DocuSign Envelope ID: 92BBE3B6-5B6A-4372-816C-173D95720533

Country: Sudan

Project Document

Project Title	National response to HIV/AIDS and Tuberculosis, GC7 (USD 33,123,668)
Project Number	SDN-C-UNDP (01001779), SDN-H-UNDP (001255436), SDN-T-UNDP (001255437), and FA/CSA Malaria/RSSH (To be created)
Implementing Partners	Federal Ministry of Health (FMOH/DCD), NMSF, EPI-LAB, HDP, UNFPA, WHO

Start Date: 1st January 2024 **End Date:** 31st Dec 2026

Brief Description

UNDP Sudan is the Principal Recipient of the Global Fund Grants for HIV/TB, which are currently implemented, mainly by the Federal Ministry of Health (FMOH), EPI-LAB, UNFPA, and WHO.

The goal of this project is to ensure the continuation of essential TB and HIV services during the Sudan Emergency situation 2024-2026. The strategies adopted during the implementation period of this project are the following: Coverage of quality ART services increased from 22.5% in 2023 to 28% in 2026; Coverage of key populations with the integrated package of preventive and treatment services increased from 57% (MSM) and 38%(FSWs) in 2022 to 60% in 2026 (Both MSM and FSW); To increase TB treatment success rate from 83% in 2022 to 90% in 2026; To increase the detection of MDR/RR-TB from 135 in 2022 to 198 by 2026 and the treatment success rate from 73% in 2022 to 86% in 2026, and to strengthen and upgrade the capacities of TB laboratory network; to maintain at least 183 functional microscopy centers, 1 culture zonal laboratories and to expand the number of GeneXpert sites to 60 by 2026.

Given the complexity of the current war situation, the evolving needs and situation dynamics along with the limited resources, the FMOH in consultation with the TB and HIV stakeholders and the PR has identified the following immediate priorities to respond to the current crisis: Coordinated HIV/TB programming; continuation of essential HIV and TB services and availability of supplies and medicines; a decentralized system for health; Community and civil society engagement and cross border support and collaboration on HIV and TB at the different entry points.

UNDP will also support the FMOH and other Sub-Recipients in the implementation of HIV/TB grants through SR agreements, based on specific activities and budgets jointly agreed upon by the FMOH and UNDP. Funding to implement these activities will be disbursed by the GF directly to UNDP.

UNDAF: Outcome 3: By 2025, populations in vulnerable situations have improved health, nutrition, education, water and sanitation, and social protection outcomes (SDGs 1 and 3)
HIV NSP: To Eliminate HIV in Sudan as a public health threat by 2030 (National)
TB NSP: reduce the number of TB deaths by 75% in 2025 in line with the Global End TB strategy (National)

Total resources required:	SDN-C-UNDP: USD 33,123,668	
Resources allocated	The GF:	USD33,123,668
	Government of Sudan:	

Agreed by (signatures):

Federal Ministry of Health	**UNDP**
Dr. Heitham Mohammed Ibrahim Awadalla Minister, Federal Ministry of Health	Mr. Thair Shraideh UNDP Resident Representative a.i.
Signature	*Signature* DocuSigned by: Thair Shraideh 1D473A498BAD45E...
Date	*Date*

DocuSign Envelope ID: 92BBE3B6-5B6A-4372-816C-173D95720533

I. DEVELOPMENT CHALLENGES

The HIV epidemic in Sudan is a low-level epidemic. According to UNAIDS estimates of 2022, prevalence is at 0.2% among the general population; 1.4% and 1.3% among MSM and FSWs, respectively. The country has estimated 41,308 people living with HIV, with annual AIDS deaths of 1,913 (1,456 – 2,629) and estimated new infections per year of 3,103. UNAIDS estimates and projections in 2020 illustrated historical HIV prevalence ranging between 0.17% - 0.22% for the past decade and predicting that the country is likely to sustain a low-level epidemic until 2025.

While the trend of AIDS related deaths is decreasing throughout the previous years, the trend of new HIV infections is relatively stable during the same period (UNAIDS, 2022). Accelerated, effective and efficient HIV prevention interventions along with interventions to find the missing PLHIV, link and retain them in HIV care and treatment services are necessary to meet the national commitment of ending AIDS as public health threat by 2030.

With regards to TB, WHO Global Reports (2022) notes that Sudan has a declining trend of TB incidence and mortality rate. TB incidence decreased from 117 (96 - 139) per 100,000 of the population in 2011 to 71 (49 – 98) per 100,000 in 2018 and 58 (38 - 82) per 100,000 in 2021, with an estimated 26,000 (17,000 – 37,000) annual TB incident cases. According to WHO, Sudan has a declining trend of HIV-negative TB mortality between 2011-2021 (from around 22 to 8.7 per 100,000 populations) . In 2021, the estimated HIV-positive TB incidence rate was 1.3 (0.4 - 2.6) per 100,000 population, equivalent to 580 (180 - 1200) estimated HIV-positive cases (Global TB report 2022).

For the last decade, the number of annually notified TB cases ranged from 17,400 cases to 20,500 cases. In 2020, the number of notified TB cases was the lowest in the last ten years due to disruption of services by the Covid-19 pandemic, political instability and unrest across the country (NTP data).

Given the complexity of the current war situation, the evolving needs and situation dynamics along with the limited resources, the FMOH in consultation with the TB and HIV stakeholders and the PR has identified the following immediate priorities to respond to the current crisis: Coordinated HIV/TB programming; continuation of essential HIV and TB services and availability of supplies and medicines; a decentralized system for health; Community and civil society engagement and cross border support and collaboration on HIV and TB at the different entry points.

