals to connect diagnostic facilities at lower levels with molecular testing; engaged the private sector; started community-based DOTS to reach deeper into communities; and introduced interventions for key vulnerable populations including for internally displaced people, people in prisons, contacts of TB cases all of which resulted in an improvement in TB case detection and services. Interventions to improve childhood TB management and TB prevention have also resulted in favourable outcomes.

Despite the progress, the country is not on track to meet the End TB targets of reducing TB deaths by 95% and new TB cases by 90%. Significant programmatic gaps include the missing TB patients for both drug-susceptible and drug-resistant TB with the need to strengthen active case finding targeting relevant KAPs: children, mobile populations – IDPs, returnees and migrants, injecting drug users (IDUs) among others. To address key programmatic gaps, NTP developed a robust National Strategic Plan for TB 2023-2026 with 4 pillars and 20 strategic directions. The strategic directions, goals, and targets of Afghanistan National Strategic Plan 2023 – 2026 are in line with the End TB strategy (2030), UNHLM 2018 declarations, Global Plan to End TB 2023 – 2030, and Afghanistan TB program review 2022.

Findings from National TB program review 2022, Epidemiological Review of TB surveillance systems 2022, and key lessons learned from NFM3 implementation have identified critical programmatic gaps. These findings have also informed the 7 modules in the prioritized request: a) TB diagnosis, treatment and care; b) Drug-resistant TB diagnosis, treatment and care; c) Key and Vulnerable Populations, including children and adolescents, mobile populations-IDPs, returnees and migrants; d) Collaboration with other providers and sectors, particularly targeting private provider engagement, community-based TB care; e) TB/DR-TB prevention; and f) TBHIV. Particular attention has been made to ensure all prioritized actions are in alignment with the National TB Strategic Plan 2023-2026. At same time, the alignments were sought with NLSP 2023 – 2027. It is also important to highlight these interventions are high-impact and also align with the Global WHO TB Normative Guidance and available National TB Manual and National Guidelines for DS-TB, DR-TB, Childhood TB, PMTPT, Engaging All Care Providers, ACSM, GeneXpert Manual, and Infection Control. The project also considers alignment with GF instructional guidance for TB, private sector and community systems in designing interventional packages proposed under each module. The NTP also considered GF Value for Money's framework and considers investments (ex. lab consumables such as cartridges, reagents), measures to strengthen utilization of GeneXpert platforms and Lab equipment, increasing diagnostic coverage, promoting equitable access to Xpert and TB treatment all align with the key dimensions of economy, efficiency, effectiveness and equity respectively in the context of Afghanistan.

III. RESULTS AND PARTNERSHIPS

Expected Results
The three-year program will contribute to achieving the following key impact and outcome results as defined in the national malaria, TB and HIV strategic plans and links to the national health plan, UN Strategic Framework for Afghanistant (UNSFA) 2023-2025, BHN Basic Human Needs, UNDP Strategic Plan, UNDP Afghanistan Transitional Plan Country Programme Strategy (TCPS) 2024-2025.

This grant is working towards the Global Fund vision of a world free of the burden of AIDS, tuberculosis and malaria with better, equitable health for all. The activities in the proposal were designed to reflect priorities highlighted in

the malaria, HIV and TB national strategic plans of Afghanistan, and have also considered overall value for money for maximum effectiveness.

The ouput is:

- Strengthening services and quality of HIV/AIDS, Tuberculosis & Malaria programs and Health Systems in Afghanistan

The goals of the project are:

- To ensure that Afghanistan is on track to reduce the malaria burden by 95% by 2030 and eliminate malaria by 2035 – contributing towards country development and the Sustainable Development Goals.
- To halt new HIV, STI & Hepatitis infections and improve the health and quality of life for people living with and affected by HIV, STIs, and Hepatitis in Afghanistan by 2026.
- To reduce TB deaths by 75% by the end of 2026 compared to 2015.
- To decrease the incidence rate by 20% by 2026 (to reach a 10/100,000 by 2035) in order to be aligned with the End TB Strategy.
- To improve the quality of services and increase effectiveness of HIV, TB and malaria (HTM) strategies and Strengthen the Health Systems.

Specific Interventions and Activities:

Malaria

- Optimization of vector control coverage: distribution of bed nets (PBO-ITN). Distribution of bed nets is the main vector control intervention. The PBO-ITN will be distributed through house-to-house mass campaigns while the pregnant women will receive them through routine distribution through ANC.
- Improving equitable access to quality, early diagnosis, and treatment of malaria, through public health facilities, at the community level and in the private sector: Improving access to parasitological tests and provision of antimalarial treatments to presumed and confirmed malaria cases to 99% by 2026 at public HFs and community. This will be attained through strengthening the health (covered in the BPHS/EPHS) and community systems (expanding the services to additional HPs and white areas).
- Strengthening surveillance, monitoring and evaluation to support data collection through routine surveillance system (DHIS2) and vector surveillance.
- Building capacity for the use of data for decision-making: The project will put efforts to improve Resilient and Sustainable Systems for Health (RSSH) through improving the capacities for analysis, review and transparency through conducting workshops on M&E digitalized system and on DHIS2 for central, PMVDP and CMF.

HIV

The HIV programming will be implemented with the goal of reaching the 2025 and 2030 HIV targets, with a focus on closing HIV prevention and treatment coverage gaps, and an emphasis on most affected populations. Specific activities include:

- Enhancing access to testing, treatment and care programs for key populations: The grant resources will help to provide the essential services (ARV treatment to all PLHIV; preventive HIV services to PWID and prison inmates including safe syringe exchange program, provision of condoms; and methadone as the oral substitution therapy) to 14,174 PWID, about 13,000 prisoners, 2,385 Opiod Substitution Therapy (OST) users and 2,059 PLHIV. The interventions are designed to address stigma, discrimination, legal, policy, gender, and health equity and socioeconomic barriers to accessing testing and treatment services. The interventions will be implemented in key prioritized provinces.
- Strengthening the M&E and strategic communication initiatives: This will lead to updating the knowledge base by measuring the burden of HIV, STI and Hepatitis among key and vulnerable populations along with their risk behaviors. These will be repeated annually to document trends and will help ANPASH to revisit their interventions, if necessary. Furthermore, a stigma index study will be conducted to measure the level of stigma among key populations.
- Institutionalizing the integrated services for HTS, ART and C19RM. This will lead to efficiency gains and improving the service delivery as not only PLHIV but also KP and other vulnerable groups can utilize services under one roof.

Tuberculosis

To accelerate progress toward the 2030 TB targets and recover ground lost due to COVID-19, Afghanistan will deliver equitable, people-centered, cost-effective TB interventions that address vulnerabilities, barriers and gaps in access to and quality of services. The below description is aimed at linking the five core TB objectives under the GF strategy 2023-2028 for alignment with the project interventions:

- Focus on finding and treating all people with DS-TB and DR-TB through equitable, people-centered approaches: Interventions focuses on promoting early diagnosis of DS/DR-TB, scaling-up molecular testing using GeneXpert, strengthening specimen collection and transportation systems, and ensuring support to all diagnosed people with quality treatment. The focus has been made to improve coverage for diagnosis and treatment.
- Scale-up TB prevention with emphasis on TB preventive treatment and airborne infection prevention and control: Traditionally efforts have been made to ensure linking children <5 years to TPT services while strengthening PLHIV to TPT services as well. The project prioritizes scale-up of TB prevention targeting 4 specific high-risk groups (PLHIV, non-HIV group, other high-risk group and vulnerable women).
- Improve the quality of TB services across the TB care cascade including management of comorbidities: While the treatment outcomes have been favorable and in line with END-TB targets for DS-TB and continuously improving for DR-TB, the NTP will refine further and conduct data quality audits and review analysis of the TB care cascade to identify leakages to inform necessary programming during project implementation; promote the development of quality TB care services that are people-centred and integrated in to the community systems (given focus on community TB-care).
- Adopt TB programming to respond to the evolving situation, including through the rapid deployment of new tools and innovations: the current design has laid specific emphasis to evolving contexts, be it relying on the NTP program review, TB epi-review, challenging COVID-19 and political regime changes to ensure lessons learned are adequately incorporated into the intervention packages. TB program will also ensure convergence with RSSH component on DHIS2 and facilitate program monitoring and evaluation will focus on using surveillance data to inform programming.
- Promote enabling environments in collaboration with partners and affected communities to reduce stigma, discrimination, human rights and gender-related barriers to care: This application has incorporated concrete actions in the intervention package to address reducing TB related stigma and discrimination; promote people-centred and rights-based TB care; address needs of people in prisons; reduce gender discrimination and promote community mobilization/leadership.

Target Group/Beneficiaries

- Key Affected Populations for HIV: people living with HIV (PLHIV), people who inject drugs (PWID) and their partners, and prisoners and other key vulnerable populations.
- The Target groups for TB: the general population across the country and key vulnerable groups, such as people living in hard-to-reach areas, children, prisoners, migrants and mobile populations (IDPs and returnees), people living with PLHIV, and people who inject drugs (PWIDs)
- Target groups for malaria: general population of the country with a focus on high-risk provinces. Focus will be on pregnant women; children under five age group; and other key vulnerable and mobile populations, such as IDPs, returnees, and internally displaced people.
- The RSSH component will be targeting regional and provincial laboratories, health personnel and will aim to increase access to services for the general population in hard-to-reach areas, including for women and girls.

COMPONENT	KEY AREAS INTERVENTION (MODULES)	WHERE?
Malaria	Case management Vector control	Case management in all 34 provinces and vector control only in malaria high burden provinces (Nangarhar, Laghman, Kunar and Nooristan)

HIV	Prevention and Harm Reduction services to PWID, PLHIVs and prisoners	Kabul, Khost, Kandahar, Herat, Mazar, Kunduz and Nangarhar cities
TB	TB diagnosis, treatment and care; TB/HIV Drug-resistant (DR)-TB diagnosis, treatment and care; TB/DR-TB Prevention)	All 34 provinces
RSSH	Support to community health workers; Surveys; Quality improvement and capacity building for quality of care; Laboratory Information systems	All 34 provinces

Resources Required to Achieve the Expected Results

This project was developed in close consultation and coordination with the National programs and other partners. Detailed budget and workplan listing all necessary health and non health items, Human Resources etc has been developed and the project is fully funded for the period of 1 January 2024 to 31 December 2026 for which detailed workplan.. The UNDP budget also covers cost for the Project Management Unit, including operations and Country Office cost recovery as well as HQ costs. The budget for this grant is $65,537,654.

The takeover by the Taliban in August 2021 triggered an unprecedented economic crisis in the country, which was already struggling, with shrinking economic activity in the private sector; the liquidity crisis owing to the collapse of the Afghan banking system following its severance from the international banking system; the freezing of US $9 billion in Afghan foreign reserves in the United States of America and countries in Europe; the suspension of international assistance; massive layoffs in the public sector; and sharply increased prices, particularly for food items.

However, in 2022 the de facto authorities reported positive revenue and trade trends, driven primarily by customs and non-tax revenue; state revenue between 22 March and 21 December 2022 totaled approximately US $1.5 billion, which is similar to the amount collected in 2020 over the same period. Exports increased in January to November 2022 to US $1.7 billion, compared with US $0.9 billion in 2021 and US $0.8 billion in 2020. Macroeconomic indicators show that year-on-year inflation fell to 9.1 percent in November 2022 from its peak of 18.3 percent in July. The value of the currency has been stable, in the range of 87 to 91 afghanis per United States dollar. The mid-term budget for 2022 was approved by the de facto Cabinet; however national budgetary processes continued to lack transparency both in terms of revenue collection and expenditure. This it is not clear how much, if any, will be allocated to health.

