PROJECT DOCUMENT

South Sudan

Project Title: COVID-19 Response Mechanism Programme Optimisation Extension
Project Number: 01001758
Implementing Partner: UNDP
Start Date: 01/01/2024 **End Date:** 31/12/2025 **LPAC Meeting date:** CCM Review and Endorsement Process throughout 2023 including Funding Request, Grant Making, Signature

Brief Description

Briefly describe the overall development challenge and the expected results of the project.

The Republic of South Sudan (RSS) has faced numerous challenges since its independence in 2011, including prolonged insecurity, economic instability, and a high health workforce attrition rate. The country's health infrastructure is limited and understaffed with low national budgetary allocation to the health sector. This has negatively affected population health, particularly vulnerability to diseases like HIV, TB, and malaria. The Ministry of Health receives significant support from humanitarian and development partners, but the situation is likely to continue in the foreseeable future.

South Sudan is classified under the Global Fund as a challenging operating environment, the country has faced numerous challenges since its independence in 2011, including insecurity, economic instability, and high health workforce attrition rates. The country's health infrastructure is limited and understaffed, negatively affecting population health, particularly vulnerability to diseases like HIV, TB, and malaria. The Ministry of Health receives significant support from humanitarian and development partners, but the situation is likely to continue in the foreseeable future. The government plans to use the approved Global Fund C19RM Portfolio Optimizaton funding (US$25,599, 444) to strengthen health systems, including supply chain systems, community health programs, early warning, surveillance, and response systems (EWSRS), laboratory system capacity, improve case management through oxygen supply, community participation in disease programming, and removal of human rights and gender-related barriers to access to services.

The project will support the following strategies to strengthen health system in South Sudan:

- The health product supply chain system is a critical component of the health system, and the government intends to address supply system challenges such as weak governance, an inefficient distribution system, inadequate workforce, lack of quality control, weak post-market monitoring, and weak information systems. Therefore, the project is expected to improve South Sudan's health products or logistic information management systems for better commodity supply, coordination, and quicker logistical response during epidemics.
- The South Sudanese laboratory system has evolved since 2005, but gaps in the system affect its smooth take-off and impact on diagnostic services for HIV, TB, malaria, and other diseases. With the integration of the laboratory systems, the population will access high-quality HIV, TB, malaria, and other laboratory services.
- The Integrated Diseases Surveillance and Response (IDSR) was established to monitor disease outbreaks and public health events. However, there are challenges including disease-specific Terms of Reference, low utilization of the module, lack of regular risk assessments, and insufficient training for Rapid Response Team members. Therefore, the project will support the review of the surveillance system strategies, the development of EWARS SoPs, the training of health workers, the integration of IDSR into the District Health System 2 (DHIS2), simulation exercise, regular risk assessment, and supportive supervision.

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- The Boma Health Initiative (BHI) aims to remove fragmentation in Community Health Systems and provide integrated preventive, curative, and promotional services. The project will scale up the BHI through selection, pre-service training, certification, recruitment, and regular supervision of existing and new Boma Health Workers (BHW).
- Investing in community systems and building the capacity of community-led organizations is essential to increase accountability during disease outbreaks and pandemic response. Thus, the project will engage the Civil Society Organizations CSOs) including Community-Based Organizations (CBOs) for community participation to strengthen the health system.
- Gender-based violence and human rights-related barriers to access to services are also areas that need attention. The project through the CSOs, including CBOs, will support vulnerable victims and families. In addition, the project will improve access to information and the justice system.

Contributing Outcome (UNSDCF, CPD, RPD):	**Total resources required:**		US$34,513,314
Indicative Output(s) with gender marker[1]:	**Total resources allocated:**		
		UNDP TRAC:	0
		Donor:	US$34,513,314
		Government:	0
		In-Kind:	0
	Unfunded:	0	

Agreed by (signatures):

Government	UNDP
Hon. Sarah Cleto Rial Minister of Health Republic of South Sudan	**Dr. Aouale Mohamed Abchir** Resident Representative UNDP South Sudan
Date: 29 JUL 2025	**Date:**

MINISTRY OF HEALTH
MINISTER'S OFFICE
REPUBLIC OF SOUTH SUDAN

United Nations Development Programme South Sudan UNDP

[1] The Gender Marker measures how much a project invests in gender equality and women's empowerment. Select one for each output: GEN3 (Gender equality as a principle objective); GEN2 (Gender equality as a significant objective); GEN1 (Limited contribution to gender equality); GEN0 (No contribution to gender quality)

I. DEVELOPMENT CHALLENGE

Contextual Analysis

The Republic of South Sudan (RSS) became an independent nation on July 9, 2011, following decades of civil war. Two years following independence, the country was plunged into a state of prolonged insecurity and economic challenges following internal political crisis in December 2013 and in July 2016. A peace agreement was signed in 2018 and a transitional government was formed in early 2020. This situation adversely affected the national health system and access to health services by the population.

The health infrastructure is limited, the health system is understaffed due to variety of factors including the high attrition rate, inability of the government to pay health sector salaries on a regular basis, with several months in salary payments outstanding. The political and economic instability has resulted in persistent low national budgetary allocation to the health sector. These country context challenges have negative effects on population health, particularly vulnerability to epidemic diseases such as HIV, TB and malaria and on efforts to address and respond to these challenges. As a result, the Ministry of Health receives significant support from Humanitarian and Development partners to undertake its mandate. This situation is likely to continue in the foreseeable future. The Service Availability and Readiness Assessment (SARA) survey conducted in 2018 highlighted key gaps in health system performance and service delivery. According to the survey, the General and Specific Service Availability and Readiness Scores for most of the indicators were far below the WHO recommended minimum thresholds[2].

South Sudan continues to be classified under the Global Fund as a challenging operating environment (COE) country, having the characteristics of both *protracted emergency* and *chronic instability* according to this definition. Therefore, the country shall continue to be supported by the Global Fund.

Like other countries, the situation with response to COVID-19 pandemic has evolved. The focus is shifting to strengthening systems for health and pandemic preparedness, while continuing to implement measures to prevent the spread of the disease. COVID-19 response had significant knock-on effects on HIV, Tuberculosis (TB) and malaria programs, as such mitigation of the effects and putting in place recovery measures also remains a priority for the country.

Effective and timely response to current and future pandemics necessitates that the country strengthens its system for health. Therefore, the country welcomes the GF Board decision on C19RM funding remaining flexible so that as COVID-19 evolves, resources can be directed to emerging priority areas including "*towards longer-term investments in health systems' infrastructure and capacities for pandemic preparedness and response".* South Sudan shall leverage on the GF fund to continue building its system for health so that its resilient and in position to effectively respond to pandemics while providing routine services including programs for Malaria, TB and HIV/AIDS.

The more specific health systems challenges the project will address are described below.

[2] 2018 SARA South Sudan report

Health products supply chain system

Medicines and other health products are critical components of a health system. As such, systems that deliver the products to the final user and in a state where the product is still effective is therefore important. Drugs and other medical products have direct bearing on the health system goals of improved health and responsiveness.

The South Sudan Directorate of Pharmaceuticals and Supplies, within the Ministry of Health (MOH), and the Central Medical Stores (CMS) are responsible for leading the selection and quantification of public sector pharmaceuticals and supplies, managing the procurement of health commodities, and overseeing storage and distribution of these commodities to counties and health facilities. These two government bodies work closely with the health programs within the MOH as well as donors and implementing partners (IP) to achieve their mandates.

In South Sudan, the health product management system, including procurement, storage and distribution of medical products like many elements of the health system are dependent on development and implementing partners (IPs). However, as the country moves towards strengthening its system for health, the government through MOH intends to address supply system challenges. These challenges include among others:

- Weak governance and coordination structure at all levels
- Ineffective, inefficient and fragmented distribution system largely controlled by IPs
- Inadequacy in workforce in supply chain functions (numbers, skills, incentives etc.) leading to limitations in forecasting, quantification, supply chain planning and procurement
- Lack of quality control/assurance for pharmaceutical and other medical products,
- Ineffective medical products waste management system
- Weak post-market monitoring of medical products.
- Storage and distribution challenges are insufficient capacity (storage & equipment), lack of manpower, subpar operations in warehouse management and inadequate controls for stock keeping, low adherence to good distribution practices, etc.
- Weak information systems including inadequate functionality and usage limitations, inventory visibility, and no linkage between LMIS and DHIS2.

As the country continues in the health system recovery path, the procurement of the majority of drugs and other medical commodities is likely to continue to be done by development and implementing partners. Therefore, the government through the MOH intents to have targeted investment in the health product management (HPM) system as part of the strengthening system for health and ensuring system readiness for epidemic and pandemic response.

The USAID through the Global Health Supply Chain Program-Procurement and Supply Management (GHSC-PSM) project is supporting the building of the capacity of MOH officials to enable the government to assume control of the supply chain, use data for decision-making, and re-strengthen its coordinating role. The HPF is also supporting the implementation of the supply chain for essential pharmaceuticals and medical consumables. This includes procuring high-quality pharmaceuticals and supporting the delivery in the form of pre-packed kits based on quantification and forecasting of essential medicine. HPF operates a warehouse in Juba. The Juba warehouse supports the receipt, warehousing, marking, documenting, and pushing out of the pre-packed pharmaceuticals and medical consumables. Other partners leading in the implementation of especially of programmatic diseases also operate parallel supply chain systems.

Therefore, addressing gaps in the HPMS is anticipated to be supported by the GF GC7 and C19RM grants as well as with contributions from other partners.

Integrated laboratory systems and diagnostic networks

The laboratory system in South Sudan has evolved since 2005 when the Ministry of Health and partners pooled resources to ensure that the tiered (four levels) laboratory system continues to deliver quality, accurate, timely, and cost-effective diagnostic services[3]. The National Health Policy recognizes the crucial role that laboratory services play in the provision of effective and efficient health services as indicated in one of its key objectives: *to ensure the development of diagnostic services appropriate for every level of care.*[4] *Laboratory Strategic Plan highlights 11 key elements upon which the development of an integrated laboratory system rests. These include* legal and regulatory frameworks, laboratory standards, laboratory information management system (LIMS), laboratory human resources, laboratory supply chain management, laboratory safety and waste management.[5]

In the COVID-19 Funding Request of May 2020 significant investments were made on procurement of laboratory consumables, COVID-19 testing and samples management, minor renovations of the National Public Health Lab to accommodate the PCR machine, and training laboratory workers. Requests were also placed in May 2021, and a supplementary funding request in October 2021. Those requests were premised on the Covid-19 National Strategic Preparedness and Response Plans.[6]

Despite ongoing support by MOH and partners, there are gaps in specific areas that affect integrated laboratory systems' smooth take-off and have a bearing on the diagnostics services for HIV, TB and malaria, and other diseases including epidemics. Some of the gaps highlighted during a dialogue of the Laboratory technical working group were:

- Lack of national and sub-national governance structures
- Lack of laboratory licensing and regulatory structure for practitioners
- National Laboratory human Resources continuous development plan is lacking
- Poor retention of laboratory staff due to poor remuneration
- No Regional Reference Laboratory to take epidemic specialized diagnosis closer to the States
- No proper plan for maintenance of laboratory equipment
- Interruptions in the supplies of tests kits for three diseases
- Lack of Proper lab registers and monthly reporting forms
- Vertical Sample transportation program (HIV, TB IDSR, COVID 19)
- Lab information not integrated in the DHIS2

Apart from Global Fund investments on laboratory system in the country, National laboratory standards and policies have already been developed and currently there is a Technical Assistance (TA) that is ongoing to develop Essential Diagnostic Lists (EDL). However, the TA doesn't cover costs of activities. The Laboratory Quality Management Systems (LQMS) are currently implemented in selected health facilities (3 Teaching Hospitals, 3 State Hospital laboratories and 70 health facilities). This activity is fully supported by PEPFAR but there are still gaps in the remaining facilities. There is an ongoing Global Fund TA to develop standard laboratory registers and monthly summary forms – a key component in strengthening the laboratory information management system and integration into the DHIS2.

[3] South Sudan National Laboratory Policy
[4] South Sudan National Health Policy, 2016-2026
[5] South Sudan National Laboratory Strategic Plan
[6] Strategic Preparedness Readiness and Response Plan

Early warning, surveillance, and response systems (EWSRS)

Surveillance constitutes pillar 3 of the Strategic Preparedness Readiness and Response Plan for COVID-19 and remains crucial in early detection of disease or events, determination of risks, and provision of immediate guidance for public health actions. Subsequent C19RM grants were invested in integrating Electronic Disease Surveillance and Response (e-IDSR), rapid response case investigation, and epidemiological monitoring.

The Integrated Diseases Surveillance and Response is a well-established body in the Ministry of Health that monitors trends of disease outbreaks and events of public health concern. The IDSR uses both event-based and indicator-based surveillance to gather data on outbreaks and public health events. Currently, COVID-19 is integrated into the system and regularly reported. Several entities including Development and Implementing partners support the system.

- The current Terms of Reference (TOR) for EWSRS is disease-specific. Thus, it is essential to make it all hazard and multi-sectoral TOR
- Challenges in the accessibility of the tools to the users or surveillance officers at the national and sub-national level
- Low utilization of the module by the states and counties for the production of real-time data
- Regular bi-annual risk assessment is lacking
- Simulation exercises are not performed regularly to test the level of preparedness and response capacities
- The coverage of incentives for Rapid Response Team members is limited to the states and a few counties
- MoH staff supporting One Health Approach do not have a monthly allowance
- There is no Intermediate (9 months) or Advanced (2 years) level field epidemiology training critical in meeting the Global Health Security Agenda (GHSA)

Community Health Workers (CHW) Programming and Community Systems Strengthening

The community health workforce will remain a key part of South Sudan's health system. Boma Health Initiative (a Community Health Initiative) launched in 2017 is being implemented in selected Bomas across all States of South Sudan through the support of the Health Pooled Fund (HPF) and the World Bank. The BHI is intended to remove the fragmentation in the Community Health Systems initiatives implemented by various partners with funding from different donors, and under which a variety of preventive, curative, and promotional services are provided[7]. In addition, there is a need to scale up BHI and expand the mandate to go beyond health promotion and include aspects including the capacity to be part of the early warning, surveillance, and response systems. Therefore, there is a need through the Global Fund to expand the mandate of Boma Health Workers (BHW) to include participation in surveillance (events-based surveillance) as part of the EWRS, routine health information system (community health information system). This requires a review and revision of the current HRH[8] policy to explicitly state the role of the CHW and their mandate and define their scope of work. In addition, there is a need to establish the status of CHW in the country to get recent data and establish data for BHI.

When Communities take the lead in an epidemic/pandemic response it engenders trust and allows for effective community mobilization for action. Informed, engaged and empowered communities are critical to addressing myths and misconceptions not only about the pandemic and epidemic but also existing programmatic diseases including AIDS, TB, and Malaria (ATM)

[7] South Sudan - Boma Health Initiative Costing and Investment Case Analysis 2019

[8] Strategic Plan for Human Resource for Health 2007 – 2017

programs. Community-led organizations also play critical roles in tackling disease-related stigma and discrimination, addressing resistance to control including containment measures and vaccine hesitancy. Therefore, investing in the community systems including building the capacity of community-led/based organizations is important in disease and pandemic response.

The CSO and CBOs in South Sudan can potentially play a critical role in responding to disease outbreaks and fostering accountability. However, they remain fragmented and do not have the financial and technical capacity to participate in advocacy and decision-making processes. It has been evident that the participatory processes for these affected communities are costly and require investment in creating networks, organizing their meetings, reporting, and providing written feedback on processes.

Infection Prevention and Control

The National Ministry of Health developed an IPC Multi-Year Strategic Plan (2022-2027)[9] which aims at addressing IPC interventions across the health system in South Sudan. Infection Prevention and Control is one of the 10 pillars of the South Sudan COVID-19 Strategic Preparedness, Readiness and Response Plan and as the country gears towards reinvestment in Programme Optimization, key elements of IPC remain part and parcel preparedness beyond Covid-19 and the three diseases.

Infection prevention and control is a key component of Epidemic/Pandemic Preparedness and Response especially in preventing ongoing transmission. IPC entails putting in place precautionary measures intended to minimize spread of infection associated with health care, and to avoid direct contact with patients who may potentially be infectious. Therefore, strengthening capacity of the health system in IPC is critical. The capacity building in IPC ranges from building the skills and knowledge of health workers including community health workers (BHW), availing the necessary IPC SOPs and PPEs. Therefore, the MOH is prioritizing interventions on IPC in the current funding request under both GC7 and C18RM.

Gender-Based Violence and Human Rights Related bBarriers in Access to Services

There are reports of increased cases of gender-based and domestic violence during the COVID-19 pandemic. Civil Society Organizations (CSOs) including CBOs had potential to support vulnerable victims and families including promoting protection of human rights amidst pandemic outbreaks. However, in South Sudan the CSOs are weak in terms of documenting the occurrence of GBV and other human rights violations and barriers to services. There are programs of GBV, human rights and access to justice in South Sudan. However, these remains limited in scope and requires scale-up. Critical is the need to build the capacity of CBOs to be able to conduct documentation of community rights and gender issues related to access to services. Conducting initiatives such as community led monitoring and CRG assessments as is their institutionalization are costly and require investment in creating networks, organizing their meetings and report writing to provide feedback to these processes in order to inform policy and decision making.

