THE GLOBAL FUND

Execution Version

Grant Confirmation

1. This **Grant Confirmation** is made and entered into by **the Global Fund to Fight AIDS, Tuberculosis and Malaria (the "Global Fund") and the United Nations Development Programme (the "Principal Recipient"), pursuant to the Framework** Agreement, dated as of 13 October 2016, as amended and supplemented from time **to time (the "Framework Agreement"), between the Global Fund and the Principal** Recipient, to implement the Program set forth herein. The Grant Confirmation is effective as of the earlier of the start date of the Implementation Period (as defined **below) or the date of the Global Fund's signature below, and Program Activities shall** not commence prior to the start date of the Implementation Period, unless otherwise agreed in writing by the Global Fund.

2. **Single Agreement**. This Grant Confirmation, together with the Integrated Grant Description attached hereto as Schedule I, sets forth the provisions (including, without limitation, representations, conditions, Program Activities, Program budget, performance framework, and related implementation arrangements) applicable to the Program, and forms part of the Grant Agreement. Each capitalized term used but not defined in this Grant Confirmation shall have the meaning ascribed to such term in the Framework Agreement (including the UNDP-Global Fund Grant Regulations).

3. **Grant Information**. The Global Fund and the Principal Recipient hereby confirm the following:

3.1	Host Country or Region:	Republic of the Sudan
3.2	Disease Component:	HIV/AIDS, Tuberculosis
3.3	Program Title:	HIV/AIDS - Tuberculosis
3.4	Grant Name:	SDN-C-UNDP
3.5	GA Number:	3778
3.6	Grant Funds:	Up to the amount of USD 33,123,668 or its equivalent in other currencies
3.7	Implementation Period:	From 1 January 2024 to 31 December 2026 (inclusive)
3.8	Principal Recipient:	United Nations Development Programme Gama'a Avenue, P.O. Box 913 House 7, Block 5 Khartoum Republic of the Sudan Attention: Mr. Japhet Taratibu Programme Manager

		Telephone: +249 990729839 Email: japhet.taratibu@undp.org
3.9	Fiscal Year:	1 January to 31 December
3.10	Local Fund Agent:	KPMG Development Services (Mauritius) Limited 3rd Floor, Rogers House No 5, President John Kennedy Street 000 Port Louis Republic of Mauritius Attention: Erastus Maina Telephone: +254715856931 Facsimile: +254 20 2215695 Email: erastusmaina@kpmg.co.ke
3.11	Global Fund contact:	The Global Fund to Fight AIDS, Tuberculosis and Malaria Global Health Campus, Chemin du Pommier 40 1218 Grand-Saconnex, Geneva, Switzerland Attention: Lyne Soucy Regional Manager Grant Management Division Telephone: +41-587911700 Facsimile: +41-445806820 Email: lyne.soucy@theglobalfund.org

4. **Conditions**. The Global Fund and the Principal Recipient further agree that:

4.1 With respect to Section 7.6 (Right of Access) of the Global Fund Grant Regulations (as amended from time to time), (1) the Global Fund may collect or seek to collect data, and it is possible that such data may contain Personal Data, and (2), prior to collection and at all times thereafter, the Principal Recipient shall take all necessary actions to ensure that the transfer of such information to the Global Fund does not violate any applicable law or regulation.

4.2 To the extent consistent with and without prejudice to the Framework Agreement and, in particular, Article 2 of the UNDP-Global Fund Grant Regulations, the Principal Recipient shall be guided by the Global Fund Guidelines for Grant **Budgeting (2023, as amended from time to time, available at the Global Fund's** Internet site) in the budgeting of the Grant.

4.3 Personal Data.

(1) Principles. Program Activities are expected to respect the following principles **and rights ("Data Protection Principles"):**

(a) Information that could be used to identify a natural person ("Personal Data") will

be: (i) processed lawfully, fairly and transparently; (ii) collected for specified, explicit and legitimate purposes and not further processed in a manner not compatible with those purposes; (iii) adequate, relevant and limited to what is necessary for the purposes for which they are processed; (iv) accurate and, where necessary, kept up to date; (v) kept in a form which permits identification of the individuals for no longer than is necessary for the purposes for which the Personal Data is processed; and (vi) processed in a manner that ensures appropriate security of the Personal Data; and

(b) Natural persons are afforded, where relevant, the right to information about Personal Data that is processed; the right to access and rectify or erase Personal Data; the right to data portability; the right to confidentiality of electronic communications; and the right to object to processing.

(2) Limitations. Where collection and processing of Personal Data is required in order to implement Program Activities, whether by the Principal Recipient, a Sub-recipient, or Supplier, the Principal Recipient should respect the Data Protection Principles:

(a) to the extent that doing so does not violate or conflict with any law and/or policy applicable to it; and

(b) subject to the Principal Recipient balancing the Data Protection Principles with other fundamental rights in accordance with the principle of proportionality, taking into account the risks to the rights and freedoms of natural persons.

(3) The Global Fund may collect or seek to collect data, and it is possible that such data may contain Personal Data. Prior to collection and at all times thereafter, the Principal Recipient shall take all necessary actions to ensure that the transfer of such information to the Global Fund does not violate any law or regulation applicable to the Principal Recipient.

4.4 Under Article 3 of the UNDP-Global Fund Grant Regulations, the "Grant" consists of "funds as stated in the relevant Grant Confirmation together with any funds previously granted by the Global Fund to the Principal Recipient for the Program". In this regard, please note that where the Global Fund has approved the use under the current Grant Confirmation of grant funds disbursed to the Principal Recipient under a previous Grant Agreement for the Program ("Previously Disbursed Grant Funds"), the Global Fund may reduce the amount of Grant Funds that remains uncommitted set forth in Section 3.6 of the Grant Confirmation by the amount of any Previously Disbursed Grant Funds, upon written notification to the Principal Recipient.

4.5 UNDP shall reasonably ensure that Grant Funds are not used by UNDP in contravention of any sanctions applicable to it prohibiting or materially restricting the disbursement and/or use of Grant Funds or, implementation of Program Activities and notify the Global Fund of any possible or actual contravention of such sanctions. UNDP shall reasonably ensure, including through the inclusion and enforcement of contractual obligations, that any Sub-recipient and supplier shall: (a) reasonably ensure that no Grant Funds are used or disbursed in contravention of any laws and regulations applicable to it, including sanctions; (b) provide prompt notice to UNDP of any material due diligence findings inconsistent with and/or in

contravention of such laws and regulations; and (c) ensure that the same undertaking is included in any downstream contracts with Sub-sub-recipients and/or suppliers. In the event of a contravention of this clause, UNDP and the Global Fund shall promptly consult each other with a view to jointly determining remedial measures in accordance with their respective applicable legal framework. This provision is without prejudice to the Global Fund's existing remedies under the Framework Agreement or to the exceptions contained in any applicable sanctions.

[*Signature Page Follows.*]

IN WITNESS WHEREOF, the Global Fund and the Principal Recipient have caused this Grant Confirmation to be executed and delivered by their respective duly authorized representatives on their respective date of signature below.

The Global Fund to Fight AIDS, Tuberculosis and Malaria

By: _____

Name: Mark Eldon-Edington

Title: Head, Grant Management Division

Date: Jan 31, 2024

United Nations Development Programme

By: _____

Name: Thair Shraideh

Title: Resident Representative UNDP Sudan a.i.

Date: 28-01-2024

Acknowledged by

By: _____

Name: Heitham Mohammed Ibrahim Awadalla

Title: Chair, Country Coordinating Mechanism of Republic of the Sudan

Date:

By: _____

Name: Ibrahim Mohammed Hussein Hassan

Title: Civil Society Representative, Country Coordinating Mechanism of Republic of the Sudan

Date: 29 Jan 2024

Schedule I
Integrated Grant Description

Country:	Republic of the Sudan
Program Title:	HIV/AIDS - Tuberculosis
Grant Name:	SDN-C-UNDP
GA Number:	3778
Disease Component:	HIV/AIDS - Tuberculosis
Principal Recipient:	United Nations Development Programme (UNDP)

A. PROGRAM DESCRIPTION

1. Background and Rationale for the Program

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.

2. Goals, Strategies and Activities

Goals:

To ensure continuation of essential TB and HIV services during the Sudan Emergency situation 2024-206.

Strategies:

In line with the Sudan's NSPs for HIV and TB (2022-2026), the strategies adopted during the implementation period of GC7 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.
- 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.

Planned Activities:

Activities planned to support national response to HIV/TB under this grant are the following:

- TB screening and diagnosis: Activities will include orientation sessions for healthcare providers and doctors on the identification of presumptive TB and refer to the TB diagnostic and treatment facilities; conduct training on and HIV testing in the 9 stable states in addition to the stable localities in the current conflict states (KH,NK,Darfour); conduct basic training on GeneXpert testing; 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.

- Screening/testing for TB infection through conducting 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; conduct on site visit for lab with high false results by State quarterly by State lab coordinator; Conduct an in-depth analysis of the root causes of low GeneXpert utilization and accordingly develop action plan with quarterly targets to improve the GeneXpert utilization rate in the 9 stable States; Renovate and equip one Zonal Lab to support TB services.