The last official government report on health sector expenditure, The National Health Accounts 2019 Report, showed that for Current Health Expenditure (CHE), which excludes capital expenditures, Government budget allocated to health in 2019 was US $93,890,950.23 (3.4% of CHE) and donor expenditure on health in 2019 is estimated at US $555,553,713.5 19.6% of CHE. The household out-of-pocket (OOP) expenditure in 2019 was estimated at USD 2,152,103,879.54 (77.0% of CHE). The dependency on external funding and high OOP were noted as key challenges for the country. With the change in August 2021, the situation is likely to be exacerbated, with less allocated by donors and the government to health. Despite the growing concerns over the economic decline, the government allocated US $150k to pay the salaries of the health workforce.

In September 2022, WHO published the Afghanistan Subnational Health Sector Resource Mapping – 2022 Report. The results indicate that:

- Health resources have decreased by 38% from 2021 (US $728 million) to 2022 (US $451 million). This decrease is more evident in on-budget resources (51%) compared to off-budget (35%). While data collected show a decline in level of on-budget and off-budget commitment in 2022, it is difficult to draw concrete conclusions at this point as commitment levels reported by both the government and development partners are based on projections.
- Factoring for total population, combined total health resources per capita has decreased from US $22 in 2021 to US $13 in 2022 with a projected decrease from US $13 in 2022 to USD $9 in 2023.

With a decrease in funding, a corresponding increase in OOP can be anticipated. The OOP is already high (77% of CHE in 2019) and this likely to increase further with more people in Afghanistan facing catastrophic OOP to access health in the country.

Partnerships

The grant activities will be implemented through fifteen sub recipients - SRs (BARAN, MMRCA, AKF, AADA, HNTPO, BDN, CAF, SCA, MOVE, SAF, OHPM, RHDO, AHDS, RI-AFG and JACK) and two community-based organizations (Bridge/BHHO, A-TB-PSA) in close coordination with the national programs (ANPASH, AC/HSS-GFCU, NTP and MVDP) and the PPHDs. UNDP is capitalizing on the existing BPHS/EPHS implementers as sub-recipients under GC-7, since they already have a history of trusted partnership and proven performance track record. The private sector will also be engaged in the implementation of the grant activities, namely in malaria case management (diagnosis, treatment and reporting) in eastern regions, and TB case detection (in 24 provinces including 9 major cities).

The SRs as primary implementers have well-established arrangements to maintain close coordination in all the regions with all the stakeholders. Program implementation will be facilitated through a range of essential coordination mechanisms including:

- Monthly/quarterly review and coordination meetings between UNDP, the MoPH, the national programs (ANPASH, NTP and MVDP), Sub-Recipients (SRs), relevant technical Partners and Stakeholders,
- Quarterly PSM meeting with National program and SRs,
- Regular taskforce meetings,
- Annual meetings for the refinement of implementation arrangements,
- Quarterly disease Technical Working Group (TWG) meetings, and
- Annual review meetings will be held after the receipt of SR programmatic and financial reports to discuss progress, review and adjust implementation arrangements as required.

As the PR, UNDP will support capacity development of individuals (skills building) within SR organizations and institutional systems, in the areas of coordination and management, accountability and risk management so that they can successfully implement all funded ATM program activities.

To prevent duplication and encourage harmonization and alignment, UNDP will also engage with other UN agencies, such as WHO, UNAIDS, UNFPA, UNICEF, UNODC as well as donors/partners, such as USAID, World Bank, etc. UNDP is an active member of the Afghanistan Health Cluster Coordination Group, the Health-Strategic Thematic Working Group, and the UNICEF Health Emergency Response group.

The GF PMU is also working in close coordination with other UNDP projects such as ABADEI and CBARD. The GF PMU will participate in the ABADEI annual meeting scheduled for January 2024, and the GF PMU will also invite the projects to similar meetings. This communication will help develop synergies and collaboration on the health programming.

Risks and Assumptions

In general, the GC-grant continues to monitor and minimize ongoing project risks. The level of risk has been classified as 'moderate' based on a number of factors including Impact, Likelihood & Risk Level. *Please see attached Annex 3 Risk Register for details.*

Emerging risks for health product procurement, quantification, and disposal

Procurement of health products may be delayed by: (i) logistical constraints such as limited flights, high freight costs, restrictions in movement; (ii) additional UNDP due diligence procedures related to sanctions regimes appliable to Afghanistan and UNDP policy on Anti Money Laundering and Countering of Financing Terrorism); (iii) complex processes for importation certificates for controlled/ restricted items from the Ministry of Public Health Drug Regulation Committee (MoPH/DRC); and (iv) lengthy quality control processes by the MoPH Afghanistan Food Drug Authority (AFDA) Quality Control Lab. Delays in procurement processes may result in stock outs and expiry of products with short shelf lives, leading to disruption of treatment services.

- UNDP will mitigate the risk of delays in procurement processes and potential stock outs and treatment disruptions by streamlining procurement processes which include:
    - timely forecasting, quantification and monitoring of stock levels through quality data collected from Stock Status Reports from Sub-Recipients, engagement and cross checking/referencing with National Programmes on stock levels, and discussions at the quarterly PSM Advisory Committee;
    - increasing the levels of buffer stocks, where applicable;
    - obtaining approval for local procurement, if required;
    - working with other UN Agencies for consolidated annual/semi-annual procurement/ shipping to achieve economies of scale; reduce lead times and

- direct engagement with MoPH/DRC, MoPH/AFDA and other stakeholders to simplify and streamline importation and quality control processes.

Emerging risks for in-country supply chain

Weak national and provincial distribution systems and monitoring of health products may result in stock out situations and expiry of products with short shelf lives and/or patients' inability to access treatment services. Note: A significant residual risk that will not be mitigated and is beyond the control of the programme is where the supply chain may be disrupted by the volatile security situation, threats from insurgencies, and the deteriorating economic situation. UNDP is also negotiating a limited liability clause with the Global Fund in order to minimize risk.

- UNDP will mitigate the risk of fragile supply chain systems through on-going improvements of the supply chain, including training of the supply chain staff at the central level on stock management and warehousing.

Emerging risks for flow of data for M&E systems from service delivery points to the Principal Recipient or to the Global Fund

- HIV data reporting through vertical reporting to the Afghanistan National Programme for AIDS/HIV, STI and Hepatitis (ANPASH), may be delayed as the HIV health information system is yet to be digitized, nor integrated and reported through the HIS (DHIS-2) system. Note: Previous risk on integration of data reporting into the DHIS-2 system has been successfully mitigated for TB and Malaria reporting which is now integrated into DHIS2 system through close collaboration with National Disease Programmes and WHO for data collection at the provincial/ facility level and through capacity building in data analysis and use at the national and provincial levels.
    - UNDP will mitigate the risk of delayed HIV data reporting through on-on going work with the selected service provider to finalize the digitalization process (and subsequent integration of HIV reporting into the national DHIS2).
- Data reporting and stock reports may be delayed or incomplete due to weak capacity at provincial level in the collection, analysis, and use of data, as well as in conducting M&E visits and verification of data.
    - UNDP will mitigate the risk of delayed and incomplete data by: (i) working with the National Programmes and Health Management Information Systems (HMIS) team to increase the number of M&E visits, data quality assessments and review of data, as well as build capacity of provincial staff in DHIS-2 data management and reporting; and (ii) explore the possibility of implementing a digital solution for provinces where the Logistical Management Information System (LMIS) has yet to be decentralized to improve timeliness of data collection and quality assurance of stock reports.

Risks related to fraud and fiduciary matters based on the proposed implementation arrangements or new Activities

- Delay in transfer of funds to Sub-Recipients due to weaknesses in the banking system across the country, absence of banking services in remote areas, and limited liquidity in banks, may result in delays in implementation of grant activities, high operational costs, and high risk of diversion of assets due to deteriorating economic situation.
- Delays in the contracting of Sub-Recipients due to change in policies of the Ministry of Public Health (MoPH) regarding licensing of NGOs, may result in delays in the implementation of grant activities.
- Lack of capacity at the MoPH, National Programmes and NGO/CBO Sub-Recipients due to limited financial resources to contribute to the health sector arising from sanctions, freezing of assets, frequent changes in leadership at MoPH and national programmes; and significant human resources gaps due to high staff turnover and brain drain.
- UNDP will mitigate the risk of delays through:
    a. Use of Long-Term Agreements with Money Service Providers to transfer funds to Sub-Recipients with corresponding assurance activities to mitigate risk (such as monthly advances rather than quarterly advances etc), as well as review other available transfer of funds options such as Use Pay on ID (POID).
    b. Engaging with other UN Agencies on a unified response to MoPH policy changes to licensing of NGOs and engagement/re-engagement strategy by UN with the de-facto authorities.
    c. UNDP will mitigate the lack of capacity of Sub-Recipients and build capacity through implementation of recommendations from micro-capacity assessments done for Sub-Recipients, as well as the UNDP capacity development initiative.

d. Advance selection and finalization of SRs to provide more time to SRs to present and finalize the SR contract with MoPH authority

Stakeholder Engagement

GC-7 was developed through a highly consultative process. Starting in December 2022, four pre-Country Dialogue meetings were held in Kabul (one per disease component). These meetings included UN (eg WHO, UNAIDS, UNODC, etc), civil society (eg TB Patient Association, BRIDGE/HIV NGO), disease programs (eg HIV, TB, malaria), and other key partners.

- Dec 2022: pre-Country Dialogue meetings and Technical Working Groups formed
- Feb 2023: mock Technical Review Panel workshop in Kenya
- March 2023: proposal development meeting in Istanbul
- May/June 2023: Technical Review Panel
- July 2023: Grant-making meeting in Bangkok (convening of 40+ participants from UNDP, GF, WHO, LFA/UNOPS, UNODC, MoPH, civil society) to review Performance Framework, Health Product Management Template, and Detailed Budget)
- Aug 2023: Final review meeting and submission of documents (17 Aug)
- Sept 2023: Grant Approvals Committee review (14 Sept)
- Nov/Dec 2023: signing of grant

Malaria

In 2021, around 93% of total malaria cases were reported from 6 high risk provinces that border Pakistan, and around 91% of these cases were from the prioritized four provinces (Nangarhar, Kunar, Laghman and Nooristan). Malaria programming is targeted at people living in high-risk provinces and pregnant women.

HIV

Based on 2012 Integrated Biological and Behavioural Surveillance (IBBS) survey data and epidemiological analysis in 2022, Afghanistan currently experiences a low-level HIV epidemic in the general population with concentrations of infection among KPs, particularly PWIDs. The prisoners are another population prioritized in this grant as the prison population currently constitutes PUDs and others who have a high-risk profile for HIV. Due to the current sensitivities and country context, there will be no activities financed through this grant for Men with High-Risk Behaviour (MHRB) and Women with High-Risk Behaviour (WHRB).

Tuberculosis

The key populations for TB are identified as those groups with a high risk of contracting and progressing to TB and targeted for intensified case finding, especially among children, IDPs, returnees, prisoners, IDUs and household contacts of confirmed TB patients.

Digital Solutions[2]

UNDP will work to finalize the digitalization process (and subsequent integration of HIV reporting into the national DHIS2). UNDP will also explore the possibility of implementing a digital solution for provinces where the Logistical Management Information System (LMIS) has yet to be decentralized to improve timeliness of data collection and quality assurance of stock reports. There is also a focus on digitizing the M+E system. Digital X-rays will continue to be used, and finally, discussions are underway around the rollout and integration of the cross-border digital platform for TB programme.

Knowledge

The project will produce biannual project progress updates, annual reports, case studies and lessons learnt documents, and abstracts of the operational research that has been conducted for publication in international journals and conferences. The PMU in coordination with communications unit will also produces videos and success stories on the different aspects of the project for increased visibility.

