UNITED NATIONS DEVELOPMENT PROGRAMME

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PROJECT DOCUMENT

[Republic of South Sudan – SSD-T-UNDP]

Project Title: Expanding and Enhancing Quality TB Prevention, Care and Control Services in South Sudan
Project Number: 00107108
Implementing Partner: United Nations Development Programme
Start Date: 1 January 2018 **End Date:** 31 December 2020 **LPAC Meeting date:** 29 January 2018

Brief Description
South Sudan is classified as a low-income country which is emerging from two long-standing civil conflicts which have resulted in massive loss of life, displacement and destruction of the limited existing infrastructure and social fabric. The political and security situation remains extremely fragile and selected states are still experiencing outbreaks of violence and are under anti-government control. A significant proportion of the general population of South Sudan has almost no access to health services, with an estimated 44% of the population living within a 5 kilometer radius from a functional health facility. Within the existing health facilities' network, 80% of all care services are provided by non-governmental organizations (NGOs). Tuberculosis (TB) is a major public health problem in South Sudan. The World Health Organization (WHO) Global TB Report 2016 report estimates that the TB incidence rate (including TB/HIV coinfected) was 146 (95 - 209) per 100,000 population in 2015 and the TB mortality rate (excluding TB/HIV Coinfected) was 28 (17-42) per 100,000 population in 2015. TB treatment coverage in 2015 was 54% indicating a gap of about 36% of undiagnosed cases. The TB grant/project will contribute to the goal set by the South Sudan National TB Program policy to control TB to reduce the national TB Prevalence by 30% from 257/100,000 to 180/100,000 (based on the WHO estimates in 2012) by 2020. The grant will be implemented during the three-year period 2018 – 2020. The grant will focus on TB Care and Prevention, improving Improve TB case detection and diagnosis, TB/HIV collaborative activities, strengthening MDT TB case management and strengthening national TB management capacity. The objectives of the grant are: 1) to increase the number of TB cases notified to 16,678 by 2018, to 13,946 by 2019 and to 15,340 by 2020; 2) increase treatment success rate from to 85% by 2020 3) improve case detection and treatment of MDR TB patients 4) improve ART coverage among TB/HIV co-infected patients and 5) to improve and reinforce the technical and managerial capacities of the national program.

Country Programme Document (CPD) outcome: Relevant CPD: Outcome 5: More Resilient Communities

CPD Output: Relevant CPD Output: Vulnerable populations groups have access to TB, HIV and AIDS prevention, care, treatment:

Project outputs:

1. TB treatment, care and prevention;
2. HIV/TB Collaboration;
3. Programmatic Management of Drug Resistant TB (MDR-TB);
4. RSSH: Health Management Information System and M&E;
5. Programme management

Total resources required:	**9,000,000**	
Total resources allocated:		
	UNDP TRAC:	
	Donor:	**9,000,000**
	Government:	
	In-Kind:	
Unfunded:		

Agreed by:

Government	UNDP
Print Name: Hon. Salvatore Garang Mabiordit	Print Name: Dr. Kamil Kamaluddeen
Date:	Date: 23 May 2018

I. DEVELOPMENT CHALLENGE

The Republic of South Sudan(RSS) became an independent nation state on 9th July 2011 following a peaceful secession from the Sudan through a referendum in January 2011. It is a land-locked country that is bordered by Ethiopia to the North East, Kenya to the East, Uganda to the South, the Democratic Republic of Congo to the South-West, the Central African Republic to the West, and Sudan to the North. The country covers a geographical surface area of 645,000 square kilometres with an estimated population of 12.4 million people (Annual population growth rate of 3.5%). The White Nile, which flows out of Central Africa, is the major geographic feature of the country. It supports agriculture and extensive wild animal populations. Administratively, the country is divided into 33 states (from 10 former states) and one administrative area in Abyei. Each state is further divided into Counties, Payams and Bomas. The Boma is the smallest administrative unit in the country.