- KVP - Children and adolescents: Introduce the use of stool sample for GX; conduct training for the heads of wards and nurses at the pediatric hospitals and departments on screening malnourished children for TB; IC to develop the plan for monitoring,

maintenance, and replacement of laboratory equipment (GX, TrueNat, MGIT, ventilation system, and the culture laboratory, etc.).

- KVP - Mobile population (migrants/refugees/IDPs): 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 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.

- Print and disseminate the guidelines, SOPs and registers of TB presumptive identification to the care providers at health facilities; print and distribute new TB diagnosis algorithm and pamphlets using molecular testing for TB case finding.

- 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 doctor on TB extra-pulmonary diagnosis and treatment.

- TB treatment, care and support through 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.

- DR-TB treatment, care and support through training of all staff in the DR-TB treatment units on the national guidelines of diagnosis and treatment of DR-TB, counselling, psychosocial support, and treatment adherence support of DR-TB patients; Conduct training on culture ; Training of the DR-TB patients treatment adherence support nurses on the adherence support package; 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.

- Develop, print and distribute updated national PMDT guidelines /information note; Print and distribute an educational pamphlet to DR-TB Print and distribute an educational pamphlet to DR-TB patients about DR-TB transmission, treatment and adherence to treatment, patient support, and infection prevention and control at the household level; conduct home visit at the onset of treatment to provide education and assess infection control.

- Ensuring people-centered and rights-based TB services at health facilities through developing a training material about TB-related confidentiality and privacy issues, human

rights and medical ethics and integrate 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 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.

- Capacity building for NTP/States team by participating in international conference and training and conduct quarterly supportive supervision visits from the state to the TB facilities.

- 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.

- 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.

- 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.

- 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-behavioral 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 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.

- 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.

3. Target Group/Beneficiaries

The target group for HIV response will be men who have sex with me, female sex workers and their clients, mothers living with HIV, their children and families, all people living with HIV.

With regards to TB, three main TB key and vulnerable populations are target groups beneficiaries in Sudan:

- The first group includes people who have limited access to TB services in underserved areas in eight conflict-affected states, IDPs, refugees, traditional miners, nomads, cross border populations, children, elderly and women.

- The second is people with increased risk to TB due to residence or working environment namely, contacts, prisoners, health care workers and people living in urban slums.
- The third includes people at increased risk of TB because of biological factors that compromise immunity mainly PLHIV, diabetic patients, patients on immunosuppressive therapy, and patient on dialysis.

B. PERFORMANCE FRAMEWORK

Please see attached.

C. SUMMARY BUDGET

Please see attached.

THE GLOBAL FUND

Performance Framework

Country	Sudan
Grant Name	SDN-C-UNDP
Implementation Period	01-Jan-2024 - 31-Dec-2026
Principal Recipient	United Nations Development Programme

Reporting Periods							
	Start Date	01-Jan-2024	01-Jul-2024	01-Jan-2025	01-Jul-2025	01-Jan-2026	01-Jul-2026
	End Date	30-Jun-2024	31-Dec-2024	30-Jun-2025	31-Dec-2025	30-Jun-2026	31-Dec-2026
	PU includes DR?	No	Yes	No	Yes	No	No

Program Goals, Impact Indicators and targets

1	To ensure continuation of essential TB and HIV services during the Sudan Emergency situation 2024-2026.

	Impact Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	2024	2025	2026
1	TB I-2 TB incidence rate per 100,000 population	Sudan	N: 58.0000 D: P: %	2021 Global TB Report 2022		N: 60.0000 D: P: % Due Date: 01-Mar-2025	N: 59.0000 D: P: % Due Date: 01-Mar-2026	N: 58.0000 D: P: % Due Date: 01-Mar-2027
	Comments							
	Baseline: The TB incidence was estimated at 58 per 100,000 population translating to a total of 26,000 (17,000-37,000) incident TB cases, sourced from the Global TB Report in 2022 Activities/GF Contribution: Investments of the TB GC7 fund are aiming at increasing TB case finding and notification in the stable states, especially those with a large IDPs influx and at the same time, successfully treating the notified cases. Targets: Sudan has seen big incidence reduction in the past few years from 167 in 2016 to 67 in 2019 to finally 58 in 2021. However, the targets for this indicator are set with assumption that the crisis will affect the incidence. Specifically, that it will initially increase the incidence to 60 per 100,000 in 2024 before slowly returning to the baseline of 58 per 100,000 in 2026. Population estimates used for targets are 49,474,856; 50,757,402 and 52,077,094 for 2024, 2025, and 2026. Measurement and Reporting: Data for this indicator will come annually from the WHO Global TB Report published end of October of the year that precedes the progress update report due date.							
2	TB I-3 TB mortality rate per 100,000 population	Sudan	N: 8.7000 D: P: %	2021 Global TB Report 2022		N: 9.0000 D: P: % Due Date: 01-Mar-2025	N: 8.8000 D: P: % Due Date: 01-Mar-2026	N: 8.7000 D: P: % Due Date: 01-Mar-2027
	Comments							
	Baseline: TB mortality was estimated at 8.7 per 100,000 as sourced for the WHO Global TB Report. Activities/GF Contribution: Investments of the TB GC7 fund are aiming at increasing TB case finding and notification in the stable states, especially those with a large IDPs influx and at the same time, successfully treating the notified cases. Targets:Population estimates used for targets are 49,474,856; 50,757,402 and 52,077,094 for 2024, 2025, and 2026. The targets are set with the assumption that the crisis will affect the mortality rate showing an increase in the first year to subsequently decrease to reach the 2021 baseline. Measurement and Reporting: Data for this indicator will come annually from the WHO Global TB Report published end of the October of the year that precedes the report due date.							
3	HIV I-14 Number of new HIV infections per 1000 uninfected population	Sudan	N: 0.0900 D: P: %	2022 UNAIDS Spectrum	Gender,Gender | Age,Age	N: 0.0900 D: P: % Due Date: 14-Aug-2025	N: 0.0900 D: P: % Due Date: 14-Aug-2026	N: 0.0900 D: P: % Due Date: 01-Mar-2027
	Comments							
	Baseline: The baseline for 2022 is 0.09 per 1,000 as estimated from Spectrum. Activities/GF Contribution: The COE situation has instigated the collapse of the health system and associated disruption of the health services in the conflict affected zones, and resultant massive population movement. GC7 investments are targeted at reinforcing HIV health servicespredominantely in in the nine stable states. Targets:Due to the conflict situation impacting health services, a non-scale up scenario is projected, in which the program will strive to maintain the number of new HIV infections as the baseline in 2024, 2025 and 2026. Measurement and Reporting: Data for this indicator will come annually from Spectrum estimates. Dates of reporting results will be aligned with validation and release of results which is usually around May-June of the following year. The PR will report on latest available results in both the PU and the PUDR. For the last year of grant implementation the program will report on the latest available information in the last PU.							

4	HIV I-4 Number of AIDS-related deaths per 100,000 population	Sudan	N: 4.3300 D: P: %	2022 UNAIDS Spectrum	Gender,Age,Gender | Age	N: 4.3300 D: P: % Due Date: 14-Aug-2025	N: 4.3300 D: P: % Due Date: 14-Aug-2026	N: 4.3300 D: P: % Due Date: 01-Mar-2027
	Comments							
	Baseline: The baseline for 2022 is 4.33 per 100,000 as estimated from Spectrum. Activities/GF Contribution: The COE situation has instigated the collapse of the health system and associated disruption of the health services in the conflict affected zones, and resultant massive population movement. GC7 investments are targeted at reinforcing HIV health services predominately in the nine stable states. Targets: Due to the internal crisis impacting services, a non-scale up scenario is projected, in which the program will strive to maintain the number of HIV deaths per 1000,000 as at the baseline in 2024, 2025 and 2026. Measurement and Reporting:The data source is based on the Sudan 2022 HIV Estimation and projections from Spectrum modelling which is validated by UNAIDS HQ and released every year, around May and June. Dates of reporting results will be aligned with validation and release of results which is usually around May-June of the following year. The PR will report on latest available results in both the PU and the PUDR. For the last year of grant implementation the program will report on the latest available information in the last PU.							