Sustainability and Scaling Up

[2] *Please see the Guideline "Embedding Digital in Project Design".*

There are existing gaps in the national response for each disease component. Accordingly, the MoPH in collaboration with the partners will need to seek practical solutions to reduce the deficit. Strengthened integration of the key activities under each disease component with BPHS/EPHS will mitigate some of the pressure on the Global Fund grant with an aim to achieve results aligned with NSPs for the three diseases. Moreover, there is a partners/donors' coordination platform where efficiencies are explored through integrated implementation of the activities. The PR will also look for possibilities of implementing some activities especially of the community systems' strengthening, lab network strengthening, HMIS and others through these resources. At the same time, UNDP in consultation with WHO and GFCU through AC/HSS will engage in technical discussions with MoPH and MoF leaderships to revisit the need for co-financing in the country. UNDP will continue to liaise with UNICEF/World Bank/Asian Development Bank to build on the Health Emergency Response (HER) project and ensure complementarity.

To strengthen the capacity of the implementing partners, a capacity development plan has been developed in collaboration with all stakeholders. UNDP Afghanistan will strengthen capacity of national implementing partners for improved health services delivery and effective use of resources through consolidating the PR role across GF programmes, reduce the overall risk for the oversight of GF grants through streamlining implementation arrangements and ensuring close coordination with key technical partners and stakeholders in the health sector and mobilisation of additional resources.

IV. PROJECT MANAGEMENT

Cost Efficiency and Effectiveness

UNDP will continue to liaise with UNICEF/World Bank/Asian Development Bank to build on the Health Emergency Response (HER) project and ensure complementarity. The health services delivery in Afghanistan is operated under the stewardship of the MoPH, largely through the HER project supporting Basic Package of Health Services (BPHS) at community-based facilities and the hospital Essential Package of Health Services (EPHS). Implementation of BPHS has primarily been "contracted-out" to local and international NGOs. UNDP is also capitalizing on the existing BPHS/EPHS implementers as sub-recipients under GC-7.

UNDP Afghanistan will be responsible for grant implementation; financial accountability; M&E and all procurement and distribution of health and non-health products. Under these PR obligations, UNDP Afghanistan will seek to reduce the overall risk for the oversight of Global Fund grants, improvement of the flow of funds into the country and strengthening capacity of national implementing partners for improved health services.

Project Management

The Consolidated Grant of HIV, TB, Malaria and Resilient Sustainable Systems for Health (RSSH) provides an opportunity to design an integrated structure that will enable more efficient planning, management, monitoring and supervision of grants. The consolidated approach in the one grant will also allow risk management to be unified. This will enable a common approach to risk identification, priority setting, risk mitigation activities, corrective actions to be taken and a proactive and a responsive approach to be taken by the UNDP PMU and IPs/SRs. UNDP has systems in-place for SR oversight including annual audits, risk mitigation plans, finance, review and feedback of SRs reports, face-to-face meetings with Sub-Recipients-SRs management, e-mail communications and supportive supervision visits to SR offices and project sites. The PR will work to build the skills, knowledge and experience of the SRs for continued successful implementation of proposed activities. Close implementation relationships between the PR and the SRs will continue to strengthen program delivery, ensure synergies with other Implementing Partners (IPs), avoid duplication and contribute to the resilience and sustainability of GF-funded interventions. To ensure alignment and coherence in implementation, the PR and IPs have developed Standardized Operating Procedures (SOPs). Basic implementation arrangements will adhere to the current model in which BPHS Implementing Partners and others are selected following applicable policies and procedures for SR selection. As indicated, capacity assessments to inform individualized approaches for capacity development and training will be conducted.

In coordination with the Implementing partners, UNDP carries out competitive procurement of health and non-health products through commercial suppliers, UNFPA, UNICEF, others, under Long Term agreements-LTA, that are compliant with National guidelines, WHO and GF quality standards for health products. The use of LTAs allows expediting procurement, reducing the procurement lead times and in some cases, reduced costs. Where a LTA exists, the CO is responsible for placing purchase orders with the LTA holders. The UNDP Procurement Manual emphasizes the fundamental principles of good procurement practices, including best value for money, fairness, integrity, transparency and fair international competition. UNDP procurement standards emphasize the procurement of goods

and services through national and international competitive bidding processes, using formats with clear rules for the purchaser and supplier, and clear technical specifications with no brand suggestion (unless written justification is provided). UNDP policies and procedures, which are available to all parties, are in line with other UN Agencies and international organizations operating in the public-sector procurement arena.

UNDP will be managing the project through a specially designated Programme Management Unit (PMU). The PMU will be directly supervised by the Deputy Resident Representative for Programs and supported by both operation and programmes units of the country office. The GF Programme Management Unit (PMU) will manage the operations of the Global Fund grant, provide general guidance on GF policies and procedures and ensure the responsibility for procurement of the health products under this grant are met. The PMU will coordinate with the SRs, technical partners, UN agencies and CO to ensure synergies in project implementation. All support from the CO to the PMU will be through the cost recovery mechanism. The PMU facilitates the SRs audit through an external audit firm on an annual basis in line with UNDP rules and the arrangements agreed with GF while the PMU is audited by the UNDP Office of Audit and Investigation-OAI as per their determined audit plan. All audit costs are covered by the grant. The PMU comprises both internationally and locally recruited personnel that assist the Programme Manager for the achievement of program targets. The Programme Manager ensures quality of project interventions and coordinates with all the partners and ensures that project activities are efficiently and effectively carried out. He/she also oversees the implementation of all Global Fund grants in addition to providing support to the implementation of the Capacity Development Plan. Furthermore, the Programme Manager ensures facilitation of knowledge building and sharing within the PMU as well as partnership strengthening and coordination. He/she reports to the Deputy Resident Representative for Programmes. There is also one additional international post (Deputy Programme Manager), who will assist the PM in grant implementation. The remaining PMU positions will be national posts.

V. RESULTS FRAMEWORK[3]

Intended Outcome as stated in the UNSFA and UNDP Afghanistan Transitional Country Programme Strategy (TCPS) 2024-2025

Outcome 1. By the end of 2025, more people in Afghanistan, particularly the most marginalized, can equitably access essential services the meet minimum quality standards

Output 1.1: Health and nutrition systems have improved and resilient capacities and resources to deliver accessible, affordable, gender- and age-responsive, shock responsive, and culturally acceptable essential healthcare and nutrition services that prioritize the most vulnerable.

Outcome indicators as stated in the Country Programme Results and Resources Framework, including baseline and targets:

UNSFA 2023-2025 and UNDP Afghanistan Transitional Country Programme Strategy (TCPS) 2024-2025 Outcome Indicator: Proportion of the population with access to essential health services within 0.5 hour reaching distance; **Baseline:** 56.6% (2018) **Target:** 85-90% (2025)

1. Reported malaria cases (presumed and confirmed); Baseline 125,788 (2022) ; Target 71,014 (2026)
2. TB treatment coverage: Percentage of patients with new and relapse TB that were notified and treated among the estimated number of incident TB in the same year (all forms of TB - bacteriologically confirmed plus clinically diagnosed; Baseline 67% (2021) ; Target 83% (2026)
3. Percentage of people who inject drugs who are living with HIV; Baseline 4.4% (2012); Target TBD (2024)

UNDP Afghanistan TCPS 2024-2025 Output statement and indicators

OUTPUT 1.1 Health system strengthened to deliver accessible, affordable, gender and age-responsive, and shock-responsive essential healthcare services that prioritize the most vulnerable.

1.1.1 Number of most vulnerable people who receive affordable, gender and age responsive, and essential healthcare support, including benefitting from HIV, TB, and Malaria services. Baseline: 52407 (2022); Target: At least 6,869,586

1.1.2 Number of health facilities constructed, rehabilitated, or equipped for the provision of essential health services with UNDP support [UNSFA 1.1.2] Baseline: 53 (2022); Target: at least 335

Applicable Output(s) from the UNDP Strategic Plan: Output 1.4: Equitable, resilient and sustainable systems for health and pandemic preparedness strengthened to address communicable and non-communicable diseases, including COVID-19, HIV, tuberculosis, malaria and mental health.

Project title: Combined grant to support HIV/AIDS, Tuberculosis & Malaria programs and Health Systems in Afghanistan (Z Grant)

Project Number: 01001381

[3] UNDP publishes its project information (indicators, baselines, targets and results) to meet the International Aid Transparency Initiative (IATI) standards. Make sure that indicators are S.M.A.R.T. (Specific, Measurable, Attainable, Relevant and Time-bound), provide accurate baselines and targets underpinned by reliable evidence and data, and avoid acronyms so that external audience clearly understand the results of the project.

EXPECTED OUTPUTS	OUTPUT INDICATORS[4]	DATA SOURCE	BASELINE		TARGETS (by frequency of data collection)			DATA COLLECTION METHODS & RISKS
			Value	Year	2024	2025	2026	
Output 1: Combined grant to support HIV/AIDS, Tuberculosis & Malaria programs and Health Systems in Afghanistan Gender Marker: Gen1	**1.1** CM-1a Proportion of suspected malaria cases that receive a parasitological test at public sector health facilities (disagreggated by sex)	DHIS2	736,746/ 736,891 (99.98%)	2022	99.98%	99.98%	99.98%	Direct observation/routine data collection and reporting system HMIS/DHIS2 & Change of BPHS and EPHS implementer NGOs, knowledge and capacity of health staff and staff turnover would be a risk for the data collection
	1.2 CM-2a Proportion of confirmed malaria cases that received first-line antimalarial treatment at public sector health facilities (disagreggated by sex)	DHIS2	91,658/ 92,279 (99.33%)	2022	99%	99%	99%	Same as above
	1.3 VC-3 Number of insecticide-treated nets distributed to targeted risk groups (# of women) through continuous distribution (disagreggated by sex)	ITN monthly distribution report	181,277	2022	226,464	231,312	236,263	Same as above
	1.4 KP-1d Percentage of people (male and female)who inject drugs reached with HIV prevention programs - defined package of services (disagreggated by sex)	Reports, Program data	7,182/ 17,690 (40,60)	2022	83.02%	91.51%	100%	Same as above
	1.5 KP-1f Number of people (male and female) in prisons and other closed settings	Reports, Program	12,587	2022	13,846	14,475	15,104	Same as above

[4] It is recommended that projects use output indicators from the Strategic Plan IRRF, as relevant, in addition to project-specific results indicators. Indicators should be disaggregated by sex or for other targeted groups where relevant.