In 2013 and 2016, the country experienced violent conflicts which resulted in resulted in massive loss of life, displacement of people, destruction of the limited existing infrastructure and breakdown of families and communities. Currently, the conflict is on-going in selected areas of the country and there is generally widespread insecurity across the country. The country is oil dependent; with oil revenues accounting for more than 90% of Gross Domestic Product (GDP). Economic conditions have deteriorated since 2012 following the shut-down of oil production and the introduction of austerity measures. As a result, the Government's budget allocation to the health sector dropped from 8% in 2006 to close to 4% in 2016. The country's health sector continues to face many challenges such as limited access to TB diagnostic and treatment services; a low treatment success rate reported at 80% in 2016, inadequate implementation of collaborative TB/HIV activities with low antiretroviral therapy (ART) uptake among TB/HIV coinfected patients (68%); and limited capacity for programmatic management of drug resistant tuberculosis. Furthermore, there is a critical shortage of human resources for health and inadequate physical infrastructure.

Tuberculosis (TB) is considered as a serious public health challenge in the country. The World Health Organization (WHO) Global TB Report 2016 report estimates that the TB incidence rate (including TB/HIV coinfected) was 146 (95 - 209) per 100,000 population in 2015 and the TB mortality rate (excluding TB/HIV Coinfected) was 28 (17-42) per 100,000 population in 2015. However, routine surveillance data shows increasing case notifications have been increasing from 10,320 in 2015 to 10,478 in 2016 and expected to reach 11,526 at the end of 2017. To respond to this threat of TB the Ministry of Health of the Republic of South Sudan established TB control activities within the National TB, Leprosy, and Buruli Control Program (NTLBP).

A national strategic plan was developed to guide TB control activities during 2012–2016. During implementation of this strategic plan, there was a significant expansion in TB related services - the number of TB diagnostic facilities increased from 65 in 2012 to 87 in 2017, TB case notification for new and relapsed cases increased to 10,478 in 2016 from 4,414 in 2008. The coverage of external quality assurance (EQA) activities also increased under the period under review. Following a review of program performance in 2013, a new strategic plan for TB was developed for the period 2015-2019. This updated plan seeks to improve program performance and address the challenges faced during implementation of the previous plan. It also included the use of new interventions and diagnostic technologies which were recently introduced globally such as the GeneXpert machines. The objectives of the NSP of 2015-2019, which is aligned with the Health Sector Development Plan of the Ministry of Health (MOH), are to:

Increase the number of notified TB cases to at least 24,000 in 2019.

- Increase the treatment success rate of bacteriologically confirmed TB cases from 72% in 2012 to at least 85% by 2017.
- Achieve a treatment success rate of at least 75% among enrolled MDR-TB patients by 2019.
- Reduce the death rate during treatment among TB/HIV co-infected patients from 11% to less than 5% by 2017.

- Strengthen the overall NTP program management capacity to achieve at least 80% of its targets.

II. STRATEGY (1/2 PAGE - 3 PAGES RECOMMENDED)

Interventions under this project are focused on strengthening the capacity of the National TB, Leprosy, and Buruli Control Program (NTLBP) in the Ministry of health to deliver TB services and provide basic social services to the most vulnerable groups, particularly those affected by TB, HIV and AIDS pandemic. The CPAP considers the strong linkages between poverty, TB, HIV and AIDS and gender and supports the Ministry of Health in prioritizing most important areas of interventions.

To build more resilient communities, the grant activities will be tailored towards reducing the spread of TB infection, improving the quality of life of those infected through treatment, and mitigate the impact of TB by improving access to and utilization of preventive and curative health services, and sustaining the availability of essential drugs and commodities in health facilities throughout the country. In order to optimize service delivery in the current operating context, UNDP has partnered with NGOs, humanitarian agencies and PEPFAR partners to provide services in areas across the country and in places such as refugee camps, IDP Camps and PoCs. Providing services to displaced populations is crucial in reducing mortality and morbidity to this vulnerable population.

Community and family level support is critical in fostering positive health seeking behaviours and enhancing positive treatment outcomes. High levels of stigma and discrimination which negatively influenced health seeking behaviour and retention in care is prevalent in the country. This issue will be addressed through education and support to patients and their family implemented by the support of Home Health Promoters (HHPs) of the Boma Health Teams. Additionally, lack of awareness on TB issues, advocacy and social mobilization will be addressed by this grant through support to this community cadre of health workers.

Through this grant, support will go towards capacity building of health care workers through training, on-site mentorship and the provision of equipment to enhance the quality of service delivery and ultimately improve health outcomes.