[9] South Sudan IPC Multi-Year Strategic Plan (2022-2027)

II. STRATEGY

The project strategy is set out below:

Component	Health Products and Waste Management Systems
Key activities	***Health product management*** The key activities include **1.0 Improving last-mile delivery** The specific activities are: - 1.1 Provide operational support to Wau Regional Warehouse (HR and Communication) 1.2 Identify and refurbish/equip 20 pre-positioning hubs in 6 priority states. 1.3 Select, train, and remunerate Supply Chain Focal persons linked to the hubs and supported facilities 1.4 Design and deliver web-based CPD modules for Supply Chain Focal persons (BL6). 1.5 Develop a time-bound, costed action plan to optimize utilization of storage and distribution capacity at regional warehouses and pre-positioning hubs. 1.6 Design/roll-out policy and SOPs performance standards for public-private partnerships for last-mile delivery (BL8-10). 1.7 Design/roll-out training/certification programme for private companies participating in last-mile delivery/sample transport networks 1.8 Design and roll out web-based system to monitor and track certification of private companies participation in the LMD **2.0 Strengthening eLMIS** The specific activities include: 2.1 Based on the results of the pilot (planned for 2023), undertake a phased roll-out of the eLMIS to reach 6 states and 30 counties by 2026 2.2 Develop user-friendly dashboard and other tools to promote effective use of eLMIS data for supply chain optimization 2.3 Build/sustain the capacity of end users to fully deploy and maintain the eLMIS 2.4 Strengthening eLMIS: Procurement of IT equipment for 485 health facilities including hospitals, PHCC, States and Counties offices 2.5 Strengthening eLMIS: Provision of internet connectivity for 485 health facilities including hospitals, PHCC, States and Counties offices **3.0 Strengthening medical products waste management** The specific activities include 3.1 Increase capacity for safe disposal of health care waste (procure, install, operate two additional incinerators in one in Wau and Malakal 3.2 Include waste management collection and disposal in public-private partnerships for LMD 3.3 Design, roll-out guidelines for private sector medical waste 3.4 Support operations/maintenance of existing medical waste incinerators
Rationale for prioritization	Last-mile delivery is a key strategic investment area for the central medical stores and ministry of health. The States' hospital medical stores have inadequate store facilities for all supplies for a given state, while CHD stores

	also cannot store adequate quantities of products for all the health facilities under the catchment areas. Therefore, the MOH is prioritizing ensuring effective operation of 3 (Wau, Malakal and Juba) regional warehouses as an important investment. These centers shall serve as prepositioning sites of programmatic medical supplies and well as essential medicines and laboratory supplies. With effective coordination, in the interim the stores may be jointly managed, or CMS department supported to manage the regional warehouses by various implementing partners. Juba warehouse is currently operational, Malakal warehouse needs major refurbishment that may not be feasible to use the C19RM PO funding to undertake the nature of civil works required and therefore the MOH is prioritizing Wau warehouse refurbishment, to be funded under C19RM PO funding because it can be completed and start operating within the grant timeframe. The Wau regional warehouse once refurbished and equip shall support six states hospitals. There is also need to prioritize mid-size warehousing needs so that they can also act as preposition sites. Therefore, the MOH is prioritizing refurbishing and equipping of 20 stores in 6 States as mid-size preposition sites. There was an expressed need during stakeholders' engagement for the FR to refurbish these stores as many are in poor condition and not fit for storage of medical products. These are also elaborated in a report of an assessment conducted in 2022 through the previous C-19 funding mechanism[10]. The assessment indicated that stores lack constant power source, pallets, shelves, ventilation, power, temperature control and monitoring equipment, etc. Therefore, as a result the quality of medicines are likely to be compromised when these stores are not well equipped. The baseline assessment report also indicates lack of capacity in qualification and more generally logistics management at all system level and currently supplies are delivered through the push system. Predictability of availability of drugs and medical supplies at health facility requires enhancing capacity of relevant health workers in quantification and record keeping. The integration of LMIS into DHIS2 is expected to improve management of the drugs and medical products and monitoring of stock levels at State hospitals and CHDs. An easy-to-use electronic system is important for monitoring availability both at the facility sites and the central stores, especially given the pull mechanism being use in the country. Therefore, a user friendly- elctroci system in the form of a dashboard is being proposed. This is expected to aid timely response to shortage and minimize prolonged stakeout. In addition, the paper-based system is not cost effective in two ways, costly to print them periodically and the reporting process is time consuming. The electronic system including integration of LMIS into DHIS, and a user-friendly dashboard shall be instrument in improving the LMD effectiveness in the country. Medical waste management including disposal if expired drugs remain a challenge. Fully functional regional warehouses sites with install incinerators can support better waste management. In addition, the regional warehouses can facilitate reverse logistics for the

[10] LAST MILE DELIVERY BASELINE ASSESSMENT IN SIX STATES IN SOUTH SUDAN, August 2022

	withdrawal of expired medical products as they deliver the products to States' hospitals and CHDs. Therefore, with adequate support, the CMS shall be able to fulfill its mandate of storage and distribution of drugs and other medical products. In the short term the IPs can benefit from the economy of scale where CMS is jointly supported to manage the regional warehouses. Functional warehouses at regional level are also important for readiness in case of outbreaks as storage facilities will always be available to receive medicines and supplies. The identified areas to be supported through the C19RM PO funding above are in line with gaps and areas prioritized in the Ministry of Health strategic documents including the National Lab policy and strategic plan

Component	**Laboratory Systems**
Key activities	**1.0 Strengthen laboratory network for pandemic preparedness and response** 1.1 Support establishment of a regional reference laboratory in Aweil (refurbishment, equipment, operations costs) to strengthen decentralized pandemic preparedness and response starting 1.2 Sustain the capacity for patient monitoring at 7 state hospitals by procuring lacking specialized laboratory equipment 1.3 Enhance and sustain national Laboratory Information Systems (LIS) for all diseases and link them to IDSR and DHIS 1.4 Maintain and strengthen the integrated specimen referral network through close collaboration with IDSR unit and surveillance systems at priority counties (see surveillance system activity 2.9) 1.6 Support biosafety and biosecurity training and onsite mentorship based on ISO35001:2019 1.7 Support the establishment of biomedical technology unit under the national public health laboratory (NPHL) 1.8 Salary support for laboratory staff in NPHL and regional reference laboratories (BL43) 1.9 Maintenance of Laboratory and Hospital Equipment at NPHL, NBTS, State/County/PHCC Health Facilities (2 Preventive and Curative Maintenance per Year, including Calibration, Maintenance, Repair, and replacement of parts)
Rationale for prioritization	The laboratory system in South Sudan is weak and where it is functional only basic laboratory services are available. The emergence of Covid-19 exposed this gap greatly. With investments from the Global Fund and support of partners some aspects of the laboratory system were strengthened. A gap analysis report indicated that there is a shortage of qualified laboratory staff and most laboratories are operated by laboratory assistants or bench-trained staff. There is inequitable distribution of existing staff across health laboratories in the country and test methods are not standardized for each laboratory level. This grant will also support the refurbishment of reference laboratory in Aweil that will cater for the most needed initial laboratory services provided by specialized public health laboratories at sub-national level. Human resources for the reference laboratory will be support by the grant as well.

	The renovated regional blood transfusion services centres will address shortages of blood during pandemics and will be better equipped to possess database of donors and recruit them when blood donation is needed instead of the usual campaigns system. There is need therefore to strengthen the integrated laboratory system by supporting the development of human resources, improving laboratory supply chain, information system, biosafety and biosecurity and equipment management. Most of these interventions shall largely be supported through GC7. There is a need to ensure ongoing and regular Maintenance of Laboratory and Hospital Equipment at NPHL, NBTS, State/County/PHCC Health Facilities (2 Preventive and Curative Maintenance per Year, including Calibration, Maintenance, Repair, replacement of parts)

Component	**Surveillance Systems**
Key activities	**1.0 Strengthening Early Warning and Response systems targeting border counties (Yei, Nimule, Renk, Nadapal, Morobo)** Specific activities include: 1.1 Review of an early warning surveillance strategy that includes indicator-based and event-based surveillance and multi-sectoral engagement to ensure inclusion into relevant documents 1.2 Develop event-based guidance for use by frontline health care workers 1.3 Prepare and distribute materials on EBS 1.4 Train health care workers, CHW/BHW, traditional healers, private sector, and religious leaders on Events surveillance (EBS) **2.0 IPC**) Specific activities include: 2.1 Review and update standard operating procedures (SOPs) of detection, investigation, and reporting of public health events 2.2 Organize semi-annual workshops to review the national all-hazard emergency preparedness and response plan 2.3 Annual functional simulation exercises to monitor and evaluate the coordination and public health emergency preparedness 2.4 Training of national and subnational Surveillance, Monitoring, and Evaluation officers on using DHIS2 2.5 Conduct quarterly joint supportive supervision visits to the state, county, and health facility levels to monitor and assess the quality of surveillance data 2.6 Establish model health facilities as centers of excellence for surveillance data reporting through DHIS2 2.7 Integrate the EWARS/EWARN module into DHIS2 2.8 Support integration of the One Health approach with the national all-hazard emergency preparedness and response plan, health sector development plan, and health system strengthening 2.9 Strengthen cross-border disease surveillance at major points of entry (Nimule, Renk, Yei, Kapoeta, Kajo-Keji, Sakure, and Kaya/Bazi) 2.10 Organize simulation exercise and after-action review to monitor and

	evaluate the coordination and implementation of the One Health approach in South Sudan **3.0 Sustaining the operation of the Rapid Response Team during the grant period.** The specific activities include: 3.1 Provision performance-based facilitation allowance to the State and County Rapid Response Teams (RRTs) 3.2 Provision of operational support (airtime/bundles) to surveillance officers and RRTs, to enhance timely response to emergencies 3.3 Support operations of PHEOC so that it can perform its coordination role
Rationale for prioritization	In the initial phases of the implementation of this module, there will be a review of the early warning system strategy to ensure that the community's event-based surveillance and indicator-based surveillance are well integrated into the national EWARS/EWARN / IDSR planning and approach. Public health surveillance plays a crucial role in health care interventions in South Sudan. Given the frequent occurrence of disease outbreaks and other events, a robust surveillance system is necessary to support the health system in responding effectively to threats of epidemic outbreaks. Once strengthened, the system will closely collaborate with environmental and animal health partners in the context of One Health as stipulated in the National Actions Plan for Health Security. Several interventions shall also continue to be supported by other partners including short courses on the Field Epidemiology Training Programme (FETP) and the implementation of one health strategy. Therefore, the request for funding aligns with the recommended focus of C19RM, and with its pillars and leverages the contributions of other partners.

Component	**Community Health Workers (Boma Health Initiative / BHI)**
Key activities	**1.0 Strengthen the process for selection and pre-service training and certification** Specific activities include 1.1 Review/revise pre-service training curriculum to include modules/content/competency tests on pandemic preparedness, community surveillance, risk communication and community engagement, in addition to components addressing HIV, TB and malaria in BHW training package 1.2 Provide training to 1500 new BHW and 150 supervisors to be trained and certified by 2024 in 6 states
Rationale for prioritization	Community health workforce will continue to play a critical role in the health service delivery. They are currently supported through various mechanisms including government and partners. Out of the available 6,520 BHWs nationally, 2,840 are covered under WB, and 3,680 by Health Pooled Fund (HPF). Each BHW covers an average of 40 households. This coverage level will advise expansion into newer areas in the counties.

	There is a need to consolidate efforts that have been made in establishing the BHI as part of the health system. The fund will support scale-up so that BHI coverage. It is projected that together with Health Pooled Fund, World Bank, and other funding mechanisms the GF shall contribute to 50% BHI. Interventions aiming at addressing this target include training, provision of tools for BHWs and their supervisors, and incentives for the BHWs/Supervisors. Strengthening coordination of BHI activities at national and sub-national levels. Therefore, the proposed interventions for strengthening the community health initiatives align with C19RM priorities; links, and synergies with partner investments (that includes support training and equipping 2026 BHW planned under GC7), thus contributing to addressing gaps for HIV, TB, and malaria programs and pandemic preparedness. Low incentives (USD 25 per BHW and USD 50 per BHW supervisor) have led to some staff turnover, however, the government is working with partners to harmonize and improve the incentives on the recommendations of the BHI midterm evaluation report. **Under the C19RM PO, the country has proposed to increase the BHI incentives from USD 25 to USD 50 per BHW, and from USD 50 to USD 100 per BHW Supervisor.** Being the closest health care in the community CHW will be central in preventive and curative services at the community level while playing crucial roles in early warning and surveillance. BHI activities (including training, coordination, and supervision) are implemented at the subnational while the development of policies and review of curriculum will be done at the national level. In the pilot phase of implementing performance-based remuneration for CHWs, the WHO guidance will be used. The guidance recommends that the payment is used to optimize performance

Intervention	**COVID Diagnostics and testing**
Key activities	**2.0 COVID Diagnostics and testing** Specific activities include 2.1 Procurement of blood bank items – consumables 2.2 Procurement of blood bank items - reagents
Rationale for prioritization	South Sudan needs to collect an estimated 120,000 units for its population of approximately 12.9 million people (from 30% of the population), but only 3% of the population donates blood (ref NPHL). With support from UNDP GF, WHO, and partners, the country continues to advocate for blood transfusion through blood donation campaigns. **By June 2022, National Transfusion Service data shows that 2/3 of every unit which is 60-80% of the blood collected by the national blood transfusion center is transfused to mothers and children (during deliveries and due to malaria complications)**

	The Global Fund program has been supporting blood transfusion services in South Sudan, including the supply of reagents and consumables for blood screening (HIV, Syphilis, and Hepatitis), and gents for blood grouping. During grant-making, it was discussed and agreed that the Global Fund program will continue supporting the Blood Transfusion Services up to the end of the current grants. The Global Fund support started with the set-up of fully equipped National, Regional and State Blood Transfusion Centres under the stand-alone Round 9 HSS Grant. Equipping of blood transfusion services (ARCHITECT i1000SR Immunoassay Analyzer for screening HIV, Hepatitis, and Syphilis for donated blood, equipment for blood grouping, and other auxiliary laboratory equipment) Maintenance of Lab Equipment, provision of reagents & and consumables, payment of staff under the salary support WHO provides Technical Assistance (TA), but UNDP/GF fills a very critical gap in blood transfusion services

Component	**Community Health Workers: Integrated Supportive Supervision**
Key activities	**1.0 Strengthen planning, management, and governance for community health workers (CHWs)** Specific activities include: 1.1 Revive and roll out, using a phased approach, a web-based HRIS 1.2 Integrate all cadres (including BHI) into the HRIS 1.3 Review/revise HRH policy documents on a package of interventions to be delivered by CHWs, considering both health (including pandemic preparedness and response) and humanitarian needs 1.4 Review and update regulations governing CHWs, including minimum competency standards and assessment mechanisms, based on the revised package 1.5 Review/revise integrated supportive supervision tools/modalities for BHWs 1.6 Digitize BHI tools and processes where relevant/feasible 1.7 Scale up technical and operational support to BHI at central, state, and levels in priority states/locations **2.0 Strengthen and/or support community health workers' contracting, remuneration, and retention** Specific activities include: 2.1 Pay monthly incentives allowances to 1,500 BHWs from the current grant and 150 BHW supervisors from this Grant unto Dec 2025 and they are to be covered by the GC7 grant beyond 2025 Low incentives (USD 25 per BHW and USD 50 per BHW supervisor) have led to some staff turnover. **Under the C19RM PO, the country has proposed to increase the BHI incentives from USD 25 to USD 50 per BHW, and from USD 50 to USD 100 per BHW Supervisor.** 2.2 Design and maintain a country-wide, integrated web-based tracking system to support and monitor payment processes

	2.4 Equip BHW with tools to support their functions including PPE for effective IPC
Rationale for prioritization	Refer to the rationale under *iv) Community Health Workers: Selection, Pre-service Training and Certification*

Component	**Infection Prevention and Control and Protection of the Health Workforce**
Key activities	**1.0 Improve infrastructure and system for infection prevention and control** Specific activities include: 1.1 CLM **2.0 Produce and disseminate IPC guiding documents** Specific activities include: 2.1 Develop a national strategy for healthcare associated infections (HAIs) surveillance 2.2 Develop national IPC guidelines and SOPs for protection of HCWs including BHWs and update the health facility IPC assessment tool 2.3 Continue to support the production and distribution of job-aids and other tools (IPC guidelines) to achieve compliance with guidelines/standards for IPC, including rational use of PPE **3.0 Improve the skills and knowledge of HCWs including BHWs on infection prevention and control** Specific activities include: 3.1 Conduct joint IPC supportive supervision visits and in the process establish IPC committee in major health facilities in 5 states 3.2 Conduct trainings on the developed IPC guidelines and SOPs
Rationale for prioritization	Infection Prevention and control is such a vital intervention that cuts across health sector delivery and concerns the patient, healthcare provider and those involved in the sector to accomplish their task in a safe environment. The advent of Covid-19 has exposed deficiencies in the IPC implementation in the developing world including South Sudan. Addressing IPC-related interventions as outlined in the South Sudan IPC Multi-Year Strategic Plan (2022-2027) and building upon the already funded elements in the ongoing C19RM and interventions supported by partners will support the country in improving the health system and be better prepared any future events. Therefore, the proposed interventions shall build durable capacity for IPC post 2025 and they are aligned to C19RM pillars and directly relates to pandemic preparedness and response priorities. The interventions focus on refurbishment of health facilities to improve IPC, strengthening systems/practices for IPC, addressing gaps in national IPC frameworks and sustaining supplies of PPE where gaps continue to exist. During the peak of the pandemic, there had been temporary measures to address IPC/WASH such as mobile hand washing stations. With C19RM investment selected facilities in counties mentioned in sub-activity 2.9 will be prioritized for upgrading of their WASH facilities by installing solar and tap water system.

Intervention	Gender-based Violence Prevention and Post Violence Care
Key activities	**Improve services for prevention and response to GBV** Specific activities include: 1.1 Scale-up community engagement (prioritizing women-to-women support) for prevention and response for GBV 1.2 Engage local CSOs and networks to monitor, document and report on human rights concerns (prioritizing at-risk communities) 1.4 Design a module/sensitization programme for police/security services regarding human-rights-based approaches for supporting epidemic response 1.5 Support trained personnel (from community networks and platforms linked specific health facilities, drop-in centers, safe spaces and community-based clinics, OSS) to provide post violence counselling, referral and linkages to provision of post exposure prophylaxis (PEP), clinical investigations, medical management, clinical care, medical-legal linkages, psychosocial support, including mental health services and counselling required to Survivors 1.6 Increase public awareness about IPV /GBV, update and disseminate directory of available services and focal persons 1.7 Provide grants to community-led organizations to increase their capacity in programming to address human rights and gender-related barriers to access to HIV, TB
Rationale for prioritization	There are reports of GBV during emergency phased COVID-19 response and the victims found difficulties accessing required services. Therefore, there is need to strengthen systems to prevent GBV and treat victims. GBV is usually neglected area, yet it has implication on access to services and response to pandemics

Component	Respond to Human Rights and Gender- related Barriers to Services
Key activities	**1.0 Improve legal literacy amongst KPs** Specific activities include: 1.1 Conduct 3-day consultative workshop on access to Justice as part of increasing legal literacy amongst PLHIV and KPs. 1.2 Conduct 2-day sensitization workshop on access to justices for girls and women at risk of GBV as part of improving legal literacy amongst girls and women at risk of GBV **2.0 Improve access to justice by the KPs** Specific activities include: 2.1 Identify and building the capacity of legal service providers to support access to justice for PLHIV and KPs 2.2 Design and distribute an access to justice manual to support capacity development of para-legal service providers **3.0 Strengthen capacity of CBOs/CSOs on Community Rights and Gender (CRG) assessments to inform policy and advocacy**

	3.1 Build capacity of selected CBOs on conducting CRG assessment 3.2 Conduct CRG assessment on AIDS, TB and Malaria (ATM) using tool developed by the multi-sectoral team and develop a state specific action plan based on the assessment recommendations 3.3 Support CBOs representatives to attend county, State and national meetings to engage with stakeholders (government and private sector) on strategies for mitigating human rights violations and improving social health services 3.4 Conduct stigma assessments to understand the levels and dimensions of HIV, TB and malaria related stigma in the context of pandemics 3.5 Support CBOs/CSOs to facilitate referrals and linkages of affected persons to health, social services (including appropriate shelters, safe spaces; OSS, Community), security and legal services through community paralegal programs
Rationale for prioritization	This is a strategic investment that also aligns to C19RM pillars and augments the limited support available under GC7. The recommendations of the CRG assessments will inform the development of Human Rights and Gender initiative to be included in ATM programmes. The state multi-sectoral team will convene stakeholder meetings to validate the assessment recommendations and advocate for the CRG assessment recommendations to be implemented and monitored with the leadership of the ATM programmes and civil society partners – in line with efforts to mainstream human rights and gender related considerations in the national strategic plans. This analysis will also identify specific contributions of country's efforts in addressing human rights and gender barriers to ATM services and areas requiring legal and regulatory reforms of human rights

Component	**Case management, clinical operations and therapeutics**
Key activities	**1.0 Sustain continued supply for medical oxygen and related commodities** Specific activities include: 1.1 Support maintenance of oxygen plants 1.2 Support skills building for biomedical technicians to maintain oxygen plants post 2025 1.3 Support the distribution and supply of medical oxygen cylinders
Rationale for prioritization	This is a strategic investment that is aligned with C19RM pillars and it augments limited support available under GC7

III. RESULTS AND PARTNERSHIPS

Expected Results

The expected results by project component are shown below

Component	Expected Results
Health Products and Waste Management Systems	▪ Improved availability of commodities in the facilities ▪ Improved coordination of HPM system ▪ Rapid logistic response in case of an epidemic outbreak ▪ Good medical product waste disposal practices ▪ Increased confidence in quality of products used in the country ▪ Reduced wastage of medical products
Laboratory Systems	▪ Integrated laboratory system and diagnostic network that support the provision of quality HIV, TB, malaria and other diseases and emergencies
Surveillance and Early Warning Systems	▪ Improved early warning surveillance and response systems, especially at the community level that can respond to various types of alerts, diseases, and events promptly and supported by qualified human resources.
Community Health Workers: Selection, Pre-service Training, and Certification	▪ Fully reviewed pre-service training curriculum that includes modules on pandemic preparedness, community surveillance, risk communication, and community engagement, in addition to components addressing HIV, TB, and malaria.
COVID Diagnostics and testing	▪ Ongoing support for safe blood transfusion services
Community Health Workers: Integrated Supportive Supervision	▪ Increased coverage of to BHI from 25% to 50% by 2025.
Infection Prevention and Control	▪ Strong IPC component of the health system and for Pandemic Preparedness Response.
Community-led Monitoring	▪ CLM action plans developed based of the data collected and used for improving access to legal and other services ▪ Capacity of 6 CSO/CBO build to undertake CLM.
Gender-based Violence Prevention and Post Violence Care	▪ Reduce incidence of GBV and improved access to post GBV services
Respond to Human Rights and Gender- related Barriers to Services	▪ Reduced human rights related barriers to access to HIV, TB and malaria services.
Case management, clinical operations and therapeutics	▪ Availability of medical oxygen supply in South Sudan that can be rapidly deployed when need arises.