Program Objectives, Outcome Indicators and targets

1	Coverage of quality ART services increased from 22.5% in 2023 to 28% in 2026
2	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)
3	To increase TB treatment success rate from 83% in 2022 to 90% in 2026.
4	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.
5	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

	Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	2024	2025	2026
1	TB O-5 TB treatment coverage: Percentage of patients with new and relapse TB that were notified and treated among the estimated number of incident TB in the same year (all forms of TB - bacteriologically confirmed plus clinically diagnosed	Sudan	N: 19235.0000 D: 26000 P: 73.98%	2021 Global TB Report 2022	Gender,Age	N: 13302.0000 D: 28614 P: 46.49% Due Date: 01-Mar-2025	N: 14725.0000 D: 29437 P: 50.02% Due Date: 01-Mar-2026	N: 16224.0000 D: 30202 P: 53.72% Due Date: 01-Mar-2027
	Comments							
	Baseline: Nationally reported data from 2021 sourced from the WHO Global TB Report. Activities/GF Contribution: The TB programme will concentrate operations in the nine stable states and few facilities located in the outskirts of Khartoum state. The programme will ensure early diagnosis, conduct mapping and re-distribution of the existing diagnostic technology (GeneXpert and TrueNat) and ensure the universal access to DST among the new and retreated patients in the stable states. Case finding will concentrate in IDP people as found in camps, refugees, miners, and prisoners. Targets: Minimal to no contribution is expected from the 5 Darfur states, 3 Kordofan states, and large parts of Khartoum. The reduction from conflict states will lead to sharp decline in 2024 targets to 46% and expected to rise and recover slowly to 50% and 54% in 2025 and 2026 respectively. Measurement and Reporting: Data for this indicator will be from the WHO Global TB Report. TB O-5 and TB O-5 - Other 2 form a TB equity pair. @Equity							
2	TB O-2a Treatment success rate of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapse	Sudan	N: 15681.0000 D: 18120 P: 86.54%	2021 Global TB Report 2022		N: 10641.6000 D: 13302 P: 80.00% Due Date: 01-Mar-2025	N: 12221.7500 D: 14725 P: 83.00% Due Date: 01-Mar-2026	N: 13952.6400 D: 16224 P: 86.00% Due Date: 01-Mar-2027
	Comments							
	Baseline: The treatment success rate (completed and cured) from the 2021 cohort was 86.5% (N:15,681 D: 18,120). Activities/GF Contribution: During the GC7, the program will primarily concentrate efforts in the nine stable states and few facilities located in the outskirts of Khartoum state. Measures to achieve targets include engagement and official onboarding of HDP NGO in January 2023, will prepare the ground for synchronised community component in target states during GC7. It is expected that the role of HDP will positively contribute to treatment success targets through home visits to all bacteriologically confirmed cases, follow up of defaulters and absentees as well as tracing of contacts at community and linking them to services. Targets: In consideration of the impact of the conflict on TB services the national targets were revised. The TSR targets are set to 80%, 83% and 86% (instead of 90%) in 2024, 2025 and 2026 respectively. Measurement and Reporting: Data for this indicator will be from the WHO Global TB Report.							

3	TB O-6 Treatment coverage of RR-TB and/or MDR-TB: Percentage of notified people with bacteriologically confirmed, drug resistant RR-TB and/or MDR-TB as a proportion of all estimated people with RR-TB and/or MDR-TB	Sudan	N: 215.0000 D: 960 P: 22.40%	2021 Global TB Report 2022		N: 114.0000 D: 960 P: 11.88% Due Date: 01-Mar-2025	N: 147.0000 D: 1056 P: 13.92% Due Date: 01-Mar-2026	N: 197.0000 D: 1162 P: 16.96% Due Date: 01-Mar-2027
	Comments							
	Baseline: The baseline coverage in 2021, was 22% (N:215 D: 960) as sourced from the WHO Global TB Report. Activities/GF Contributions: Investments of the TB GC7 fund are aimed at increasing TB case finding and notification in the stable states. The programme will ensure early diagnosis, conduct mapping and re-distribution of the existing diagnostic technology (GeneXpert and TrueNat) and ensure the universal access to DST among the new and retreated patients in the stable states. Case finding will concentrate in IDP people as found in camps, refugees, miners, and prisoners. Targets: In consideration of the impact of the war on TB services, targets are set to 12%, 14% and 17% in 2024, 2025 and 2026 respectively. Measurement and Reporting: The source of data for this indicator will be the WHO Global TB Report.							
4	TB O-4 Treatment success rate of RR-TB and/or MDR-TB: Percentage of patients with RR and/or MDR-TB successfully treated	Sudan	N: 157.0000 D: 215 P: 73.02%	2021 Global TB Report 2022		N: 91.2000 D: 114 P: 80.00% Due Date: 01-Mar-2025	N: 122.0100 D: 147 P: 83.00% Due Date: 01-Mar-2026	N: 169.4200 D: 197 P: 86.00% Due Date: 01-Mar-2027
	Comments							
	Baseline: Based on the 2019 cohort, the treatment success rate was 83% based on the recent available data for the 2019 cohort, quoted in the 2021 Global TB report, which was released in 2022. While according to the FMOH/NTP 2021 report, successfully treated RR-TB and/or MDR-TB cases for the 2021 cohort were 157 (cured 85 & completed 72). The notified cases of RR-TB and/or MDR-TB in 2021 were 215. Treatment success rate is 73% for the year 2021. Defaulters were 11.7% and deaths among MDR patients in 2021 was 9.8%, whereas there were still about 5% on treatment by Dec 2022 (FMOH/NTP 2021 report). Activities/GF Contribution: Due to the current situation in the country, and the fact that GC7 will target only stable states. The program will continue to offer RR MDR TB services during the emergency context, reinforce elements of quality of care and treatment and improve the monitoring in the stable states. Continuation of services will be enhanced through the planned adherence support by the SR Epilab. The programme will ensure early diagnosis, conduct mapping and re-distribution of the existing diagnostic technology (GeneXpert and TrueNat) and ensure the universal access to DST among the new and retreated patients in the stable states. Targets: In consideration of the impact of the war on TB services, targets expected to decline in 2024, and therefore set to 80% and then expected to rise and recover slowly to 83% and 86% in 2025 and 2026 respectively. Measurement and Reporting: The source of data for this indicator will be the WHO Global TB Report.							
5	HIV O-12 Percentage of people living with HIV and on ART who are virologically suppressed	Sudan	N: 580.0000 D: 803 P: 72.23%	2022 FMOH Program Data	Gender | Age,Age	N: 1064.0000 D: 1520 P: 70.00% Due Date: 14-Aug-2025	N: 2168.8000 D: 2711 P: 80.00% Due Date: 14-Aug-2026	N: 5208.3000 D: 5787 P: 90.00% Due Date: 01-Mar-2027
	Comments							
	Baseline: The percentage of people living with HIV and on ART who are virologically suppressed is 72% (N:580 D:803). However, it is important to note that viral load coverage remains very low at 7% N:803 D:11,304. The data source is from 2022 FMOH program data. Activities/GF Contribution: Achieving viral suppression targets will require interventions aiming at improvement of quality of care, including adherence to treatment guidelines, adherence support, tracking of LTFU patients, good appointment and reminder system, and good counselling and treatment preparation. Rollout of VL testing coverage is essential to allow measuring this indicator. Only the nine stable states will be targeted in the grant, but these states account for 73.3% of the total number of PLHIV on ART (7,143 out of 9,741). PLHIV displaced from Khartoum to these nine states constitutes 26% of the total ART population in these states (1,833 out of 7,143). States with armed conflict (Red zone) will only receive drug dispensing services, while other aspects of care and treatment services, including VL testing may only be delivered when the situation allows. Targets: Due to the war and planned interventions, targets are set 70%, 80%, 90% in 2024, 2025 and 2026 respectively. Measurement and Reporting: The source of data for this indicator will be FMOH program records. Numerator: Number of people living with HIV on ART for at least 6 months and with at least one routine VL test result who have virological suppression (<1000 copies/mL) during the reporting period Denominator: Number of people living with HIV on ART for at least 6 months with at least one routine VL result during the reporting period							
6	HIV O-12-Other 1 Percentage of women living with HIV and on ART who are virologically suppressed	Sudan	N: D: P: %			N: D: P: % Due Date:	N: D: P: % TBD Due Date: 14-Aug-2026	N: D: P: % TBD Due Date: 01-Mar-2027
	Comments							
	Baseline: As this is a custom indicator to measure gender equity, the baseline will be established based on data collected in 2024 from FMOH records. Activities/GF Contribution: GC7 activities include interventions aiming at improvement of quality of care among women living with HIV, including adherence to treatment guidelines, adherence support, tracking of LTFU patients, appointment and reminder system, and counseling and treatment preparation. No contribution from other donor. Targets: Targets for both 2025 and 2026 will be determined once the baseline is established in Y1 of the grant, that is 2024. Measurement and Reporting: The numerator will be the total women that are found to be virological suppression (<1000 copies/mL) during the reporting period. While the denominator will be the total number of WLHIV targeted with VL test during the reporting period in TCS-8 (1,520 - 2,711 - 5,787 in Y1 -Y2 and Y3 respectively). The data source will be the FMOH program records. @Gender							