This grant will be implemented in partnership with the following Sub-Recipients (SRs): MoH through the National TB, Leprosy, and Buruli Ulcer Control Programme (NTLBP), Arkangelo Ali Association (AAA), and Catholic Organization for Relief and Development Aid (CORDAID).

National TB, Leprosy, and Buruli Ulcer Control Programme (NTLBP) is the government department under the Directorate of Preventive Health Services within the Ministry of Health. It has been an SR for the TB grant in the country since 2011. The Programme will undertake direct service delivery in facilities not supported by partners, provide policy direction and oversight and Monitoring and Evaluation. As a government entity the MoH will receive support for human resource costs for key staff to enable the institution to undertake its mandate.

Arkangelo Ali Association (AAA), a faith-based organization, is one of the SRs of the grant. It is contributing towards the overall goal of reducing mortality and morbidity due to TB by supporting 46 TB management units (TB diagnostic and treatment centres included) to provide comprehensive TB care through rehabilitation of needy laboratories, training of laboratory technicians and assistants, outreach campaign to sensitize the community on TB and carry out diagnostic services as well as ensuring that sufficient drugs and other commodities are available in facilities. It is noteworthy that sites of implementing partners are distributed across the country and there is no overlap. Evaluation of the performance (both internal and external) of the partner has shown that it is significantly contributing to the national TB control initiatives.

Catholic Organization for Relief and Development Aid (CORDAID) is an NGO established in The Hague Netherlands with the mandate to work as a Charity organization that will assist people in need and contribute towards the building of flourishing communities and with a specific focus on fragile countries and contexts all over the world. Under this grant, Cordaid is contributing towards the overall goal of

reducing mortality and morbidity due to TB by supporting 34 TB management units (TB diagnostic and treatment centres included) with plans of expanding to more centres during the project life so as to provide comprehensive TB services, conduct outreach campaign to sensitize the community on TB and carry out diagnostic as well as ensuring that drugs and other commodities are available facilities.

III. RESULTS AND PARTNERSHIPS

The following key activities will be implemented to address the challenges that have been identified:

- Ensuring treatment services are provided through the procurement and distribution of anti-TB drugs and training of health care workers. This will include implementation of differentiated approaches to TB care, prevention and treatment tailored to the country context targeting vulnerable populations namely; the Prisoners/Incarcerated population, the IDPs in POC sites and surrounding communities.
- Expand service provision through training of staff to be deployed to new TB sites
- Improving case detection and notification through training of laboratory staff, procurement of laboratory equipment, reagents and related supplies. Innovative approaches will also be implemented for intensified case finding within health facility settings and active case finding through the community based outreach strategies supported with the necessary referrals and follow-up.
- Improving retention and treatment outcomes of MDR TB patients through provision of a cash incentive to patients and provision of adherence support through the HHPs
- Integration of TB and HIV services at facility level
- Improve monitoring of the quality of service at state level through provision of incentives to State TB Coordinators
- Strengthening the national health systems through support data review meetings, development of policy documents, expanding the use of the electronic TB Register, on-site monitoring and supervision and conducting operations research.

The project will work towards improving the health outcomes and improving health service delivery capacity of the Ministry of Health. During the implementation of this project, the following are the expected results:

- Number of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses are expected to increase to 15,340 by end of 2020 with the Case Notification Rate increasing from 97 in 2018 to 109 in 2020
- The Treatment Success Rate is expected to reach 85% by the end of the grant.
- The coverage of ART among TB/HIV patients in expected to increase from 85% from 2018 to 95% in 2020
- The number of MDR/RR-TB Cases notified and put on treatment is planned to increase from 70 in 2018 to 220 in 2020
- During the implementation of this project, it is expected that 90% of the operational health facilities will submit their quarterly service delivery reports on time
- Improved competence of health workers to provide services through training and on-site supervision.

Resources Required to Achieve the Expected Results:

The 2015 – 2019 National Strategic Plan for the year estimated the require resources to be approximately US $ 57,536,730. The estimated annual budget for 2018 is $ 14,084,544.84 and $ 12,478,934.30 for 2019.

This need is higher than the estimated funding from both domestic and external sources which stand. The Global fund through the TB Grant will contribute $3,652,117 in 2018, $ 3,125,161 in 2019 and $ 2,222,722 in 2020. This is a total of $9,000,000 for the duration of the project. These funds include support to the following key areas: i) TB care and prevention ii) Improving TB/HIV Collaboration iii) Improving MDT-TB Management iii) Improving the Health management information systems and M&E and iv) Program Management (including UNDP Human Resources costs).