EXPECTED OUTPUTS	OUTPUT INDICATORS[4]	DATA SOURCE	BASELINE		TARGETS (by frequency of data collection)			DATA COLLECTION METHODS & RISKS
			Value	Year	2024	2025	2026	
	reached with HIV prevention programs - defined package of services (disagreggated by sex)	data						
	1.6 TCS-1.1 Percentage of people on ART among all people living with HIV at the end of the reporting period (disagreggated by sex)	Reports, Program data	1,144/ 11,000 (10.40%)	2022	13.35%	15.55%	17.98%	Same as above
	1.7 TBDT-1 Number of patients (male and female) with of all forms of TB notified (i.e., bacteriologically confirmed + clinically diagnosed); *includes only those with new and relapse TB (disagreggated by sex)	DHIS2	51,739	2022	60,348	65,176	70,390	Same as above
	1.8 TBDT-2 Treatment success rate- all forms: Percentage of patients with all forms of TB, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB patients(male and female) notified during a specified period; *includes only those with new and relapse TB (disagreggated by sex)	DHIS2	46,582/ 51,139 (91.09%)	2022	90%	90%	90%	Same as above
	1.9 DRTB-3 Percentage of people with confirmed RR-TB and/or MDR-TB that began second-line treatment (disagreggated by sex)	ENRS Annual report, NTP	596/643 (92.69%)	2022	95.96%	96.89%	98.03%	Same as above

EXPECTED OUTPUTS	OUTPUT INDICATORS[4]	DATA SOURCE	BASELINE		TARGETS (by frequency of data collection)			DATA COLLECTION METHODS & RISKS
			Value	Year	2024	2025	2026	
	1.10 RSSH/PP LAB-3 Percentage of laboratories successfully participating in external quality assurance (EQA) or proficiency testing (PT) schemes (disaggregation is NA)	CPHL report	6/6 (100%)	2022	100%	100%	100%	Same as above

VI. MONITORING AND EVALUATION

In accordance with UNDP's programming policies and procedures, the project will be monitored through the following monitoring and evaluation plans:

Monitoring Plan

Monitoring Activity	Purpose	Frequency	Expected Action	Partners (if joint)	Cost (if any)
Track results progress	Data against the results indicators in the PF will be collected and analysed to assess the progress of the project in achieving the agreed outputs, including through DHIS2. Includes M+E visits.	Quarterly, or in the frequency required for each indicator.	Weak performance/slower than expected results will be addressed by the project management team	M&E team, SRs and ANPASH, NTP, MVDP	$253,764
Monitor and Manage Risk	Identify specific risks that may threaten achievement of intended results. Identify and monitor risk management actions using a risk log. This includes monitoring measures and plans that may have been required as per UNDP's Social and Environmental Standards. Audits will be conducted in accordance with UNDP's audit policy to manage financial risk.	Quarterly	Risks are identified by project management and actions are taken to manage risk. The risk log is actively maintained to keep track of identified risks and actions taken.	TB, HIV and Malaria Program Specialists and M&E team	N/A
Learn	Knowledge, good practices and lessons will be captured regularly, as well as actively sourced from other projects and partners and integrated back into the project.	At least annually	Relevant lessons are captured by the project team and used to inform management decisions.	TB, HIV and Malaria Program Specialists and M&E team	N/A
Annual Project Quality Assurance	The quality of the project will be assessed against UNDP's quality standards to identify project strengths and weaknesses and to inform management decision making to improve the project.	Annually	Areas of strength and weakness will be reviewed by project management and used to inform decisions to improve project performance.	TB, HIV and Malaria Program Specialists and M&E team	N/A
Review and Make Course Corrections	Internal review of data and evidence from all monitoring actions to inform decision making.	At least annually	Performance data, risks, lessons and quality will be discussed by the project board and used to make course corrections.	TB, HIV and Malaria Program Specialists and M&E team	N/A
Project Report	The project progress report will be presented to the Project Board and key stakeholders, consisting of progress data showing the results achieved against pre-defined annual targets at the output level, the annual project quality rating summary, an updated risk long with mitigation measures, and any evaluation or review reports prepared over the period.	Annually, Semi Annual and at the end of the project (final report)	The project PUDR will reviewed and discussed among the project board and key stakeholders and the final results will be used to inform decision to improve indicators with low performance.	TB, HIV and Malaria Program Specialists and M&E team	N/A

Monitoring Activity	Purpose	Frequency	Expected Action	Partners (if joint)	Cost (if any)
Project Review (Project Board)	The project's governance mechanism (i.e., project board) will hold regular project reviews to assess the performance of the project and review the Multi-Year Work Plan to ensure realistic budgeting over the life of the project. In the project's final year, the Project Board shall hold an end-of project review to capture lessons learned and discuss opportunities for scaling up and to socialize project results and lessons learned with relevant audiences.	Annually	Any quality concerns or slower than expected progress should be discussed by the project board and management actions agreed to address the issues identified.		N/A

Evaluation Plan

Evaluation Title	Partners (if joint)	Related Strategic Plan Output	UNSFA /TCPS Outcome	Planned Completion Date	Key Evaluation Stakeholders	Cost and Source of Funding
MPR, Malaria Program Review	MVDP and WHO	Output1.4	1 Sustained essential services	2025	Malaria Partners and SRs	Global Fund
TB Program Review	NTP,WHO and MSH/AFIAT	Output1.4	1 Sustained essential services	2025	TB Partners and SRs	Global Fund
HIV Program Review	ANPASH, WHO, UNAIDS and UNODC	Output1.4	1 Sustained essential services	2025	HIV Partners and SRs	Global Fund
Afghanistan is categorized as a 'core' and 'COE' country, not 'focused', and therefore, there is no requirement for an Evaluation. Please see pp218 and pp227 (table) of the GF Operational Manual, where it states that program evaluations are discussed and agreed with the GF CT, whereas it was discussed and agreed that an evaluation would not be done for Afghanistan. Program reviews and NSPs are, however, being conducted. https://www.theglobalfund.org/media/3266/core_operationalpolicy_manual_en.pdf Page 227 (the table) illustrates that the GF support for program evaluations are a best practice (and not a requirement) for Core portfolios.						

VII. MULTI-YEAR WORK PLAN [5]

Output	Module	Planned Activities (Interventions)	Planned Budget by Year				RESPONSIBLE PARTY	PLANNED BUDGET		
			Y1	Y2	Y3	Y4		Funding Source	Budget Description	Amount (US$)
Output 1: Strengthening services and quality of HIV/AIDS, Tuberculosis & Malaria programs and Health Systems in Afghanistan	Case Management	Epidemic preparedness	1,200	1,200	1,200	-	AADA	Global Fund		3,600
			600	600	600	-	AHDS	Global Fund		1,800
	Gender marker 0		3,000	3,000	3,000	-	AKF	Global Fund		9,000
			1,200	1,200	1,200	-	BARAN	Global Fund		3,600
			600	600	600	-	BDN	Global Fund		1,800
			1,800	1,800	1,800	-	CAF	Global Fund		5,400
			1,800	1,800	1,800	-	HNTPO	Global Fund		5,400
			1,800	1,800	1,800	-	JACK	Global Fund		5,400
			1,800	1,800	1,800	-	MMRCA	Global Fund		5,400
			600	600	600	-	MOVE	Global Fund		1,800
			2,400	2,400	2,400	-	OHPM	Global Fund		7,200
			600	600	600	-	RHDO	Global Fund		1,800
			1,200	1,200	1,200	-	RI	Global Fund		3,600
			600	600	600	-	SAF	Global Fund		1,800
			1,200	1,200	1,200	-	SCA	Global Fund		3,600

[5] Cost definitions and classifications for programme and development effectiveness costs to be charged to the project are defined in the Executive Board decision DP/2010/32

[6] Changes to a project budget affecting the scope (outputs), completion date, or total estimated project costs require a formal budget revision that must be signed by the project board. In other cases, the UNDP programme manager alone may sign the revision provided the other signatories have no objection. This procedure may be applied for example when the purpose of the revision is only to re-phase activities among years.

Output	Module	Planned Activities (Interventions)	Planned Budget by Year				RESPONSIBLE PARTY	PLANNED BUDGET		
			Y1	Y2	Y3	Y4		Funding Source	Budget Description	Amount (US$)
			30,000	15,000	15,000	-	UNDP	Global Fund		60,000
		Sub-Total	**50,399**	**35,399**	**35,399**	**-**	-	-	-	**121,198**
	Case Management	Facility-based treatment	-	7,289	-	-	AADA	Global Fund		7,289
	Gender marker 0		-	283,669	277,511	-	UNDP	Global Fund		561,179
		Sub-Total	**-**	**290,957**	**277,511**	**-**	-	-	-	**568,468**
	Case Management	Integrated community case management (iCCM)	33,304	-	-	-	HNTPO	Global Fund		33,304
	Gender marker 1		36,402	-	-	-	JACK	Global Fund		36,402
			8,433	-	-	-	OHPM	Global Fund		8,433
			5,939	-	-	-	SCA	Global Fund		5,939
			-	253,468	241,628	-	UNDP	Global Fund		495,096
		Sub-Total	**84,078**	**253,468**	**241,628**	**-**	-	-	-	**579,175**
	Case Management	Private sector case management	-	51,615	73,388	-	UNDP	Global Fund		125,003
	Gender marker 1									
		Sub-Total	**-**	**51,615**	**73,388**	**-**	-	-	-	**125,003**
	Case Management	Therapeutic efficacy surveillance	-	15,877	-	-	HNTPO	Global Fund		15,877
	Gender marker 1		-	13,978	-	-	JACK	Global Fund		13,978
		Sub-Total	**-**	**29,856**	**-**	**-**	-	-	-	**29,856**
	Collaboration with other providers and sectors	Private provider engagement in TB/DR-TB care	8,549	8,549	4,566	-	AADA	Global Fund		21,663
	Gender marker 1		27,378	27,378	14,603	-	AKF	Global Fund		69,358
			7,217	7,217	3,865	-	BARAN	Global Fund		18,299
			7,217	7,217	3,865	-	BDN	Global Fund		18,299
			12,907	12,907	6,885	-	CAF	Global Fund		32,700
			13,202	13,202	7,032	-	HNTPO	Global Fund		33,435

Output	Module	Planned Activities (Interventions)	Planned Budget by Year				RESPONSIBLE PARTY	PLANNED BUDGET		
			Y1	Y2	Y3	Y4		Funding Source	Budget Description	Amount (US$)
			16,558	16,558	8,832	-	JACK	Global Fund		41,948
			13,713	13,713	7,322	-	OHPM	Global Fund		34,747
			3,614	3,614	1,960	-	RI	Global Fund		9,188
			4,372	4,372	2,356	-	SAF	Global Fund		11,099
			2,052	2,052	1,126	-	SCA	Global Fund		5,229
		Sub-Total	**116,777**	**116,777**	**62,412**	**-**	-	-	-	**295,966**
	Differentiated HIV Testing Services	Community-based testing for KP programs	4,540	40,528	58,269	-	UNDP	Global Fund		103,336
	Gender marker 1	Facility-based testing for key population (KP) programs	6,809	60,792	87,403	-	UNDP	Global Fund		155,004
		Sub-Total	**11,349**	**101,320**	**145,671**	**-**	-	-	-	**258,340**
	Drug-resistant (DR)-TB diagnosis, treatment and care	DR-TB diagnosis/drug susceptibility testing (DST)	2,581	2,581	721	-	AADA	Global Fund		5,883
	Gender marker 1		459	459	-	-	AHDS	Global Fund		919
			45,790	48,130	41,591	-	AKF	Global Fund		135,511
			3,946	3,946	405	-	BARAN	Global Fund		8,297
			2,561	2,561	721	-	BDN	Global Fund		5,842
			2,419	2,419	-	-	CAF	Global Fund		4,838
			3,169	3,169	-	-	HNTPO	Global Fund		6,338
			8,115	8,115	1,441	-	JACK	Global Fund		17,671
			2,649	2,649	-	-	MMRCA	Global Fund		5,297
			588	588	-	-	MOVE	Global Fund		1,176
			6,946	6,946	405	-	OHPM	Global Fund		14,297
			824	824	-	-	RHDO	Global Fund		1,649
			561	561	-	-	RI	Global Fund		1,122