7	RSSH O-3 On-shelf availability: Percentage of facilities with tracer health products for the three diseases - HIV, TB, malaria (as applicable) available on the day of the visit or day of reporting	Sudan	N: D: P: %		Provider type	N: D: P: % Due Date:	N: D: P: % TBD Due Date: 01-Mar-2026	N: D: P: % TBD Due Date: 01-Mar-2027
	Comments							
	Baseline: Baseline figure is unavailable as it was expected to be generated from a planned FMOH led health facility assessment which was delayed due to the war. In 2024, an HIV/TB simplified version of the HFA will be implemented to establish the baseline. Activities/GF Contribution: The GF will support supervision activities from central and state level to health facilities providing HIV and TB services, support printing of R&R tools, and support t M&E staff who can routinely collect and analyze the spot check report. A draft spot check concept has been developed for HIV and TB during GC6, pending the programmes review and endorsement of data collection process and the list of tracer elements.The regular reporting format of Monthly report will be adapted to ensure timely reporting of this indicator. Supervision visits will also serve the data collection process. The PR will leverage partners support including states' MOH programs. Targets: Targets for both 2025 and 2026 will be determined once the baseline is established in Y1 of the grant, that is 2024. Measurement and Reporting: The specific source of data for this indicator will be established once the baseline figure and targets are set at the end of 2024.							
8	TB O-5-Other 2 TB treatment coverage: Percentage of patients (<15) with new and relapse TB that were notified and treated among the estimated number of incident TB in the same year (all forms of TB - bacteriologically confirmed plus clinically diagnosed	Sudan	N: D: P: %			N: D: P: % Due Date:	N: D: P: % TBD Due Date: 01-Mar-2026	N: D: P: % TBD Due Date: 01-Mar-2027
	Comments							
	Baseline: Baseline and targets will be defined at the end of year 1 of grant implementation. Activities/GF Contribution: The TB programme will concentrate operations in the nine stable states and few facilities located in the outskirts of Khartoum state. The programme will ensure early diagnosis, conduct mapping and re-distribution of the existing diagnostic technology (GeneXpert and TrueNat) and ensure the universal access to DST among the new and retreated patients in the stable states. Case finding will concentrate in IDP people as found in camps, refugees, miners, and prisoners. Targets: Minimal to no contribution is expected from the 5 Darfur states, 3 Kordofan states, and large parts of Khartoum. The reduction from conflict states will lead to sharp decline in 2024 targets to 46% and expected to rise and recover slowly to 50% and 54% in 2025 and 2026 respectively. Measurement and Reporting: Data for this indicator will be from the WHO Global TB Report. TB O-5 and TB O-5 - Other 2 form a TB equity pair. @Equity							

Coverage indicators and targets

CI Number	Coverage Indicator	Country and Scope of Targets	Baseline Value	Baseline Year and Source	Required Dissagregation	Include in GF Results	Cumulation Type	Reverse Indicator	01-Jan-2024 30-Jun-2024	01-Jul-2024 31-Dec-2024	01-Jan-2025 30-Jun-2025	01-Jul-2025 31-Dec-2025	01-Jan-2026 30-Jun-2026	01-Jul-2026 31-Dec-2026
Prevention package for men who have sex with men (MSM) and their sexual partners														
11	KP-1a Percentage of men who have sex with men reached with HIV prevention programs - defined package of services	Country: Sudan; Coverage: Geographic Subnational, less than 100% national program target	N: 30058 D: 52484 P: 57.27%	2022 FMOH Program Reports	Age	Yes	Non cumulative – other	No	N: 2459 D: 12294 P: 20.00%	N: 4918 D: 12294 P: 40.00%	N: 3153 D: 12611 P: 25.00%	N: 6306 D: 12611 P: 50.00%	N: 3859 D: 12863 P: 30.00%	N: 7718 D: 12863 P: 60.00%
	Comments													
	Baseline: In 2022, 57.27% (30,058/52,484) of MSM were reached with prevention services nationally (11 states prior to the start of the war) as reported from FMOH program records. Activities/GF contribution: The GF is the primary funder of HIV prevention activities in Sudan. The program has adopted a hybrid prevention strategy which is responsive to the emergency needs as guided by the Interagency Standing Committee guidelines, to deliver HIV prevention programs to reach key populations (KPs); MSM and FSWs in six of the stable states; Gazira, White Nile, Gadarif, Kassala, Red Sea and Blue Nile States. The six states are part of the eleven states targeted by these programs since 2012. The intervention is based on the PDI modality of reach to MSM, as well as the use ofwhere MSM peers educators to reach out to MSM to mobilize, createdeliver a defined package of services, including awareness, provide and information on HIV, condom promotion and distribution, information about existing HIV, viral hepatitis and STIs services, condom promotion and distribution, and referral of MSM to the PDI centers using referral cards. At the PDI sites,, thewhere MSM can receive a defined package of services, including testing for HIV, viral hepatitis and syphilis testing, and either treated for syphilis treatment, and or referralred to the hepatitis B vaccination /treatment services and , the ART centers or the viral hepatitis treatment centers according to the testing results. Minimal Prevention Package: In order for a person to be considered reached, the minimum package of services includes two information sessions, up to 72 condoms and 24 lubricants, and referral to HIV or STI testing services (either for syphilis or viral hepatitis) within the reporting period in question. Targets: The estimated total number of MSM in the five targeted states are 12,294, 12,611 and 12,863 in 2024, 2025 and 2026 respectively. The target is to reach 40%, 50% and 60% of the estimated MSM in 2024, 2025 and 2026 respectively. The denominator is calculated based on the estimated number of MSM in these states. Measurement and reporting: UIC system is not used, but the program can account for deduplication of individuals in the short-term, meaning within the reporting period. The denominator as stated for the period in question in the PF will be the denominator used to report against (estimated number of MSM in the 6 targeted states), while the numerator constitutes the output of the PDI outreach intervention. The data source for this indicator is FMOH records.													
Prevention package for sex workers, their clients and other sexual partners														
12	KP-1c Percentage of sex workers reached with HIV prevention programs - defined package of services	Country: Sudan; Coverage: Geographic Subnational, less than 100% national program target	N: 30886 D: 80380 P: 38.42%	2022 FMOH Program Reports	Age,Gender	Yes	Non cumulative – other	No	N: 4145 D: 20725 P: 20.00%	N: 8290 D: 20725 P: 40.00%	N: 5314 D: 21256 P: 25.00%	N: 10628 D: 21256 P: 50.00%	N: 6536 D: 21787 P: 30.00%	N: 13072 D: 21787 P: 60.00%
	Comments													