Resources Required to Achieve the Expected Results

The Global Fund approved US$25,599,444 for the period 2024-2025 to achieve the expected results. This is complimented by contributions from other partners supporting health system strengthening and pandemic preparedness, including the World; Bank, WHO, UNICEF, IOM and others. The summary budget for the project is shown below:

Module	Intervention	Year 4	Year 5	Total
COVID-19	Case management, clinical operations and therapeutics	1,081,045	425,763	1,506,808
COVID-19	Country-level coordination and planning	9,623	0	9,623
COVID-19	COVID Diagnostics and testing	4,099,844	1,822,553	5,922,397
COVID-19	COVID-19 CSS: Community-led monitoring	817,308	220,500	1,037,808
COVID-19	COVID-19 CSS: Social mobilization	89,656	0	89,656
COVID-19	Gender-based violence prevention and post violence care (COVID-19)	919,781	203,450	1,123,231
COVID-19	Health products and waste management systems	3,018,503	645,403	3,663,906
COVID-19	Infection prevention and control and protection of the health workforce	739,979	54,745	794,724
COVID-19	Laboratory systems	2,841,034	646,893	3,487,927
COVID-19	Mitigation for HIV programs	0	0	0
COVID-19	Mitigation for TB programs	0	0	0
COVID-19	Respond to human rights and gender related barriers to services	299,590	179,037	478,627
COVID-19	Risk communication	121,125	0	121,125
COVID-19	RSSH/PP: Community health workers: Integrated supportive supervision	2,014,205	2,059,011	4,073,216
COVID-19	RSSH/PP: Community health workers: selection, pre-service training and certification	3,020,434	0	3,020,434
COVID-19	Surveillance systems	1,153,493	675,720	1,829,213
COVID-19	Surveillance: Epidemiological investigation and contact tracing	193,289	139,500	332,789
Program management	Coordination and management of national disease control programs	0	505,108	**505,108**
Program management	Grant management	3,973,778	2,542,947	6,516,724
	Total	**24,392,685**	**10,120,629**	**34,513,314**

*This is inclusive of US$2,599,444 in previously approved funds from the 2021-2023 implementation period.

Partnerships

The Health Sector Transformation Project (HSTP) and the associated Multi-Donor Trust Fund (MDTF) – the GC7 HIV/TB/RSSH and C19RM PO (worth $116m for 3 years) are coming at a time when the entire health sector is in a transformative phase as it transitions to new arrangements for operational support, service delivery and systems strengthening. Also launched in January 2024, and fully aligned to the Health Sector Strategic Plan 2023-2027, the HSTP and the associated MDTF will usher in a new era for the health system. Starting in July 2024, under the leadership of the MOH, and in collaboration with the World Bank, UNICEF, World Health Organisation (WHO),

bilateral partners and other stakeholders, almost 1,200 health facilities will be supported to deliver a comprehensive package of primary health care and nutrition services, inclusive of a comprehensive community component led by the Boma Health Initiative (BHI). Linked investments in system strengthening will support a reliable and stable complement of health workers, systems for the supply and distribution of essential commodities, reliable health information systems, and coordination and integration from the local to the national level.

The changes will bring important opportunities for Global Fund investments to be fully aligned with the HSTP so that critical synergies are realised and a way forward is opened up for the ultimate integration of all essential health services, including for HIV, TB and malaria, within a comprehensive and equitable primary health care platform. Identifying and maximising the value of these opportunities will, however, require consistent focus and engagement in key processes, and with key stakeholders sharing the vision of health sector transformation.

WHO is the implementing partner for the HSTP RSSH component, focusing on the following interventions: (1) Emergency Preparedness and Response, (2) Laboratory Systems, (3) Blood Transfusion, (4) Health Information System, (5) Health Financing, (6) Governance, Leadership and Partnerships, (7) Partnerships, (8) Medicines and Supplies, (9) Quality of Care, (10) Human Resources for Health, and (11) Disease Control.

Global Fund and GAVI Partnership – during the Global Fund mission the Joint High-Level Mission to South Sudan in June 2024, the Global Fund and GAVI signed a 'Declaration of Commitment and Joint Collaboration to Fight HIV, TB and Malaria, and Strengthen Immunization And Health Systems. Reaffirming the importance of the Global Fund and Gavi Alliance partnership with South Sudan, combining the strength of government, civil society, private sector and people affected by HIV, TB and Malaria, low vaccine coverage and weak health systems, the undersigned commit to continue cooperation and partnership to improve the response to HIV, TB, Malaria, and immunization coverage. The PR aims to collaborate with GAVI in the following RSSH related areas: LMIS, HMIS, Warehousing and the BHI.

Health Products Management Systems – based on the Pharmaceutical Strategy for South Sudan covering the 2021-2026 period, to ensure that the investments and efforts of health system partners were aligned under one common approach and focused needs and aspirations of the national health sector.

National sypply chain system – one nationally coordination supply chain system is essential for improving commodity security and for reducing the costs of inefficiency, duplication and the lack of collaboration amounts partners. As signalled in the 2021-2023 funding request, the non-functionality of the national PSM system means that partners have used their own systems and resulted processes for the supply, management and distribution of essential commodities. In some cases, this has in the over-supply of commodities that subsequently expired, or the under-supply of critical items due to an inability to accurately forecast and quantify demand. One single streamlined national PSM system is essential to address these issues; and this application prioritises working towards putting a functional PSM system in place. Under the leadership of the MOH through its national Procurement Technical working Group (PTWG) with the support of the Global Fund and relevant technical partners, Step 1 would be that the several partners involved in parallel investments will meet at least three times a year to exchange experiences on the supply chain, plan procurements and be urged to develop joint quantification and forecasting, pooled procurement where possible and to enter into a joint distribution system. The next step is to have one national autonomous CMS where all procurement functions will be coordinated under the leadership of MOH and board members (partners and civil society). A project to develop a national CMS is already in development but not yet implemented. Acting as one PSM national autonomous but accountable body through an executive board, it will absorb all parallel quantification processes, all fragmented procurement, distribution, storage and LMIS system-related interventions to achieve efficiency.

Enhanced Coordination among partners to avoid missed opportunities for TB screening, diagnosis and care - a similar lesson learnt was described in South Sudan's 2021-2023 submission. Major health sector interventions are currently being implemented in parallel with limited to no horizontal integration of TB components. Under HPF3, for example, over the 2020-2021 period (the latest available data) 1.3 million children under 5 years were treated in outpatient settings and a further 1.4 million in community settings for a variety of childhood health conditions. However, there was no systematic screening for TB as this was not a mandated component nor a key performance indicator under the HPF3 agreement. This represented a significant missed opportunity. As with South Sudan's previous application, efforts to address coordination and integrate all diseases are prioritised under this application, both within the disease components and within RSSH.

Risks and Assumptions

The following are the major risks in the implementation of the HIV/TB Programme in South Sudan:

i. Disruption of services due to worsening of insecurity which negatively affects distribution of key drugs and commodities and also results in displacement of populations and health care workers.
ii. High cost of providing services due to deterioration in the macroeconomic environment: The major implication is the exchange rate misalignment that would impact on service delivery. There is a risk that the resulting high cost would lead to key players in the sector scaling down implementation and adopting a more focused approach to implementation. In addition, this scenario is likely to lead to an even further reduction in the government support to the health sector leading to further losses of health care workers, deterioration of health facilities and overall weaken government service-delivery capacity.
iii. Suboptimal performance and delivery of the project due to limited budget for 'soft' programme activities due to channeling of most investment to procurement of drugs and commodities (as directed by the Global Fund) which has made a major deviation of the funding from its original proposal

iv. Potential loss of health sector assets arising from theft and conflict: During NFM2 and to some extent in NFM3, there were loss of assets such as vehicles, equipment, facilities and health commodities due to conflict. Hence, there is potential risk to the security of key health sector assets.

v. Lack of full integration of HIV services in subsisting TB Facilities may hinder the project's realization of integrated services and scaled up services across the country. Mitigation measures to tackle this risk include clear scope of work and terms of reference between the SRs and UNDP on integration of TB and HIV services at all health facilities; strengthening the capacity of state and county M&E personnel to monitor the implementation of integrated TB/HIV services at facility level; revitalizing TB/HIV collaboration bodies at national and state level to oversee the integration services.
vi. Suboptimal programming (not achieving targets/impact) because of rapid changes in operating environment mostly due to:
    a. Migration of intended beneficiaries outside South Sudan where they cannot access services through current grants / changes in beneficiary needs and locations
    b. Limited access of implementers and partners to key areas due to insecurity
    c. Implementation of activities delayed or postponed or cancelled
    d. Insecurity undermines scale up plans to increase coverage
vii. Inadequate M&E and Low Data Quality for informed and evidence-based programming. Data is key for planning, review and evaluation of program performance. However, there is risk that important data will continue to be unavailable as some important activities such as surveys, routine reporting and operations research will not be undertaken due to inadequate funding.

Refer to Annex 1 for the Risk and Assurance Matrix for comprehensive list of risks and mitigating actions

Stakeholder Engagement

The project has identified key stakeholders and ensure they are engaged throughout various mecanisms including CCM meeting, TWGs, site visits to state, county, health facilities and community outreach sites. Another mode of engaging stakeholders is during joing programme reviews and avaluations. The programme will also carry out the targeted Heath Facility Assessment (tHFA) under the GC7 grant, plus assessments carried out by other partners in cluding SARA.

Digital Solutions[11]

A digital health strategy in healthcare refers to a plan that makes use of digital tools and technologies to enhance patient experiences, outcomes, collaborations, and processes. It may be supported by data, suggestions, and originality. In addition, it can help partners working in healthcare technology create value, better understand partners and patients, and improve collaboration with clinical colleagues. Digital technologies have the potential to greatly improve partners' and beneficiaries' experiences in the health industry. The goal of the World Health Organization's (WHO) 2020–2025 Global Strategy on Digital Health is to advance wellness and healthy lives for all people, everywhere, and at all ages. There are four guiding concepts behind the strategy: 1) Making sure that digital health is driven by societal and public health needs; 2) Making sure that digital health is appropriate, safe, and effective; 3) Making sure that digital health is integrated and people-centered; and 4) Making sure that digital health is scalable and sustainable. Countries can create their digital health strategies using the framework provided by the WHO's Global Strategy on Digital Health. The goal of the plan is to assist countries in utilizing digital technology to enhance access to treatment, lower health disparities, and improve health outcomes. Digital health solutions do, however, confront several difficulties, including poor budget allocation, limited system-wide implications, low telecom and internet coverage, a lack of coordination and integration, and concerns about data security and privacy[12].

Digital health technologies can contribute to the sustainable attainment of Universal Health Coverage in Africa, including South Sudan. They can improve access to healthcare services, especially for those in hard-to-reach areas, improve the safety and quality of healthcare services and products, and provide cost savings and efficiencies in health services delivery[1]. The Republic of South Sudan established a digital health system through the District Health Information System 2 (DHIS2). However, the deployment of digital health in Africa, including South Sudan, faces several challenges such as poor coordination of projects, weak health systems, lack of awareness and knowledge about digital health, poor infrastructure such as unstable power supply, poor internet connectivity, and lack of interoperability of the numerous digital health systems. The project incorporated strategies to expand digital health programs in different health programs such as monitoring and reporting, laboratory management information systems, electronic logistic management information systems (eLMIS), community health management information systems, and electronic databases for the health workforce. These projects align with strategies stated in the

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

[12] GLOBAL STRATEGY ON DIGITAL HEALTH 2020-2025. AVAILABLE AT: GLOBAL STRATEGY ON DIGITAL HEALTH 2020-2025 (WHO.INT)

National Health Sector Strategic Plan 2023-2027 (HHSP) to build a resilient and sustainable system for health[13].

Knowledge

The project has several interventions towards building resilient and sustainable systems for health, which are worth documenting and publishing. The electronic logistic management system (eLMIS) will be integrated into the existing DHIS2. The eLMIS expected to improve the medical supply chain management and last-mile delivery. In addition, the community health management information system, health workforce electronic database, the solarization of the health facilities, integrated laboratory networking, medical oxygen supply (oxygen generation plant), and operationalization of additional incinerators for medical waste management will improve access to health care. Thus, these achievements and lessons are important to record.

There are several strategies to record the achievements and lessons such as the UNDP health bulletin, articles, and newsletters. A success story that describes progress, achievements, or lessons learned. A success story shows a program's progress over time, its value, and its impact. The success story can be recorded through key informant interviews such as health facility head, patients/beneficiaries, communities, and other stakeholders. The story will be published on the UNDP website, social media, and YouTube. In addition, the information can be published in the international journals.

Sustainability and Scaling Up

The C19RM project was developed in line with the South Sudan National Health Sector Strategic Plan (HSSP) 2023-2027. The project took into consideration strategies to build resilient and sustainable systems for health from the national system. Therefore, the two projects complement each other for maximum results. The relevant Ministry of Health Directors and Country Coordination Mechanism (CCM) was part of the project development to ensure that strategies are aligned with the national system. The engagement of the national counterpart will facilitate ownership and minimize implementation barriers. Specific transition strategies are not yet formulated; however, it was discussed in the presence of relevant stakeholders. For example, the government expected to take over the responsibility of incentive salary payments to the health workforce over a period of 10 years including the Boma Health Workers. Overall, there is a need to engage with stakeholders to identify transition strategies over the course of the project implementation.

IV. PROJECT MANAGEMENT

Cost Efficiency and Effectiveness

The project applied a mixed approach to identify and develop cost-efficient and effective strategies. The project clearly defined the desired outcome of the prioritized interventions. The interventions were developed based on the country's priority and national strategies. The overall outcome is to establish a resilient and sustainable system for health, that will respond to acute shocks such as public health emergencies including future pandemics, and reduce excess morbidity and mortality. The project identified potential enabling factors and barriers, through relevant stakeholder engagement, and desk review of secondary data. and using. The respective interventions are attached with a clear cause-effect pathway, i.e. interventions with the result. To measure the progress toward the expected result specific, measurable, achievable, relevant, and time-bound

[13] South Sudan develops the next Health Sector Strategic Plan 2023-2027. Available at: South Sudan develops the next Health Sector Strategic Plan 2023-2027 | WHO | Regional Office for Africa

indicators were developed. The indicators are clearly stated in Annex 1, the result framework. The result formwork will be used to monitor the implementation of the intervention. Finally, the project incorporated project evaluation strategies with a timeline. The evaluation will help compare actual outcomes with the desired outcomes, and understand why any differences exist, Annex 3.

Several partners including the Ministry of Health, Nongovernmental Organizations, UN organizations, CSO, and private companies take part in the identification of context-specific cost-efficient, and effective strategies during project proposal writing. For example, the medical supply management information system is one of the major problems in South Sudan, the identification of the intervention was based on the analysis of the achievements and lessons learned in the past project. The analysis led to the proposal of the rollout and expansion of an electronic Logistic Management Information System (eLMIS) in 10 states and three administrative areas. The eLMIS generates a dashboard that provides real-time information on stock status in respective health facilities. Accordingly, an indicator and target were developed to measure the progress of the eLMIS activities. In addition, further analysis revealed the enabling and implementation barriers. Factors such as existing partnerships, coordination, and availability of storage facilities were identified as enabling factors, while a shortage of trained manpower, low telecom coverage, poor internet connection, insecurity, and poor road infrastructures are barriers to the project implementation.

A similar analysis was conducted on the remaining strategies, and they were deemed to be relevant to the South Sudan context. Despite, the analysis the success of the project requires effective leadership, strong project management, regular monitoring, coordination, and partnership with other sectors. The coordination and partnership facilitate joint operations with other partners for project monitoring and delivery of medical supplies. For example, the One Health approach for disease prevention, preparedness, and response requires joint monitoring of the implementation of event-based disease surveillance at human, animal, and environment interfaces. The joint monitoring requires a team composed of experts from the human, animal, and environmental health sectors. Therefore, experts from the three sectors were part of the proposal writing.

In conclusion, the project used a mixed approach to identify priority strategies to achieve the planned outcome. The knowledge from the theory of change analysis, portfolio management, and joint operations approach complemented each other during the development of the project. The integration of knowledge from the Theory of Change (ToC) analysis, Portfolio Management, and Joint Operations Approach can greatly enhance project development. When these three are used together in project development, they complement each other by ensuring that the project is strategically aligned, efficiently managed and effectively implemented. The ToC ensures the project's objectives are clear and achievable, Portfolio Management ensures the project is strategically aligned and resources are effectively utilized, and the Joint Operations Approach ensures effective collaboration and coordination among all stakeholders. This leads to a more robust and successful project development process[14].

Project Management

The project will be implemented in South Sudan, in 10 states and three administrative areas.UNDP has a presence in all 10 states, implementing and overseeing several projects. The Global Fund C19RM project collaborated with other UNDP projects at the country and field office level. At the country level, the Global Fund project collaborates with the program management support unit, Access to Justice, and police and prison. The program support unit provides support in the review and approval of the Global Fund program document (ProDoc) by the Ministry of Finance. In

[14] Theory of Constriants: A Guide for Project Managers. Avilable at: Theory of Constraints: A Guide for Project Managers - ProjectManager

addition, the project management support unit reviews the subrecipnet project document before signing by the resident coordinator and SR representative.

Global Fund team receives support during the field monitoring visit from the UNDP field office including provision of vehicles, arrangement of accommodation, scheduled meetings, and security briefing. The Global Fund provides operational support to the country office through direct project implementation costs, which enhance collaboration and cost-sharing among different projects.