UNDP has recruited project staff who are responsible for the implementation of the grant. In addition, support is also provided by the Headquarters through the Health Partnership Team based in Geneva and New York.

Partnerships:

Key stakeholders for this project include the Government of South Sudan through the Ministry of Health/National TB, Leprosy, and Buruli Control Program (NTLBP) who provide oversight, policy formulation, Monitoring and Evaluation for the disease program; the two NGO implementing partners AAA and Cordaid; WHO who are responsible for providing technical support to the Ministry of Health; HPF and PEPFAR partners collaborate in service delivery at site level. AMREF is a technical partner to the Ministry of Health but will also be engaged as a service provider to strengthen HIV and TB Sample Transportation.

Risks and Assumptions:

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

i. Disruption of services due to worsening of the on-going conflict: Insecurity negatively affects distribution of key drugs and commodities and also results in displacement of populations and health care workers.

ii. High cost of providing Services due to deterioration in the macroeconomic environment: The major implication is the exchange rate misalignment that would impact on service delivery. There is a risk that the resulting high cost would lead to key players in the sector scaling down implementation and adopting a more focused approach to implementation. In addition, this scenario is likely to lead to an even further reduction in the government support to the health sector leading to further losses of health care workers, deterioration of health facilities and overall weaken government service-delivery capacity.

iii. Loss of health sector assets due to theft and looting: There has been a loss of assets such as vehicles, infrastructure, equipment and health commodities due to theft and looting. The ongoing conflict continues to pose a risk to the security of key health sector assets.

iv. Suboptimal programming (not achieving targets/impact) because of rapid changes in operating environment mostly due to

   a. Migration of intended beneficiaries outside South Sudan where they cannot access services through current grants / changes in beneficiary needs and locations
   b. Limited access of implementers and partners to key areas due to insecurity
   c. Implementation of activities delayed or postponed or cancelled
   d. Insecurity undermines scale up plans to increase coverage

v. Inadequate M&E and Low Data Quality for informed and evidence-based programming. Data is key for planning, review and evaluation of program performance. However, there is risk that important data will continue to be unavailable as some important activities such as surveys, routine reporting and operations research will not be undertaken due to security concerns.

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

Stakeholder Engagement:

There are several strategies that will be used to engage the various stakeholders. These are outlined below.

- The CCM are national committees in each country that submit funding applications to the Global Fund on behalf of the entire country. They include representatives of all sectors involved in the response to the diseases: multilateral or bilateral agencies, nongovernmental organizations, academic institutions, faith-based organizations, the private sector and – especially – people living with the diseases. They are a key element of the Global Fund partnership. During the implementation of the grant the role of the CCM is to
    - Oversee the implementation of the approved grant
    - Approve any reprogramming requests that UNDP will propose
    - Ensures linkages and consistency between Global Fund grants and other national health and development programs in South Sudan

  The CCM holds regular meetings at which the PRs are asked to present their updates on grant implementation and the CCM members provide their feedback.

- The direct beneficiaries of the project who are the TB patients are the key stakeholders. Other beneficiaries include their families and their host communities who are supposed to provide adherence support to patients during treatment. Through the Treatment Support Groups and Home Health Promoters, these stakeholders will be engaged throughout the implementation of this project. The Country Coordinating Mechanism (CCM) is also another avenue that will be used to engage the direct beneficiaries through the Civil Society Constituency who are members of the CCM.

- The TB Technical Working Group (TWG) chaired by the National TB Program is another platform that will be used to engage stakeholders. The TWG meets every month and its membership include international organizations, donors, and non-governmental and governmental organizations. Currently members include AAA, Cordaid, AMREF, WHO, MSH, WFP, National TB Reference Lab and USG funded partners. Furthermore, the project will engage other stakeholders which will includes the Health Pooled Fund (HPF) led by the UK Department for International Development in collaboration with the US Agency for International Development (USAID), Canada, Sweden and the EU; and the Rapid Results Health Project support through the World Bank (WB), which is financing primary healthcare services across the 34 states of South Sudan.

With the revision of the South Sudan Health Policy - 2016-2026, all partners are to roll out comprehensive and integrated services including TB services. The National TB Control Program intends to pursue this new policy directive so as to leverage resources for TB control in the country.