THE GLOBAL FUND

Coverage indicators and targets

CI Number	Coverage Indicator	Country and Scope of Targets	Baseline Value	Baseline Year and Source	Required Dissagregation	Include in GF Results	Cumulation Type	Reverse Indicator	01-Jan-2024 30-Jun-2024	01-Jul-2024 31-Dec-2024	01-Jan-2025 30-Jun-2025	01-Jul-2025 31-Dec-2025	01-Jan-2026 30-Jun-2026	01-Jul-2026 31-Dec-2026
12	Baseline: In 2022, 38.40% (30,886/80,380) of FSW were reached with prevention services nationally (11 targeted states prior to the start of the war) as reported from FMOH program records. Activities/GF contribution: The GF is the primary funder of HIV prevention activities in Sudan. The program has adopted a hybrid prevention strategy which is responsive to the emergency needs as guided by the Interagency Standing Committee guidelines, to deliver HIV prevention programs to reach key populations (KPs); MSM and FSWs in six of the stable states; Gazira, White Nile, Gadarif, Kassala, Red Sea and Blue Nile States. The six states are part of the eleven states targeted by these programs since 2012. The intervention is based on the PDI modality of reach to FSWs, where FSWs peers reach out to FSWs to deliver a defined package of services, including awareness and information on HIV, condom promotion and distribution, information about existing HIV, viral hepatitis and STIs services, and referral of FSWs to the PDI centers using referral cards, where KPs can receive HIV, viral hepatitis and syphilis testing and either treated for syphilis or referred to the hepatitis B vaccination services, the ART centers or the viral hepatitis treatment centers according to the testing results. Minimal Prevention Package: In order for a person to be considered reached, the minimum package of services includes two information sessions, up to 72 condoms and 24 lubricants, and referral to HIV or STI testing services (either for syphilis or viral hepatitis) within the reporting period in question. Targets: The total number of FSWs in the six targeted states are 20,725, 21,256 and 21,787 in 2024, 2025 and 2026 respectively. The denominator is calculated based on the estimated number of FSW in these states. The target is to reach 40%, 50% and 60% of the estimated FSWs in 2024, 2025 and 2026 respectively. Measurement and reporting: UIC system is not used, but the program can account for deduplication of individuals in the short-term, meaning within the reporting period. The denominator as stated for the period in question in the PF will be the denominator used to report against, while the numerator constitutes the output of the PDI outreach intervention. The data source for this indicator is FMOH records.													
Differentiated HIV Testing Services														
13	HTS-3a Percentage of MSM that have received an HIV test during the reporting period in KP-specific programs and know their results	Country: Sudan; Coverage: Geographic Subnational, less than 100% national program target	N: 28311 D: 52484 P: 53.94%	2022 FMOH Program Reports	Age	Yes	Non cumulative – other	No	N: 1967 D: 12294 P: 16.00%	N: 3934 D: 12294 P: 32.00%	N: 2522 D: 12611 P: 20.00%	N: 5045 D: 12611 P: 40.00%	N: 3087 D: 12863 P: 24.00%	N: 6174 D: 12863 P: 48.00%
	Comments Baseline: In 2022, 53.94% (28,311/52,484) of MSM were reached with HIV testing services in 11 states prior to the start of the war as reported from FMOH program records. Activities/GF contribution: The GF is the primary funder of HIV prevention activities in Sudan. The program has adopted a hybrid prevention strategy which is responsive to the emergency needs as guided by the Interagency Standing Committee guidelines, to deliver HIV prevention programs to reach key populations (KPs); MSM and FSWs in six of the stable states; Gazira, White Nile, Gadarif, Kassala, Red Sea and Blue Nile States. As part of the MSM PDI modality of outreach program, MSM will be referred using specific cards to the PDI sites for HIV testing and to receive other services. Those who will test positive for HIV will be actively referred to the ART centers to be enrolled onto ART. Targets: The proportions of MSM to receive HIV testing is calculated as 80% of the estimated MSM population to be reached with prevention activities under KP-1a. Measurement and reporting: UIC system is not used, but the program can account for deduplication of individuals in the short-term, meaning within the reporting period. The denominator as stated for the period in question in the PF will be the denominator used to report against, while the numerator constitutes the output of the PDI outreach intervention. The data source for this indicator is FMOH records.													
14	HTS-3c Percentage of sex workers that have received an HIV test during the reporting period in KP-specific programs and know their results	Country: Sudan; Coverage: Geographic Subnational, less than 100% national program target	N: 28463 D: 80380 P: 35.41%	2022 FMOH Program Reports	Gender,Age	Yes	Non cumulative – other	No	N: 3316 D: 20725 P: 16.00%	N: 6632 D: 20725 P: 32.00%	N: 4251 D: 21256 P: 20.00%	N: 8502 D: 21256 P: 40.00%	N: 5229 D: 21787 P: 24.00%	N: 10458 D: 21787 P: 48.00%
	Comments Baseline: In 2022, 35.41% (28,463/80,380) of FSM were reached with HIV testing services nationally (11 states prior to the start of the war) as reported from FMOH reported results. Activities/GF contribution: The GF is the primary funder of HIV prevention activities in Sudan. The program has adopted a hybrid prevention strategy which is responsive to the emergency needs as guided by the Interagency Standing Committee guidelines, to deliver HIV prevention programs to reach key populations (KPs); MSM and FSWs in six of the stable states; Gazira, White Nile, Gadarif, Kassala, Red Sea and Blue Nile States. As part of the FSW PDI modality of outreach program, FSW will be referred using specific cards to the PDI sites for HIV testing and to receive other services. Those who will test positive for HIV will be actively referred to the ART centers to be enrolled onto ART. Targets: The proportions of FSW to receive HIV testing is calculated as 80% of the estimated FSM population to be reached with prevention activities under KP-1c. Measurement and reporting: UIC system is not used, but the program can account for deduplication of individuals in the short-term, meaning within the reporting period. The denominator as stated for the period in question in the PF will be the denominator used to report against, while the numerator constitutes the output of the PDI outreach intervention. The data source for this indicator is FMOH records.													
Treatment, care and support														
10	TCS-1.1 Percentage of people on ART among all people living with HIV at the end of the reporting period	Country: Sudan; Coverage: Geographic Subnational, less than 100% national program target	N: 9741 D: 43268 P: 22.51%	2023 FMOH Program Reports	Gender	Yes	Non cumulative – other	No	N: 10002 D: 45495 P: 21.98%	N: 10263 D: 45495 P: 22.56%	N: 10986 D: 47971 P: 22.90%	N: 11710 D: 47971 P: 24.41%	N: 12984 D: 50743 P: 25.59%	N: 14259 D: 50743 P: 28.10%
	Comments Baseline: The baseline of the indicator is 22.51%. The numerator for the baseline is 9,741 and is the total number of PLHIV who were on ART by June 2023, after the eruption of the war. 73.3% of this number is currently receiving treatment in the nine stable states, while the remaining are still in the war-affected states. In Khartoum state, which has the largest ART population in the country, out of 4,800 patients on ART before the war, 3,123 (65%) are still taking their medicines; 1,290 of them are still in Khartoum and around 1,833 were displaced to the stable states and taking their medication there. Around 2,117 PLHIV across the country are currently considered lost to follow-up since the start of the conflict. The denominator for this baseline is based on the spectrum estimates for the total number of PLHIV in the country for 2023, as validated and released by UNAIDS HQ in May 2023. Activities/GF contribution: Considering the current situation, the focus of implementation of the full essential package of services in the GC7 fund is on the nine stable states, where there will be expansion of access to life saving anti-retroviral medicines to PLHIV, while in the war-affected states (Khartoum, the (3) Kordofan and the (5) Darfur States), the focus will be on implementing the “search and rescue” campaigns to return PLHIV who were lost to follow-up, back on anti retroviral treatment as well as facilitating and monitoring multi-month dispensing of ARVs to PLHIV on treatment working with community organizations. Additionally, the grant will cover measures to improve retention of PLHIV in care and treatment, decrease the attrition rate as well as monitor the quality of HIV care and treatment services at the ART centers. Targets: The target coverage of PLHIV on ART with support from GC7 funds are 22.56%, 24.41% and 28.10% of the estimated PLHIV population size in 2024, 2025, and 2026 respectively. Measurement and Reporting: The numerator will be PLHIV on treatment in both the stable states and unstable states. The spilt between PLHIV on treatment between the stable and unstable states will be reported in the comment box for the indicator in the PU/PUDR. The denominator (Estimated number of people living with HIV) reported against may change depending on the availability of new Spectrum estimate that is to be agreed with the CT. The source of data for this indicator will be DCD FMOH Program reports and the spectrum estimates. TCS-1.1. and TCS-1c form a HIV equity pair. @Equity													
17	TCS-8 Percentage of people living with HIV and on ART with viral load test result	Country: Sudan; Coverage: Geographic Subnational, less than 100% national program target	N: D: P: 7.00%	2022 FMOH Program Reports	Gender | Age,Age	Yes	Non cumulative – other	No	N: D: P: %	N: D: P: 14.00%	N: D: P: %	N: D: P: 20.00%	N: D: P: %	N: D: P: 40.00%