V. RESULTS FRAMEWORK[15]

Intended Outcome as stated in the UNSDCF/Country [or Regional] Programme Results and Resource Framework:
Outcome indicators as stated in the Country Programme [or Regional] Results and Resources Framework, including baseline and targets:
Applicable Output(s) from the UNDP Strategic Plan:
Project title and Atlas Project Number:

EXPECTED OUTPUTS	OUTPUT INDICATORS[16]	DATA SOURCE	BASELINE		TARGETS (by frequency of data collection)						DATA COLLECTION METHODS & RISKS
			Value	Year	Year 1	Year 2	Year 3	Year 4	Year …	FINAL	
Output 1 *Strengthen laboratory system*	***1.1 Percentage** of molecular diagnostic analyzers achieving at least 18% functionality (ability to test samples) during the reporting period*	*NPHL GeneXpert Utilization and Performance Report*	3.12%	2022	*53.12%*	100%	100%	-	-	*100%*	*Method: Data will be collected through DHIS2, Quarterly Programme reports from Ministry of Health SRs* *Risk: regularity, timeliness, completeness, and quality report. Availability of internet connection and telecom coverage, and shortage of human resources*

[15] 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.

[16] 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[16]	DATA SOURCE	BASELINE		TARGETS (by frequency of data collection)						DATA COLLECTION METHODS & RISKS
			Value	Year	Year 1	Year 2	Year 3	Year 4	Year …	FINAL	
Output 2 Strengthen Health Product and Waste Management System	*2.1 Percentage of all health facilities that are required to report that submitted an LMIS report to a central authority*	*Electronic Logistic Management System (eLMIS) Program Data*	*0%*	*2023*	*44.14%*	*100%*				*100%*	*Method: Data will be collected through the eLMIS/DHIS2 system, Quarterly Programme reports from Ministry of Health SRs* *Risk: regularity, timeliness, completeness, and quality report. Poor internet connection, low telecom coverage, power supply shortage, and shortage of human resources*
Output 3: Enhance the disease surveillance system	*3.1 Percentage of reporting units that digitally enter and submit data at the reporting unit level using the electronic information system*	*DHIS2 and Early Warning, Alert, and Response System (eIDSR)*	*76.60%*	*2023*	*91.23%*	*91.23%*				*91.23%*	*Method: Data will be collected through the eIDSR/DHIS2 system, Quarterly Programme reports from Ministry of Health SRs* *Risk: regularity, timeliness, completeness, and quality report. Poor internet connection, low telecom coverage, power supply shortage, and shortage of human resources*
Output 4: Increase access to oxygen supply	*4.1 Number of PSA plants installed with Global Fund investments and functional Intervention: Case management, clinical operations, and therapeutics - Medical oxygen and respiratory care*	*Ministry of Health and SR report*	*100%*	*2023*	*100%*	*100%*				*100%*	*Method: Ministry of Health and SR quarterly report, assessment, and supportive supervision* *Risk: Lack of regular maintenance, shortage of power supply, and lack of oxygen cylinder transporation*

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: *[Note: monitoring and evaluation plans should be adapted to project context, as needed]*

Monitoring Plan

Monitoring Activity	Purpose	Frequency	Expected Action	Partners (if joint)	Cost (if any)
Track results progress	Progress data against the results indicators in the RRF will be collected and analysed to assess the progress of the project in achieving the agreed outputs.	Quarterly, or in the frequency required for each indicator.	Slower than expected progress will be addressed by project management.		
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.		
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.		
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.		
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.		
Project Report	A 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, and at the end of the project (final report)			
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.	Specify frequency (i.e., at least 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.		

Evaluation Plan[17]

Evaluation Title	Partners (if joint)	Related Strategic Plan Output	UNSDCF/CPD Outcome	Planned Completion Date	Key Evaluation Stakeholders	Cost and Source of Funding
Targeted Health Facility Assessment	MOH, SSAC, Cordaid, AAA, Amref, NEPWU, HSTP, and other partners	**Resilience** Supporting countries and communities in building resilience to diverse shocks and crises, includ-ing conflict, climate change, disasters and epidemics.	3: Children, women, and men in South Sudan, particularly youth and vulnerable groups, enjoy improved coverage of inclusive, responsive, quality social services and social protection	March 2026	MOH, SSAC, Cordaid, AAA, Amref, NEPWU, HSTP, and other partners	US$145,000 (Source: GF / tHFA)

[17] Optional, if needed

VII. MULTI-YEAR WORK PLAN [18][19]

All anticipated programmatic and operational costs to support the project, including development effectiveness and implementation support arrangements, need to be identified, estimated and fully costed in the project budget under the relevant output(s). This includes activities that directly support the project, such as communication, human resources, procurement, finance, audit, policy advisory, quality assurance, reporting, management, etc. All services which are directly related to the project need to be disclosed transparently in the project document.

EXPECTED OUTPUTS	PLANNED ACTIVITIES	Planned Budget by Year				Responsible Party	Planned Budget		
		Y1	Y2	Y3	Y4		Funding Source	Budget Description	Amount
Output 1: Gender-based violence prevention and post-violence care (COVID-19) Gender marker: GEN 1	Emergency practical assistance - Provision of cash vouchers, airtime, transport support, emergency clothes and food for the survivors	0	0			UNDP, UNFPA	Global Fund C19RM	C19RM Portfolio Optimization	104,000
	Scale up support to One top Centre (OSC)	0	0			UNDP, UNFPA	Global Fund C19RM	C19RM Portfolio Optimization	216,000
	Scale up support to the Women and Girl Friendly spaces - incentives	0	0			UNDP, UNFPA	Global Fund C19RM	C19RM Portfolio Optimization	51,380
	Scale up support to the Women and Girl Friendly spaces - space renovation	0	0			UNDP, UNFPA	Global Fund C19RM	C19RM Portfolio Optimization	39,620
	Answering machine for hotlines - procurement of communication & IT equipment	0	0			UNDP, UNFPA	Global Fund C19RM	C19RM Portfolio Optimization	6,936.4
	Expansion of hotline - remote case work assistance through toll-free helpline for GBV survivors - Airing of jingles for awareness raising	0	0			UNDP, UNFPA	Global Fund C19RM	C19RM Portfolio Optimization	3,000

[18] 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

[19] 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.

	Expansion of hotline - remote case work assistance through toll-free helpline for GBV survivors - Airing of jingles for awareness raising	0	0			UNDP, UNFPA	Global Fund C19RM	C19RM Portfolio Optimization	0
	Expansion of hotline - remote case work assistance through toll-free helpline for GBV survivors - salary support	0	0			UNDP, UNFPA	Global Fund C19RM	C19RM Portfolio Optimization	63,000
	Expansion of hotline - remote case work assistance through toll-free helpline for GBV survivors - Transport cost, emergency shelter and essential goods' assistance for the critical cases	0	0			UNDP, UNFPA	Global Fund C19RM	C19RM Portfolio Optimization	120,120
	Access to justice support (legal and other court proceedings related costs)	0	0			UNDP, UNFPA	Global Fund C19RM	C19RM Portfolio Optimization	212,768.6
	Commodities for GBV care - Provision of dignity kits	0	0			UNDP, UNFPA	Global Fund C19RM	C19RM Portfolio Optimization	241,738
	Increase the capacity of CSOs to participate in the national GBV response at community level - Capacity Building for CSOs in GBV response	0	0			UNDP, UNFPA	Global Fund C19RM	C19RM Portfolio Optimization	82,080.0
	Scale-up support to CSOs for GBV prevention and support interventions	0	0			UNDP, UNFPA	Global Fund C19RM	C19RM Portfolio Optimization	102,240.0
	Scale-up community engagement (prioritising women-to-women support) for prevention and response for GBV - small grant	180,000	0			UNDP, UNFPA	Global Fund C19RM	C19RM Portfolio Optimization	180,000
	Scale-up community engagement (prioritising women-to-women support) for prevention and response for GBV - small grant - Technical asssistance	52,500	0			UNDP, UNFPA	Global Fund C19RM	C19RM Portfolio Optimization	52,500
	Engage local CSOs and networks to monitor/report on human rights concerns (prioritizing at-risk communities)	36,000	36,000			UNDP, UNFPA	Global Fund C19RM	C19RM Portfolio Optimization	72,000

	TA to Design a module/sensitization programme for police/security services regarding human-rights-based approaches	26,000	0			UNDP, UNFPA	Global Fund C19RM	C19RM Portfolio Optimization	26,000
	Travel-related costs for TA (BL1174)	10,288	0			UNDP, UNFPA	Global Fund C19RM	C19RM Portfolio Optimization	10,288
	Design a module/sensitization programme for police/security services regarding human-rights-based approaches - Training of law enforcement officers (police, army, correctional) on responsive policing and human rights of PLHIV and other KPs	95,170	0			UNDP, UNFPA	Global Fund C19RM	C19RM Portfolio Optimization	95,170
	Support trained personnel to provide comprehensive GBV services (medical, psychosocial, legal, and referral) through One-Stop Centers	147,600	147,600			UNDP, UNFPA	Global Fund C19RM	C19RM Portfolio Optimization	295,200
	Increase public awareness about IPV /GBV, update and disseminate a directory of available services and focal persons	84,000	168,000			UNDP, UNFPA	Global Fund C19RM	C19RM Portfolio Optimization	252,000
	Monitoring	See monitoring table							
	Subtotal for Output 1	631,558	351,600					C19RM	2,226,041
Output 2: Respond to human rights and gender related barriers to services Gender marker: GEN1	Improve legal literacy: Conduct 3-day consultative workshop on access to Justice as part of increasing legal literacy amongst PLHIV and KPs.	41,472	41,472			UNDP, UNFPA	Global Fund C19RM	C19RM Portfolio Optimization	82,944
	Improve legal literacy: Conduct 2 day sensitization workshop on access to justices for girls and women at risk of GBV as part of improving legal literacy amongst girls and women at risk of GBV	31,808	0			UNDP, UNFPA	Global Fund C19RM	C19RM Portfolio Optimization	31,808

	Improve access to justice: Identify and conduct capacity building workshops for legal service providers to support access to justice for PLHIV and KPs	48,080	0			UNDP, UNFPA	Global Fund C19RM	C19RM Portfolio Optimization	48,080
	TA to Design and distribute an access to justice manual to support capacity development of legal services providers-Technical assistance	0	16,250			UNDP, UNFPA	Global Fund C19RM	C19RM Portfolio Optimization	16,250
	Travel-related costs for TA (BL1182)	0	6,100			UNDP, UNFPA	Global Fund C19RM	C19RM Portfolio Optimization	6,100
	Improve access to justice: Design and distribute an access to justice manual to support capacity development of legal services providers-Validation workshop	0	19,675			UNDP, UNFPA	Global Fund C19RM	C19RM Portfolio Optimization	19,675
	Improve access to justice: Design and distribute an access to justice manual to support capacity development of legal services providers-Printing materials	0	30,000			UNDP, UNFPA	Global Fund C19RM	C19RM Portfolio Optimization	30,000
	Strengthening capacity of CBOs/CSOs on CRG assessments: Technical assistance to establish and convene a technical team to design, guide and ensure quality of the CRG assessment	23,660	0			UNDP, UNFPA	Global Fund C19RM	C19RM Portfolio Optimization	23,660
	Build capacity of selected CBOs on conducting CRG assessment	31,800	0			UNDP, UNFPA	Global Fund C19RM	C19RM Portfolio Optimization	31,800
	Carrying out of the CRG assessments as per the design developed by the multi-sectoral team and develop a country specific action plan based on the assessment recommendations - TA	48,000	0			UNDP, UNFPA	Global Fund C19RM	C19RM Portfolio Optimization	48,000

	Travel-related costs for TA (BL1188)	5,332	0			UNDP, UNFPA	Global Fund C19RM	C19RM Portfolio Optimization	5,332
	Carrying out of the CRG assessments as per the design developed by the multi-sectoral team and develop a country specific action plan based on the assessment recommendations - TA	28,900	0			UNDP, UNFPA	Global Fund C19RM	C19RM Portfolio Optimization	28,900
	Carrying out of the CRG assessments as per the design developed by the multi-sectoral team and develop a country specific action plan based on the assessment recommendations - Printing materials	750	0			UNDP, UNFPA	Global Fund C19RM	C19RM Portfolio Optimization	750
	Convening country level stakeholders to validate the CRG assessment recommendations, advocate for implementation of the recommendations and develop action plan	0	47,320			UNDP, UNFPA	Global Fund C19RM	C19RM Portfolio Optimization	47,320
	Conduct stigma assessments to understand the levels and dimensions of HIV, TB and malaria related stigma in the context of pandemics - Technical assistance	24,500	0			UNDP, UNFPA	Global Fund C19RM	C19RM Portfolio Optimization	24,500
	Travel-related costs for TA (BL1193)	15,664	0			UNDP, UNFPA	Global Fund C19RM	C19RM Portfolio Optimization	15,664
	Conduct stigma assessments to understand the levels and dimensions of HIV, TB and malaria related stigma in the context of pandemics - Validation workshop assessment report	0	18,220			UNDP, UNFPA	Global Fund C19RM	C19RM Portfolio Optimization	18,220
	Support CBOs/CSOs to facilitate referrals and linkages of affected persons to health, social services and legal services through expanded community- paralegal	147,000	147,000			UNDP, UNFPA	Global Fund C19RM	C19RM Portfolio Optimization	294,000

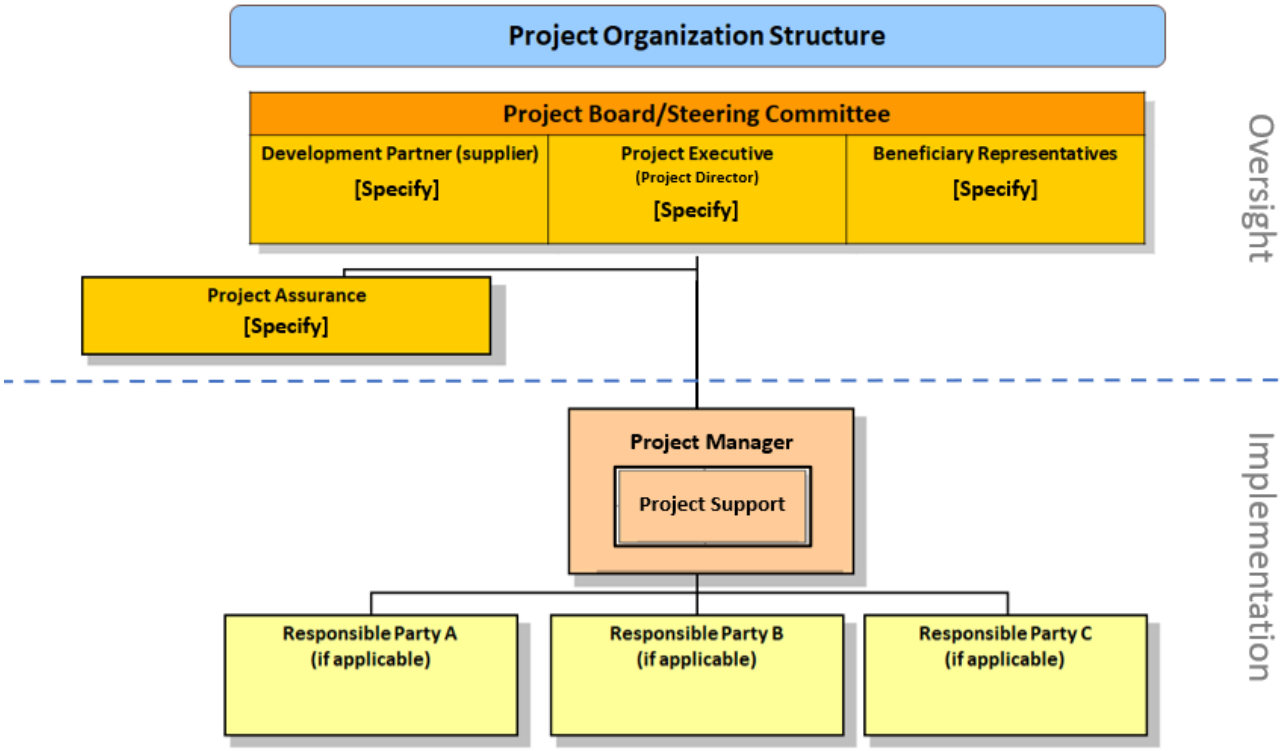
	programs								
	Provide grants to community-led organizations to increase their capacity in programming to address human rights and gender-related barriers to access to HIV, TB and malaria services, including social mobilization, community-led monitoring, community-led research and advocacy - Disburse small grants to 5 community led organisations	53,000	53,000			UNDP, UNFPA	Global Fund C19RM	C19RM Portfolio Optimization	106,000
	Provide grants to community-led organizations to increase their capacity in programming to address human rights and gender-related barriers to access to HIV, TB, and malaria services, including social mobilization, community-led monitoring, community-led research, and advocacy - Disburse small grants to 5 community-led organizations	72,000	72,000			UNDP, UNFPA	Global Fund C19RM	C19RM Portfolio Optimization	144,000
	Monitoring	See monitoring table						C19RM Portfolio Optimization	
	Subtotal Output 2	571,966	451,037					C19RM Portfolio Optimization	1,023,003

VIII. GOVERNANCE AND MANAGEMENT ARRANGEMENTS

The project will be managed by UNDP under UNDP's Direct Implementation Modality (DIM)in close collaboration with the Ministry of Health (MoH) and the South Sudan AIDS Commission (SSAC). The project will operate under the oversight of a Project Board which includes the Chair Person of South Sudan Country Coordinating Mechanism South Sudan, SSAC and MoH. The Project Board meets on a quarterly basis. The Project Board is responsible for the overall direction and oversight of the project and has responsibility and authority for the project within thelimit of the project mandate. The Project Board approves all major plans and authorises any major deviation from agreed plans. It is the authority that signs off the completion of each year of the project, as well as authorises the start of the next year. It ensures that required resources are committed, and arbitrates on any conflicts within the project, negotiating solutions to any problems between the project and external bodies.

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

The overall project organisation structure is as follows:



The Global Fund reports to the Deputy Resident Representative for Programmes and is supported by the Programme Management Support Unit (PMSU) for project assurance and other Units for collaborative works. UNDP has been serving as interim Principal Recipient (PR) for Global Fund grants in South Sudan since 2004. The PR works in collaboration with national and international partners involved in the fight against HIV and AIDS. The Global Fund resources are additional to national and expernal resources.

The CCM oversees the Global Fund programme in South Sudan. Different stages of project implementation such as grant revisions and contracting of new Sub Recipients (SRs) are cleared by the CCM.

The Local Fund Agent (LFA) serves as Global Fund's representative in the country. For South Sudan, the LFA designated by the Global Fund is KPMG. The LFA conducts verification of programmatic and financial reports semi-annually and makes recommendations to the Global Fund with regards to project progress and disbursement of funds. The project does not directly report to the LFA but it ensures that all required documents are provided for verification, and questions/issues raised by the LFA team are responded to satisfactorily.

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

Project Management: This is comprised of a GF Coordination Advisor, a Project Manager, a Project Specialist and a Project Analyst. The GF Coordination Advisor is fully responsible for the overall coordination of the project activities. The GF Coordination Advisor and the Project Manager work in close collaboration with national counterparts and other stakeholders to implement the project. The position of a Project Manager, COVID-19 has been also added to the Project Management.