Knowledge:

Knowledge products that will be produced include the MDR TB Treatment Manual and Record & Reporting Tools for Childhood TB. The Global Fund Annual Report will be produced in 2019 and 2020 and will be distributed to all stakeholders. In the last of implementation – 2020, a Program Review will be conducted to review the performance of the program against key indicators.

Sustainability and Scaling Up:

The TB treatment coverage in 2015 was 54% indicating a gap of about 36% of undiagnosed cases. Although the coverage of number of health facilities providing TB services has increased it is still below the optimal level. However, the implementation of innovative methods for active case finding including the provision of mobile laboratory services to sites that have a high risk of TB such as prisons, military and cattle camps has resulted in increased number of cases being notified. The success of the mobile lab

services is demonstrated by Arkangelo Ali Association (AAA) where a total of 3,693 TB cases were detected and put on treatment in 2016; 323 TB cases (9%) were detected among IDPs in POCs in Mingkaman site, 114 (3%) TB cases were detected in the military barracks and prisons, 126 (3%) TB cases were detected in cattle camps, and 91 (2%) cases TB cases were detected through systematic screening of TB contacts. The 2018-2020 Concept Note will build on the gains made during the 2015-2017 NFM grant and expansion diagnostic services through the training of staff and procurement of equipment and laboratory consumables.

Differentiated integration of TB services into primary health care: During the 2018-2020 implementation period the plan is to expand TB services to 35 facilities – 15 in 2018; 15 in 2019 and 10 in 2020. Expansion will be prioritized in six of the former ten states in the country - (Upper Nile, Jonglei, Warrap, Unity, Lakes and Eastern Equatoria). This recommendation was reinforced by the need to scale up services in: i) States with the least case notification; ii) large population living in counties with no TB services; iii) presence of a large number of displaced populations; iv) critical food shortage; and v) others prioritized for HIV/TB collaboration. TB/HIV services were successfully integrated into a large PoC camp in Unity state and a large IDP camp in Lakes state. This approach of integrated service delivery is aimed at ensuring that there is sustainability and cost sharing among the various health services.

South Sudan has developed a Community Health Strategy named the Boma Health Initiative (BHI) that was launched in April 2017 and all actors in the health sector are encouraged to implement community services through this model. There are pockets of success with respect to the Implementation of community activities in TB control. For example, the implementation of community activities resulted in the treatment success rate increasing from 56% to 86% within 12 months for one high volume clinic in Juba. In the 2018-2020 Funding Request, the TB programme together with the HIV and malaria control programs, propose to scale up community activities to counties selected by the government.

The National TB, Leprosy, and Buruli Control Program (NTLBP) in South Sudan has not had extensive experience with MDR-TB. Diagnosis of MDR-TB has been a challenge due to limited diagnostic capacity. One bottle neck to testing of patients is sample transportation system from the facility to the only site with a GeneXpert located in the capital. Through support of USAID – CTB project, an innovative approach was piloted by using 'boda-boda' riders (motorcycle) to transport samples from the health facility to the testing site and then returning the results the following day. A significant increase was recorded in number of samples tested for MDR-TB. In addition to increasing the number of sites with GeneXpert machines, it is proposed under the 2018-2020 funding that the National TB, Leprosy, and Buruli Control Program (NTLBP) will improve sputum transportation through contracting a service provider to undertake sample transportation for both the HIV and TB Programs.

The 2018-2020 grant makes provision for investments in program data management for strategic prioritization. This investment includes the expansion of the e-TB register to 37 PHCCs with the capacity to deploy it (i.e. those with generator or solar power and the presence of health workers. Resources have also been provided for national and state level coordination and performance review meetings that will provide an opportunity to assess ongoing effectiveness of activities being implemented and provide an opportunity for remedial measures to be taken.

IV. PROJECT MANAGEMENT

South Sudan remained under the Global Fund's Additional Safeguards Policy (ASP) following independence in July 2011 and remains under this policy during the 2018-2020 implementation period until notified otherwise. This means, among others, that any nomination of Principal Recipients (PRs) for the next implementation period is made directly by the Global Fund, ensuring consultation with the Country Coordinating Mechanism (CCM) and other development partners, and the selection of sub-recipients is subject to specific approval by the Global Fund. ASP countries are therefore exempted from the assessment of the open and transparent PR selection process by the Country Coordinating Mechanism (CCM) at the time of submission of the Funding Request. In addition, the country is classified as a

Challenging Operating Environment (COE) based on an external risk index (ERI), updated annually by the Risk Department of the Global Fund.