II. STRATEGIC RESPONSE

Through the already existing partnership between UNDP, FMOH, NMSF, WHO, UNFPA, Epi-Lab and HDP, this project will specifically address the following health challenges:

- Restore and Maintain access to TB and HIV medicines and essential supplies despite the outbreak and spread of the war conflict in the country, that cut off access to core and essential HIV and TB medicines and supplies, through international chartered flights arriving through Port Sudan Airport, Red Sea State, Sudan. UNDP will support Procurement of diagnostic supplies and medical products including RDTs, Molecular testing reagents, test kits and consumables, laboratory equipment and support maintenance and Services; Procurement of HIV (ARVs) and TB medicines, OIs, STIs, and COIMs, PPEs; support the Warehousing and distribution of health products to the last mile and procurement of delivery trucks to support commodity distribution.
- Supporting identification of presumptive TB and refer to the TB diagnostic and treatment facilities; conduct training on microscopy and HIV testing in the 9 stable states; Conduct Super user training on GeneXpert and quality of the GX services; train lab staff on use of TB TrueNat and provide communication cost for TBMUs;
- Support HIV prevention communication, information and demand creation for Men who have sex with men (MSM) and Female sex workers (FSW) and partners through conducting training for the NGO personnel working with key populations on the different aspects of delivering prevention services packages to MSM and FSW; implement facilities based peer driven integrated

DocuSign Envelope ID: 92BBE3B6-5B6A-4372-816C-173D95720533

prevention package to MSM; provide salaries for NGOs and Healthcare Providers implementing facilities-based peer driven integrated prevention package to MSM and FSW; provide incentives for KP accepting testing and referral by Primary and Secondary Peers

- UNDP will further support HIV treatment and differentiated service delivery by expanding the network of main ART centers in hospitals with high HIV case yield including IDPs and refugees camps, and rehabilitation of ART centers affected by the war (10 ART centers); Provide support for free of charge baseline clinical assessment and clinical monitoring investigations for PLHIV on treatment; Expand the network of ART Sub clinics (sub clinics); and providing transportation cost for the PLHIVs to reach their peers and deliver medications; conduct refresher training of ART centers teams on the treatment protocol including training on good patient reception practice, Hypertension, obesity, diabetes and mental health, VH & cervical cancer- 3 zones

- UNDP will support the FMOH to improve diseases surveillance, analysis and monitoring HIV by conducting Bio-behavioural Surveillance among key populations/AGYW (IBBS); implement search and rescue to retain people living with HIV on treatment ; conduct supportive supervision from Federal to state level; Conduct biannual state level supervision from state to localities and facilities in all states; Training of care providers within ART on HIV tracking and patient monitoring system and tracker system (triage officers and health care providers within all ART sites, and M&E focal person at state program levels; Support the use of technology technology in Programme/PLHIV monitoring as part of continuation of essential services during crisis; conduct annual review meeting at the federal level; Training of state coordinator and M&E Focal persons on advance M&E training

- Coordination and management of national disease control programs through providing management and operational costs for the implementing partnerss; support operation cost of states Sudanese People living with HIV Care Association (SPCAs), rental cost for SPCAs in 18 States; Support Annual subscription and running cost PLHIV Call Center and salary for PLHIV Treatment Adherence Supporters, TASs (Community or Lay Providers) to enable quality implementation of their TORs; Conduct annual review meeting for PLHIV associations and support additional assurance measures to safeguard Project assets and other resource in the changing implementation context

III. PLANNED ACTIVITIES

Projects activities will include the following:

- Procurement of diagnostic supplies and medical products including RDTs, Molecular testing reagents, test kits and consumables, laboratory equipment and support maintenance and Services; Procurement of ARVs and TB medicines, OIs, STIs, and COIMs, PPEs; support the Warehousing and distribution of health products to the last mile and procurement of delivery trucks to support commodity distribution.

- Health Systems Strengthening, focusing on solarization of 110 health facilities, 4PSA Oxygen Supply Plants, 2Medical Waste Management (incinerators) 9 Mobile PHC centers).
- Supporting identification of presumptive TB and refer to the TB diagnostic and treatment facilities; conduct training on microscopy and HIV testing in the 9 stable states; Conduct Super user training on GeneXpert and quality of the GX services; train lab staff on use of TB TrueNat and provide communication cost for TBMUs;

- Introduce TB diagnostic and treatment services in the main IDPs and refugees' camps through training of care providers, laboratory personnel and statisticians and through provision of

DocuSign Envelope ID: 92BBE3B6-5B6A-4372-816C-173D95720533

laboratory; Conduct quarterly meetings of the States camps' taskforces to follow up on implementation

- Establish a specimen transportation system to scale up GX testing for TB suspects and re-treatment cases and to ensure the performance of culture and drug susceptibility testing for DR-TB patients.

- Conduct quality assurance of EQA in all the 18 states by NRL and support the NRL to participate in internationally EQA program and support annual TA contract by the SNRL

- Support the introduction of private provider engagement in TB/DR-TB care through training of care providers working in the different target clinical specialties at hospitals on the national guidelines of diagnosis and treatment of extrapulmonary TB and orientation of doctors on TB extra-pulmonary diagnosis and treatment.

- Training HCP in TBMU +PPM+ police + military + ART on the national TB treatment protocol; introduce active case finding for TB in IDP and Refugee and other high risk; follow up visits by volunteers and reporting of the treatment outcome and conduct monthly meetings for the State volunteer with State TB Program

- Support drug-resistance TB treatment through training of all staff in the DR-TB treatment units on the national guidelines of diagnosis and treatment of DR-TB; Conduct training on culture ; Conduct at least two home visits to the DR-TB patients during the course of treatment by the treatment adherence supporters to educate family members about infection prevention and control at the household level; Provide financial support to DR-TB patients to meet basic needs and transportation costs; provide incentive for treatment supporter and MDR-TB team; fund contract with higher level lab (neighbor countries) to perform DST testing services

- Ensuring people-centered and rights-based TB services at health facilities through developing training material about TB-related confidentiality and privacy issues, human rights and medical ethics and integrating in the trainings of care providers, laboratory personnel and statisticians at TB facilities and in the pre-and in-service training of CHWs, including those delivering the iCCM package of services; develop a national guideline for the diagnosis and management of advanced disease; include TB in the emergency response by establishing agreements with an international organization providing services in the emergency area; conduct community awareness raising campaigns about TB transmission, presumptive TB identification, TB treatment and IPC measures, using local languages and in collaboration with the NGOs working at the IDPs and refugees camps.

- Fund facility-based testing for adolescent girls and young women (AGYW) and their male sexual partners programs and improving quality of HTS in different outlets (PITC, VCT, PDI, community HIV testing, and other outlets) through conducting regular supportive supervision by counselors' supervisors; training of laboratory personnel on the national algorithm of HIV testing, and screening of viral hepatitis and cryptococcal disease with cryptococcal antigen (CrAg) testing; support annual coordination and review meeting for the counselor supervisors; training on mobile HIV testing and counseling; updating of the HIV testing guidelines and protocols, including for indicator testing in health care settings; train PLHIV from the state SPCA (three from each of nine states) on the HIV self-testing, to train their partners and network; assign focal persons to follow up on the PITC interventions in hospitals with high patients load in 9 selected high burden states; conduct TOT training for two internal medicine specialists from each HIV high burden states to conduct orientation sessions to increases demand for HIV testing.