Output	Module	Planned Activities (Interventions)	Planned Budget by Year				RESPONSIBLE PARTY	PLANNED BUDGET		
			Y1	Y2	Y3	Y4		Funding Source	Budget Description	Amount (US$)
			959	959	-	-	SAF	Global Fund		1,919
			581	581	-	-	SCA	Global Fund		1,162
			707,648	728,228	673,376	-	UNDP	Global Fund		2,109,251
		Sub-Total	**789,795**	**812,714**	**718,661**	**-**	**-**	**-**	**-**	**2,321,170**
	Drug-resistant (DR)-TB diagnosis, treatment and care	DR-TB treatment, care and support	93,617	93,617	53,197	-	AADA	Global Fund		240,431
	Gender marker 1		71,831	60,447	29,675	-	AKF	Global Fund		161,953
			2,547	2,547	-	-	BARAN	Global Fund		5,095
			47,786	47,786	33,929	-	BDN	Global Fund		129,502
			126,232	126,232	80,718	-	JACK	Global Fund		333,183
			21,621	21,621	10,810	-	MMRCA	Global Fund		54,052
			42,847	42,847	30,224	-	OHPM	Global Fund		115,917
			78,979	1,340,003	41,497	-	UNDP	Global Fund		1,460,479
		Sub-Total	**485,460**	**1,735,101**	**280,050**	**-**	**-**	**-**	**-**	**2,500,611**
	Key and vulnerable populations (KVP) – TB/DR-TB	KVP - Children and adolescents	-	-	-	-	AADA	Global Fund		-
	Gender marker 1		-	-	-	-	AHDS	Global Fund		-
			4,826	4,826	4,826	-	AKF	Global Fund		14,479
			-	-	-	-	BARAN	Global Fund		-
			-	-	-	-	BDN	Global Fund		-
			-	-	-	-	CAF	Global Fund		-
			-	-	-	-	HNTPO	Global Fund		-
			-	-	-	-	JACK	Global Fund		-

Output	Module	Planned Activities (Interventions)	Planned Budget by Year				RESPONSIBLE PARTY	PLANNED BUDGET		
			Y1	Y2	Y3	Y4		Funding Source	Budget Description	Amount (US$)
			-	-	-	-	MMRCA	Global Fund		-
			-	-	-	-	MOVE	Global Fund		-
			-	-	-	-	OHPM	Global Fund		-
			-	-	-	-	RHDO	Global Fund		-
			-	-	-	-	RI	Global Fund		-
			-	-	-	-	SAF	Global Fund		-
			-	-	-	-	SCA	Global Fund		-
			278,549	1,528,780	116,824	-	UNDP	Global Fund		1,924,153
		Sub-Total	**283,375**	**1,533,606**	**121,650**	**-**	**-**	**-**	**-**	**1,938,632**
	Key and vulnerable populations (KVP) – TB/DR-TB *Gender marker 1*	KVP - Mobile population (migrants/refugees/IDPs)	21,245	24,008	24,008	-	AKF	Global Fund		69,261
			22,852	31,140	25,239	-	BARAN	Global Fund		79,231
			13,813	27,626	27,626	-	BDN	Global Fund		69,065
			-	9,669	9,669	-	HNTPO	Global Fund		19,338
			25,615	31,140	25,239	-	JACK	Global Fund		81,993
			56,754	56,754	44,953	-	OHPM	Global Fund		158,461
			23,603	23,603	11,801	-	RI	Global Fund		59,007
			32,980	181,022	13,832	-	UNDP	Global Fund		227,834
		Sub-Total	**196,862**	**384,961**	**182,367**	**-**	**-**	**-**	**-**	**764,190**
	Key and vulnerable populations (KVP) – TB/DR-TB *Gender marker 1*	KVP - People in prisons/jails/detention centers	1,892	1,892	1,892	-	AADA	Global Fund		5,675
			1,892	1,892	1,892	-	AKF	Global Fund		5,675
			946	946	946	-	BARAN	Global Fund		2,838
			946	946	946	-	BDN	Global Fund		2,838
			946	946	946	-	CAF	Global Fund		2,838

Output	Module	Planned Activities (Interventions)	Planned Budget by Year				RESPONSIBLE PARTY	PLANNED BUDGET		
			Y1	Y2	Y3	Y4		Funding Source	Budget Description	Amount (US$)
			946	946	946	-	HNTPO	Global Fund		2,838
			2,838	2,838	2,838	-	JACK	Global Fund		8,513
			1,892	1,892	1,892	-	OHPM	Global Fund		5,675
			946	946	946	-	SAF	Global Fund		2,838
		Sub-Total	**13,243**	**13,243**	**13,243**	**-**	**-**	**-**	**-**	**39,728**
	Prevention package for people in prisons and other closed settings *Gender marker 1*	Condom and lubricant programing for prisoners	-	-	48,217	-	UNDP	Global Fund		48,217
		Sub-Total	**-**	**-**	**48,217**	**-**	**-**	**-**	**-**	**48,217**
	Prevention package for people in prisons and other closed settings	Harm reduction interventions for drug use for prisoners	18,535	18,535	18,231	-	AKF	Global Fund		55,302
	Gender marker 1		15,337	15,337	15,033	-	BDN	Global Fund		45,708
			12,105	12,139	11,835	-	JACK	Global Fund		36,080
			12,080	12,109	11,801	-	OHPM	Global Fund		35,990
		Sub-Total	**58,058**	**58,121**	**56,901**	**-**	**-**	**-**	**-**	**173,080**
	Prevention package for people in prisons and other closed settings *Gender marker 1*	Sexual and reproductive health services, including STIs, hepatitis, post-violence care for prisoners	169,217	47,194	91,628	-	UNDP	Global Fund		308,039

Output	Module	Planned Activities (Interventions)	Planned Budget by Year				RESPONSIBLE PARTY	PLANNED BUDGET		
			Y1	Y2	Y3	Y4		Funding Source	Budget Description	Amount (US$)
		Sub-Total	**169,217**	**47,194**	**91,628**	**-**	**-**	**-**	**-**	**308,039**
	Prevention package for people who use drugs (PUD) and their sexual partners	Community empowerment for PUD	360	360	360	-	AKF	Global Fund		1,081
	Gender marker 1		360	360	360	-	BARAN	Global Fund		1,081
			360	360	360	-	BDN	Global Fund		1,081
			360	360	360	-	Bridge/BHHO	Global Fund		1,081
			360	360	360	-	HNTPO	Global Fund		1,081
			721	721	721	-	JACK	Global Fund		2,162
			360	360	360	-	OHPM	Global Fund		1,081
		Sub-Total	**2,883**	**2,883**	**2,883**	**-**	**-**	**-**	**-**	**8,648**
	Prevention package for people who use drugs (PUD) and their sexual partners *Gender marker 1*	Condom and lubricant programing for PUD	-	-	72,326	-	UNDP	Global Fund		72,326
		Sub-Total	**-**	**-**	**72,326**	**-**	**-**	**-**	**-**	**72,326**

Output	Module	Planned Activities (Interventions)	Planned Budget by Year				RESPONSIBLE PARTY	PLANNED BUDGET		
			Y1	Y2	Y3	Y4		Funding Source	Budget Description	Amount (US$)
	Prevention package for people who use drugs (PUD) and their sexual partners	Needle and syringe programs for PWID	74,502	74,502	58,827	-	AKF	Global Fund		207,830
	Gender marker 1		65,786	65,786	54,131	-	BARAN	Global Fund		185,702
			68,826	68,853	55,685	-	BDN	Global Fund		193,364
			63,259	60,250	50,352	-	Bridge/BHHO	Global Fund		173,861
			136,301	135,490	110,221	-	JACK	Global Fund		382,013
			72,715	72,877	59,959	-	OHPM	Global Fund		205,551
			1,922	2,237	599,351	-	UNDP	Global Fund		603,509
		Sub-Total	**483,311**	**479,995**	**988,524**	**-**	**-**	**-**	**-**	**1,951,830**
	Prevention package for people who use drugs (PUD) and their sexual partners	Opioid substitution therapy and other medically assisted drug dependence treatment for PWID	16,306	16,306	16,306	-	AKF	Global Fund		48,917
	Gender marker 1		16,306	16,306	13,045	-	BDN	Global Fund		45,656
			32,612	32,612	32,612	-	JACK	Global Fund		97,835
			16,306	19,504	19,504	-	OHPM	Global Fund		55,314
			557	649	400,260	-	UNDP	Global Fund		401,466
		Sub-Total	**82,086**	**85,376**	**481,725**	**-**	**-**	**-**	**-**	**649,187**

Output	Module	Planned Activities (Interventions)	Planned Budget by Year				RESPONSIBLE PARTY	PLANNED BUDGET		
			Y1	Y2	Y3	Y4		Funding Source	Budget Description	Amount (US$)
	Prevention package for people who use drugs (PUD) and their sexual partners *Gender marker 1*	Sexual and reproductive health services, including STIs, hepatitis, post-violence care for PUD	253,825	70,791	137,442	-	UNDP	Global Fund		462,059
		Sub-Total	**253,825**	**70,791**	**137,442**	**-**	**-**	**-**	**-**	**462,059**
	Program management	Coordination and management of national disease control programs	1,818,824	1,688,221	1,620,038	-	UNDP	Global Fund		5,127,083
		Grant management	49,112	49,562	45,801	-	AADA	Global Fund		144,475
	Gender marker 0		39,863	39,883	39,658	-	AHDS	Global Fund		119,403
			138,960	134,718	120,800	-	AKF	Global Fund		394,478
			20,585	20,585	20,585	-	A-TB-PSA	Global Fund		61,755
			50,749	51,298	48,205	-	BARAN	Global Fund		150,252
			51,989	52,766	49,773	-	BDN	Global Fund		154,528
			34,285	34,205	33,710	-	Bridge/BHHO	Global Fund		102,200
			51,438	51,530	50,132	-	CAF	Global Fund		153,099
			97,696	102,168	94,797	-	HNTPO	Global Fund		294,661
			78,803	86,222	69,562	-	JACK	Global Fund		234,586
			51,896	51,999	50,251	-	MMRCA	Global Fund		154,147
			34,042	34,062	33,769	-	MOVE	Global Fund		101,873
			108,266	109,575	85,713	-	OHPM	Global Fund		303,554
			33,888	33,918	33,544	-	RHDO	Global Fund		101,349
			42,435	42,458	41,487	-	RI	Global Fund		126,381
			34,272	34,310	33,763	-	SAF	Global Fund		102,345
			42,680	43,203	42,039	-	SCA	Global Fund		127,921

Output	Module	Planned Activities (Interventions)	Planned Budget by Year				RESPONSIBLE PARTY	PLANNED BUDGET		
			Y1	Y2	Y3	Y4		Funding Source	Budget Description	Amount (US$)
			4,129,627	3,957,410	3,564,592	-	UNDP	Global Fund		11,651,629
			238,965	238,965	238,965	-	WHO	Global Fund		716,896
		Sub-Total	**7,148,373**	**6,857,057**	**6,317,186**	**-**	-	-	-	**20,322,615**
	Reducing human rights-related barriers to HIV/TB services *Gender marker 1*	Eliminating stigma and discrimination in all settings	2,834	2,834	2,834	-	Bridge/BHHO	Global Fund		8,501
		Sub-Total	**2,834**	**2,834**	**2,834**	**-**	-	-	-	**8,501**
	Reducing human rights-related barriers to HIV/TB services *Gender marker 1*	Improving laws, regulations and polices relating to HIV and HIV/TB	826	826	826	-	BDN	Global Fund		2,477
		Sub-Total	**826**	**826**	**826**	**-**	-	-	-	**2,477**
	Removing human rights and gender related barriers to TB services	Eliminating TB-related stigma and discrimination	3,796	3,796	3,796	-	BARAN	Global Fund		11,388
			3,796	3,796	3,796	-	BDN	Global Fund		11,388
	Gender marker 1		7,592	7,592	7,592	-	JACK	Global Fund		22,776
			3,796	3,796	3,796	-	MOVE	Global Fund		11,388
			7,592	7,592	7,592	-	OHPM	Global Fund		22,776
			3,796	3,796	3,796	-	SCA	Global Fund		11,388
		Sub-Total	**30,369**	**30,369**	**30,369**	**-**	-	-	-	**91,106**