Procurement and Supply Chain Management: This team is headed by a Procurement and Supply Chain Management Specialist and supported by a Procurement Analyst and an Associate. Under the grant agreement signed between UNDP as PR and the Global Fund, all procurement activities are exclusively carried out by the PR. The PR in collaboration with the Ministry of Health and partners, is responsible for the quantification of all drugs and supplies. The PR is also responsible for storage and distribution of all heakth and non-health products. The PR conducts support supervision to the health facilities and trains the health care providers in the rational use of drugs.

Finance Management: This team is made up of a Finance Specialist, two Analysts and two Operational Quality Assurance Officers. The finance team is responsible for financial management of the grants.

Monitoring and Evaluation: This team is composed of an M&E Specialist and two Analysts.The team is responsible for monitoring of project activities, review and verification of data and preparation of progress reports to the donor. In addition, the team works to strengthen the M&E systems of the Ministry of Health at all levels.

The PR will subcontract six agencies (Sub-Recipients – SRs) to execute this project as follows:

(i) Government agencies: Ministry of Health and South Sudan AIDS Commission (SSAC)
(ii) NGOs: AAA, Cordaid, Amref, NEPWU
(iii) UN agency: UNFPA

Special Conditions for GC7 and C19RM grants:

- Refer to the Grant Confirmation (GC) and subsequent Implementation Letters (ILs) signed between UNDP the Global Fund

IX. LEGAL CONTEXT

[20]This project forms part of an overall programmatic framework under which several separate associated country level activities will be implemented. When assistance and support services are provided from this Project to the associated country level activities, this document shall be the "Project Document" instrument referred to in: (i) the respective signed SBAAs for the specific countries; or (ii) in the Supplemental Provisions to the Project Document attached to the Project Document in cases where the recipient country has not signed an SBAA with UNDP, attached hereto and forming an integral part hereof. All references in the SBAA to "Executing Agency" shall be deemed to refer to "Implementing Partner."

This project will be implemented by [name of entity] ("Implementing Partner") in accordance with its financial regulations, rules, practices and procedures only to the extent that they do not contravene the principles of the Financial Regulations and Rules of UNDP. Where the financial governance of an Implementing Partner does 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

(a) UNDP (DIM)

1. [21]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][22] [UNDP funds received pursuant to the Project Document][23] 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 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.

[20] Legal Comntext for For Global Fund Projects

[21] Option b. UNDP (DIM)

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

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

7. UNDP as the Implementing Partner will ensure that the following obligations are binding on each responsible party, subcontractor, and sub-recipient:

a. Consistent with the Article III of the SBAA *[or 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:
   i. 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;
   ii. 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.

b. 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.

c. 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.

d. 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.

e. 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.
f. 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.
g. 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.
h. 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 to the requirements of the above documents, which are an integral part of this Project Document and are available online at www.undp.org.
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.

Where such funds have not been refunded to UNDP, the responsible party, subcontractor or sub-recipient agrees that donors to UNDP (including the Government) whose funding is the source, in whole or in part, of the funds for the activities under this Project Document,

may seek recourse to such responsible party, subcontractor or sub-recipient for the recovery of any funds determined by UNDP to have been used inappropriately, including through fraud, corruption or other financial irregularities, or otherwise paid other than in accordance with the terms and conditions of the 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.

(b) CSO/NGO/Non-UN or other IGO with no signed SBEAA with UNDP

1. Consistent with the Article III of the SBAA *[or the Supplemental Provisions to the Project Document]*, the responsibility for the safety and security of the Implementing Partner and its personnel and property, and of UNDP's property in the Implementing Partner's custody, rests with the Implementing Partner. To this end, the Implementing Partner shall:
   a) put in place an appropriate security plan and maintain the security plan, taking into account the security situation in the country where the project is being carried;
   b) assume all risks and liabilities related to the Implementing Partner's security, and the full implementation of the security plan.

2. 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 Implementing Partner's obligations under this Project Document and the Project Cooperation Agreement between UNDP and the Implementing Partner[24].

3. The Implementing Partner agrees to undertake all reasonable efforts to ensure that no UNDP funds received pursuant to the Project Document 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 Sanctions Consolidated Sanctions List, and that no UNDP funds received pursuant to the Project Document are used for money laundering activities. The United Nations Security Council Sanctions Consolidated Sanctions List can be accessed via https://www.un.org/securitycouncil/content/un-sc-consolidated-list.

4. The Implementing Partner acknowledges and agrees that UNDP will not tolerate sexual harassment and sexual exploitation and abuse of anyone by the Implementing Partner, and each of its responsible parties, their respective sub-recipients and other entities involved in Project

[24] Use bracketed text only when IP is an NGO/IGO

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, the Implementing Partner, and each of its sub-parties referred to above, 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, the Implementing Partner, and each of its sub-parties referred to above, 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.

5. a) In the performance of the activities under this Project Document, the Implementing Partner shall (with respect to its own activities), and shall require from its sub-parties referred to in paragraph 4 (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, the Implementing Partner will, and will require that such 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 the Implementing Partner and its sub-parties referred to in paragraph 4, have not put in place its own training regarding the prevention of SH and SEA, the Implementing Partner and such sub-parties may use the training material available at UNDP;
iii. Report and monitor allegations of SH and SEA of which the Implementing Partner and its sub-parties referred to in paragraph 4 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. The Implementing Partner shall advise UNDP of any such allegations received and investigations being conducted by itself or any of its sub-parties referred to in paragraph 4 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 Implementing Partner shall advise UNDP of any actions taken by it or any of the other entities further to the investigation.

b) The Implementing Partner 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 Implementing Partner, and each of its sub-parties referred to in paragraph 4, to comply of the foregoing, as determined by UNDP, shall be considered grounds for suspension or termination of the Project.

6. 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).

7. The Implementing Partner shall: (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.
8. 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.

9. UNDP is committed to the highest ethical standards and will not tolerate the diversion of the resources entrusted to it through Money Laundering or Terrorist Financing and will not partner with entities that tolerate the diversion of resources through Money Laundering or Terrorist Financing. To that effect, the Implementing Partner represents and warrants that it has not, and it shall not, at any time in the implementation of the Project engage in Terrorism Financing or Money Laundering. The Implementing Partner shall communicate the restriction of this paragraph to its and each of its responsible parties, their respective sub-recipients 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 Documents and shall take all reasonable measures to ensure that such persons do not engage in Terrorism Financing or Money Laundering.

10. The Implementing Partner shall immediately disclose to UNDP any actual, apparent, potential or attempted Terrorism Financing or Money Laundering activity that it becomes aware of. The Implementing Partner shall fully cooperate with any investigation or review of Terrorism Financing or Money Laundering activity by UNDP.

11. The Implementing Partner acknowledges and agrees that Terrorism Financing or Money Laundering constitute financial irregulates and that if the Implementing Partner or any of its responsible parties, their respective sub-recipients 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 engages in Terrorism Financing or Money Laundering activity that would constitute a material breach of this Project Document, which entitles UNDP to immediately terminate the Project without incurring any liability or penalty.

12. Furthermore, the Implementing Partner expressly acknowledges and agrees that, in the event that UNDP were to determine through an investigation or otherwise that Terrorism Financing or Money Laundering occurred, UNDP shall have, in addition to its right to immediately terminate the Project, the rights to:

i. apply and enforce the relevant sanctions in accordance with UNDP internal regulations, rules, procedures, practices, policies and guidelines, including referral of the matter to national authorities when appropriate; and
ii. recover all losses, financial or otherwise, suffered by UNDP in connection with such Terrorism Financing or Money Laundering activity.

13. For the purpose of this Project Document the following terms shall have the definition ascribed to the below:

i. “Money Laundering” is generally considered as concealment of the origins of money obtained illegally, typically by passing it through a complex sequence of financial or commercial transactions. ML usually involves three stages: (i) introducing the proceeds of crime into the financial system (placement); (ii) transactions to convert or transfer the funds to other locations or financial institutions (layering); and (iii) reintroducing the funds into the legitimate economy as "clean" money and investing it in various assets or business ventures (reintegration) appearing to have been legally obtained. The FATF recommends that ML be criminalized by every country on the basis of article 3(1)(b) and (c) of the Vienna Convention and article 6(1) of the Palermo Convention.

ii. "Terrorist Financing" means providing support to individuals or entities that appear on the United Nations Security Council Consolidated Sanctions List accessible at https://www.un.org/securitycouncil/content/un-sc-consolidated-list.

14. The Implementing Partner will take appropriate steps to prevent misuse of funds, fraud or corruption, by its officials, consultants, responsible parties, subcontractors and sub-recipients in implementing the project or using the UNDP funds. The Implementing Partner 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.

15. The requirements of the following documents, then in force at the time of signature of the Project Document, apply to the Implementing Partner: (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. The Implementing Partner agrees to the requirements of the above documents, which are an integral part of this Project Document and are available online at www.undp.org.

16. In the event that an investigation is required, UNDP has the obligation to conduct investigations relating to any aspect of UNDP programmes and projects in accordance with UNDP regulations, rules, policies and procedures. The Implementing Partner shall provide its full cooperation, including making available personnel, relevant documentation, and granting access to the Implementing Partner's (and its consultants', responsible parties', 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 the Implementing Partner to find a solution.

17. The Implementing Partner will promptly inform UNDP in case of any incidence of inappropriate use of funds, or credible allegation of fraud, corruption or other financial irregularity with due confidentiality.
Where the Implementing Partner becomes aware that a UNDP project or activity, in whole or in part, is the focus of investigation for alleged fraud/corruption or other financial irregularity, the Implementing Partner will inform the UNDP Resident Representative/Head of Office, who will promptly inform UNDP's Office of Audit and Investigations (OAI). The Implementing Partner shall provide regular updates to the head of UNDP in the country and OAI of the status of, and actions relating to, such investigation.

18. UNDP shall be entitled to a refund from the Implementing Partner of any funds provided that have been used inappropriately, including through fraud, corruption or other financial irregularity, 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 Implementing Partner under this or any other agreement. Recovery of such amount by UNDP shall not diminish or curtail the Implementing Partner's obligations under this Project Document.

Where such funds have not been refunded to UNDP, the Implementing Partner agrees that donors to UNDP (including the Government) whose funding is the source, in whole or in part, of the funds for the activities under this Project Document, may seek recourse to the Implementing Partner for the recovery of any funds determined by UNDP to have been used inappropriately, including through fraud, corruption or other financial irregularity, or otherwise paid other than in accordance with the terms and conditions of the 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 the Implementing Partner, responsible parties, subcontractors and sub-recipients.

19. Each contract issued by the Implementing Partner 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 the Implementing Partner shall cooperate with any and all investigations and post-payment audits.

20. Should UNDP refer to the relevant national authorities for appropriate legal action any alleged wrongdoing relating to the project, 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.

21. The Implementing Partner shall ensure that all of its obligations set forth under this section entitled "Risk Management Standard Clauses" are passed on to each responsible party, subcontractor and sub-recipient and that all the clauses under this section entitled "Risk Management" are included, *mutatis mutandis*, in all sub-contracts or sub-agreements entered into further to this Project Document.

(c) UN Agency other than UNDP, and IGO with signed SBEAA with UNDP

1. UNFPA as the Implementing Partner will comply with the policies, procedures and practices of the United Nations Security Management System (UNSMS.)

2. In the implementation of the activities under this Project Document, UNFPA 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. The Implementing Partner will ensure that its regulations, rules, policies and procedures are consistent with the principles of UNDP relating to SEA and SH requirements. Notwithstanding the foregoing, the UNFPA, as the Implementing Partner, will notify UNDP of any such allegations and investigations it may conduct further to such allegations.

3. [Name of UN Agency/IGO] as the Implementing Partner will ensure that the following obligations are binding on each responsible party, subcontractor and sub-recipient that is not a UN entity:

a. Consistent with the Article III of the SBAA, the responsibility for the safety and security of each responsible party, subcontractor and sub-recipient and its personnel and property, and of [Name of UN Agency/IGO]'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:
   i. 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;
   ii. 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.
b. UNFPA 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.
c. In the performance of the activities under this Project, UNFPA as the Implementing Partner shall ensure, with respect to the activities of any of its responsible parties, sub-recipients and other entities engaged under the Project, either as contractors or subcontractors, their personnel and any individuals performing services for them, that those entities have in place adequate and proper procedures, processes and policies to prevent and/or handle SEA and SH.

4. UNFPA agrees to undertake all reasonable efforts to ensure that none of the project funds[25] (UNDP funds received pursuant to the Project Document)[26] 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 Sanctions Consolidated Sanctions List, and that no UNDP funds received pursuant to the Project Document are used for money laundering activities. The United Nations Security Council Sanctions Consolidated Sanctions List can be accessed via https://www.un.org/securitycouncil/content/un-sc-consolidated-list.
5. 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).
6. The Implementing Partner shall: (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.
7. 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.

8. In the implementation of the activities under this Project Document, [Name of UN Agency/IGO] as the Implementing Partner will ensure that its regulations, rules, policies and procedures are consistent with the principles of then in force UNDP's Anti-Money Laundering and Countering the Financing of Terrorism Policy.
9. The Implementing Partner will take appropriate steps to prevent misuse of funds, fraud, or corruption, by its officials, consultants, responsible parties, subcontractors, and sub-recipients in implementing the project or programme or using the UNDP funds. The Implementing Partner 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.

10. The Implementing Partner and UNDP will promptly inform one another in case of any incidence of inappropriate use of funds, or credible allegation of fraud or corruption with due confidentiality.

Where the Implementing Partner becomes aware that a UNDP project or activity, in whole or in part, is the focus of investigation for alleged fraud/corruption or other financial irregularity, the Implementing Partner will inform the UNDP Resident Representative/Head of Office, who will promptly inform UNDP's Office of Audit and Investigations (OAI). The Implementing Partner shall provide regular updates to the head of UNDP in the country and OAI of the status of, and actions relating to, such investigation.

11. UNDP shall be entitled to a refund from the Implementing Partner of any funds provided that have been used inappropriately, including through fraud, corruption or other financial irregularity, 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 Implementing Partner under this or any other agreement. Recovery of such amount by UNDP shall not diminish or curtail the Implementing Partner's obligations under this Project Document.

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

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

Where such funds have not been refunded to UNDP, the Implementing Partner agrees that donors to UNDP (including the Government) whose funding is the source, in whole or in part, of the funds for the activities under this Project Document, may seek recourse to the Implementing Partner for the recovery of any funds determined by UNDP to have been used inappropriately, including through fraud, corruption or other financial irregularity, or otherwise paid other than in accordance with the terms and conditions of the 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.

12. Each contract issued by the Implementing Partner 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 the Implementing Partner shall cooperate with any and all investigations and post-payment audits.

13. Should UNDP refer to the relevant national authorities for appropriate legal action any alleged wrongdoing relating to the project, 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.

14. The Implementing Partner shall ensure that all of its obligations set forth under this section entitled "Risk Management Standard Clauses" are passed on to each responsible party, subcontractor and sub-recipient and that all the clauses under this section entitled "Risk Management" are included, *mutatis mutandis*, in all sub-contracts or sub-agreements entered into further to this Project Document.

Special Clauses. In case of government cost-sharing through the project, the following clauses should be included:

1. The schedule of payments and UNDP bank account details.

2. The value of the payment, if made in a currency other than United States dollars, shall be determined by applying the United Nations operational rate of exchange in effect on the date of payment. Should there be a change in the United Nations operational rate of exchange prior to the full utilization by the UNDP of the payment, the value of the balance of funds still held at that time will be adjusted accordingly. If, in such a case, a loss in the value of the balance of funds is recorded, UNDP shall inform the Government with a view to determining whether any further financing could be provided by the Government. Should such further financing not be available, the assistance to be provided to the project may be reduced, suspended or terminated by UNDP.

3. The above schedule of payments takes into account the requirement that the payments shall be made in advance of the implementation of planned activities. It may be amended to be consistent with the progress of project delivery.

4. UNDP shall receive and administer the payment in accordance with the regulations, rules and directives of UNDP.

5. All financial accounts and statements shall be expressed in United States dollars.

6. If unforeseen increases in expenditures or commitments are expected or realized (whether owing to inflationary factors, fluctuation in exchange rates or unforeseen contingencies), UNDP shall submit to the government on a timely basis a supplementary estimate showing the further financing that will be necessary. The Government shall use its best endeavours to obtain the additional funds required.

7. If the payments referred above are not received in accordance with the payment schedule, or if the additional financing required in accordance with paragraph 6 above is not forthcoming from the Government or other sources, the assistance to be provided to the project under this Agreement may be reduced, suspended or terminated by UNDP.

8. Any interest income attributable to the contribution shall be credited to UNDP Account and shall be utilized in accordance with established UNDP procedures.
In accordance with the decisions and directives of UNDP's Executive Board:

The contribution shall be charged:

(a) 7% cost recovery for the provision of general management support (GMS) by UNDP headquarters and country offices
(b) Direct cost for implementation support services (ISS) provided by UNDP and/or an executing entity/implementing partner.

9. Ownership of equipment, supplies and other properties financed from the contribution shall vest in UNDP. Matters relating to the transfer of ownership by UNDP shall be determined in accordance with the relevant policies and procedures of UNDP.
10. The contribution shall be subject exclusively to the internal and external auditing procedures provided for in the financial regulations, rules and directives of UNDP."

XI. ANNEXES

Annex 1: SOUTH SUDAN – RISK & ASSURANCE MATRIX
Annex 2: SESP
Annex 3: Project Quality Assurance

Annex 1: SOUTH SUDAN – RISK & ASSURANCE MATRIX

Annex 1: RISK MATRIX FOR THE GLOBAL FUND PROGRAMME (GC7 HIV/TB/RSSH AND C19RM GRANTS)

CPD Outcome 3: Children, women and men in South Sudan, particularly youth and vulnerable groups, enjoy improved coverage of inclusive, responsive, quality social services and social protection Indicative Output(s) with gender marker 2: GEN 2
Output 3.1.: *National health service delivery strengthened* through scaling up HIV and tuberculosis services and *building resilient health systems.*

N.	Risk Category	Risk Statement	Activity/Intervention Affected	Risk Owner (accountable team, or unit for overall monitoring/managing of risk)	Likelihood	Impact	Rating	Risk Mitigation Measure (s)	Person(s)/Position (s) Responsible	Residual Risk	Additional Mitigation Measures	Frequency of Review
1	Social & environmental	Community safety and security incidents can impede implementation of priority interventions at local, community levels.	HIV and TB service delivery in local health facilities; delivery of interventions for KPs in affected locations; RSSH interventions in affected locations; payment of incentives in affected locations.	UNDP Global Fund PMU (Programme Management Team)	4	5	4	a) Utilise UNDSS reports for timely monitoring of localised risk of conflict; b) Have routine engagements with SRs and other partners to continuously monitor and anticipate risks; c) work with MOH and other SRs to have in place contingency plans (including identification of alternative service deliver points) in case of localised service interruptions; d) have in place contingency plans for the protection of assets (GeneXperts, tablets, for example) and security of data in areas with localised insecurity and/or service interruptions.	a) PMU team; b) Project Managers; c) Project Managers; d) Finance Specialist, Asset Management Focal Point, M&E Specialist	3	Work with MOH and SRs to relocate service delivery in sites where security risks are elevated.	This risk is reviewed weekly.
2	Social & environmental	Human rights and gender-related barriers impede access, uptake and retention in services.	HIV and TB service delivery; delivery of interventions for KPs.	UNDP Global Fund PMU (Programme Management Team)	3	3	3	Work with MOH, SSAC, SSNeP+, NEPWU, UNAIDS and KP networks to implement stigma reduction measures and to ensure access to legal support for adversely affected individuals.	Project Manager (GC7), Project Analysts	3	Engage SSAC and MOH to provide support where there are elevated frequencies of stigma, discrimination or violence.	The risk is reviewed quarterly.
3	Financial	Limited asset management and asset protection capabilities lead to loss or damage of Global Fund-supported assets deployed by UNDP to SRs and, onwards, to health facilities.	HIV and TB service delivery, particularly diagnostic services; infrastructure projects; monitoring and reporting (including eLMIS).	UNDP Global Fund PMU (Finance and Asset Management Team, Procurement and Warehouse Team)	3	4	3	a) maintain enhanced asset management modality with SRs (joint committee, SR asset focal points); b) develop and roll-out revised asset management SOP; c) implement digital asset tracking solutions to enhance real-time visibility of high-value/high-risk assets.	Finance Specialist, Asset Management Focal Point, Procurement Specialist, Warehouse Manager	3	a) delay deployment of high-value assets in locations where security risks are high; b) proactively move high-value assets to secure	The risk is reviewed monthly.