DocuSign Envelope ID: 92BBE3B6-5B6A-4372-816C-173D95720533

- Integrated testing of pregnant women for HIV, syphilis and hepatitis B through advocacy and sensitization sessions for both RH and AIDS programs and Care Providers at high priority States integrated testing of pregnant women for HIV, Syphilis and Hepatitis B

- Introduce self-testing for AGYW and their male sexual partners programs by developing and propagating promotion/education messages on HIV self-testing to selected population groups and disseminating materials through digital platforms; implementation of orientation sessions for the HCPs on the self-testing including dissemination of information about sites for confirmation of HIV infection in case of reactive test results.

- HIV prevention communication, information and demand creation for MSM through conducting training for the NGO personnel working with key populations on the different aspects of delivering prevention services packages to MSM and FSW; implement facilities based peer driven integrated prevention package to MSM; provide salaries for NGOs and Healthcare Providers implementing facilities-based peer driven integrated prevention package to MSM and FSW; provide incentives for KP accepting testing and referral by Primary and Secondary Peers

- HIV prevention communication, information and demand creation for sex workers, through implementation of facilities-based peer driven integrated prevention package to FSWs; conduct targeted supervision visits by UNFPA and FMOH to implementing NGOs for KPs; implementation of Community Outreach through Peers Educators bimonthly meetings; bimonthly community outreach and operational cost for NGOs; quarterly review meeting by FMOH, UNFPA and implementing NGOs.

- Community-based testing for KP programs: Training of counselors' supervisors on supportive supervision for HIV testing services; refresh training for counselors; quarterly meeting of all counselors at state level; Active referral and linkage to HIV treatment and care for people who are found to be HIV positive.

- Design and delivery of PrEP programs, including planning, determining eligibility and service delivery requirements.

- HIV prevention communication, information and demand creation for OVP through training of care providers on syndromic management of STI; provision of hotspot outreaches and prevention in areas with higher density of sex workers, targeting clients amongst other groups.

- HIV treatment and differentiated service delivery by expanding the network of main ART centers in hospitals with high HIV case yield including IDPs and refugees camps, and rehabilitation of ART centers affected by the war (10 ART centers); Provide support for free of charge baseline clinical assessment and clinical monitoring investigations for PLHIV on treatment; Expand the network of ART Sub clinics (sub clinics); and providing transportation cost for the PLHIVs to reach their peers and deliver medications; conduct refresher training of ART centers teams on the IMAI protocol including training on good patient reception practice, Hypertension, obesity, diabetes and mental health, VH & cervical cancer- 3 zones

- HIV treatment and differentiated service delivery through providing ART operational cost; Conduct quarterly ART review meeting with ART team, clinical mentors, counselor supervisors (State level); Recruit ART clinical mentors; conduct supportive supervision by Clinical Mentors to ART Centres; and conduct basic and refreshment training of TASs according to the updated guidelines.

- HIV prevention communication, information and demand creation for OVP through peer education training for PLHIV and peers for prevention package along with testing.

DocuSign Envelope ID: 92BBE3B6-5B6A-4372-816C-173D95720533

- Ensuring people-centered and rights-based TB services at health facilities through peer education training for PLHIV and peers for prevention package along with testing; Support for PLHIV Group sessions at Federal and State level

- Legal literacy ("Know Your Rights") (HIV/TB), access to justice and eliminating stigma and discrimination in all settings ; update Human rights modules within positive health dignity and prevention package for the PLHIV; refresher training for PLHIV peer educators on human rights literacies; training of Health Care Providers in high burden States on stigma reduction packages; strengthening the role of the PLHV care association in improving access to justice by hiring of legal advisor; conduct quarterly meetings to engage community organizations (including human rights-based organizations), community and religious leaders in implementing TB stigma reduction campaigns through carefully designed messages; sensitization of Service Providers at the community level; Conduct a gender and human rights assessment (potentially including transgender persons) to better understand barriers to both HIV and TB prevention, treatment, and care in Sudan (TRP Recommendation)

- Improve diseases surveillance, analysis and monitoring HIV by conducting Bio-behavioural Surveillance among key populations/AGYW (IBBS); implement search and rescue; conduct supportive supervision from Federal to state level; Conduct biannual state level supervision from state to localities and facilities in all states; Training of care providers within ART on HIV tracking and patient monitoring system and tracker system (triage officers and health care providers within all ART sites, and M&E focal person at state program levels; Support the use of technology technology in Programme/PLHIV monitoring as part of continuation of essential services during crisis; conduct annual review meeting at the federal level; Training of state coordinator and M&E Focal persons on advance M&E training

- Coordination and management of national disease control programs through providing management and operational costs for the PR and SRs; support operation cost of states SPCAs, rental cost for SPCAs in 18 States; Support Annual subscription and running cost PLHIV Call Center and salary for PLHIV Treatment Adherence Supporters, TASs (Community or Lay Providers) to enable quality implementation of their TORs; Conduct annual review meeting for PLHIV associations and support additional assurance measures to safeguard Project assets and other resource in the changing implementation context

DocuSign Envelope ID: 92BBE3B6-5B6A-4372-816C-173D95720533

-

IV. BUDGET

By Module	Year 1 (2024)	Year 2 (2025)	Year 3 (2026)	Total	%
TB diagnosis, treatment and care	3,145,606	1,715,693	1,797,266	6,658,565	20%
Treatment, care and support	1,550,680	2,612,616	2,709,946	6,873,242	21%
Collaboration with other providers and sectors	3,508	0	0	3,508	0%
Drug-resistant (DR)-TB diagnosis, treatment and care	723,995	504,591	329,925	1,558,510	5%
TB/DR-TB Prevention	62,181	35,746	48,112	146,039	0%
Key and vulnerable populations (KVP) – TB/DR-TB	141,083	100,949	89,626	331,657	1%
RSSH: Monitoring and evaluation systems	268,386	299,004	25,000	592,390	2%
Prevention package for other vulnerable populations (OVP)	146,787	183,535	220,701	551,024	2%
Removing human rights and gender related barriers to TB services	1,125	0	0	1,125	0%
Program management	4,048,627	3,861,211	3,766,268	11,676,105	35%
TB/HIV	31,801	74,677	91,684	198,162	1%
Differentiated HIV Testing Services	187,557	538,955	623,396	1,349,908	4%
Prevention package for men who have sex with men (MSM) and their sexual partners	229,406	143,825	165,936	539,167	2%
Prevention package for sex workers, their clients and other sexual partners	213,919	233,429	244,648	691,995	2%
Reducing human rights-related barriers to HIV/TB services	28,016	108,441	18,277	154,733	0%
Elimination of vertical transmission of HIV, syphilis and hepatitis B	81,450	267,426	356,291	705,167	2%
RSSH: Health products management systems	996,262	0	0	996,262	3%
Prevention package for people in prisons and other closed settings	15,294	34,615	46,199	96,108	0%
Total	**11,875,682**	**10,714,711**	**10,533,275**	**33,123,668**	**100%**