Output	Module	Planned Activities (Interventions)	Planned Budget by Year				RESPONSIBLE PARTY	PLANNED BUDGET		
			Y1	Y2	Y3	Y4		Funding Source	Budget Description	Amount (US$)
	RSSH/PP: Human resources for health (HRH) and quality of care	RSSH/PP: Community health workers: contracting, remuneration and retention	2,023	2,183	2,359	-	AADA	Global Fund		6,564
			424	464	496	-	AHDS	Global Fund		1,383
	Gender marker 1		8,427	9,091	9,493	-	AKF	Global Fund		27,011
			3,286	3,542	3,830	-	BARAN	Global Fund		10,658
			2,007	2,159	2,335	-	BDN	Global Fund		6,500
			2,247	2,415	2,614	-	CAF	Global Fund		7,276
			2,942	3,174	3,430	-	HNTPO	Global Fund		9,546
			6,772	7,308	7,899	-	JACK	Global Fund		21,979
			2,463	2,654	2,862	-	MMRCA	Global Fund		7,979
			544	584	632	-	MOVE	Global Fund		1,759
			6,076	6,556	7,084	-	OHPM	Global Fund		19,716
			768	824	895	-	RHDO	Global Fund		2,487
			520	568	608	-	RI	Global Fund		1,695
			887	959	1,039	-	SAF	Global Fund		2,886
			536	584	632	-	SCA	Global Fund		1,751
		Sub-Total	**39,920**	**43,062**	**46,207**	**-**	**-**	**-**	**-**	**129,190**
	RSSH/PP: Human resources for health (HRH) and quality of care *Gender marker 1*	RSSH/PP: Community health workers: Integrated supportive supervision	5,593	5,593	5,593	-	AKF	Global Fund		16,778
		Sub-Total	**5,593**	**5,593**	**5,593**	**-**	**-**	**-**	**-**	**16,778**

Output	Module	Planned Activities (Interventions)	Planned Budget by Year				RESPONSIBLE PARTY	PLANNED BUDGET		
			Y1	Y2	Y3	Y4		Funding Source	Budget Description	Amount (US$)
	RSSH/PP: Human resources for health (HRH) and quality of care	RSSH/PP: HRH planning, management and governance including for community health workers (CHWs)	10,851	5,425	3,956	-	AKF	Global Fund		20,232
	Gender marker 1		23,479	23,065	22,858	-	OHPM	Global Fund		69,402
			316,161	158,080	79,040	-	UNDP	Global Fund		553,281
		Sub-Total	**350,491**	**186,571**	**105,854**	**-**	-	-	-	**642,916**
	RSSH/PP: Human resources for health (HRH) and quality of care	RSSH/PP: In-service training (excluding community health workers)	299	299	299	-	AKF	Global Fund		898
	Gender marker 1		299	299	299	-	BARAN	Global Fund		898
			299	299	299	-	BDN	Global Fund		898
			299	299	299	-	Bridge/BHHO	Global Fund		898
			299	299	299	-	HNTPO	Global Fund		898
			599	599	959	-	JACK	Global Fund		2,156
			299	299	299	-	OHPM	Global Fund		898
		Sub-Total	**2,394**	**2,394**	**2,754**	**-**	-	-	-	**7,543**
	RSSH/PP: Human resources for health (HRH) and quality of care	RSSH/PP: Integrated supportive supervision for health workers (excluding CHWs)	7,516	7,516	7,516	-	AADA	Global Fund		22,549
	Gender marker 1		2,932	2,932	2,932	-	AHDS	Global Fund		8,795
			156,291	156,291	148,781	-	AKF	Global Fund		461,363
			8,451	8,451	8,451	-	BARAN	Global Fund		25,352
			5,324	5,324	5,324	-	BDN	Global Fund		15,971
			9,760	9,760	9,760	-	CAF	Global Fund		29,281

Output	Module	Planned Activities (Interventions)	Planned Budget by Year				RESPONSIBLE PARTY	PLANNED BUDGET		
			Y1	Y2	Y3	Y4		Funding Source	Budget Description	Amount (US$)
			8,898	8,898	8,898	-	HNTPO	Global Fund		26,694
			11,701	11,701	11,701	-	JACK	Global Fund		35,103
			7,820	7,820	7,820	-	MMRCA	Global Fund		23,460
			4,340	4,340	4,340	-	MOVE	Global Fund		13,019
			22,610	19,218	17,522	-	OHPM	Global Fund		59,351
			2,615	2,615	2,615	-	RHDO	Global Fund		7,844
			3,715	3,715	3,715	-	RI	Global Fund		11,144
			2,615	2,615	2,615	-	SAF	Global Fund		7,844
			5,353	5,353	5,353	-	SCA	Global Fund		16,059
		Sub-Total	**259,940**	**256,549**	**247,342**	**-**	-	-	-	**763,831**
	RSSH/PP: Human resources for health (HRH) and quality of care *Gender marker 1*	RSSH/PP: Quality improvement and capacity building for quality of care	83,880	-	-	-	UNDP	Global Fund		83,880
		Sub-Total	**83,880**	**-**	**-**	**-**	-	-	-	**83,880**
	RSSH/PP: Laboratory systems (including national and peripheral) *Gender marker 0*	RSSH/PP: Laboratory Information systems	46,013	507	253	-	UNDP	Global Fund		46,774
		Sub-Total	**46,013**	**507**	**253**	**-**	-	-	-	**46,774**

Output	Module	Planned Activities (Interventions)	Planned Budget by Year				RESPONSIBLE PARTY	PLANNED BUDGET		
			Y1	Y2	Y3	Y4		Funding Source	Budget Description	Amount (US$)
	RSSH/PP: Laboratory systems (including national and peripheral) *Gender marker 0*	RSSH/PP: Laboratory-based surveillance	735,614	735,614	704,837	-	UNDP	Global Fund		2,176,066
		Sub-Total	**735,614**	**735,614**	**704,837**	**-**	**-**	**-**	**-**	**2,176,066**
	RSSH/PP: Laboratory systems (including national and peripheral) *Gender marker 0*	RSSH/PP: Quality management systems and accreditation	2,212	1,106	553	-	OHPM	Global Fund		3,870
		Sub-Total	**2,212**	**1,106**	**553**	**-**	**-**	**-**	**-**	**3,870**
	RSSH: Health products management systems *Gender marker 0*	Regulatory/quality assurance support	52,656	14,036	12,533	-	AKF	Global Fund		79,225
		Sub-Total	**52,656**	**14,036**	**12,533**	**-**	**-**	**-**	**-**	**79,225**
	RSSH: Health products management systems	Storage and distribution capacity, design & operations	7,487	7,487	7,487	-	HNTPO	Global Fund		22,462
	Gender marker 0		3,744	3,744	3,744	-	JACK	Global Fund		11,231
			6,781	5,262	4,503	-	OHPM	Global Fund		16,547
			3,744	3,744	3,744	-	SCA	Global Fund		11,231
			2,111	-	-	-	UNDP	Global Fund		2,111

Output	Module	Planned Activities (Interventions)	Planned Budget by Year				RESPONSIBLE PARTY	PLANNED BUDGET		
			Y1	Y2	Y3	Y4		Funding Source	Budget Description	Amount (US$)
		Sub-Total	**23,867**	**20,237**	**19,477**	**-**	**-**	**-**	**-**	**63,581**
	RSSH: Monitoring and evaluation systems	Analyses, evaluations, reviews and data use	36,419	36,419	35,575	-	AADA	Global Fund		108,412
			13,037	13,037	12,616	-	AHDS	Global Fund		38,690
	Gender marker 0		59,737	54,567	46,892	-	AKF	Global Fund		161,195
			26,075	26,075	25,231	-	BARAN	Global Fund		77,381
			13,037	13,037	12,616	-	BDN	Global Fund		38,690
			39,112	39,112	37,847	-	CAF	Global Fund		116,071
			39,112	39,112	37,847	-	HNTPO	Global Fund		116,071
			39,112	39,112	37,847	-	JACK	Global Fund		116,071
			39,112	39,112	37,847	-	MMRCA	Global Fund		116,071
			13,037	13,037	12,616	-	MOVE	Global Fund		38,690
			52,150	52,150	50,462	-	OHPM	Global Fund		154,762
			13,037	13,037	12,616	-	RHDO	Global Fund		38,690
			26,075	26,075	25,231	-	RI	Global Fund		77,381
			13,037	13,037	12,616	-	SAF	Global Fund		38,690
			26,075	26,075	25,231	-	SCA	Global Fund		77,381
			-	-	29,914	-	UNDP	Global Fund		29,914
		Sub-Total	**448,167**	**442,997**	**452,999**	**-**	**-**	**-**	**-**	**1,344,164**
	RSSH: Monitoring and evaluation systems	Routine reporting	88,566	92,635	87,210	-	AKF	Global Fund		268,411
	Gender marker 0		43,631	47,707	12,631	-	OHPM	Global Fund		103,969
			-	-	35,000	-	UNDP	Global Fund		35,000
		Sub-Total	**132,197**	**140,342**	**134,841**	**-**	**-**	**-**	**-**	**407,380**

Output	Module	Planned Activities (Interventions)	Planned Budget by Year				RESPONSIBLE PARTY	PLANNED BUDGET		
			Y1	Y2	Y3	Y4		Funding Source	Budget Description	Amount (US$)
	RSSH: Monitoring and evaluation systems	Surveillance for HIV, tuberculosis and malaria	-	9,018	-	-	AKF	Global Fund		9,018
	Gender marker 0		-	117,000	-	-	UNDP	Global Fund		117,000
		Sub-Total	**-**	**126,018**	**-**	**-**	**-**	**-**	**-**	**126,018**
		Surveys	-	-	643,920	-	UNDP	Global Fund		643,920
		Sub-Total	**-**	**-**	**643,920**	**-**	**-**	**-**	**-**	**643,920**
	TB diagnosis, treatment and care	TB screening and diagnosis	17,553	17,931	9,056	-	AADA	Global Fund		44,540
			2,332	2,440	1,633	-	AHDS	Global Fund		6,405
	Gender marker 1		64,478	56,989	31,189	-	AKF	Global Fund		152,657
			23,188	23,728	12,570	-	BARAN	Global Fund		59,486
			17,015	17,393	8,558	-	BDN	Global Fund		42,966
			11,351	11,729	7,601	-	CAF	Global Fund		30,681
			14,510	14,996	9,547	-	HNTPO	Global Fund		39,053
			46,854	48,043	25,344	-	JACK	Global Fund		120,242
			12,327	12,760	8,196	-	MMRCA	Global Fund		33,283
			2,900	2,954	1,957	-	MOVE	Global Fund		7,811
			36,571	37,598	21,240	-	OHPM	Global Fund		95,410
			3,886	3,994	2,606	-	RHDO	Global Fund		10,486
			3,185	3,293	2,347	-	RI	Global Fund		8,824
			4,420	4,582	2,930	-	SAF	Global Fund		11,932
			3,279	3,387	2,401	-	SCA	Global Fund		9,067
			1,884,666	1,968,838	1,568,865	-	UNDP	Global Fund		5,422,369
		Sub-Total	**2,148,514**	**2,230,657**	**1,716,040**	**-**	**-**	**-**	**-**	**6,095,212**