THE GLOBAL FUND

Coverage indicators and targets

CI Number	Coverage Indicator	Country and Scope of Targets	Baseline Value	Baseline Year and Source	Required Dissagregation	Include in GF Results	Cumulation Type	Reverse Indicator	01-Jan-2024 30-Jun-2024	01-Jul-2024 31-Dec-2024	01-Jan-2025 30-Jun-2025	01-Jul-2025 31-Dec-2025	01-Jan-2026 30-Jun-2026	01-Jul-2026 31-Dec-2026
17	**Comments**													
	Baseline: The baseline for this indicator by Dec 2022 as reported from FMOH program records was 7% (N: 803, D: 11,304). Activities/GF contribution: Implementation of this intervention will be focused on the nine stable states, while expecting the contribution of the unstable states.The measures planned in the GC7 fund request to improve VL testing for PLHIV on ART include (but not exhaustive): Establishment of taskforces of the national and state TB and HIV programs to monitor implementation of the TB/HIV collaborative activities, including the interchangeable use of the states' networks of rapid molecular assays for TB and VL testing; redistribution of (15) GX machines to conduct the VL testing for PLHIV on treatment at the high volume ART centers, and finally integrate monitoring of conduction of the VL testing for PLHIV on treatment as part of the mentoring/supportive supervision visits of clinical mentors to the ART centers. The grant will also support the procurement of HIV-related commodities. Targets: The program is targeting to increase VL testing for PLHIV on ART to 14%, 20% and 40% in 2024, 2025 and 2026 respectively. Measurement and Reporting: The denominator is the number of people on ART for at least six months while the numerator is the number of people who received a VL test in the reporting period in question. The data source for this indicator is FMOH program records.													
18	TCS-1c Percentage of children (under 15) on ART among all children living with HIV at the end of the reporting period	Country: Sudan; Coverage: Geographic Subnational, less than 100% national program target	N: 623 D: 5177 P: 12.03%	2022 FMOH Program Reports	Gender	No	Non cumulative – other	No	N: 636 D: 5289 P: 12.02%	N: 680 D: 5289 P: 12.86%	N: 722 D: 5537 P: 13.04%	N: 764 D: 5537 P: 13.80%	N: 837 D: 5886 P: 14.22%	N: 910 D: 5886 P: 15.46%
	Comments													
	Baseline: The baseline for this indicator by June 2023 Dec 2023 as reported from FMOH program records is 12.03% (N623, D:5,177). It was 12.6% (N: 654, D: 5,177). The numerator for the baseline is the total number of children below 15 years who were on ART, expressed as results achieved by the programme. The denominator is based on spectrum estimates for total number of PLHIV in the country for 2023, as validated and released by UNAIDS HQ in May 2023. Looking at the database; it has been shown that the 9 indirectly affected states already contribute to about 50% of the overall case load, but the program expects that efforts to track and re-enroll displaced patients to outside Khartoum and their capturing in the system will help minimize the gap. Activities/GF contribution: Considering the current situation, the focus of implementation of the full essential package of services in the GC7 fund is on the nine stable states, where there will be expansion of access to life saving anti-retroviral medicines to CLHIV, while in the war-affected states (Khartoum, the (3) Kordofan and the (5) Darfur States), the focus will be on continuation of services. for all PLHIV on treatment and facilitating and monitoring multi-month dispensing of ARVs to PLHIV on treatment placing on community organizations. Additionally, the grant will cover measures to improve early infant diagnosis and retention of children in care and treatment and decrease the attrition rate and monitor the quality of HIV care and treatment services at the ART centers. National program is aiming to ensure better tracking and adherence of patients, particulalry those that could not be linked back to care after the start of the war. On top, there is a recognized need to ensure more testing especially in hospital settings, and better linkage and at the sometime, ensuring buy-in of uptake of testing within hospital setting; this will help feeding this indicator with newly detected clients. Targets: The targe coverage of children living with HIV is set to be 12.8% 13.8% and 15% of the estimated CLHIV population in 2024, 2025, and 2026 respectively. Measurement and Reporting: The numerator will be CLHIV on treatment in both the stable states and unstable states. The spilt between CLHIV on treatment between the stable and unstable states will be reported in the comment box for the indicator in the PU/PUDR. The denominator reported against may change depending on the availability of new Spectrum estimate that is to be agreed with the CT. The source of data for this indicator will be DCD FMOH Program reports. TCS-1.1. and TCS-1c form a HIV equity pair. @Equity													
TB/HIV														
15	TB/HIV-3.1a Percentage of people living with HIV newly initiated on ART who were screened for TB	Country: Sudan; Coverage: Geographic Subnational, less than 100% national program target	N: 992 D: 992 P: 100.00%	2022 FMOH Program Reports	Gender,Age	Yes	Non cumulative	No	N: D: P: 100.00%	N: D: P: 100.00%	N: D: P: 100.00%	N: D: P: 100.00%	N: D: P: 100.00%	N: D: P: 100.00%
	Comments													
	Baseline: The baseline as reported in 2022 from FMOH program reports is 100% (992/992) and reflects the high level of commitment to do the assessment by HCP staff. Activities/GF contribution: The national programme will continue its efforts of continuously documenting the assessment and capturing the information in the routine reporting system. This will be done through the use of the HIV clinical mentors network available through the grant and on-job training done during the mentoring/ supervision missions. Targets: The programme will target 100% in 2024, 2025 and 2026 respectively. Measurement and Reporting: Coverage will be calculated from the nine stable states and as reported from FMOH program reports.													
16	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	Country: Sudan; Coverage: Geographic Subnational, less than 100% national program target	N: D: P: 5.00%	2023 FMOH Program Reports	Gender,TPT regimen,Age	Yes	Non cumulative – other	No	N: D: P: %	N: D: P: 5.54%	N: D: P: %	N: D: P: 10.54%	N: D: P: %	N: D: P: 18.00%
	Comments													
	Baseline: The baseline as reported in 2022 from FMOH program reports is 5% (N: 1,044, D: 9,741). The definition of this indicator has been revised under GC7. Previously the country reported the number of PLHIV current on ART who received TPT out of the total number new on ART, a baseline of 52% (N: 1,044, D: 2,024). Activities/GF contribution: In the GC7 fund request, the focus of implementation of this intervention is on the nine stable states but will consider contribution of the unstable states. Key activities supporting this intervention include (but not exhaustive): Monitoring adherence of care providers to administer TPT for eligible PLHIV through the mentoring/ supervision visits of the HIV clinical mentors to the ART centers; ensure sustainable availability of supplies at the ART centers and changing the TPT regiment from INH 300 mg to the shorter regimen 3HP, which is expected to further improve coverage of PLHIV with TPT. Targets: Considering the war situation in the country, the performance of the indicator is expected to be maintained as baseline in 2024 and then increases slowly in 2025 and 2026, and so the targets were set at 5.54%, 10% and 18% in 2024, 2025 and 2026 respectively. The targets include contributions from the non-stable states. Measurement and Reporting: The numerator for this indicator is the total number of people living with HIV currently enrolled on antiretroviral therapy who started TB preventive treatment (TPT) during the reporting specified period. While the denominator will be the total number of people living with HIV currently enrolled on antiretroviral therapy during the reporting period. The number of PLHIV that previously received TPT will be reported in the PU/PUDR comment box for this indicator. Additionally, results will include contributions from the non-stable states with the split between stable and non-stable states reported in the comment box of the PU/PUDR for this indicator. The data source for this indicator will be FMOH program reports.													
7	TB/HIV-6 Percentage of HIV-positive new and relapse TB patients on ART during TB treatment	Country: Sudan; Coverage: Geographic Subnational, less than 100% national program target	N: 53 D: 54 P: 98.15%	2022 FMOH Program Reports	Gender,Age	Yes	Non cumulative	No	N: 62 D: 63 P: 98.15%	N: 62 D: 63 P: 98.15%	N: 69 D: 70 P: 98.15%	N: 69 D: 70 P: 98.15%	N: 77 D: 77 P: 100.00%	N: 77 D: 77 P: 100.00%
	Comments													

Coverage indicators and targets

CI Number	Coverage Indicator	Country and Scope of Targets	Baseline Value	Baseline Year and Source	Required Dissagregation	Include in GF Results	Cumulation Type	Reverse Indicator	01-Jan-2024 30-Jun-2024	01-Jul-2024 31-Dec-2024	01-Jan-2025 30-Jun-2025	01-Jul-2025 31-Dec-2025	01-Jan-2026 30-Jun-2026	01-Jul-2026 31-Dec-2026
7	Baseline: In 2022, 53 of the 54, so 98%, of HIV positive new and relapsed TB patients started TB treatment while on ART as reported from DCD FMOH program records. Activities/GF contribution: In order to maintain high coverage despite the ongoing conflict, activities under the GC7 grant will focus on supporting active referrals between HIV-positive TB patients from the TB facilities to ART centers, the introduction of one-stop-shop approach for both TB and HIV services at both TB and HIV services, while additionally using clinical mentors to monitoring the quality of services across both. Targets: Proposed GC7 targets aim at maintaining the percentage of HIV-positive new and relapsed TB patients who were started on TB treatment so maintain the baseline of 98% for years 1 and 2 and then increase to 100% in year 3. Measurement and Reporting: The source of data for this indicator will be DCD FMOH Program reports. Assumption is that the HIV testing among TB patients will increase from 29% to 50% during the GC7 implementation period. The positivity yield of 1.9% is calculated based on the HIV testing among TB patients in 2022.													
RSSH: Monitoring and evaluation systems														
8	RSSH/PP M&E-1 Completeness of reporting: Percentage of expected monthly reports (for the reporting period) that are actually received	Country: Sudan; Coverage: Geographic Subnational, less than 100% national program target	N: 1487 D: 2370 P: 62.74%	2022 FMOH Program Reports	Provider type,Report type	No	Non cumulative	No	N: 1659 D: 2370 P: 70.00%	N: 1659 D: 2370 P: 70.00%	N: 1896 D: 2370 P: 80.00%	N: 1896 D: 2370 P: 80.00%	N: 2370 D: 2370 P: 100.00%	N: 2370 D: 2370 P: 100.00%
	Comments													
	Baseline: In 2022, and from FMOH program reports, the baseline is 62.7%. For HIV: 59% from all HIV facilities (1200/2018). After the eruption of the conflict, and from the nine stable states only, 498 out 828 (60%) reported in the period July-September 2023. For TB 68% (240/352) of TBMUs. Activities/GF contribution: Under GC7, HIV and TB programs' M&E Officers will have support for communication costs to ensure reports are complete and receive on time, the status of reporting will be a topic included in the points for discussion in bi-annual review meetings for the HIV program, and finally HIV and TB program coordinators and M&E officers will be trained on the DHIS2 aggregate reporting which should help in the management of tracking reporting. Targets: 70% - 80%-90% in Y1 -Y2 and Y3 respectively. Measurement and Reporting: The indicator will cover the 9 stable states. Reports from unstable states will be monitored when available, to guide program planning. The denominator for this indicator will be the number of HIV and TB facilities functioning during the reporting period which will be updated accordingly and therefore may change between period to period. The numerator for this indicator will be ART, VCT, STIs centers, and KPs prevention sites for HIV, while for TB they will be the TBMUs in hospitals and primary health care centers. The source of data for this indicator will be FMOH program reports													
9	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	Country: Sudan; Coverage: Geographic Subnational, less than 100% national program target	N: 1168 D: 1552 P: 75.26%	2022 FMOH Program Reports	Provider type,Report type	Yes	Non cumulative	No	N: 1009 D: 1552 P: 65.01%	N: 1009 D: 1552 P: 65.01%	N: 1164 D: 1552 P: 75.00%	N: 1164 D: 1552 P: 75.00%	N: 1319 D: 1552 P: 84.99%	N: 1319 D: 1552 P: 84.99%
	Comments													
	Baseline: In 2022, and from FMOH program reports, the baseline is 75.26% submitted their reports on time to the national program according to the national guidelines. For HIV: 73% from all HIV facilities (881/1200). After the eruption of the conflict, and from the nine stable states only, 270 out 828 (32%) reported in the period of July-September. While for TB: 81.5% (287/352) TBMUs reported on time. Activities/GF contribution: Under GC7, HIV and TB programs' M&E Officers will have support for communication costs to ensure reports are complete and receive on time, the status of reporting will be a topic included in the points for discussion in bi-annual review meetings for the HIV program, and finally HIV and TB program coordinators and M&E officers will be trained on the DHIS2 aggregate reporting which should help in the management of tracking reporting. Targets: 65% -75%-85% in Y1 -Y2 and Y3 Respectively Measurement and Reporting: The indicator will cover the 9 stable states. Reports from unstable states will be monitored when available, to guide program planning. The denominator for this indicator, the number of health facilities providing HIV and TB services, will be updated bi-annually due to the country context and therefore may change between period to period. The numerator for this indicator will be ART, VCT, STIs centers, and KPs prevention sites for HIV, while for TB they will be the TBMUs in hospitals and primary health care centers. The Programs will be reporting the timeliness of reporting through a parallel system, as the reporting system is not fully integrated in the electronic reporting DHIS2. The source of data for this indicator will be FMOH program reports.													
TB diagnosis, treatment and care														
1	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	Country: Sudan; Coverage: Geographic Subnational, less than 100% national program target	N: 19235 D: P: %	2022 FMOH Program Reports	HIV status,Gender,TB case definition,Age	Yes	Non cumulative	No	N: 6651 D: P: %	N: 6651 D: P: %	N: 7362 D: P: %	N: 7362 D: P: %	N: 8112 D: P: %	N: 8112 D: P: %
	Comments													
	Baseline: In 2022 19,235 TB cases were reported based on the FMOH/DCD TB program report. Activities/GF Contributions: The TB programme will concentrate operations in the nine stable states and few facilities located in the outskirts of Khartoum state. The programme will ensure early diagnosis, conduct mapping and re-distribution of the existing diagnostic technology (GeneXpert and TrueNat) and ensure the universal access to DST among the new and retreated patients in the stable states. Case finding will concentrate in IDP people as found in camps, refugees, miners, and prisoners. The grant will also support the procurement of TB commodities. Targets: Minimal to no contribution is expected from the 5 Darfur states, 3 Kordofan states, and large parts of Khartoum. Targets are set as 13,302, 14,725, and 16,224 in 2024, 2025, and 2026 respectively. Measurement and Reporting: Data for this indicator will be from the FMOH program reports.													
2	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	Country: Sudan; Coverage: Geographic Subnational, less than 100% national program target	N: 7525 D: 9091 P: 82.77%	2022 FMOH Program Reports	HIV status,Gender,Age	Yes	Non cumulative	No	N: 5320 D: 6651 P: 80.00%	N: 5320 D: 6651 P: 80.00%	N: 6111 D: 7362 P: 83.00%	N: 6111 D: 7362 P: 83.00%	N: 6976 D: 8112 P: 86.00%	N: 6976 D: 8112 P: 86.00%
	Comments													
	Baseline: The baseline is 82.7% based on FMOH program records. Activities/GF Contribution: During the GC7, the program will primarily concentrate efforts in the nine stable states and few facilities located in the outskirts of Khartoum state. Measures to achieve targets include engagement and official onboarding of HDP NGO in January 2023, will prepare the ground for synchronised community component in target states during GC7. It is expected that the role of HDP will positively contribute to treatment success targets through home visits to all bacteriologically confirmed cases, follow up of defaulters and absentees as well as tracing of contacts at community and linking them to services. The grant will also support the procurement of TB commodities. Targets: In consideration of the impact of the conflict on TB services, the TSR targets are set to 80% (10,641), 83% (12,222) and 86% (13,953) in 2024, 2025 and 2026. Measurement and Reporting: The denominator values will be the results for indictor TCP-1. Data for this indicator will be from the FMOH program reports.													