DocuSign Envelope ID: 92BBE3B6-5B6A-4372-816C-173D95720533

V. PERFORMANCE AND RESULTS FRAMEWORK

Standard Indicator	Required Disaggregation	1-Jan-24 to 30-Jun-24		1-Jul-24 to 31-Dec-24		1-Jan-25 to 30-Jun-25		1-Jul-25 to 31-Dec-25		1-Jan-26 to 30-Jun-26		1-Jul-26 to 31-Dec-26	
		Target #N Target #D	Target %	Target #N Target #D	Target %	Target #N Target #D	Target %	Target #N Target #D	Target %	Target #N Target #D	Target %	Target #N Target #D	Target %
TBDT-1 Number of patients with of all forms of TB notified (i.e., bacteriologically confirmed + clinically diagnosed); *includes only those with new and relapse TB	HIV status,Gender,TB case definition,Age	6,651		6,651		7,363		7,363		8,112		8,112	
TBDT-2 Treatment success rate- all forms: Percentage of patients with all forms of TB, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB patients notified during a specified period; *includes only those with new and relapse TB	HIV status,Gender,Age	5,321 6,651	80.00%	5,321 6,651	80.00%	6,111 7,363	83.00%	6,111 7,363	83.00%	6,977 8,112	86.00%	6,977 8,112	86.00%
TBDT-4 Percentage of new and relapse TB patients tested using WHO recommended rapid diagnostic tests at the time of diagnosis	Provider type	2,538 6,651	38.16%	2,538 6,651	38.16%	3,153 7,363	42.83%	3,153 7,363	42.83%	7,745 8,112	95.48%	3,873 8,112	47.74%
DRTB-2 Number of people with confirmed RR-TB and/or MDR-TB notified	HIV status,Gender,Age	57		57		74.0		74.0		99.0		99.0	
DRTB-3 Percentage of people with confirmed RR-TB and/or MDR-TB that began second-line treatment	Treatment regimen,Gender,Age	57 57	100.00%	57 57	100.00%	74 74	100.00%	74 74	100.00%	99 99	100.00%	99 99	100.00%
TBP-1 Number of people in contact with TB patients who began preventive therapy	HIV status,Provider type,Age,TPT regimen												
TB/HIV-6 Percentage of HIV-positive new and relapse TB patients on ART during TB treatment	Gender,Age	62 63	98.15%	62 63	98.15%	69 70	98.15%	69 70	98.15%	77 77	100.00%	77 77	100.00%
RSSH/PP M&E-1 Completeness of reporting: Percentage of expected monthly reports (for the reporting period) that are actually received	Provider type,Report type	1,659 2,370	70.00%	1,659 2,370	70.00%	1,896 2,370	80.00%	1,896 2,370	80.00%	2,370 2,370	100.00%	2,370 2,370	100.00%
RSSH/PP M&E-2 Timeliness of reporting: Percentage of submitted monthly reports (for the reporting period) that are received on time per the national guidelines	Provider type,Report type	1,009 1,552	65.01%	1,009 1,552	65.01%	1,164 1,552	75.00%	1,164 1,552	75.00%	1,319 1,552	84.99%	1,319 1,552	84.99%

DocuSign Envelope ID: 92BBE3B6-5B6A-4372-816C-173D95720533

		1-Jan-24 to 30-Jun-24		1-Jul-24 to 31-Dec-24		1-Jan-25 to 30-Jun-25		1-Jul-25 to 31-Dec-25		1-Jan-26 to 30-Jun-26		1-Jul-26 to 31-Dec-26	
Standard Indicator	**Required Disaggregation**	**Target #N / Target #D**	**Target %**	**Target #N / Target #D**	**Target %**	**Target #N / Target #D**	**Target %**	**Target #N / Target #D**	**Target %**	**Target #N / Target #D**	**Target %**	**Target #N / Target #D**	**Target %**
TCS-1.1 Percentage of people on ART among all people living with HIV at the end of the reporting period	Gender	10,002 / 45,495	21.98%	10,263 / 45,495	22.56%	10,987 / 47,971	22.90%	11,710 / 47,971	24.41%	12,985 / 50,743	25.59%	14,259 / 50,743	28.10%
KP-1a Percentage of men who have sex with men reached with HIV prevention programs - defined package of services	Age	2,459 / 12,294	20.00%	4,918 / 12,294	40.00%	3,153 / 12,611	25.00%	6,306 / 12,611	50.00%	3,859 / 12,863	30.00%	7,718 / 12,863	60.00%
KP-1c Percentage of sex workers reached with HIV prevention programs - defined package of services	Age,Gender	4,145 / 20,725	20.00%	8,290 / 20,725	40.00%	5,314 / 21,256	25.00%	10,628 / 21,256	50.00%	6,536 / 21,787	30.00%	13,072 / 21,787	60.00%
HTS-3a Percentage of MSM that have received an HIV test during the reporting period in KP-specific programs and know their results	Age	1,967 / 12,294	16.00%	3,934 / 12,294	32.00%	2,522 / 12,611	20.00%	5,045 / 12,611	40.00%	3,087 / 12,863	24.00%	6,174 / 12,863	48.00%
HTS-3c Percentage of sex workers that have received an HIV test during the reporting period in KP-specific programs and know their results	Gender,Age	3,316 / 20,725	16.00%	6,632 / 20,725	32.00%	4,251 / 21,256	20.00%	8,502 / 21,256	40.00%	5,229 / 21,787	24.00%	10,458 / 21,787	48.00%
TB/HIV-3.1a Percentage of people living with HIV newly initiated on ART who were screened for TB	Gender,Age		100.00%		100.00%		100.00%		100.00%		100.00%		100.00%
TB/HIV-7.1 Percentage of people living with HIV currently enrolled on antiretroviral therapy who started TB preventive treatment (TPT) during the reporting period	Gender,TPT regimen,Age				5.54%				10.54%				18.00%
TCS-8 Percentage of people living with HIV and on ART with viral load test result	Gender | Age,Age				14.00%				20.00%				40.00%
TCS-1c Percentage of children (under 15) on ART among all children living with HIV at the end of the reporting period	Gender	636 / 5,289	12.02%	680 / 5,289	12.86%	722 / 5,537	13.04%	764 / 5,537	13.80%	837 / 5,886	14.22%	910 / 5,886	15.46%
		17		17		22		22		33		33	