Output	Module	Planned Activities (Interventions)	Planned Budget by Year				RESPONSIBLE PARTY	PLANNED BUDGET		
			Y1	Y2	Y3	Y4		Funding Source	Budget Description	Amount (US$)
	TB diagnosis, treatment and care	TB treatment, care and support	1,325	1,391	467	-	AADA	Global Fund		3,182
			562	575	99	-	AHDS	Global Fund		1,236
	Gender marker 1		11,100	11,373	3,297	-	AKF	Global Fund		25,770
			2,436	2,541	758	-	BARAN	Global Fund		5,734
			1,203	1,268	462	-	BDN	Global Fund		2,933
			2,354	2,426	517	-	CAF	Global Fund		5,297
			2,299	2,394	680	-	HNTPO	Global Fund		5,373
			4,341	4,560	1,564	-	JACK	Global Fund		10,464
			2,750	2,830	568	-	MMRCA	Global Fund		6,148
			999	1,017	126	-	MOVE	Global Fund		2,142
			3,595	3,791	1,402	-	OHPM	Global Fund		8,788
			830	854	177	-	RHDO	Global Fund		1,861
			892	909	120	-	RI	Global Fund		1,920
			1,205	1,234	206	-	SAF	Global Fund		2,645
			1,224	1,242	125	-	SCA	Global Fund		2,591
			1,069,325	5,037,116	349,700	-	UNDP	Global Fund		6,456,141
		Sub-Total	**1,106,440**	**5,075,521**	**360,265**	**-**	**-**	**-**	**-**	**6,542,225**
	TB/DR-TB Prevention	Screening/testing for TB infection	13,810	14,918	3,730	-	AADA	Global Fund		32,458
			2,912	3,149	787	-	AHDS	Global Fund		6,848
	Gender marker 1		57,552	62,167	15,542	-	AKF	Global Fund		135,260
			22,405	24,202	6,050	-	BARAN	Global Fund		52,657
			13,682	14,777	3,694	-	BDN	Global Fund		32,153
			15,310	16,533	4,133	-	CAF	Global Fund		35,977
			20,107	21,722	5,431	-	HNTPO	Global Fund		47,260
			46,255	49,964	12,491	-	JACK	Global Fund		108,711

Output	Module	Planned Activities (Interventions)	Planned Budget by Year				RESPONSIBLE PARTY	PLANNED BUDGET		
			Y1	Y2	Y3	Y4		Funding Source	Budget Description	Amount (US$)
			16,797	18,141	4,535	-	MMRCA	Global Fund		39,473
			3,716	4,013	1,003	-	MOVE	Global Fund		8,733
			41,478	44,796	11,199	-	OHPM	Global Fund		97,473
			5,230	5,648	1,412	-	RHDO	Global Fund		12,290
			3,547	3,831	958	-	RI	Global Fund		8,336
			6,088	6,574	1,644	-	SAF	Global Fund		14,305
			3,682	3,973	993	-	SCA	Global Fund		8,648
		Sub-Total	**272,572**	**294,409**	**73,602**	**-**	**-**	**-**	**-**	**640,582**
	Treatment, care and support	HIV treatment and differentiated service delivery - adults (15 and above)	16,963	16,963	16,963	-	AKF	Global Fund		50,890
			22,139	22,139	18,929	-	BARAN	Global Fund		63,207
	Gender marker 1		22,629	22,629	19,512	-	BDN	Global Fund		64,770
			22,814	22,814	19,605	-	HNTPO	Global Fund		65,234
			29,380	29,434	25,024	-	JACK	Global Fund		83,837
			19,025	19,025	17,710	-	OHPM	Global Fund		55,761
			-	137,044	154,306	-	UNDP	Global Fund		291,350
		Sub-Total	**132,950**	**270,049**	**272,050**	**-**	**-**	**-**	**-**	**675,049**
	Treatment, care and support *Gender marker 1*	HIV treatment and differentiated service delivery - children (under 15)	-	40,956	45,848	-	UNDP	Global Fund		86,804
		Sub-Total	**-**	**40,956**	**45,848**	**-**	**-**	**-**	**-**	**86,804**
	Treatment, care and support *Gender marker 1*	Treatment monitoring - Viral load and antiretroviral (ARV) toxicity	51,060	58,342	65,363	-	UNDP	Global Fund		174,764
		Sub-Total	**51,060**	**58,342**	**65,363**	**-**	**-**	**-**	**-**	**174,764**
	Vector control	Entomological monitoring	1,712	1,712	1,712	-	AKF	Global Fund		5,135

Output	Module	Planned Activities (Interventions)	Planned Budget by Year				RESPONSIBLE PARTY	PLANNED BUDGET		
			Y1	Y2	Y3	Y4		Funding Source	Budget Description	Amount (US$)
	Gender marker 0		1,112	1,112	1,112	-	BARAN	Global Fund		3,335
			1,112	1,112	1,112	-	BDN	Global Fund		3,335
			4,447	8,486	4,447	-	HNTPO	Global Fund		17,380
			3,424	8,243	3,424	-	JACK	Global Fund		15,090
			1,112	1,112	1,112	-	OHPM	Global Fund		3,335
			-	964	-	-	SCA	Global Fund		964
		Sub-Total	**12,918**	**22,740**	**12,918**	**-**	**-**	**-**	**-**	**48,576**
	Vector control	Indoor residual spraying (IRS)	226,472	85,140	114,088	-	UNDP	Global Fund		425,700
	Gender marker 0	Insecticide treated nets (ITNs) - Continuous distribution: ANC	5,590	5,709	5,832	-	HNTPO	Global Fund		17,130
			9,580	9,785	9,995	-	JACK	Global Fund		29,360
			1,759	1,797	1,835	-	OHPM	Global Fund		5,392
			922	942	962	-	SCA	Global Fund		2,827
			704,801	719,892	735,301	-	UNDP	Global Fund		2,159,994
		Sub-Total	**949,125**	**823,266**	**868,012**	**-**	**-**	**-**	**-**	**2,640,403**
	Vector control	Insecticide treated nets (ITNs) - Mass campaign: universal	24,533	115,157	24,533	-	HNTPO	Global Fund		164,223
	Gender marker 1		12,266	167,585	12,266	-	JACK	Global Fund		192,118
			9,984	38,507	9,984	-	OHPM	Global Fund		58,476
			9,984	24,937	9,984	-	SCA	Global Fund		44,906
			7,998,759	-	-	-	UNDP	Global Fund		7,998,759
		Sub-Total	**8,055,527**	**346,187**	**56,768**	**-**	**-**	**-**	**-**	**8,458,482**
		Grand-Total	**25,175,170**	**24,131,612**	**16,230,873**	**-**	**-**	**-**	**-**	**65,537,654***

**GMS of 7% has already been included*

Sub-Recipients (SRs) are audited based on the criteria detailed in the Office of Audit and Investigations (OAI) Call Letter for Harmonized Approach to Cash Transfers (HACT) Audit Plans, which is issued annually. The SR audit approach for Global Fund projects includes financial audit as well as audit of SR internal control and systems. While SR audits are coordinated centrally by the UNDP Global Fund Partnership and Health Systems Team (GFPHST), COs are advised to designate a focal point to ensure a timely and successful process.[7]

The complete Supplemental Guidance on SR audits is available here:
https://intranet.undp.org/unit/office/oai/Site%20Documents/FY2022_Supplemental%20Guidance%20on%20SR%20Audits%20for%20UNDP%20projects%20funded%20by%20the%20Global%20Fund_10%20Nov2022.docx

[7] https://undphealthimplementation.org/functional-areas/sub-recipient-management/sub-recipient-audit/sub-recipient-audit-approach/

VIII. GOVERNANCE AND MANAGEMENT ARRANGEMENTS

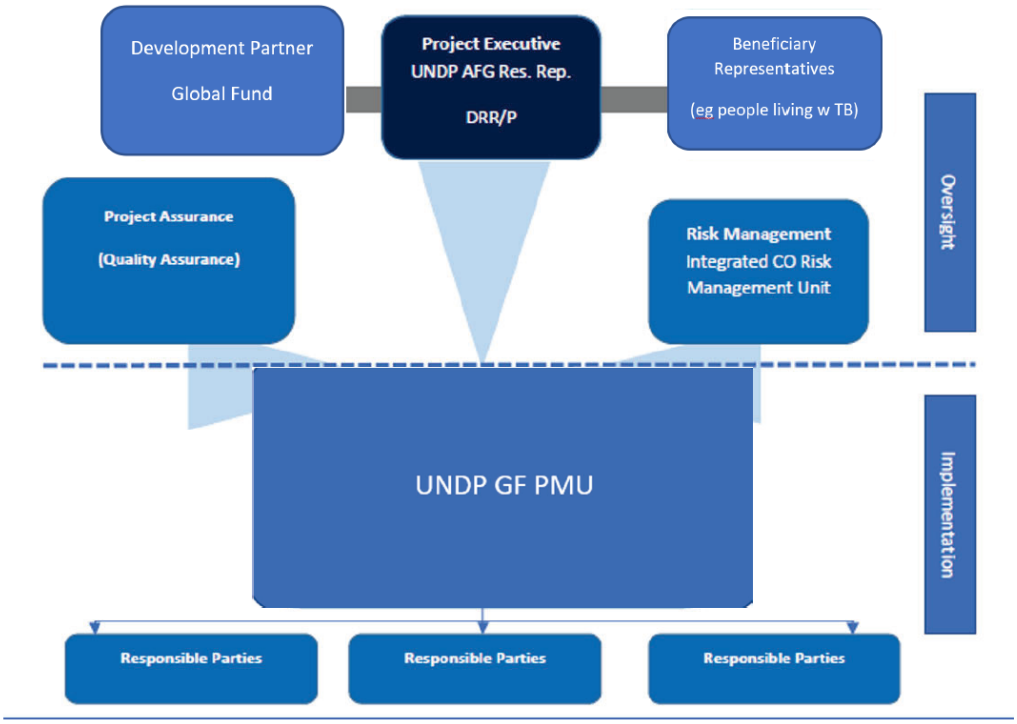
UNDP Afghanistan is the Principal Recipient (PR) for the Global Fund supported grants in Afghanistan since 2015. As the PR UNDP will work in close coordination with all stakeholders and will be responsible for the management of the grant, procurement of goods & services and management of supplies, financial accountability, and ensuring grant implementation in accordance with the approved work plan and internationally acceptable procedures.

There will be a Project Board for GC-7, which includes representation from sister UN agencies, civil society, etc. The two prominent roles of the Project Board are as follows:

1. High-level oversight of the project. This is the primary function of the Project Board. The Project Board reviews evidence of project performance based on monitoring, evaluation and reporting, including progress reports, monitoring missions' reports, evaluations, risk logs, quality assessments, and the combined delivery report. The Project Board is the main body responsible for taking corrective actions as needed to ensure the project achieves the desired results. And its function includes oversight of annual (and as-needed) assessments of any major risks to the programme or project, and related decisions/agreements on any management actions or remedial measures to address them effectively.

   The Project Board also carries the role of quality assurance of the project taking decisions informed by, among other inputs, the project quality assessment. In this role the Board is supported by the quality assurer, whose function is to assess the quality of the project against the corporate standard criteria. This function is performed by a UNDP programme or monitoring and evaluation officer to maintain independence from the project manager regardless of the project ‘s implementation modality.

2. Approval of key project execution decisions. The Project Board has an equally important, secondary role in approving certain adjustments above provided tolerance levels, including substantive programmatic revisions (major/minor amendments), budget revisions, requests for suspension or extension and other major changes (subject to additional funding partner/donor requirements).



The proposed composition of the Project Board is as follows:

	Name	Organization

1	Chairperson UNDP Resident Representative OR Senior Deputy Resident Representative – Programme	UNDP Afghanistan
2	Country Director or alternate	UNAIDS Afghanistan/Pakistan
3	Chief of Health and Nutrition or alternate	UNICEF Afghanistan
4	Coordinator of Communicable Diseases or alternate	WHO Afghanistan
5	Programme Officer or alternate	UNODC Afghanistan
6	Program Coordinator or alternate	Afghanistan Global Fund Coordination Unit
7	ATM Coordinator or alternate	Afghanistan Communicable Disease Control Unit
8	Representative of people living with TB	TB Patient Association
9	Representative of people living with HIV	BRIDGE
10		

Please see attached Annex 5a Project Board TOR for details.