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											locations when security risks are elevated.	
4	Financial	Ineffective financial oversight leads to unrecovered disallowed costs and low value-for-money in terms of outputs, outcomes and impacts of Global Fund investments.	All funded interventions.	UNDP Global Fund PMU (Finance and Asset Management Team)	2	3	3	a) develop and implement a revised financial management guideline for SRs; b) provide capacity-building, continuous mentoring and close supervision of SR financial management functions; c) maintain monthly financial reporting cycles; d) provide timely transaction reviews with clear recommendations/advice on addressing any gaps and challenges (including disallowed costs); e) respond proactively to evidence (or emerging signs) of financial mismanagement.	Finance Specialist, Quality Assurance Analysts	2	a) proactively change funding modality; b) institute temporary suspensions of SR disbursements.	The risk is reviewed monthly.
5	Operational	There is ineffective oversight of SRs leading to low implementation quality and poor value-for-money from Global Fund investments.	All interventions implemented by SRs.	UNDP Global Fund PMU (Programme Management Team)	2	3	2	a) develop and implement a revised SR management guideline; b) maintain weekly/monthly/quarterly schedule of SR engagements; c) provide continuously capacity-building/mentorship to improve/maintain implementation quality; d) proactively document and address quality concerns through Management Letters at least quarterly.	Project Managers (GC7 & C91RM), M&E Specialist, Finance Specialist	3	a) proactively escalate risk mitigation interventions to address SRs that are faltering; b) alter/suspend SR agreement until quality concerns are addressed.	The risk is reviewed monthly.

Annex 1: RISK MATRIX FOR THE GLOBAL FUND PROGRAMME (GC7 HIV/TB/RSSH AND C19RM GRANTS)

CPD Outcome 3: Children, women and men in South Sudan, particularly youth and vulnerable groups, enjoy improved coverage of inclusive, responsive, quality social services and social protection Indicative Output(s) with gender marker 2: GEN 2
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N.	Risk Category	Risk Statement	Activity/Intervention Affected	Risk Owner (accountable team, or unit for overall monitoring/managing of risk)	Likelihood	Impact	Rating	Risk Mitigation Measure (s)	Person(s)/Position (s) Responsible	Residual Risk	Additional Mitigation Measures	Frequency of Review
6	Operational	There is ineffective or incomplete sustainability and transition planning for key RSSH investments, arising largely from limitations in the capacity of the MOH and other government entities to assume full responsibility and ownership.	Priority RSSH interventions, particularly laboratory systems strengthening, health waste management, solarisation, medical oxygen, eLMIS, and health management information strengthening.	UNDP Global Fund PMU	3	3	3	a) Produce and administer templates (MOUs, etc.) for sustainability and transition of priority investments (solar power installations, incinerators, etc.); b) provide TA and other capacity-building support to relevant MOH counterparts (including at state, county and facility level) for long-term ownership/maintenance of assets; c) support MOH to mobilise additional technical/operational resources to ensure sustainability (through HSTP, for example).	Project Managers (GC7 & C19RM), Finance Specialist, Asset Focal Point, Procurement Specialist	3	a) Delay or revise implementation plans to limit risks regarding sustainability and transition.	The risk is reviewed quarterly.
7	Organisational	There are procurement delays and/or in-country risks that prevent the timely supply and distribution of essential commodities to heath facilities providing HIV and TB services, increasing the risk of supply interruptions and stock-outs.	HIV and TB service delivery, including diagnostic services; delivery of interventions for KPs.	UNDP Global Fund PMU (Procurement & Supply Management Team (including Warehouse Team)	2	4	3	a) have in place an annual procurement plan with appropriate milestones/thresholds to anticipate procurement delays; b) include appropriate buffer stocks in annual quantification of essential commodities; c) establish and maintain an electronic stock management system, covering all HIV and TB service delivery sites, with real-time visibility of commodity stocks and movements; d) continuously build the capacity of SRs to support relevant focal points, including health workers, for supply management and timely submission of restocking requests; e) maintain a comprehensive contingency strategy to address unanticipated supply chain interruptions (due to conflict, for example).	Project Managers (GC7 & C19RM), Procurement Specialist, M&E Specialist, Warehouse Manager	3	a) preposition essential commodities in sub-national, secure storage sites to anticipate supply chain interruption; b) increase buffer stocks in anticipation of extended delays in procurement.	The risk is reviewed quarterly.

Annex 1: RISK MATRIX FOR THE GLOBAL FUND PROGRAMME (GC7 HIV/TB/RSSH AND C19RM GRANTS)

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N.	Risk Category	Risk Statement	Activity/Intervention Affected	Risk Owner (accountable team, or unit for overall monitoring/managing of risk)	Likelihood	Impact	Rating	Risk Mitigation Measure (s)	Person(s)/Position (s) Responsible	Residual Risk	Additional Mitigation Measures	Frequency of Review
8	Organisational	There is poor quality, including incompleteness or extended delays, in programmatic data reporting and other routine monitoring mechanisms.	All funded interventions.	UNDP Global Fund PMU (M&E and Programme Management Teams)	3	3	3	a) undertake routine capacity-building/mentorship with SRs to improve/maintain quality of data and timeliness of reporting; b) support MOH and SRs to continue to strengthen facility-level reporting and data quality assurance processes; c) maintain a comprehensive supportive supervision process, with tracking and follow-up mechanisms to address and resolve identified gaps.	M&E Specialist	3	a) work with MOH and SRs to have in place additional data security measures, including more frequent back-ups of electronically collected data and increased reporting frequency (weekly instead of monthly, for example).	The risk is reviewed quarterly.
9	Reputational	Poor overall grant performance leads to UNDP being perceived as an ineffective health partner.	All funded interventions.	UNDP Global Fund PMU	2	3	2	a) maintain monthly and quarterly grant performance monitoring processes; b) routinely communicate achievements to CCM, Country Team and other stakeholders to maintain the positive profile of UNDP's Global Fund programme.	Programme Coordination Advisor; Project Managers (GC7 & C19RM); M&E Specialist; Communications Analyst	1	a) undertake additional, proactive public relations interventions to mitigate risks of negative reporting on UNDP performance.	The risk is reviewed quarterly.
10	Strategic	Frequent leadership changes at the MOH (and/or in broader governance mechanisms) impede timely grant implementation and effective oversight.	All funded interventions.	UNDP Global Fund PMU	3	4	3	a) maintain positive relations with government counterparts to have proactive knowledge/awareness of pending transitions; b) have in place briefing packages and other materials to rapidly orient newly appointed officials; c) liaise with CCM to routinely engage government to mitigate negative effects of frequent transitions.	Programme Coordination Advisor; Communications Analyst	2	a) engage Country Team to mitigate against risk of disruptions; b) draw on UNDP Country Office counterparts to mitigate against risk of disruptions due	The risk is reviewed quarterly.

Annex 1: RISK MATRIX FOR THE GLOBAL FUND PROGRAMME (GC7 HIV/TB/RSSH AND C19RM GRANTS)

CPD Outcome 3: Children, women and men in South Sudan, particularly youth and vulnerable groups, enjoy improved coverage of inclusive, responsive, quality social services and social protection Indicative Output(s) with gender marker 2: GEN 2
Output 3.1.: *National health service delivery strengthened* through scaling up HIV and tuberculosis services and *building resilient health systems.*

N.	Risk Category	Risk Statement	Activity/Intervention Affected	Risk Owner (accountable team, or unit for overall monitoring/managing of risk)	Likelihood	Impact	Rating	Risk Mitigation Measure (s)	Person(s)/Position (s) Responsible	Residual Risk	Additional Mitigation Measures	Frequency of Review
											to leadership changes.	
11	Safety & Security	Safety and security risks (including armed conflict, civil unrest and political instability) slows or blocks/suspends grant implementation, including as a result of stringent security measures (mobility restrictions and/or evacuation/relocation) .	All funded interventions.	UNDP Global Fund PMU	4	5	4	a) engage proactively with CCM, government counterparts, SRs, Global Fund Country Team and others for 'early warnings' of potentially disruptive trends and events; b) have in place contingency plans involving the MOH and SRs for continuous delivery of HIV and TB services during periods of escalating security risks; c) maintain effective partnership with other health partners, particularly humanitarian partners, to assist with service continuity where required; d) maintain a comprehensive Business Continuity Plan for the UNDP Global Fund programme.	Programme Coordination Advisor; Project Managers (GC7 & C19RM); Procurement Specialist; Communications Analyst	3	a) implement relevant components of the Business Continuity Plan.	The risk is reviewed weekly.

Annex 2: SESP

Project Information

Project Information	
1. Project Title	Grant Cycle 7 – Integrated Services for Maximum Impact
2. Project Number (i.e. Atlas project ID, PIMS+)	01001758
3. Location (Global/Region/Country)	South Sudan
4. Project stage (Design or Implementation)	Approval for Implementation
5. Date	30/01/2024

Part A. Integrating Programming Principles to Strengthen Social and Environmental Sustainability

QUESTION 1: How Does the Project Integrate the Programming Principles in Order to Strengthen Social and Environmental Sustainability?

Briefly describe in the space below how the project mainstreams the human rights-based approach

Addressed within the following interventions in C19RM

COVID-19 CSS: Social mobilization
Intervention: Respond to human rights and gender related barriers to services
Intervention: Gender-based violence prevention and post violence care (COVID-19)
Intervention: Risk communication

Plus complementary Modules under GC7 HIV/TB/RSSH

Module 1: Prevention Package for Sex Workers, their clients, and Other Sexual Partners;
Module 2: Prevention Package for Other Vulnerable Populations (OVP);
Module 3: Prevention Package for Men Who Have Sex with Men (MSM) and Transgender Persons and their Sexual Partners);
Module 4. Prevention Package for People Who Use Drugs (PUD) (injecting and non-injecting) and their Sexual Partners as well as under
Module 5: Prevention Stewardship (gender and diversity sensitivity training for national stakeholders) all incorporate interventions on removing human rights-related barriers to prevention for OVP and are linked to interventions under
Module 15: Reducing Human Rights-related barriers (legal literacy and access to justice

Briefly describe in the space below how the project is likely to improve gender equality and women's empowerment

Through the following activities:

- Support local women's networks/CSOs to undertake awareness raising/social mobilisation for women's participation in COVID-19 response
- Support community-led social mobilisation interventions
- Emergency practical assistance - Provision of cash vouchers, aitrime, transport support, emergency clothes and food for the survivors
- Scale up support to One top Centres (OSC)
- Scale up support to the Women and Girl Friendly spaces -incentives
- Provide grants to community-led organizations to increase their capacity in programming to address human rights and gender-related barriers to access to HIV, TB and malaria services, including social mobilization, community-led monitoring, community-led research and advocacy - Disburse small grants to 5 community led organisations

Plus complementary activities under GC7 HIV/TB/RSSH

Under Module 15: Reducing Human Rights-related Barriers to HIV and TB Services, there are interventions aimed at reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity. Similarly, under the complementary C19RM Portfolio Optimization Project, there are interventions to address Gender-based violence prevention and post violence care (COVID-19)

Briefly describe in the space below how the project mainstreams sustainability and resilience
The project will work with the government of South Sudan and other partners to synergize with the C19RM Portfolio Optimization funding to build resilient and sustainable systems for health
Briefly describe in the space below how the project strengthens accountability to stakeholders
UNDP works with SRs and SSRs, i.e Ministry of Health, South Sudan AIDS Commission, AAA and Cordaid, UNFPA, AMREF, NEPWU, NASSOS, SSNEP+. Under this grant, the government institutions are appointed as SRs for activities within their mandate and where they have comparative advantage over non-governmental entities. Hence, the Ministry of Health (MOH) is responsible for oversight of implementation of the project activities and coordinating the development of treatment policies and guidelines. The South Sudan HIV/AIDS Commission (SSAC) is responsible for the HIV and AIDS response leadership, policy, coordination, advocacy, etc. Historically, priority has always been given to government institutions in order to promote country ownership of the programme and build capacity of national institutions in managing the Global Fund grants. In this grant, key modules that specifically focus on leadership, coordination of the disease programmes are assigned to the MOH and SSAC, while the rest of the modules that focus on direct implementation are assigned to national and international NGOs through a competitive process, which involved the MOH, SSAC and the CCM. One of the national NGOs (NEPWU) has recently transitoned from SSR to SR. Capacity strengthening of NEPWU and SSNEP+ will continue so that they can take on more responsibilities and strengthen their community networks.

Part B. Identifying and Managing Social and Environmental Risks

QUESTION 2: What are the Potential Social and Environmental Risks? *Note: Complete SESP Attachment 1 before responding to Question 2.*	**QUESTION 3: What is the level of significance of the potential social and environmental risks?** *Note: Respond to Questions 4 and 5 below before proceeding to Question 5*			**QUESTION 6: Describe the assessment and management measures for each risk rated Moderate, Substantial or High**
Risk Description (broken down by event, cause, impact)	***Impact and Likelihood (1-5)***	***Significance (Low, Moderate Substantial, High)***	***Comments (optional)***	***Description of assessment and management measures for risks rated as Moderate, Substantial or High***
Risk 1: Disruption of services due to the current security status which negatively affects distribution of key drugs and commodities and also results in displacement of populations and health care workers. For C19RM, distribution of Medical Oxygen will be affected.	I =3 L=3	Substantial		-A draft document of commodities security developed and currently under review, providing a contingency plan for commodities security in various stages of crisis -UNDP will work with humanitarian agencies in early assessment, monitoring of security situations -Specialized agencies will be utilized in delivery of essential health commodities -More regular meetings with security agenda and risk mitigation measures -Local/national NGOs and local networks of PLHIV will be capacitated to provide services
Risk 2: Suboptimal programming *(not achieving targets/impact*) because of rapid changes in operating environment mostly due to internal and external displacement of populations due to insecurity or natural disasters such as flooding Changes in beneficiary needs and locations, leading to limited access of implementers and partners to key areas due to insecurity. Delay or postponement or cancellation activity implementation Influx of refugees and returnees from Sudan due to the conflict between the government and the RSF Overstretched facilities, commodities, and human resources	I =3 L=3	Substantial		-Ensure joint programming and collaboration with other UN Agencies and humanitarian actors in entry corridors such as Renk in Upper Nile State. -Mechanisms put in place for easy tracking of patients and other beneficiaries
	QUESTION 4: What is the overall project risk categorization?			

	Low Risk	☐			
	Moderate Risk	☐			
	Substantial Risk	X			
	High Risk	☐			
	QUESTION 5: Based on the identified risks and risk categorization, what requirements of the SES are triggered? (check all that apply)				
	Question only required for Moderate, Substantial and High Risk projects				
	Is assessment required? (check if "yes")	**X**			***Status? (Completed, planned)***
	if yes, indicate overall type and status		**X**	Targeted assessment(s)	1. Capacity Assessment of SRs completed. 2. Targeted Health Facility Assessment (tHFA) completed by Q2 2025
			☐	ESIA (Environmental and Social Impact Assessment)	
			☐	SESA (Strategic Environmental and Social Assessment)	
	Are management plans required? (Check if "yes)	☐	**NO**		
	If yes, indicate overall type		☐	Targeted management plans (e.g. Gender Action Plan, Emergency Response Plan, Waste Management Plan, others)	

			☐	ESMP (Environmental and Social Management Plan which may include range of targeted plans)	
			☐	ESMF (Environmental and Social Management Framework)	
	Based on identified <u>risks</u>, which Principles/Project- level Standards triggered?		**Comments (not required)**		
	Overarching Principle: Leave No One Behind				
	Human Rights	**X**			
	Gender Equality and Women's Empowerment	**X**			
	Accountability	**X**			
	1. Biodiversity Conservation and Sustainable Natural Resource Management	☐			
	2. Climate Change and Disaster Risks	☐			
	3. Community Health, Safety and Security	☐			
	4. Cultural Heritage	☐			
	5. Displacement and Resettlement	☐			
	6. Indigenous Peoples	☐			
	7. Labour and Working Conditions	☐			
	8. Pollution Prevention and Resource Efficiency	☐			

Final Sign Off

Final Screening at the design-stage is not complete until the following signatures are included

Signature/Name	*Date*	*Description*
QA Assessor (SES Developer) _____ David Ayoola OWOLABI M&E Specialist		UNDP staff member responsible for the project, typically a UNDP Programme Officer. Final signature confirms they have "checked" to ensure that the SESP is adequately conducted.
QA Approver (PMSU) _____ Amit Arora M&E Specialist		UNDP senior manager, typically the UNDP Deputy Country Director (DCD), Country Director (CD), Deputy Resident Representative (DRR), or Resident Representative (RR). The QA Approver cannot also be the QA Assessor. Final signature confirms they have "cleared" the SESP prior to submittal to the PAC.
PAC Chair (DES) _____ Sheila Ngatia DRR-P		UNDP chair of the PAC. In some cases, PAC Chair may also be the QA Approver. Final signature confirms that the SESP was considered as part of the project appraisal and considered in recommendations of the PAC.