DocuSign Envelope ID: 92BBE3B6-5B6A-4372-816C-173D95720533

6. Resources Required to Achieve the Expected Results

Partnerships - below partners will support project implementation:

Tuberculosis

- Federal Ministry of Health's Diseases Control Directorate (DCD), that will be the main implementer of programmatic activities of the HIV/AIDS grant
- Epidemiological Laboratory (Epi-Lab), basically responsible of the TB active case finding and screening activities in addition to providing the support and follow up for the MDR-TB patients.
- World Health Organization (WHO) that will provide technical support to the FMOH and other national entities to enhance grants implementation according to their areas of expertise and mandate.
- HDP will implement the community component of TB
- NMSF is the national centre for procurement and distribution of medicines in Sudan responsible for the Global Fund commodities storage, distribution, inventory management and reporting on consumption..

HIV/AIDS

- Federal Ministry of Health's Diseases Control Directorate (DCD), that will be the main implementer of programmatic activities of the HIV/AIDS grant
- United Nations Population Fund (UNFPA) as the sub-recipient will provide technical support to the FMOH and the NGOs involved in the implementation of the comprehensive prevention programs for key populations, while contributing to the enhancement of the role of the CSOs and NGOs in the implementation of the grant, particularly in the areas of addressing Key Populations needs, promotion and protection of human rights and gender equity and strengthening community responses and systems
- World Health Organization (WHO) that will provide technical support to the FMOH and other national entities to enhance grants implementation according to their areas of expertise and mandate.

Stakeholder Engagement

In the implementation of the project, UNDP will coordinate closely with all partners through the Country Coordination Mechanism. UNDP will engage with:

- Government counterpart: mainly Federal ministry of health, Ministry of International Cooperation and Ministry of Social Security and Welfare
- UN agencies: mainly United Nations Population Fund (UNFPA), World Health Organization and UNICEF
- National NGOs mainly Epilab and HDP in TB programme
- Civil Society Organisations/ NGOs engaged under UNFPA to deliver comprehensive prevention package for Key Populations

The Target Group/Beneficiaries covered by the project include:

- Most at risk population- Female sex workers and men who have sex with men.
- People living with HIV (PLHIV).
- Pregnant women who are HIV positive and children born to HIV positive women.
- Sudanese People living with HIV Coordination Association (SPCA)
- Sudanese TB Patient's Association

DocuSign Envelope ID: 92BBE3B6-5B6A-4372-816C-173D95720533

South-South and Triangular Cooperation (SSC/TrC)

- Not applicable.

Knowledge

- The project will work in close collaboration with UNDP-CO communication team so as to document and disseminate best practices, lessons learned, main achievements and success stories.

Sustainability and Scaling Up

- In coordination with the Global Fund, Federal Ministry of Health and the CCM UNDP designed a Capacity Development/Transition plan detailing the measures to be undertaken to build the capacities of national entities under the Program for the capacity development and sustainable transfer of Principal Recipient responsibilities to the designated entity.

7. PROJECT MANAGEMENT

Cost Efficiency and Effectiveness

The project design was built on the national strategic plans to control Tuberculosis, HIV/AIDS.

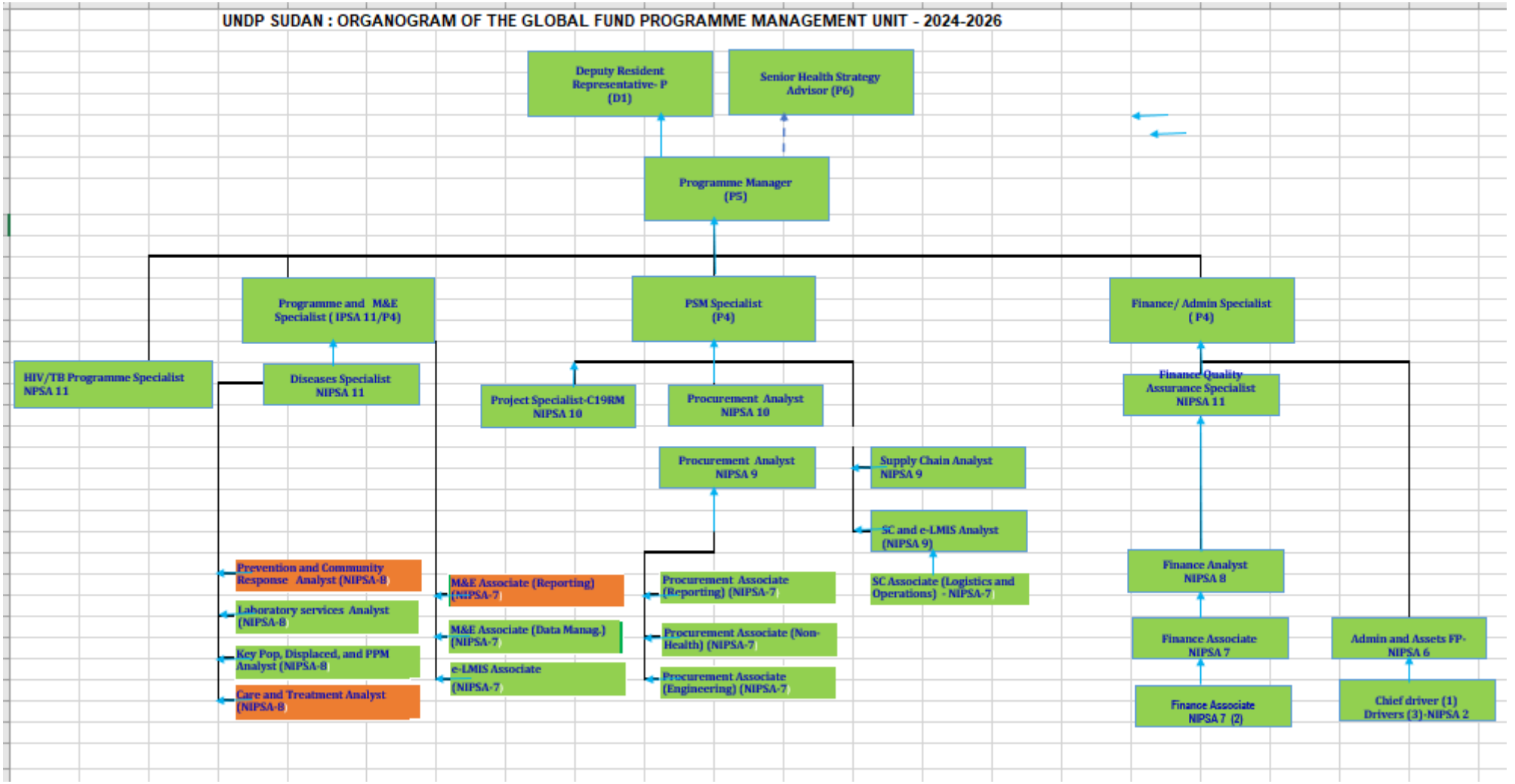
All strategies and interventions are based on international guidelines and are aligned with global plans. Value for money analysis was done through different methodologies at different countries for each intervention of the project. The Donor (GFATM) technical Review Panel, before approving a country project for the three disease, assessed the cost efficiency and effectiveness of the proposed budget versus international values and hence recommend funding for the project.