The grant activities will be implemented through sub recipients in close coordination with the national programs (ANPASH, AC/HSS-GFCU, NTP and MVDP). For effective implementation of the Global Fund resources, UNDP Afghanistan has established a Program Management Unit (PMU), which is responsible for the day-to-day overall programme management, risk management, policy guidance, financial accountability, procurement of goods, including health products and services, strengthening of the national pharmaceutical and laboratory supply chain systems. The PMU is directly supervised by the Deputy Resident Representative for Programs and supported by both Operation and Programmes units of the Country Office. GF PMU will process CO costs like ISS in accordance with UNDP rules and regulations applicable to GF grants. The procurement function is exercised by the GF PMU in collaboration with CO procurement. The overall delivery for the PMU is accounted for under the CO annual procurement plan. Procurement oversight and review as per UNDP policy and financial thresholds goes via CO procurement.

IX. LEGAL CONTEXT

The project document shall be the instrument envisaged and defined in the Supplemental Provisions to the Project Document, attached hereto and forming an integral part hereof, as "the Project Document".

This project will be implemented by UNDP in accordance with UNDP financial regulations, rules, practices and procedures. Where the financial governance of the Sub-Recipients do not provide the required guidance to ensure best value for money, fairness, integrity, transparency, and effective international competition, the financial governance of UNDP shall apply.

X. RISK MANAGEMENT

UNDP (DIM)

1. UNDP as the Implementing Partner will comply with the policies, procedures and practices of the United Nations Security Management System (UNSMS.)
2. UNDP as the Implementing Partner will undertake all reasonable efforts to ensure that none of the [project funds][8] [UNDP funds received pursuant to the Project Document][9] are used to provide support to individuals or entities associated with terrorism , that the recipients of any amounts provided by UNDP hereunder do not appear on the United Nations Security Council Consolidated Sanctions List, and that no UNDP funds received

[8] To be used where UNDP is the Implementing Partner

[9] To be used where the UN, a UN fund/programme or a specialized agency is the Implementing Partner

pursuant to the Project Document are used for money laundering activities. The United Nations Security Council Consolidated Sanctions List can be accessed via https://www.un.org/securitycouncil/content/un-sc-consolidated-list. This provision must be included in all sub-contracts or sub-agreements entered into under this Project Document.

3. Social and environmental sustainability will be enhanced through application of the UNDP Social and Environmental Standards (http://www.undp.org/ses) and related Accountability Mechanism (http://www.undp.org/secu-srm).
4. UNDP as the Implementing Partner will: (a) conduct project and programme-related activities in a manner consistent with the UNDP Social and Environmental Standards, (b) implement any management or mitigation plan prepared for the project or programme to comply with such standards, and (c) engage in a constructive and timely manner to address any concerns and complaints raised through the Accountability Mechanism. UNDP will seek to ensure that communities and other project stakeholders are informed of and have access to the Accountability Mechanism.
5. In the implementation of the activities under this Project Document, UNDP as the Implementing Partner will handle any sexual exploitation and abuse ("SEA") and sexual harassment ("SH") allegations in accordance with its regulations, rules, policies and procedures.
6. All signatories to the Project Document shall cooperate in good faith with any exercise to evaluate any programme or project-related commitments or compliance with the UNDP Social and Environmental Standards. This includes providing access to project sites, relevant personnel, information, and documentation.
7. UNDP as the Implementing Partner will ensure that the following obligations are binding on each responsible party, subcontractor, and sub-recipient:
    i. Consistent with the *Supplemental Provisions to the Project Document*, the responsibility for the safety and security of each responsible party, subcontractor and sub-recipient and its personnel and property, and of UNDP's property in such responsible party's, subcontractor's and sub-recipient's custody, rests with such responsible party, subcontractor and sub-recipient. To this end, each responsible party, subcontractor and sub-recipient shall:
        1. 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;
        2. assume all risks and liabilities related to such responsible party's, subcontractor's and sub-recipient's security, and the full implementation of the security plan.

    a. 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 the responsible party's, subcontractor's and sub-recipient's obligations under this Project Document.
    b. Each responsible party, subcontractor and sub-recipient (each a "sub-party" and together "sub-parties") acknowledges and agrees that UNDP will not tolerate sexual harassment and sexual exploitation and abuse of anyone by the sub-parties, and other entities involved in Project implementation, either as contractors or subcontractors and their personnel, and any individuals performing services for them under the Project Document.

    (a) In the implementation of the activities under this Project Document, each sub-party shall comply with the standards of conduct set forth in the Secretary General's Bulletin ST/SGB/2003/13 of 9 October 2003, concerning "Special measures for protection from sexual exploitation and sexual abuse" ("SEA").

    (b) Moreover, and without limitation to the application of other regulations, rules, policies and procedures bearing upon the performance of the activities under this Project Document, in the implementation of activities, each sub-party, shall not engage in any form of sexual harassment ("SH"). SH is defined as any unwelcome conduct of a sexual nature that might reasonably be expected or be perceived to cause offense or humiliation, when such conduct interferes with work, is made a condition of employment or creates an intimidating, hostile or offensive work environment. SH may occur in the workplace or in connection with work. While typically involving a pattern of conduct, SH may take the form of a single incident. In assessing the reasonableness of expectations or perceptions, the perspective of the person who is the target of the conduct shall be considered.

    c. In the performance of the activities under this Project Document, each sub-party shall (with respect to its own activities), and shall require from its sub-parties (with respect to their activities) that they, have minimum standards and procedures in place, or a plan to develop and/or improve such standards and procedures in order to be able to take effective preventive and investigative action. These should include: policies on sexual harassment and sexual exploitation and abuse; policies on whistleblowing/protection against retaliation; and complaints, disciplinary and investigative mechanisms. In line with this, sub-parties will and will require that their respective sub-parties will take all appropriate measures to:

(i) Prevent its employees, agents or any other persons engaged to perform any services under this Project Document, from engaging in SH or SEA;
(ii) Offer employees and associated personnel training on prevention and response to SH and SEA, where sub-parties have not put in place its own training regarding the prevention of SH and SEA, sub-parties may use the training material available at UNDP;
(iii) Report and monitor allegations of SH and SEA of which any of the sub-parties have been informed or have otherwise become aware, and status thereof;
(iv) Refer victims/survivors of SH and SEA to safe and confidential victim assistance; and
(v) Promptly and confidentially record and investigate any allegations credible enough to warrant an investigation of SH or SEA. Each sub-party shall advise UNDP of any such allegations received and investigations being conducted by itself or any of its sub-parties with respect to their activities under the Project Document, and shall keep UNDP informed during the investigation by it or any of such sub-parties, to the extent that such notification (i) does not jeopardize the conduct of the investigation, including but not limited to the safety or security of persons, and/or (ii) is not in contravention of any laws applicable to it. Following the investigation, the relevant sub-party shall advise UNDP of any actions taken by it or any of the other entities further to the investigation.

d. Each sub-party shall establish that it has complied with the foregoing, to the satisfaction of UNDP, when requested by UNDP or any party acting on its behalf to provide such confirmation. Failure of the relevant sub-party to comply of the foregoing, as determined by UNDP, shall be considered grounds for suspension or termination of the Project.
e. Each responsible party, subcontractor and sub-recipient will ensure that any project activities undertaken by them will be implemented in a manner consistent with the UNDP Social and Environmental Standards and shall ensure that any incidents or issues of non-compliance shall be reported to UNDP in accordance with UNDP Social and Environmental Standards.
f. Each responsible party, subcontractor and sub-recipient will take appropriate steps to prevent misuse of funds, fraud, corruption or other financial irregularities, by its officials, consultants, subcontractors and sub-recipients in implementing the project or programme or using the UNDP funds. It will ensure that its financial management, anti-corruption, anti-fraud and anti money laundering and countering the financing of terrorism policies are in place and enforced for all funding received from or through UNDP.
g. The requirements of the following documents, then in force at the time of signature of the Project Document, apply to each responsible party, subcontractor and sub-recipient: (a) UNDP Policy on Fraud and other Corrupt Practices (b) UNDP Anti-Money Laundering and Countering the Financing of Terrorism Policy; and (c) UNDP Office of Audit and Investigations Investigation Guidelines. Each responsible party, subcontractor and sub-recipient agrees and is required to comply to the requirements of the above documents, which are an integral part of this Project Document and are available online at www.undp.org.
h. UNDP as the Implementing Partner will ensure implementation of a robust due diligence and risk management in line with UNDP Afghanistan Adaptive Risk Management and Implementation Strategy, UNDP Enterprice Risk Management Strategy and Anti-Money Laundering/Countering the Financing of Terrorism Policy supported by the Integrated Risk Management Unit of UNDP in Afghanistan which works closely with the UNDP Office of Audit and Investigation.
i. In the event that an investigation is required, UNDP will conduct investigations relating to any aspect of UNDP programmes and projects. Each responsible party, subcontractor and sub-recipient will provide its full cooperation, including making available personnel, relevant documentation, and granting access to its (and its consultants', subcontractors' and sub-recipients') premises, for such purposes at reasonable times and on reasonable conditions as may be required for the purpose of an investigation. Should there be a limitation in meeting this obligation, UNDP shall consult with it to find a solution.
j. Each responsible party, subcontractor and sub-recipient will promptly inform UNDP as the Implementing Partner in case of any incidence of inappropriate use of funds, or credible allegation of fraud, corruption other financial irregularities with due confidentiality.
Where it becomes aware that a UNDP project or activity, in whole or in part, is the focus of investigation for alleged fraud/corruption, each responsible party, subcontractor and sub-recipient will inform the UNDP Resident Representative/Head of Office, who will promptly inform UNDP's Office of Audit and Investigations (OAI). It will provide regular updates to the head of UNDP in the country and OAI of the status of, and actions relating to, such investigation.
k. UNDP will be entitled to a refund from the responsible party, subcontractor or sub-recipient of any funds provided that have been used inappropriately, including through fraud corruption, other financial irregularities or otherwise paid other than in accordance with the terms and conditions of this Project

Document. Such amount may be deducted by UNDP from any payment due to the responsible party, subcontractor or sub-recipient under this or any other agreement. Recovery of such amount by UNDP shall not diminish or curtail any responsible party's, subcontractor's or sub-recipient's obligations under this Project Document.

Note: The term "Project Document" as used in this clause shall be deemed to include any relevant subsidiary agreement further to the Project Document, including those with responsible parties, subcontractors and sub-recipients.

l. Each contract issued by the responsible party, subcontractor or sub-recipient in connection with this Project Document shall include a provision representing that no fees, gratuities, rebates, gifts, commissions or other payments, other than those shown in the proposal, have been given, received, or promised in connection with the selection process or in contract execution, and that the recipient of funds from it shall cooperate with any and all investigations and post-payment audits.

m. Should UNDP refer to the relevant national authorities for appropriate legal action any alleged wrongdoing relating to the project or programme, the Government will ensure that the relevant national authorities shall actively investigate the same and take appropriate legal action against all individuals found to have participated in the wrongdoing, recover and return any recovered funds to UNDP.

n. Each responsible party, subcontractor and sub-recipient shall ensure that all of its obligations set forth under this section entitled "Risk Management" are passed on to its subcontractors and sub-recipients and that all the clauses under this section entitled "Risk Management Standard Clauses" are adequately reflected, *mutatis mutandis*, in all its sub-contracts or sub-agreements entered into further to this Project Document.

XI. ANNEXES

1. **Project Quality Assurance at Design Report**

2. **Social and Environmental Screening**

3. **Risk Register**

4. **Capacity Assessment:** Results of capacity assessments of sub-recipients (including Partner Capacity Assessment Tool (PCAT) and HACT Micro Assessment)

5. **Project Board Terms of Reference (5a) and TORs of key management positions (5b – f)**