UNDP has been the PR for the Global Fund grants in South Sudan since 2004, namely, Rounds 2 TB and Malaria, Round 4 HIV, Round 5 TB/HIV, Round 7 TB, including COS and TFMs, round 9 HSS, and the TB and HIV NFMs. UNDP was nominated by the Global Fund, and it will continue to work under the general guidance of the CCM for this grant. As PR, UNDP is responsible for project management, financial accountability, procurement of goods & services, and Monitoring and Evaluation. A Project Management Unit (PMU) has been established within UNDP to spearhead the implementation of this grant. The PMU will work to deliver all aspect of grant management with high levels of effectiveness and efficiency in the areas of Financial Management, Monitoring and Evaluation, Programme Management, Procurement and Supply Chain Management, Sub-Recipient Management and Capacity Development. The PMU under the Deputy Country Director for Programmes and is headed by a Project Coordination Advisor.

The TB Project Manager is fully responsible for the overall coordination of the project activities. The Project Manager and the Project Analyst work in close collaboration with national counterparts and other stakeholders to implement the project.

The project implementation team is supported by other operations functions. The Procurement and Supply Management functions are carried out by a PSM Specialist, Procurement Analyst and an Associate as well as Warehouse staff. Under the grant agreement signed between UNDP as PR and the Global Fund, all procurement activities are exclusively done by the PR. The Finance Management support team is headed by a Finance Specialist supported by a Finance Analyst and Two Associates. The finance team is responsible for budget management. The Monitoring and Evaluation team is composed of M&E Specialist and an Analyst based at central level. The team is responsible for monitoring of project activities, review and verification of data and preparation of progress reports to the donor with the support of the Project Manager. The Quality Assurance and Compliance Team is headed by a Quality Assurance Specialist and is supported by two Quality Assurance Analysts. This team ensures compliance to internal controls and financial and accounting procedures established by UNDP and the Global Fund. There is an Administrative Assistant who provides overall administrative and logistical support to the PMU.

The project will be operated in synergy with the HIV/AIDS grant for which UNDP is also the PR. As such, except for the direct TB project staff, other staff costs are shared. In addition there will be joint supervision and mentorship field visits and joint project meetings to enhance project deliverables for both projects being implemented under the same PMU.

V. RESULTS FRAMEWORK[1]

Intended Outcome as stated in the UNDAF/Country [or Global/Regional] Programme Results and Resource Framework:

Interim Cooperation Framework (ICF) outcome involving UNDP No. 1: More resilient communities

Related strategic plan outcome 5: Countries are able to reduce the likelihood of conflict, and lower the risk of natural disasters, including from climate change

Indicator 1

Coverage of HIV and AIDS services disaggregated by sex, age (children/adult)

Baselines

Adult male: 7.8% Adult female: 5.8%

Children, male: 4.2%

Children, female: 3.8%

Target

Adult: 16%

Children: 12%

Applicable Output(s) from the UNDP Strategic Plan:

Project title and Atlas Project Number: Expanding and enhancing quality TB prevention, care and control services in South Sudan - 96034

EXPECTED OUTPUTS	OUTPUT INDICATORS[2]	DATA SOURCE	BASELINE		TARGETS (by frequency of data collection)						DATA COLLECTION METHODS & RISKS
			Value	Year	Year 1	Year 2	Year 3	Year 4	Year ...	FINAL	

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

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

Output 1 TB Care and Prevention:	1.1 DOTS-1a: Number of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses	MOH – NTP Reports	10,478	2016	12,678	13,946	15,340	N/A	*N/A*	-	Routine HMIS data Insecurity might affect timeliness of reports from Health facilities
	1.2 DOTS-2a: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all new TB cases registered for treatment during a specified period.	MOH – NTP Reports	80%	2016	82%	85%	85%	N/A	*N/A*	-	Routine HMIS data Insecurity might affect timeliness of reports from Health facilities
	1.3 DOTS-3: Percentage of laboratories showing adequate performance in external quality assurance for smear microscopy among the total number of laboratories that undertake smear microscopy during the reporting period.	MOH – NTP Reports	69%	2016	95%	95%	95%	N/A	*N/A*	-	Routine HMIS data Insecurity might affect timeliness of reports from Health facilities
	1.4 MDR TB-3: Number of cases with drug resistant TB (RR-TB and/or MDR-TB) that began second-line treatment	MOH – NTP Reports	12	2017	70	135	220	N/A	*N/A*	-	Routine HMIS data Insecurity might affect timeliness of reports from Health facilities