Project Management

UNDP will be managing the project through a specially designated Programme Management Unit. The unit will be located temporarily in Port Sudan until such time that the situation with permit a return to Khartoum. It will be directly supervised by the Resident Representative and supported by both Deputy Resident Representatives for operation and programmes units of the country office, and Head of CO Health Crises Response Pillar . The project will be audited according to UNDP standard guidelines as per the POPP.

The organogram of the PMU is shown below

DocuSign Envelope ID: 92BBE3B6-5B6A-4372-816C-173D95720533



DocuSign Envelope ID: 92BBE3B6-5B6A-4372-816C-173D95720533

8. MONITORING AND EVALUATION

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

Monitoring Plan

Monitoring Activity	Purpose	Frequency	Expected Action	Partners	Cost
Track results progress	Progress data against the results indicators in the IRRF will be collected and analysed to assess the progress of the project in achieving the agreed outputs.	Quarterly and Semi-annually	Slower than expected progress will be addressed by project management.	All partners as in section partnership above	The costs of monitoring activities is integrated within the overall program and PMU Budget
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.	Semi- annually	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, and lessons learnt will be discussed by the project board and used to make course corrections.		

DocuSign Envelope ID: 92BBE3B6-5B6A-4372-816C-173D95720533

Monitoring Activity	Purpose	Frequency	Expected Action	Partners	Cost
Project Report	A progress report will be presented to the key stakeholders. The presentations will highlight progress data showing the results achieved against pre-defined annual targets at the output/ coverage level, outcome and impacts. The annual project quality rating summary will be elaborated, 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.		

DocuSign Envelope ID: 92BBE3B6-5B6A-4372-816C-173D95720533

9. GOVERNANCE AND MANAGEMENT ARRANGEMENTS

In the implementation of the project, UNDP Country Office will coordinate closely with the Federal Ministry of Health, civil society/ NGOs and UN agencies to harmonise and coordinate the response in supporting the implementation of the Global Fund grant. UNDP as the Principal Recipient has the responsibility to:

- Prepare, in coordination with other stakeholders, the required documents for grant making and submit to the Secretariat
- Receive and manage the funds from the Global Fund.
- Make efficient arrangements for disbursement of funds to sub-recipients.
- Ensure timely procurement of procurement of goods and services and efficient management of the supply chain
- Share the updates on grant implementation with CCM and other stakeholders
- Reporting on results and request additional disbursement of funds.
- Ensuring effective monitoring and evaluation.
- Supporting CCM processes by facilitating communication, interactions and synergies among implementing partners.

The following are the selected Sub Recipient and the responsibilities of each organization in the implementation of the TB grant:

- Disease control Directorate (DCD) will be the main implementer of programmatic activities of the TB grant
- The National Medical Supply Fund (NMSF) and National Medicines and Poisons Board (NMPB) will continue to be main implementers of the PSM activities in collaboration with UNDP.
- WHO will provide technical support to the FMOH and other national entities to enhance grants implementation according to their areas of expertise and mandate.
- Epidemiological Laboratory (Epi-Lab), responsible for the TB active case finding and screening activities in addition to providing the support and follow up for the MDR-TB patients.

In the implementation of the Procurement Support Services and Capacity Development component, UNDP Country Office will coordinate closely with the Federal Ministry of Health (FMOH), the CCM and other UN agencies supporting the implementation of the Global Fund grants. The distribution of roles and responsibilities between the Federal Ministry of Health and UNDP is as follows:

The Federal Ministry of Health (FMOH) will:

- Provide the specifications and quantifications and timeline for the delivery of the insecticide needed for the IRS campaigns
- Provide the list of RSSH other health equipment with specifications, quantifications and timelines for delivery
- Appoint a focal point from the FMOH to coordinate with UNDP and to respond to requests for clarifications within a period of 5 days after receipt of the request from UNDP
- Facilitate, according to the competence, getting all necessary national import permissions and approvals for importation of products to Sudan;
- Ensure timely customs clearance, tax and toll duties of the insecticide and other RSSH health equipment
- Call for monthly coordination and progress reporting meetings.

DocuSign Envelope ID: 92BBE3B6-5B6A-4372-816C-173D95720533

The United Nations Development Programme (UNDP) will:

- Implement the capacity development and transition plan providing regular progress updates to UNDP Management, FMOH, CCM and Global Fund Country Team
- Procure and supply items according to the list of products, quantities and quality requirements agreed with the FMOH in line with national and international regulations and to the entry point in the country;
- Conduct competitive bidding processes at international and national levels;
- Supervise the procurement, testing and the transportation to the country ensuring quality delivery
- Provide quarterly updates to the FMOH on progress of procurement, inform on eventual queries and/or action required by the FMOH in relation to the procurement of specific products or product categories;
- Provide information on any expected savings as soon as available and assist the FMOH with the reprogramming of such balance;
- Maintain all procurement records and reports;
- Provide to FMOH all necessary documents for the clearance of all incoming shipments on a timely basis;
- Process payments for concluded contracts as per UNDP regulations and rules and based on certificates of completion of works or receipt reports duly signed by the recipients of goods and/or services;

DocuSign Envelope ID: 92BBE3B6-5B6A-4372-816C-173D95720533

10. LEGAL CONTEXT AND RISK MANAGEMENT

LEGAL CONTEXT STANDARD CLAUSES

This project document shall be the instrument referred to as such in Article 1 of the Standard Basic Assistance Agreement between the Government of (country) and UNDP, signed on (date). All references in the SBAA to "Executing Agency" shall be deemed to refer to "Implementing Partner."