THE GLOBAL FUND

Coverage indicators and targets

CI Number	Coverage Indicator	Country and Scope of Targets	Baseline Value	Baseline Year and Source	Required Dissagregation	Include in GF Results	Cumulation Type	Reverse Indicator	01-Jan-2024 30-Jun-2024	01-Jul-2024 31-Dec-2024	01-Jan-2025 30-Jun-2025	01-Jul-2025 31-Dec-2025	01-Jan-2026 30-Jun-2026	01-Jul-2026 31-Dec-2026
3	TBDT-4 Percentage of new and relapse TB patients tested using WHO recommended rapid diagnostic tests at the time of diagnosis	Country: Sudan; Coverage: Geographic Subnational, less than 100% national program target	N: 3042 D: 9075 P: 33.52%	2022 FMOH Program Reports	Provider type	Yes	Non cumulative	No	N: 2538 D: 6651 P: 38.16%	N: 2538 D: 6651 P: 38.16%	N: 3153 D: 7362 P: 42.83%	N: 3153 D: 7362 P: 42.83%	N: 7745 D: 8112 P: 95.48%	N: 3872 D: 8112 P: 47.74%
	Comments													
	Baseline: The baseline is 33.52% (N:3,042, D: 9075) based on FMOH program reports in 2022. Activities/GF Contribution: Investments of the TB GC7 grant are aimed at expanding the diagnostic network in the nine stable states where 34 functional GeneXpert machines in addition to the 23 10-colour GeneXpert machines in the pipeline. While for TruNat, the country has only six installed and functioning machines in the stable states (kassala Gadarif PortSudan Kosti Sinja Madani (Installed in September 2022). Targets: The targets are set to 38% (5,076), 43% (6,306) and 47% (7,745) in 2024, 2025 and 2026. Measurement and Reporting: The numerator will be the number of new and relapse TB patients tested using WHO recommended rapid diagnostic tests at the time of diagnosis from GeneXpert and Truenat machines. The denominator will be made up of the number of patients notified with all forms of TB under (TBDT 1) and data for this indicator will come from the FMOH program reports. The program envisages that there is no risk of potential duplication from GeneXpert an TrueNat as the tools already provide the required disaggregation.													
Drug-resistant (DR)-TB diagnosis, treatment and care														
19	DRTB-2-Other: Number of women with confirmed RR-TB and/or MDR-TB notified	Country: Sudan; Coverage: Geographic Subnational, less than 100% national program target	N: 18 D: P: %	2022 FMOH Program Reports		No	Non cumulative	No	N: 17 D: P: %	N: 17 D: P: %	N: 22 D: P: %	N: 22 D: P: %	N: 33 D: P: %	N: 33 D: P: %
	Comments													
	Baseline: The baseline number of women notified with RR-TB and/or MDR-TB in 2022 was 18 out of 65 (28%) in semester 2 of 2022 as reported in FMOH program reports. Activities/GF Contribution: Investments of the TB GC7 fund are aimed at increasing TB case finding and notification in the stable states and a few facilities located in the outskirts of Khartoum state. The programme will conduct assessment on gender and human rights barrier to access to HIV and TB services and accordingly will ensure early diagnosis, treatment and care for TB and ensure universal access to DST among the new and retreated patients in the stable states. Case finding will concentrate in IDP people as found in camps, refugees, miners, and prisoners. Targets: DR TB targets among women are set as 114, 147, 197 in 2024, 2025 and 2026 respectively. Women MDR TB notification targets are set at 30% in Year 1 and year 2 and 33% in Y3 translating to 34, 44, and 66 in 2024, 2025 and 2026 respectively. Measurement and Reporting: The data source for this indicator will be FMOH program reports. @Gender													
4	DRTB-2 Number of people with confirmed RR-TB and/or MDR-TB notified	Country: Sudan; Coverage: Geographic Subnational, less than 100% national program target	N: 135 D: P: %	2022 FMOH Program Reports	HIV status,Gender,Age	Yes	Non cumulative	No	N: 57 D: P: %	N: 57 D: P: %	N: 74 D: P: %	N: 74 D: P: %	N: 99 D: P: %	N: 99 D: P: %
	Comments													
	Baseline: The baseline notified number of TB cases with RR-TB and/or MDR-TB in 2022 was 135 as reported in FMOH program reports. Activities/GF Contribution: Investments of the TB GC7 fund are aimed at increasing TB case finding and notification in the stable states and a few facilities located in the outskirts of Khartoum state. The programme will ensure early diagnosis, conduct mapping and re-distribution of the existing diagnostic technology (GeneXpert and TrueNat) and ensure universal access to DST among the new and retreated patients in the stable states. Case finding will concentrate in IDP people as found in camps, refugees, miners, and prisoners. Targets: In the previous years, the targets of DR-TB case notification used to be calculated from all notified TB cases, and according to the TB program review consultants, these targets are unrealistically ambitious and unachievable, because the denominator is including TB cases that were not tested for RR. Based on advice of the consultants, the targets of DR-TB case notification in the GC7 fund request were calculated from the numbers of the bacteriologically confirmed new and re-treatment TB cases planned to be tested for RR, using the percentages of RR and MDR TB cases in the 2015 TB drug resistance survey. And, additionally, in consideration of the impact of the war on TB services, targets are set to 114, 147, 197 in 2024, 2025 and 2026 respectively. Measurement and Reporting: The source of data for this indicator will be FMOH program reports. The program envisages that there is no risk of potential duplication from GeneXpert an TrueNat as the tools already provide the required disaggregation.													
5	DRTB-3 Percentage of people with confirmed RR-TB and/or MDR-TB that began second-line treatment	Country: Sudan; Coverage: Geographic Subnational, less than 100% national program target	N: 135 D: P: %	2022 FMOH Program Reports	Treatment regimen,Gender,Age	Yes	Non cumulative	No	N: 57 D: 57 P: 100.00%	N: 57 D: 57 P: 100.00%	N: 74 D: 74 P: 100.00%	N: 74 D: 74 P: 100.00%	N: 99 D: 99 P: 100.00%	N: 99 D: 99 P: 100.00%
	Comments													
	Baseline: The baseline number of TB cases with RR-TB and/or MDR-TB that began second-line treatment in 2022 was 135, therefore 100% of notified cases began treatment. Baseline figure sourced from FMOH program reports. Activities/GF contribution: Investments of the TB GC7 fund are aimed at increasing and retaining those on second-line treatment. Specifically, but not exhaustive, the expansion of two additional DR-TB treatment units in Gazira state due to the high case load and large geographical area, introduce a 6-month BPaL/BPaLM regimen for DR-TB, use reminders for follow-up treatment and care appointments for DR-TB patients and finally continuation and consolidation of the DR-TB treatment adherence support system. The grant will also support the procurement of TB commodities. Targets: The GC7 targets are set at maintaining the baseline, treating 100% of notified RR-TB and/or MDR-TB patients translating to 114,148, 198 cases in 2024, 2025 and 2026 respectively. Measurement and Reporting: The source of data for this indicator will be FMOH program reports. The program envisages that there is no risk of potential duplication from GeneXpert an TrueNat as the tools already provide the required disaggregation.													
TB/DR-TB Prevention														
6	TBP-1 Number of people in contact with TB patients who began preventive therapy	Country: Sudan; Coverage: Geographic Subnational, less than 100% national program target	N: D: P: %		HIV status,Provider type,Age,TPT regimen	Yes	Non cumulative	No	N: D: P: %	N: D: P: %	N: D: P: % TBD	N: D: P: % TBD	N: D: P: % TBD	N: D: P: % TBD
	Comments													