VI. MONITORING AND EVALUATION

In accordance with UNDP's programming policies and procedures, the project will be monitored through the following monitoring and evaluation plans: *[Note: monitoring and evaluation plans should be adapted to project context, as needed]*

Monitoring Plan

Monitoring Activity	Purpose	Frequency	Expected Action	Partners (if joint)	Cost (if any)
Track results progress	Progress data against the results indicators in the Performance Framework will be collected and analysed to assess the progress of the project in achieving the agreed outputs.	Quarterly	Slower than expected progress will be addressed by project management.	MoH, Implementing Partners	
Monitor and Manage Risk	Identify specific risks that may threaten achievement of intended results. Identify and monitor risk management actions using a risk log. This includes monitoring measures and plans that may have been required as per UNDP's Social and Environmental Standards. Audits will be conducted in accordance with UNDP's audit policy to manage financial risk.	Quarterly	Risks are identified by project management and actions are taken to manage risk. The risk log is actively maintained to keep track of identified risks and actions taken.	MoH, Implementing Partners	
Learn	Knowledge, good practices and lessons will be captured regularly, as well as actively sourced from other projects and partners and integrated back into the project.	At least annually	Relevant lessons are captured by the project team and used to inform management decisions.	MoH, WHO, Implementing Partners	
Annual Project Quality Assurance	The quality of the project will be assessed against UNDP's quality standards to identify project strengths and weaknesses and to inform management decision making to improve the project.	Annually	Areas of strength and weakness will be reviewed by project management and used to inform decisions to improve project performance.		
Review and Make Course Corrections	Internal review of data and evidence from all monitoring actions to inform decision making.	At least annually	Performance data, risks, lessons and quality will be discussed by the project board and used to make course corrections.		

Project Report	A progress report will be presented to the Project Board and key stakeholders, consisting of progress data showing the results achieved against pre-defined annual targets at the output level, the annual project quality rating summary, an updated risk long with mitigation measures, and any evaluation or review reports prepared over the period.	Annually, and at the end of the project (final report)		MoH, WHO, CCM Implementing Partners and health sector stakeholders	
Project Review (Project Board)	The project's governance mechanism (i.e., project board) will hold regular project reviews to assess the performance of the project and review the Multi-Year Work Plan to ensure realistic budgeting over the life of the project. In the project's final year, the Project Board shall hold an end-of project review to capture lessons learned and discuss opportunities for scaling up and to socialize project results and lessons learned with relevant audiences.	Annual	Any quality concerns or slower than expected progress should be discussed by the project board and management actions agreed to address the issues identified.	CCM	

Evaluation Plan[3]

Evaluation Title	Partners (if joint)	Related Strategic Plan Output	UNDAF/CPD Outcome	Planned Completion Date	Key Evaluation Stakeholders	Cost and Source of Funding
Program Review	MoH, WHO	**Output 1.2.** Vulnerable population groups have access to tuberculosis, HIV and AIDS prevention, care, and treatment	**Outcome No.1** More resilient communities	September 2020	MoH, WHO, Implementating Partners, donors, beneficiaries	USD108,990 (Global Fund)

[3] Optional, if needed

VII. MULTI-YEAR WORK PLAN [4][5]

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

EXPECTED OUTPUTS	PLANNED ACTIVITIES	Planned Budget by Year			RESPONSIBLE PARTY	PLANNED BUDGET		
		Y1	Y2	Y3		Funding Source	Budget Description	Amount
Output 1: TB Care and Prevention	1.1 Activity result: Number of notified cases of all forms of TB – bacteriologically confirmed plus clinically diagnosed, new and relapses 1.2 Activity result: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated among all new TB cases	$ 1,942,563	$ 1,630,200	$ 980,956	UNDP	GF		$ 4,553,719
Output 2: TB/HIV Integration	1.3 Activity: Percentage of TB patients who had an HIV test result recorded in the TB register. 1.4 Percentage of HIV-positive registered TB patients given anti-retroviral therapy during TB treatment. 1.5 Percentage of HIV-positive patients who were screened for TB in HIV care or treatment settings	$ 56,303	$ 27,953	$ 44,083	UNDP	GF		$ 128,340
Output 3: MDR TB Management	1.3 Activity: Key activity result 3.1: Number of TB cases with RR-TB and/or MDR-TB notified	$ 367,756	$ 288,367	$ 57,441	UNDP	GF		$ 713,564