RISK MANAGEMENT STANDARD CLAUSES

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

2. UNDP agrees to undertake all reasonable efforts to ensure that none of the [project funds][1] [UNDP funds received pursuant to the Project Document][2] are used to provide support to individuals or entities associated with terrorism and that the recipients of any amounts provided by UNDP hereunder do not appear on the list maintained by the Security Council Committee established pursuant to resolution 1267 (1999). The list can be accessed via hthttp://www.un.org/sc/committees/1267/aq_sanctions_list.shtml. This provision must be included in all sub-contracts or sub-agreements entered into under this Project Document.

3. Consistent with UNDP's Programme and Operations Policies and Procedures, 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. 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.

5. 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.

1. 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.

2. 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.

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

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

DocuSign Envelope ID: 92BBE3B6-5B6A-4372-816C-173D95720533

11. Social and Environmental Screening Template

Checklist Potential Social and Environmental Risks		
Principles 1: Human Rights		**Answer (Yes/ No)**
1.	Could the Project lead to adverse impacts on enjoyment of the human rights (civil, political, economic, social or cultural) of the affected population and particularly of marginalized groups?	No
2.	Is there a likelihood that the Project would have inequitable or discriminatory adverse impacts on affected populations, particularly people living in poverty or marginalized or excluded individuals or groups?	No
3.	Could the Project potentially restrict availability, quality of and access to resources or basic services, in particular to marginalized individuals or groups?	No
4.	Is there a likelihood that the Project would exclude any potentially affected stakeholders, in particular marginalized groups, from fully participating in decisions that may affect them?	No
5.	Is there a risk that duty-bearers do not have the capacity to meet their obligations in the Project?	No
6.	Is there a risk that rights-holders do not have the capacity to claim their rights?	No
7.	Have local communities or individuals, given the opportunity, raised human rights concerns regarding the Project during the stakeholder engagement process?	No
8.	Is there a risk that the Project would exacerbate conflicts among and/or the risk of violence to project-affected communities and individuals?	No
Principle 2: Gender Equality and Women's Empowerment		
1.	Is there a likelihood that the proposed Project would have adverse impacts on gender equality and/or the situation of women and girls?	No
2.	Would the Project potentially reproduce discriminations against women based on gender, especially regarding participation in design and implementation or access to opportunities and benefits?	No
3.	Have women's groups/leaders raised gender equality concerns regarding the Project during the stakeholder engagement process and has this been included in the overall Project proposal and in the risk assessment?	No
4.	Would the Project potentially limit 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
Principle 3: Environmental Sustainability: Screening questions regarding environmental risks are encompassed by the specific Standard-related questions below		
Standard 1: Biodiversity Conservation and Sustainable Natural Resource Management		

DocuSign Envelope ID: 92BBE3B6-5B6A-4372-816C-173D95720533

Checklist Potential Social and Environmental Risks		
1.1	Would the Project potentially cause 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	Are any Project activities proposed within or adjacent to critical habitats and/or environmentally sensitive areas, including 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	Does the Project involve 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	Would Project activities pose risks to endangered species?	No
1.5	Would the Project pose a risk of introducing invasive alien species?	No
1.6	Does the Project involve harvesting of natural forests, plantation development, or reforestation?	No
1.7	Does the Project involve the production and/or harvesting of fish populations or other aquatic species?	No
1.8	Does the Project involve significant extraction, diversion or containment of surface or ground water? *For example, construction of dams, reservoirs, river basin developments, groundwater extraction*	No
1.9	Does the Project involve utilization of genetic resources? (e.g. collection and/or harvesting, commercial development)	No
1.10	Would the Project generate potential adverse transboundary or global environmental concerns?	No
1.11	Would the Project result in secondary or consequential development activities which could lead to adverse social and environmental effects, or would it generate cumulative impacts with other known existing or planned activities in the area? *For example, a new road through forested lands will generate direct environmental and social impacts (e.g. felling of trees, earthworks, potential relocation of inhabitants). The new road may also facilitate encroachment on lands by illegal settlers or generate unplanned commercial development along the route, potentially in sensitive areas. These are indirect, secondary, or induced impacts that need to be considered. Also, if similar developments in the same forested area are planned, then cumulative impacts of multiple activities (even if not part of the same Project) need to be considered.*	No
Standard 2: Climate Change Mitigation and Adaptation		
2.1	Will the proposed Project result in significant greenhouse gas emissions or may exacerbate climate change?	No
2.2	Would the potential outcomes of the Project be sensitive or vulnerable to potential impacts of climate change?	No
2.3	Is the proposed Project likely to directly or indirectly increase social and environmental vulnerability to climate change now or in the future (also known as maladaptive practices)?	No

DocuSign Envelope ID: 92BBE3B6-5B6A-4372-816C-173D95720533

Checklist Potential Social and Environmental Risks		
	For example, changes to land use planning may encourage further development of floodplains, potentially increasing the population's vulnerability to climate change, specifically flooding	
Standard 3: Community Health, Safety and Working Conditions		
3.1	Would elements of Project construction, operation, or decommissioning pose potential safety risks to local communities?	No
3.2	Would the Project pose potential risks to community health and safety due to the transport, storage, and use and/or disposal of hazardous or dangerous materials (e.g. explosives, fuel and other chemicals during construction and operation)?	
3.3	Does the Project involve large-scale infrastructure development (e.g. dams, roads, buildings)?	No
3.4	Would failure of structural elements of the Project pose risks to communities? (e.g. collapse of buildings or infrastructure)	No
3.5	Would the proposed Project be susceptible to or lead to increased vulnerability to earthquakes, subsidence, landslides, erosion, flooding or extreme climatic conditions?	No
3.6	Would the Project result in potential increased health risks (e.g. from water-borne or other vector-borne diseases or communicable infections such as HIV/AIDS)?	No
3.7	Does the Project pose potential risks and vulnerabilities related to occupational health and safety due to physical, chemical, biological, and radiological hazards during Project construction, operation, or decommissioning?	Yes
3.8	Does the Project involve support for employment or livelihoods that may fail to comply with national and international labor standards (i.e. principles and standards of ILO fundamental conventions)?	No
3.9	Does the Project engage security personnel that may pose a potential risk to health and safety of communities and/or individuals (e.g. due to a lack of adequate training or accountability)?	No
Standard 4: Cultural Heritage		
4.1	Will the proposed Project result in interventions that would potentially adversely impact 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
4.2	Does the Project propose utilizing tangible and/or intangible forms of cultural heritage for commercial or other purposes?	No
Standard 5: Displacement and Resettlement		
5.1	Would the Project potentially involve temporary or permanent and full or partial physical displacement?	No
5.2	Would the Project possibly result in 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	Is there a risk that the Project would lead to forced evictions?	No
5.4	Would the proposed Project possibly affect land tenure arrangements and/or community based property rights/customary rights to land, territories and/or resources?	No