SESP Attachment 1. Social and Environmental Risk Screening Checklist

Checklist Potential Social and Environmental Risks	
Overarching Principle: Leave No One Behind Human Rights	**Answer (Yes/No)**
P.1 Have local communities or individuals raised human rights concerns regarding the project (e.g. during the stakeholder engagement process, grievance processes, public statements)?	Yes
P.2 Is there a risk that duty-bearers (e.g. government agencies) do not have the capacity to meet their obligations in the project?	Yes
P.3 Is there a risk that rights-holders (e.g. project-affected persons) do not have the capacity to claim their rights?	Yes
Would the project potentially involve or lead to:	
P.4 adverse impacts on enjoyment of the human rights (civil, political, economic, social or cultural) of the affected population and particularly of marginalized groups?	No
P.5 inequitable or discriminatory impacts on affected populations, particularly people living in poverty or marginalized or excluded individuals or groups, including persons with disabilities?[27]	No
P.6 restrictions in availability, quality of and/or access to resources or basic services, in particular to marginalized individuals or groups, including persons with disabilities?	No
P.7 exacerbation of conflicts among and/or the risk of violence to project-affected communities and individuals?	No
Gender Equality and Women's Empowerment	
P.8 Have women's groups/leaders raised gender equality concerns regarding the project, (e.g. during the stakeholder engagement process, grievance processes, public statements)?	Yes
Would the project potentially involve or lead to:	
P.9 adverse impacts on gender equality and/or the situation of women and girls?	No
P.10 reproducing discriminations against women based on gender, especially regarding participation in design and implementation or access to opportunities and benefits?	No
P.11 limitations on women's ability to use, develop and protect natural resources, taking into account different roles and positions of women and men in accessing environmental goods and services? *For example, activities that could lead to natural resources degradation or depletion in communities who depend on these resources for their livelihoods and well being*	No
P.12 exacerbation of risks of gender-based violence? *For example, through the influx of workers to a community, changes in community and household power dynamics, increased exposure to unsafe public places and/or transport, etc.*	No

[27] Prohibited grounds of discrimination include race, ethnicity, sex, age, language, disability, sexual orientation, gender identity, religion, political or other opinion, national or social or geographical origin, property, birth or other status including as an indigenous person or as a member of a minority. References to "women and men" or similar is understood to include women and men, boys and girls, and other groups discriminated against based on their gender identities, such as transgender and transsexual people.

Sustainability and Resilience: Screening questions regarding risks associated with sustainability and resilience are encompassed by the Standard-specific questions below		
Accountability		
Would the project potentially involve or lead to:		
P.13	exclusion of any potentially affected stakeholders, in particular marginalized groups and excluded individuals (including persons with disabilities), from fully participating in decisions that may affect them?	No
P.14	grievances or objections from potentially affected stakeholders?	No
P.15	risks of retaliation or reprisals against stakeholders who express concerns or grievances, or who seek to participate in or to obtain information on the project?	No
Project-Level Standards		
Standard 1: Biodiversity Conservation and Sustainable Natural Resource Management		
Would the project potentially involve or lead to:		
1.1	adverse impacts to habitats (e.g. modified, natural, and critical habitats) and/or ecosystems and ecosystem services? *For example, through habitat loss, conversion or degradation, fragmentation, hydrological changes*	No
1.2	activities within or adjacent to critical habitats and/or environmentally sensitive areas, including (but not limited to) legally protected areas (e.g. nature reserve, national park), areas proposed for protection, or recognized as such by authoritative sources and/or indigenous peoples or local communities?	No
1.3	changes to the use of lands and resources that may have adverse impacts on habitats, ecosystems, and/or livelihoods? (Note: if restrictions and/or limitations of access to lands would apply, refer to Standard 5)	No
1.4	risks to endangered species (e.g. reduction, encroachment on habitat)?	No
1.5	exacerbation of illegal wildlife trade?	No
1.6	introduction of invasive alien species?	No
1.7	adverse impacts on soils?	No
1.8	harvesting of natural forests, plantation development, or reforestation?	No
1.9	significant agricultural production?	No
1.10	animal husbandry or harvesting of fish populations or other aquatic species?	No
1.11	significant extraction, diversion or containment of surface or ground water? *For example, construction of dams, reservoirs, river basin developments, groundwater extraction*	No
1.12	handling or utilization of genetically modified organisms/living modified organisms?[17]	No
1.13	utilization of genetic resources? (e.g. collection and/or harvesting, commercial development)[18]	No
1.14	adverse transboundary or global environmental concerns?	No
Standard 2: Climate Change and Disaster Risks		
Would the project potentially involve or lead to:		No

[17] See the Convention on Biological Diversity and its Cartagena Protocol on Biosafety.

[18] See the Convention on Biological Diversity and its Nagoya Protocol on access and benefit sharing from use of genetic resources.

2.1	areas subject to hazards such as earthquakes, floods, landslides, severe winds, storm surges, tsunami or volcanic eruptions?	No
2.2	outputs and outcomes sensitive or vulnerable to potential impacts of climate change or disasters? *For example, through increased precipitation, drought, temperature, salinity, extreme events, earthquakes*	No
2.3	increases in vulnerability to climate change impacts or disaster risks now or in the future (also known as maladaptive or negative coping practices)? *For example, changes to land use planning may encourage further development of floodplains, potentially increasing the population's vulnerability to climate change, specifically flooding*	No
2.4	increases of greenhouse gas emissions, black carbon emissions or other drivers of climate change?	No
Standard 3: Community Health, Safety and Security		
Would the project potentially involve or lead to:		
3.1	construction and/or infrastructure development (e.g. roads, buildings, dams)? (Note: the GEF does not finance projects that would involve the construction or rehabilitation of large or complex dams)	No
3.2	air pollution, noise, vibration, traffic, injuries, physical hazards, poor surface water quality due to runoff, erosion, sanitation?	No
3.3	harm or losses due to failure of structural elements of the project (e.g. collapse of buildings or infrastructure)?	No
3.4	risks of water-borne or other vector-borne diseases (e.g. temporary breeding habitats), communicable and noncommunicable diseases, nutritional disorders, mental health?	No
3.5	transport, storage, and use and/or disposal of hazardous or dangerous materials (e.g. explosives, fuel and other chemicals during construction and operation)?	No
3.6	adverse impacts on ecosystems and ecosystem services relevant to communities' health (e.g. food, surface water purification, natural buffers from flooding)?	No
3.7	influx of project workers to project areas?	No
3.8	engagement of security personnel to protect facilities and property or to support project activities?	No
Standard 4: Cultural Heritage		
Would the project potentially involve or lead to:		
4.1	activities adjacent to or within a Cultural Heritage site?	No
4.2	significant excavations, demolitions, movement of earth, flooding or other environmental changes?	No
4.3	adverse impacts to sites, structures, or objects with historical, cultural, artistic, traditional or religious values or intangible forms of culture (e.g. knowledge, innovations, practices)? (Note: projects intended to protect and conserve Cultural Heritage may also have inadvertent adverse impacts)	No
4.4	alterations to landscapes and natural features with cultural significance?	No
4.5	utilization of tangible and/or intangible forms (e.g. practices, traditional knowledge) of Cultural Heritage for commercial or other purposes?	No
Standard 5: Displacement and Resettlement		
Would the project potentially involve or lead to:		
5.1	temporary or permanent and full or partial physical displacement (including people without legally recognizable claims to land)?	No

5.2	economic displacement (e.g. loss of assets or access to resources due to land acquisition or access restrictions – even in the absence of physical relocation)?	No
5.3	risk of forced evictions?[19]	No
5.4	impacts on or changes to land tenure arrangements and/or community based property rights/customary rights to land, territories and/or resources?	No
Standard 6: Indigenous Peoples		
Would the project potentially involve or lead to:		
6.1	areas where indigenous peoples are present (including project area of influence)?	No
6.2	activities located on lands and territories claimed by indigenous peoples?	No
6.3	impacts (positive or negative) to the human rights, lands, natural resources, territories, and traditional livelihoods of indigenous peoples (regardless of whether indigenous peoples possess the legal titles to such areas, whether the project is located within or outside of the lands and territories inhabited by the affected peoples, or whether the indigenous peoples are recognized as indigenous peoples by the country in question)? *If the answer to screening question 6.3 is "yes", then Standard 6 requirements apply, and the potential significance of risks related to impacts on indigenous peoples must be Moderate or above.* *	No
6.4	the absence of culturally appropriate consultations carried out with the objective of achieving FPIC on matters that may affect the rights and interests, lands, resources, territories and traditional livelihoods of the indigenous peoples concerned?	No
6.5	the utilization and/or commercial development of natural resources on lands and territories claimed by indigenous peoples?	No
6.6	forced eviction or the whole or partial physical or economic displacement of indigenous peoples, including through access restrictions to lands, territories, and resources? *Consider, and where appropriate ensure, consistency with the answers under Standard 5 above*	No
6.7	adverse impacts on the development priorities of indigenous peoples as defined by them?	No
6.8	risks to the physical and cultural survival of indigenous peoples?	No
6.9	impacts on the Cultural Heritage of indigenous peoples, including through the commercialization or use of their traditional knowledge and practices? *Consider, and where appropriate ensure, consistency with the answers under Standard 4 above.*	No
Standard 7: Labour and Working Conditions		
Would the project potentially involve or lead to: (note: applies to project and contractor workers)		
7.1	working conditions that do not meet national labour laws and international commitments?	No
7.2	working conditions that may deny freedom of association and collective bargaining?	No
7.3	use of child labour?	No
7.4	use of forced labour?	No
7.5	discriminatory working conditions and/or lack of equal opportunity?	No
7.6	occupational health and safety risks due to physical, chemical, biological and psychosocial hazards (including violence and harassment) throughout the project life-cycle?	No

* Note: revised July 2022 modifying presumption of risk significance from Substantial or higher to Moderate or higher.

[19] Forced eviction is defined here as the permanent or temporary removal against their will of individuals, families or communities from the homes and/or land which they occupy, without the provision of, and access to, appropriate forms of legal or other protection. Forced evictions constitute gross violations of a range of internationally recognized human rights.

Standard 8: Pollution Prevention and Resource Efficiency		
Would the project potentially involve or lead to:		
8.1	the release of pollutants to the environment due to routine or non-routine circumstances with the potential for adverse local, regional, and/or transboundary impacts?	No
8.2	the generation of waste (both hazardous and non-hazardous)?	No
8.3	the manufacture, trade, release, and/or use of hazardous materials and/or chemicals?	No
8.4	the use of chemicals or materials subject to international bans or phase-outs? *For example, DDT, PCBs and other chemicals listed in international conventions such as the Montreal Protocol, Minamata Convention, Basel Convention, Rotterdam Convention, Stockholm Convention*	No
8.5	the application of pesticides that may have a negative effect on the environment or human health?	No
8.6	significant consumption of raw materials, energy, and/or water?	No

PROJECT QUALITY ASSURANCE – DESIGN FOR FY2023 (VERSION 5)
GC7 (2024-2026)

☒	**PROJECT QA - DESIGN**
	1. STRATEGIC
	1. Does the project specify how it will contribute to higher level change through linkage to the programme's Theory of Change?
☒	• 3: The project is clearly linked to the programme's theory of change. It has an explicit change pathway that explains how the project will contribute to coverage, outcome and impact level change and why the project's strategy will likely lead to this change. This analysis is backed by credible evidence of what works effectively in this context and includes assumptions and risks.
☐	• 2: The project is clearly linked to the programme's theory of change. It has a change pathway that explains how the project will contribute to outcome-level change and why the project strategy will likely lead to this change.
☐	• 1: The project document may describe in generic terms how the project will contribute to development results, without an explicit link to the programme's theory of change. *Note: Projects not contributing to a programme must have a project-specific Theory of Change. See alternative question under the information icon for these cases.
	Evidence (Enter a short explanation and attached a document that provides evidence for your response): The grant builds on the achievements of the New Funding Model (NFM3) HIV/TB and Resilient and sustainable systems for health (RSSH) and complements the GC7 HIV/TB/RSSH grant, and focuses on building resilient and sustainable systems for health for pandemic preparedness and response. This is expected to be achieved through implementation of multiple modules, interventions and activities.
	2. Is the project aligned with the UNDP Strategic Plan?
☒	• 3: The project responds to at least one of the development settings as specified in the Strategic Plan[28] and adapts at least one Signature Solution[29]. The project's RRF includes all the relevant SP output indicators. (All must be true)
☐	• 2: The project responds to at least one of the development settings as specified in the Strategic Plan[30]. The project's RRF includes at least one SP output indicator, if relevant. (Both must be true)
☐	• 1: The project responds to a partner's identified need, but this need falls outside of the UNDP Strategic Plan. Also select this option if none of the relevant SP indicators are included in the RRF.
	Evidence (Enter a short explanation and attached a document that provides evidence for your response): The project is aligned with the National Development Strategy objective on: Increase support to the social sector for human capital development and protect the vulnerable population, to leave no one behind; Strategic Plan Outcome 2: No one left behind centering on equitable access to opportunities and a rights-based approach to human agency and human development; UNSDCF Outcome 3: Children, women, and men in South Sudan, particularly youth and vulnerable groups, enjoy improved coverage of inclusive, responsive, quality social services and social protection.
	3.) Is the project linked to the programme outputs? (i.e., UNSDCF/CPD, RPD or Strategic Plan IRRF for strategic interventions not part of a programme
☒	• Yes
☐	• No (Project QA cannot be approved by the Project QA Approver)
	Evidence (Enter a short explanation and attached a document that provides evidence for your response): The project contributes to the achievement of: UNSDCF/UNDP Outcome 3: Children, women, and men in South Sudan, particularly youth and vulnerable groups, enjoy improved coverage of inclusive, responsive, quality social services and social protection.

[28] The three development settings in UNDP's 2018-2021 Strategic Plan are: a) Eradicate poverty in all its forms and dimensions; b) Accelerate structural transformations for sustainable development; and c) Build resilience to shocks and crises

[29] The six Signature Solutions of UNDP's 2018-2021 Strategic Plan are: a) Keeping people out of poverty; b) Strengthen effective, inclusive and accountable governance; c) Enhance national prevention and recovery capacities for resilient societies; d) Promote nature based solutions for a sustainable planet; e) Close the energy gap; and f) Strengthen gender equality and the empowerment of women and girls.

[30] The three development settings in UNDP's 2018-2021 Strategic Plan are: a) Eradicate poverty in all its forms and dimensions; b) Accelerate structural transformations for sustainable development; and c) Build resilience to shocks and crises

☒	**PROJECT QA - DESIGN**
	Output 3.1.: National health service delivery strengthened through scaling up HIV and tuberculosis services and building resilient health systems.
	2. RELEVANT
	4. Does the project identity target groups, and particularly those marginalized, vulnerable and left further behind (LNOB)? [31]
☒	• 3: The target groups are clearly specified, prioritizing discriminated, and marginalized groups left furthest behind, identified through a rigorous process based on evidence.
☐	• 2: The target groups are clearly specified, prioritizing groups left furthest behind.
☐	• 1: The target groups are not clearly specified.
	Evidence (Enter a short explanation and attached a document that provides evidence for your response): The direct beneficiaries of the project are as follow: • South Sudan Health Sector strengthened • Health sector overall (through improved coordination, human resources, and information systems) • Adults and children living with HIV/AIDS receiving ARV treatment. • TB patients on treatment; key and vulnerable populations including sex workers and their clients, IDPs, prisoners. • General population at risk of HIV/AIDS and TB;
	5. Have knowledge, good practices, and past lessons learned of UNDP and others informed the project design?
☒	• 3: Knowledge and lessons learned backed by credible evidence from sources such as evaluation, corporate policies/strategies, and/or monitoring have been explicitly used, with appropriate referencing, to justify the approach used by the project.
☐	• 2: The project design mentions knowledge and lessons learned backed by evidence/sources but have not been used to justify the approach selected.
☐	• 1: There is little, or no mention of knowledge and lessons learned informing the project design. Any references made are anecdotal and not backed by evidence.
	Evidence (Enter a short explanation and attached a document that provides evidence for your response): UNDP has a wealth of knowledge, good practices, and past lessons globally and locally, and as a PR of Global Fund grants in about 21 countries that can be used in the Project. UNDP also has a knowledge of local contexts in South Sudan which can provide valuable insights into local conditions, including cultural, social, economic, and political factors that may impact the success of this project.
	6. Does UNDP have a clear advantage to engage in the role envisioned by the project vis-à-vis national / regional / global partners and other actors?
☒	• 3: An analysis has been conducted on the role of other partners in the area where the project intends to work, and credible evidence supports the proposed engagement of UNDP and partners through the project, including identification of potential funding partners. It is clear how results achieved by partners will complement the project's intended results and a communication strategy is in place to communicate results and raise visibility vis-à-vis key partners. Options for south south and triangular cooperation have been considered, as appropriate. (all must be true)
☐	• 2: Some analysis has been conducted on the role of other partners in the area where the project intends to work, and relatively limited evidence supports the proposed engagement of and division of labour between UNDP and partners through the project, with unclear funding and communications strategies or plans.
☐	• 1: No clear analysis has been conducted on the role of other partners in the area that the project intends to work. There is risk that the project overlaps and/or does not coordinate with partners' interventions in this area. Options for south south and triangular cooperation have not been considered, despite its potential relevance.
	Evidence (Enter a short explanation and attached a document that provides evidence for your response): UNDP certainly has a clear advantage as it has a wealth of knowledge, good practices, and past lessons globally and locally, and as a PR of the Global Fund Grants in about 21 countries that can be used in the project. UNDP experience working with South Sudan government as PR is outstanding and can provide valuable insights into how to engage with government stakeholders and support them in implementing project initiatives. Network of partners: UNDP has a broad network of partners, including PEPFAR and other UN agencies such as UNFPA, WHO, UNICEF and CSOs and NGOs. This network can be leveraged to support the development of partnerships and collaborations that are critical to the success of the project initiatives.
	3. PRINCIPLED
	7. Does the project apply a human rights-based approach?

[31] *Operationalizing Leaving No One Behind good Practice Note for UNCT (https://unsdg.un.org/resources/leaving-no-one-behind-unsdg-operational-guide-un-country-teams)*

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☒	• 3: The project is guided by human rights and incorporates the principles of accountability, meaningful participation, and non-discrimination in the project's strategy. The project upholds the relevant international and national laws and standards. Any potential adverse impacts on enjoyment of human rights were rigorously identified and assessed as relevant, with appropriate mitigation and management measures incorporated into project design and budget. (all must be true)
☐	• 2: The project is guided by human rights by prioritizing accountability, meaningful participation and non-discrimination. Potential adverse impacts on enjoyment of human rights were identified and assessed as relevant, and appropriate mitigation and management measures incorporated into the project design and budget. (both must be true)
☐	• 1: No evidence that the project is guided by human rights. Limited or no evidence that potential adverse impacts on enjoyment of human rights were considered.
	Evidence (Enter a short explanation and attached a document that provides evidence for your response): The project is one of the principal projects of UNDP in South Sudan aimed at establishment of an enabling legal and policy framework for reduction of human rights related barriers to HIV/TB services. ***Addressed within the following interventions in C19RM*** COVID-19 CSS: Social mobilization Intervention: Respond to human rights and gender related barriers to services Intervention: Gender-based violence prevention and post violence care (COVID-19) Intervention: Risk communication ***Adressed through the following interventions under GC7 HIV/TB/RSSH*** Modules 1, 2, 3 4 and Module 15: (Reducing Human Rights-related Barriers to HIV and TB Services) are particularly designed in line with human rights-based approach.
	8. Does the project use gender analysis in the project design?
☒	• 3: A participatory gender analysis has been conducted and results from this gender analysis inform the development challenge, strategy and expected results sections of the project document. Outputs and indicators of the results framework include explicit references to gender equality, and specific indicators measure and monitor results to ensure women are fully benefitting from the project. (All must be true)
☐	• 2: A basic gender analysis has been carried out and results from this analysis are scattered (i.e., fragmented and not consistent) across the development challenge and strategy sections of the project document. The results framework may include some gender sensitive outputs and/or activities but gender inequalities are not consistently integrated across each output. (All must be true)
☐	• 1: The project design may or may not mention information and/or data on the differential impact of the project's development situation on gender relations, women, and men, but the gender inequalities have not been clearly identified and reflected in the project document.
	Evidence (Enter a short explanation and attached a document that provides evidence for your response): The project uses dissagragated health data to to develop the funding request, with comprehensive strategies, modules, interventions and activities. The project ansures that both the planning, monitoring and evaluation of project actions maintain a gender equity approach, guaranteeing equal opportunities and participation between women and men, as well as guaranteeing that the results of this contribute to the commitment of the status in achieving the Sustainable Development Goals. C19RM has 4 interventions that address this requirement. GC7 HIV/TB/RSSH has Modules 1, 2,3,4 addresses reducing human rights related barriers to access to HIV/TB services for Females Sex Workers, People who Use Drugs, Men having Sex with Men and Transgenders. There is an intervention on Gender-based violence prevention and post violence care (COVID-19) in a complementary grant on C19 Response Mechanism Portfolio Optimization.
	9. Did the project support the resilience and sustainability of societies and/or ecosystems?
☒	• 3: Credible evidence that the project addresses sustainability and resilience dimensions of development challenges, which are integrated in the project strategy and design. The project reflects the interconnections between the social, economic and environmental dimensions of sustainable development. Relevant shocks, hazards and adverse social and environmental impacts have been identified and rigorously assessed with appropriate management and mitigation measures incorporated into project design and budget. (All must be true)
☐	• 2: The project design integrates sustainability and resilience dimensions of development challenges. Relevant shocks, hazards and adverse social and environmental impacts have been identified and assessed, and relevant management and mitigation measures incorporated into project design and budget. (Both must be true)
☐	• 1: Sustainability and resilience dimensions and impacts were not adequately considered.