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Coverage indicators and targets

CI Number	Coverage Indicator	Country and Scope of Targets	Baseline Value	Baseline Year and Source	Required Disaggregation	Include in GF Results	Cumulation Type	Reverse Indicator	01-Jan-2024 30-Jun-2024	01-Jul-2024 31-Dec-2024	01-Jan-2025 30-Jun-2025	01-Jul-2025 31-Dec-2025	01-Jan-2026 30-Jun-2026	01-Jul-2026 31-Dec-2026
6	Baseline: Not available. This is a new intervention being added under the GC7 grant. In spite of contact tracing was implemented through IDP the TB contacts did not receive preventive therapy. TPT will be implemented in 2024. Activities/GF contribution: HDP, sub-recipient is engaged in tracing contacts at community level, among other community intervention activities such as follow-up of absentees and defaulters. At facility level, TPT Registers have been developed and printed in 2022 but lost in Khartoum. Outstanding issues include re-printing, states orientation and site level training A plan to operationalize and report the intervention has been drafted and will be followed. Commodities have been provided under the GC7. Targets: The program expects to finalise preparations for reporting on this indicator and establish a baseline and by the end of 2024, therefore this indicator will be reported starting from January 2025. The actual results of contact tracing at community level reported as Number and distribution of contacts of TB patients traced and referred to health facilities/TBMUs for diagnosis and treatment (2023 estimated data at 1650). Among them, the program estimates 50% will be eligible to receive TPT. The anticipated needs are estimated to be 1708 in 2025 and 3060 in 2026. Targets will be set at the end of first year of grant implementation. Measurement and Reporting: The source of data for this indicator will be FMOH program reports.													

Workplan Tracking Measures

Intervention	Key Activity	Milestones	Criteria for Completion	Country	
Comments					

THE GLOBAL FUND

Summary Budget

Country	Sudan
Grant Name	SDN-C-UNDP
Implementation Period	01-Jan-2024 - 31-Dec-2026
Principal Recipient	United Nations Development Programme

By Module	Total Y1 - 2024	Total Y2 - 2025	Total Y3 - 2026	Grand Total	% of Grand Total
Collaboration with other providers and sectors	**$3,508**			**$3,508**	**0.0 %**
Differentiated HIV Testing Services	**$187,557**	**$538,955**	**$623,396**	**$1,349,908**	**4.1 %**
Drug-resistant (DR)-TB diagnosis, treatment and care	**$723,995**	**$504,591**	**$329,925**	**$1,558,510**	**4.7 %**
Elimination of vertical transmission of HIV, syphilis and hepatitis B	**$81,450**	**$267,426**	**$356,291**	**$705,167**	**2.1 %**
Key and vulnerable populations (KVP) – TB/DR-TB	**$141,083**	**$100,949**	**$89,626**	**$331,657**	**1.0 %**
Prevention package for men who have sex with men (MSM) and their sexual partners	**$242,806**	**$157,225**	**$179,336**	**$579,367**	**1.7 %**
Prevention package for other vulnerable populations (OVP)	**$146,787**	**$183,535**	**$220,701**	**$551,024**	**1.7 %**
Prevention package for people in prisons and other closed settings	**$15,294**	**$34,615**	**$46,199**	**$96,108**	**0.3 %**
Prevention package for sex workers, their clients and other sexual partners	**$176,218**	**$202,482**	**$213,701**	**$592,400**	**1.8 %**
Program management	**$4,125,360**	**$3,937,142**	**$3,841,781**	**$11,904,282**	**35.9 %**
Reducing human rights-related barriers to HIV/TB services	**$28,016**	**$108,441**	**$18,277**	**$154,733**	**0.5 %**
Removing human rights and gender related barriers to TB services	**$1,125**			**$1,125**	**0.0 %**
RSSH: Health products management systems	**$996,262**			**$996,262**	**3.0 %**
RSSH: Monitoring and evaluation systems	**$268,386**	**$202,223**	**$25,000**	**$495,608**	**1.5 %**
TB diagnosis, treatment and care	**$3,073,606**	**$1,715,693**	**$1,797,266**	**$6,586,565**	**19.9 %**
TB/DR-TB Prevention	**$62,181**	**$35,746**	**$48,112**	**$146,039**	**0.4 %**
TB/HIV	**$31,801**	**$74,677**	**$91,684**	**$198,162**	**0.6 %**
Treatment, care and support	**$1,550,680**	**$2,612,616**	**$2,709,946**	**$6,873,242**	**20.8 %**
Grand Total	**$11,856,115**	**$10,676,313**	**$10,591,240**	**$33,123,668**	**100.0 %**

By Cost Grouping	Total Y1 - 2024	Total Y2 - 2025	Total Y3 - 2026	Grand Total	% of Grand Total
1.Human Resources (HR)	**$2,726,274**	**$2,759,874**	**$2,769,474**	**$8,255,622**	**24.9 %**
2.Travel related costs (TRC)	**$1,224,692**	**$682,566**	**$261,125**	**$2,168,383**	**6.5 %**
3.External Professional services (EPS)	**$360,131**	**$166,872**	**$149,749**	**$676,752**	**2.0 %**
4.Health Products - Pharmaceutical Products (HPPP)	**$775,974**	**$1,373,325**	**$1,440,192**	**$3,589,492**	**10.8 %**
5.Health Products - Non-Pharmaceuticals (HPNP)	**$407,365**	**$1,170,201**	**$1,532,021**	**$3,109,588**	**9.4 %**
6.Health Products - Equipment (HPE)	**$1,094,753**	**$303,623**	**$289,617**	**$1,687,993**	**5.1 %**
7.Procurement and Supply-Chain Management costs (PSM)	**$2,129,477**	**$2,655,187**	**$2,750,239**	**$7,534,903**	**22.7 %**
8.Infrastructure (INF)	**$304,587**			**$304,587**	**0.9 %**
9.Non-health equipment (NHP)	**$986,262**			**$986,262**	**3.0 %**
10.Communication Material and Publications (CMP)	**$152,066**	**$837**	**$981**	**$153,884**	**0.5 %**
11.Indirect and Overhead Costs	**$1,504,091**	**$1,347,134**	**$1,254,066**	**$4,105,291**	**12.4 %**

THE GLOBAL FUND

By Cost Grouping	Total Y1 - 2024	Total Y2 - 2025	Total Y3 - 2026	Grand Total	% of Grand Total
12.Living support to client/ target population (LSCTP)	$102,582	$125,112	$74,036	$301,730	0.9 %
13.Payment for Results	$87,860	$91,580	$69,740	$249,181	0.8 %
GrandTotal	**$11,856,115**	**$10,676,313**	**$10,591,240**	**$33,123,668**	**100.0 %**

By Recipients	Total Y1 - 2024	Total Y2 - 2025	Total Y3 - 2026	Grand Total	% of Grand Total
PR	**$9,405,337**	**$8,899,698**	**$9,384,607**	**$27,689,643**	**83.6 %**
United Nations Development Programme	$9,405,337	$8,899,698	$9,384,607	$27,689,643	83.6 %
SR	**$2,450,777**	**$1,776,614**	**$1,206,634**	**$5,434,025**	**16.4 %**
Association of Public Health Research (Epi Lab)	$108,566	$119,850	$44,910	$273,326	0.8 %
Federal Ministry of Health (SNAP)	$827,531	$915,896	$501,321	$2,244,748	6.8 %
Federal Ministry of Health (SNTP)	$772,385	$191,637	$213,930	$1,177,953	3.6 %
Health Development Program (HDP)	$104,249			$104,249	0.3 %
United Nations Population Fund (UNFPA)	$223,912	$223,912	$223,912	$671,737	2.0 %
World Health Organization (WHO)	$414,133	$325,319	$222,560	$962,012	2.9 %
Grand Total	**$11,856,115**	**$10,676,313**	**$10,591,240**	**$33,123,668**	**100.0 %**

Source Of Funding	Total Y1 - 2024	Total Y2 - 2025	Total Y3 - 2026	Grand Total	% of Grand Total
Approved Funding	$11,856,115	$10,676,313	$10,591,240	$33,123,668	100.0 %
GrandTotal	**$11,856,115**	**$10,676,313**	**$10,591,240**	**$33,123,668**	**100.0 %**