DocuSign Envelope ID: 92BBE3B6-5B6A-4372-816C-173D95720533

Checklist Potential Social and Environmental Risks		
Standard 6: Indigenous Peoples		
6.1	Are indigenous peoples present in the Project area (including Project area of influence)?	No
6.2	Is it likely that the Project or portions of the Project will be located on lands and territories claimed by indigenous peoples?	No
6.3	Would the proposed Project potentially affect 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 the screening question 6.3 is "yes" the potential risk impacts are considered potentially severe and/or critical and the Project would be categorized as either Moderate or High Risk.*	No
6.4	Has there been an 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	Does the proposed Project involve the utilization and/or commercial development of natural resources on lands and territories claimed by indigenous peoples?	No
6.6	Is there a potential for forced eviction or the whole or partial physical or economic displacement of indigenous peoples, including through access restrictions to lands, territories, and resources?	No
6.7	Would the Project adversely affect the development priorities of indigenous peoples as defined by them?	No
6.8	Would the Project potentially affect the physical and cultural survival of indigenous peoples?	No
6.9	Would the Project potentially affect the Cultural Heritage of indigenous peoples, including through the commercialization or use of their traditional knowledge and practices?	No
Standard 7: Pollution Prevention and Resource Efficiency		
7.1	Would the Project potentially result in 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
7.2	Would the proposed Project potentially result in the generation of waste (both hazardous and non-hazardous)?	Yes
7.3	Will the proposed Project potentially involve the manufacture, trade, release, and/or use of hazardous chemicals and/or materials? Does the Project propose 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 Stockholm Conventions on Persistent Organic Pollutants or the Montreal Protocol*	No
7.4	Will the proposed Project involve the application of pesticides that may have a negative effect on the environment or human health?	Yes
7.5	Does the Project include activities that require significant consumption of raw materials, energy, and/or water?	No

DocuSign Envelope ID: 92BBE3B6-5B6A-4372-816C-173D95720533

12. **Risk Assumptions and Analysis**:

#	Description	Date Identified	Type	Impact & Probability	Countermeasures / Management response	Owner	Submitted	Last Update	Status
1	Delays in liquidation of advances	2023	Operational	High, supporting documents are delayed at times submitted incomplete. Impact: High Probability: High	Support implementation through Direct Payments when advances are not liquidated. Disburse limited number of advances, targeting low risk activities Outpost Finance staff mainly at FMOH to support Finance Unit	Program Manager	Project formulation		
2	Lack of procedures, Lack of oversight, poor accountability at federal and state level	2023	Operational	Potential Fraud, Duplication of activities, Double charging of donor Impact: High Probability: Medium	Management procedure, SOPs, Manuals, Regular ad-hoc site visits, Periodic spot checks	Program Manager	Project formulation		
3	Delays in submission of financial reports/acquittals	2023	Financial	Low delivery rate at PR and SR level and slow program implementation Probability: High (5) Impact: High (5)	- Dialogue with SRs to ensure adherence to reporting timelines. - Plan review meetings - On job trainings to SRs finance on financial reporting	Program Manager	Project formulation		

DocuSign Envelope ID: 92BBE3B6-5B6A-4372-816C-173D95720533

#	Description	Date Identified	Type	Impact & Probability	Countermeasures / Management response	Owner	Submitted	Last Update	Status
4	Unauthorized use of Assets handed over to SRs	2023	Operational	Loss of reputation and credibility, Financial loss, Loss of productivity, Legal implication, Impact: High Probability: Medium	Introduction of assets policy and its compliance, SOPs, Orientation of staff	Program Manager	Project formulation		
5	Delays in custom's clearance process	2023	Operational/ Financial	Ability of UNDP and MOH to ensure timely customs clearance and avoid unexpected delays Probability: Medium (3) Impact: Medium (3)	Improve coordination with FMOH focal person	Program Manager	Project formulation		
6	FMOH/ delays in the setting up functional integrated systems and structures to respond to HIV and TB programs at national and sub-national level	2023	Operational	Slow pace of implementation of activities Low absorption capacity Impact: Medium Probability: Medium	Engage the FMOH/ to recruit staff to key positions at Support the to elaborate and implement SOPs for Programmatic and Financial management.	Program Manager	Project formulation		
7	Completeness of data and delays in submission of reports	2023	M&E	Incomplete data would affect performance Impact: Medium Probability: Medium	Reinforce support supervision, and data audits Conduct Program Review meetings	Program Manager	Project formulation		
8	Limited access to services in hard to reach areas /hard-to reach population.	2023	Programmatic /Operational	Coverage, access and availability of services will be affected Impact: High Probability: High	Dialogue and advocacy with FMOH/ to have specific outreach programs targeting hard to reach areas/populations	Program Manager	Project formulation		
9	Gaps in coordination of key procurement and supply chain	2023	Operational	Delays in submission of specifications	Reinforce the functioning of PSM Technical working group,	Program Manager	Project formulation		

DocuSign Envelope ID: 92BBE3B6-5B6A-4372-816C-173D95720533

#	Description	Date Identified	Type	Impact & Probability	Countermeasures / Management response	Owner	Submitted	Last Update	Status
	management functions.			Lack of reliable consumption data, affecting Forecast and quantification Potential stock-out and expiries Failure to supply products in States that are security inaccessible Impact: Medium Probability: Medium	with clear ToR, meeting calendar and work plan Request the FMOH to coordinate with NMSF to request convoys, with no engagement of UNDP assets				
10	High turnover of the staff at the federal and state levels	2023	Operational	Delays in implementation of programs Impact: High Probability: High	Dialogue with FMOH to elaborate and implement a staff retention plan	Program Manager	Project formulation		

DocuSign Envelope ID: 92BBE3B6-5B6A-4372-816C-173D95720533