☒	**PROJECT QA - DESIGN**
	Evidence (Enter a short explanation and attached a document that provides evidence for your response): The main objective of the C19RM project is to build resilient and systainable systems for health and pandemic preparedness, with all interventions focused in this area. For GC7 HIV/TB/TRSSH, the sustainability strategy of this project is based on an articulated work with 6 Modules addressing Resilient and Sustainable Systems for Health (RSSH). These include Module 16. RSSH: Health Sector Planning and Governance for Integrated People-centred Services; and 17. RSSH: Community Systems Strengthening; 18. RSSH: Health Products Management Systems; Module 19: RSSH/PP: Human Resources for Health (HRH) and Quality of Care; Module 20 RSSH: Monitoring and Evaluation Systems and Module 21: Laboratory Systems (including national and peripheral).
	10. Has the Social and Environmental Screening Procedure (SESP) been conducted to identify potential social and environmental impacts and risks? The SESP is not required for projects in which UNDP is Administrative Agent only and/or projects comprised solely of the preparation and dissemination of reports and communication materials; organization of events, workshops, or training; strengthening capacities of partners to participate in international negotiations and conferences; partnership coordination (including UN coordination) and management of networks; and global/regional projects with no country-level activities as well as Development Effectiveness projects and Institutional Effectiveness projects. [If SESP is not required, select all exemption criteria that apply.]
☒	• Yes
☐	• No (Project QA cannot be approved by the Project QA Approver)
☐	• SESP not required because project consists solely of (Select all exemption criteria that apply) *Applicable only to option "SESP not required." ☐ 1: Preparation and dissemination of reports, documents, and communication materials ☐ 2: Organization of an event, workshop, training ☐ 3: Strengthening capacities of partners to participate in international negotiations and conferences ☐ 4: Partnership coordination (including UN coordination) and management of networks ☐ 5: Global/regional projects with no country-level activities (e.g., activities such as knowledge management, inter-governmental processes) ☐ 6: UNDP serves as Administrative Agent ☐ 7: Development Effectiveness projects and Institutional Effectiveness projects
	Evidence (Enter a short explanation and attached a document that provides evidence for your response): SESP impact is considered durign project design. Health related activities dealing directly with populatons are governed by national policies and guidelines. Activities related to infructructure are governed by national regulations, plus terms and conditions of the contracts between contractors and UNDP. Activities related to harzadous waste management are governed by national policies and guidelines – the GF project has set up 3 Ultrahigh Temperature incinerators and is in the process of procuring 11 more.
	4. MANAGEMENT & MONITORING
	11. Does the project have a strong results framework?
☒	• 3: The project's selection of outputs and activities are at an appropriate level. Outputs are accompanied by SMART, results-oriented indicators that measure the key expected development changes, each with credible data sources and populated baselines and targets, including gender sensitive, target group focused, sex-disaggregated indicators where appropriate. (all must be true)
☐	• 2: The project's selection of outputs and activities are at an appropriate level. Outputs are accompanied by SMART, results-oriented indicators, but baselines, targets and data sources may not yet be fully specified. Some use of target group focused, sex-disaggregated indicators, as appropriate. (all must be true)
☐	• 1: The project's selection of outputs and activities are not at an appropriate level; outputs are not accompanied by SMART, results-oriented indicators that measure the expected change and have not been populated with baselines and targets; data sources are not specified, and/or no gender sensitive, sex-disaggregation of indicators. (if any is true)
	Evidence (Enter a short explanation and attached a document that provides evidence for your response): The the grant agreement and project document include coverage, outcome and impact indicators and targets for the project. The M&E system allows for a quarterly review in order to identify progress towards results and the implementation of corrective actions. The project's selection of outputs and activities are indicators are on appropriate level project has a strong result framework indicated in the project document. Refer PRODOC in Results Framework or the Grant Agreement Performance Framework.
	12. Is the project's governance mechanism clearly defined in the project document, including composition of the project board?
☒	• 3: The project's governance mechanism is fully defined. Individuals have been specified for each position in the governance mechanism (especially all

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	members of the project board.) Project Board members have agreed on their roles and responsibilities as specified in the terms of reference. The ToR of the project board has been attached to the project document. (all must be true)
☐	• 2: The project's governance mechanism is defined; specific institutions are noted as holding key governance roles, but individuals may not have been specified yet. The project document lists the most important responsibilities of the project board, project director/manager and quality assurance roles. (all must be true)
☐	• 1: The project's governance mechanism is loosely defined in the project document, only mentioning key roles that will need to be filled at a later date. No information on the responsibilities of key positions in the governance mechanism is provided.
	Evidence (Enter a short explanation and attached a document that provides evidence for your response): The project governance mechanism is in place and fully defined in the organigram of the project document, chapter VIII Governance and Management Arrangements.
	13. Have the project risks been identified using the risk assessment tools (Project Quality Assurance, Social and Environmental Screening Procedure, Partner Capacity Assessment Tool, Harmonized Approach to Cash Transfer, Private Sector Due Diligence, etc., if applicable), with clear plans stated to manage and mitigate each risk?
☒	• 3: Project risks related to the achievement of results are fully described in the project risk register, based on comprehensive analysis drawing on the programme's theory of change, Social and Environmental Standards and screening, situation analysis, capacity assessments and other analysis such as funding potential and reputational risk. Risks have been identified through a consultative process with key internal and external stakeholders, including consultation with the UNDP Security Office as required. Clear and complete plan in place to manage and mitigate each risk, including security risks, reflected in project budgeting and monitoring plans. (both must be true)
☐	• 2: Project risks related to the achievement of results are identified in the initial project risk register based on a minimum level of analysis and consultation, with mitigation measures identified for each risk.
☐	• 1: Some risks may be identified in the initial project risk register, but no evidence of consultation or analysis and no clear risk mitigation measures identified. This option is also selected if risks are not clearly identified, no initial risk log is included with the project document and/or no security risk management process has taken place for the project.
	Evidence (Enter a short explanation and attached a document that provides evidence for your response): The risk identification format was carried out, as well as the mitigation actions. See PRODOC Section X and Risk Log Annex 1.
	5. EFFICIENT
	14. Have specific measures for ensuring cost-efficient use of resources been explicitly mentioned as part of the project design? This can include, for example: **i) Using the theory of change analysis to explore different options of achieving the maximum results with the resources available.** **ii) Using a portfolio management approach to improve cost effectiveness through synergies with other interventions.** **iii) Through joint operations (e.g., monitoring or procurement) with other partners.** **iv) Sharing resources or coordinating delivery with other projects.** **v) Using innovative approaches and technologies to reduce the cost-of-service delivery or other types of interventions.**
☒	• Yes
☐	• No
	Evidence (Enter a short explanation and attached a document that provides evidence for your response): The project has identified the following elements to ensure efficiency and effectiveness in cost and resource management: conduct of value for money analysis for the hiring of the SRs; leveraging of existing mechanisms for delivery of C19RM activities, plus those under GC7 HIV/TB/RSSH grant for HIV/TB services; integration of HIV/TB service delivery in the Health Facilities; exploring synergies with key partners such as PEPFAR to ensure complementarity and effectiveness.
	15. Is the budget justified and supported with valid estimates?
☒	• 3: The project's budget is at the activity level with funding sources and is specified for the duration of the project period in a multi-year budget. Realistic resource mobilization plans are in place to fill unfunded components. Costs are supported with valid estimates using benchmarks from similar projects or activities. Cost implications from inflation and foreign exchange exposure have been estimated and incorporated in the budget. Adequate costs for monitoring, evaluation, communications, and security have been incorporated.
☐	• 2: The project's budget is at the activity level with funding sources, when possible, and is specified for the duration of the project in a multi-year budget, but no funding plan is in place. Costs are supported with valid estimates based on prevailing rates.

☒	**PROJECT QA - DESIGN**
☐	• 1: The project's budget is not specified at the activity level, and/or may not be captured in a multi-year budget.
	Evidence (Enter a short explanation and attached a document that provides evidence for your response): The project budget has been defined for each of the defined outputs and the planned activities, planning it in the multi-year work plan format. See PRODOC Section VII- Multi Year Work Plan, plus the detailed workplan and budget for the grant agreement between UNDP and the Global Fund
	16. Is the Country Office / Regional / Global Project fully recovering the costs involved with project implementation?
☒	• 3: The budget fully covers all project costs that are attributable to the project, including programme management and development effectiveness services related to strategic country programme planning, quality assurance, pipeline development, policy advocacy services, finance, procurement, human resources, administration, issuance of contracts, security, travel, assets, general services, information and communications based on full costing in accordance with prevailing UNDP policies (i.e., UPL, LPL.)
☐	• 2: The budget covers significant project costs that are attributable to the project based on prevailing UNDP policies (i.e., UPL, LPL) as relevant.
☐	• 1: The budget does not adequately cover project costs that are attributable to the project, and UNDP is cross subsidizing the project.
	Evidence (Enter a short explanation and attached a document that provides evidence for your response): The country office will recover the costs related to this Project. Project cost recovery is established in the Project Management section of the PRODOC.
	6. EFFECTIVE
	17. Have targeted groups, and particularly those marginalized, vulnerable, and left further behind (LNOB), been engaged in the design of the project? [32]
☒	• 3: Credible evidence that all targeted groups, prioritizing discriminated, vulnerable, and marginalized populations that will be involved in or affected by the project, have been actively engaged in the design of the project. The project has an explicit strategy to identify, engage and ensure the meaningful participation of target groups as stakeholders throughout the project, including through monitoring and decision-making (e.g., representation on the project board, inclusion in samples for evaluations, etc.)
☐	• 2: Some evidence that key targeted groups have been consulted in the design of the project.
☐	• 1: No evidence of engagement with targeted groups during project design.
☐	• Not Applicable
	Evidence (Enter a short explanation and attached a document that provides evidence for your response): Target groups (government employees, representatives from international and national partners, e.g., PEPFAR, CSOs, UN Agencies etc.) were fully engaged during the design stage.
	18. Does the project plan for adaptation and course correction if regular monitoring activities, evaluation, and lesson learned demonstrate there are better approaches to achieve the intended results and/or circumstances change during implementation?
☒	• Yes
☐	• No
	Evidence (Enter a short explanation and upload a document that provides evidence for your response): The project has a Results, Monitoring and Evaluation system, which will ensure the effective execution of the program, and whose process collects and analyzes the products and results of the project. This system is aligned with the planning, execution, and completion phases, where activities such as the preparation of work plans, risk management, baseline, follow-up and monitoring, reports, Measurement Follow-up and Evaluation committees, reports, and evaluation of the results.
	19. The gender marker for all project outputs are scored at GEN2 or GEN3, indicating that gender has been fully mainstreamed into all project outputs at a minimum.
☒	• Yes
☐	• No

[32] Operationalizing Leaving No One Behind Good Practice Note for UNCT (https://unsdg.un.org/resources/leaving-no-one-behind-unsdg-operational-guide-un-country-teams)

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	Evidence (Enter a short explanation and upload a document that provides evidence for your response): The gender marker is from GEN2 Gender equality as a significant objective. Some of the Outputs have GEN2 as gender marker.
	20. Have societal digital risks and opportunities been taken into account when designing the project's approach and have digital or data technology solutions been considered to enhance the efficiency, effectiveness and scalability of project results?[33]
☐	• 3: To the extent possible, societal digital risks and opportunities have been investigated when designing the strategy and Theory of Change, and the potential use of digital or data technologies in project activities has been considered in line with UNDP's digital standards[34] and data principles[35]. (All must be true)
☒	• 2: Only the potential use of digital or data solutions in project activities has been considered in line with UNDP's digital standards[36] and data principles[37], but there is no or limited evidence that aspects of inclusive digital societies have been considered in the design of the strategy or Theory of Change.
☐	• 1: Neither societal digital risks and opportunities, nor digital or data technology solutions were specifically considered in the project design or, UNDP's digital standards[38] and data principles[39] are not taken into account when intending to use digital or data technology solutions in project activities.
☐	• Digital considerations are not relevant to this project. *Applicable only to option "Digital considerations are not relevant" ☐ 1: Societal digital transformation is not a government or contextual priority ☐ 2: A non-digital approach yields higher effectiveness and efficiency ☐ 3: Other (specify in the "Evidence" section)
	Evidence (Enter a short explanation and attached a document that provides evidence for your response): Module 20 RSSH: Monitoring and Evaluation Systems is entirely devoted to digitalization of HIV/TB data via DHIS2 and eTBr and eLMIS: The intervention areas include: 20.1. Routine reporting 20.2. Surveillance for HIV, tuberculosis, and malaria 20.3. Surveys 20.4. Data quality 20.5. Analyses, evaluations, reviews, and data use
	7. SUSTAINABILITY & NATIONAL OWNERSHIP
	21. Have national / regional / global partners led, or proactively engaged in, the design of the country / regional / global project, respectively?
☒	• 3: National / regional / global partners have full ownership of the country / regional / global project and led the process of the development of the project jointly

[33] For a checklist and evidence template, please see the Embedding Digital Thinking into Project Design Guidelines (https://rebrand.ly/DbDProjectGuideEN).

[34] The ten UNDP Digital Standards are: a) Start with the need; b) Bridge the digital divide; c) Test early and often; d) (Perhaps) Don't build it; e) Do no harm; f) Form the Right Team; g) Measure What Matters; h) Follow The UNDP Data Principles; i) Default to Open; and j) Plan for the Long Term (https://www.undp.org/digital/standards).

[35] The eight UNDP Digital Principles are: a) Safeguard personal data; b) Uphold the highest ethical standards; c) Manage Data Responsibly; d) Make data open by default; e) Plan for reusability and interoperability; f) Empower people to work with data; g) Expand frontiers of data; and h) Be aware of data limitations (https://data.undp.org/data-principles).

[36] The ten UNDP Digital Standards are: a) Start with the need; b) Bridge the digital divide; c) Test early and often; d) (Perhaps) Don't build it; e) Do no harm; f) Form the Right Team; g) Measure What Matters; h) Follow The UNDP Data Principles; i) Default to Open; and j) Plan for the Long Term (https://www.undp.org/digital/standards).

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☒	PROJECT QA - DESIGN
	with UNDP.
☐	• 2: The project has been developed by UNDP in close consultation with national / regional / global partners.
☐	• 1: The project has been developed by UNDP with limited or no engagement with national partners.
	Evidence (Enter a short explanation and attached a document that provides evidence for your response): The multi-partner project management board, i.e the Country Cooordinating Mechanism (CCM), MOH, SSAC, National partners (PEPFAR, CSOs, UN Agencies etc were fully engaged during the design stage. Project team proactively collaborated with regional and regional partners in project design such as the UNDP-Global Fund Partnerships and Health Support Team and the GF CT, RSSH and CRG teams.
	22. Are key institutions and systems identified, and is there a strategy for strengthening specific / comprehensive capacities based on capacity assessments conducted?
☐	• 3: The project has a strategy for strengthening specific capacities of national institutions and/or actors based on a completed capacity assessment. This strategy includes an approach to regularly monitor national capacities using clear indicators and rigorous methods of data collection and adjust the strategy to strengthen national capacities accordingly.
☐	• 2: A capacity assessment has been completed. There are plans to develop a strategy to strengthen specific capacities of national institutions and/or actors based on the results of the capacity assessment.
☒	• 1: Capacity assessments have not been carried out.
☐	• Not Applicable
	Evidence (Enter a short explanation and attached a document that provides evidence for your response): As part of the design requirement, the project supported the conduct of capacity assessment of the potential SRs. There is an existing Capacity Development and transition plan for Government and CSOs. There is a specific Capcity Building Plan for the newly appointed CSO SR NEPWU. A new pragmatic approach to its implementation has been put in place.
	23. Is there is a clear strategy embedded in the project specifying how the project will use national systems (i.e., procurement, monitoring, evaluations, etc.,) to the extent possible?
☒	• Yes
☐	• No
☐	• Not Applicable
	Evidence (Enter a short explanation and attached a document that provides evidence for your response): The C19RM project focuses on building resilient and sustainable sytems for health and pandemic preparedness in accordance with national strategies and using national systems. The GC7 HIV/TB/RSSH grant focuses on consolidating and integrating HIV and TB services through differentiated service delivery strategy with dual emphasis on mixed facility-based and community-led interventions in estimated current <200 functional facilities. The interventions entail full integration of HIV, TB and other disease programmes; enhancing the roles of PLHIV, TB survivors and community networks including boma health workers in health facilities and communities; mobile TB/HIV services and community-led treatment services; taking full advantage of resilient and sustainable system funding to calibrate all aspects of health system strengthening (HRH, HMIS, PSCM, laboratory system and diagnostics), and ensuring that implementing partners are closely monitored and coordinated with the Ministry of Health.
	24. Is there a clear transition arrangement / phase-out plan developed with key stakeholders in order to sustain or scale up results (including resource mobilization and communications strategy)?
☒	• Yes
☐	• No
	Evidence (Enter a short explanation and attached a document that provides evidence for your response): There is an existing Capacity Development and transition plan for Government and the Health Sector. A new pragmatic approach to its implementation has been put in place.

Name and Title	*Signature and Date*	*Description*
QA Assessor David Ayoola OWOLABI M&E Specialist	Signature: Date:	The QA Assessor has to be accountable for project assurance, which is independent of the project manager. A UNDP programme or monitoring and evaluation officer typically holds the project assurance role on behalf of UNDP. For GEF- and GCF-financed projects, project assurance is undertaken as per the requirements of the vertical funds, and these services are covered by the fee provided by the vertical fund.
QA Approver Amit Arora M&E Specialist	Signature: Date:	The QA Approver is typically the Resident Representative, Deputy Resident Representative, or head of portfolio. The QA Approver must function at a higher level of accountability than the QA Assessor. The QA Approver cannot also be the QA Assessor.