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

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

Output 4:	1.3 Activity: Key activity result 3.2: Number of cases with drug resistant TB (RR-TB and/or MDR-TB) that began second-line treatment							
Health Management Information System and M&E	1.3 Activity: Key activity result 3.1: Percentage of TB units submitting timely reports according to national guidelines	$ 150,534	$ 82,034	$ 142,523	UNDP	GF		$ 375,091
General Management Support	Programme Management	$ 1,134,960	$ 1,096,607	$ 997,718	UNDP	GF		$ 3,229,285
TOTAL		**$ 3,652,117**	**$ 3,125,161**	**$ 2,222,722**				**$ 9,000,000**

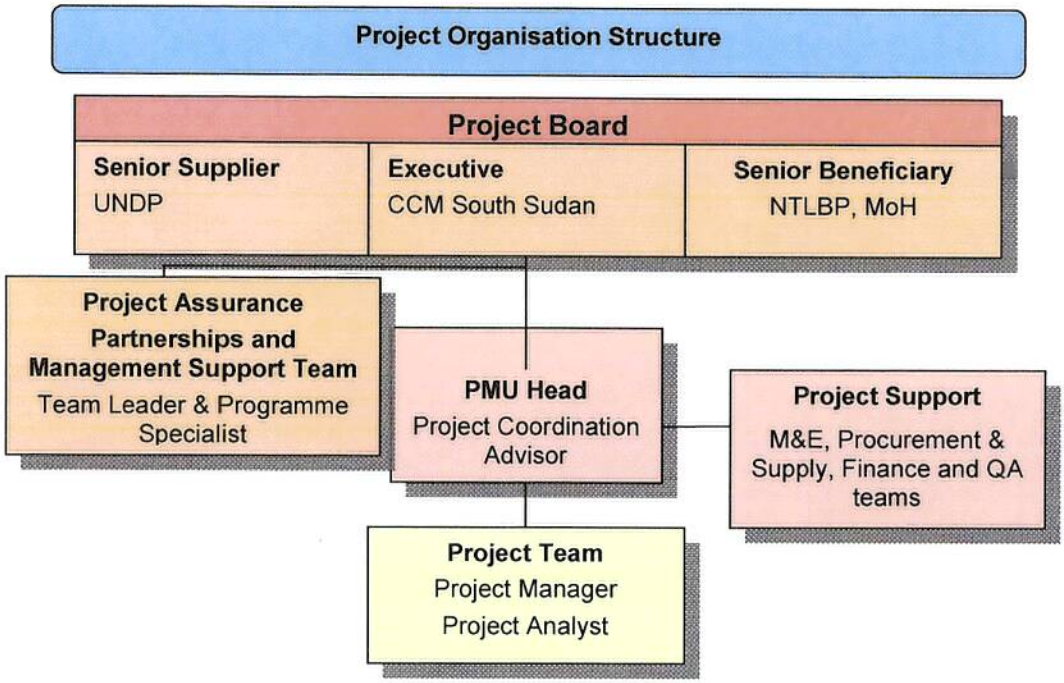
VIII. GOVERNANCE AND MANAGEMENT ARRANGEMENTS

The project will be managed under UNDP's Direct Implementation Modality in close collaboration with the Ministry of Health of the Republic of South Sudan. The project operates under the oversight of a Project Board which includes the Chairperson of Country Coordinating Mechanism South Sudan (CCM-South Sudan), the Project Coordination Advisor, the Director General of Directorate of Preventive Health Services, and the Manager of National TB, Leprosy, and Buruli Control Program (NTLBP). The Project Board will meet on a quarterly basis. The Project Board is responsible for the overall direction and management of the project and has responsibility and authority for the project within the remit of the project mandate. The Project Board approves all major plans and authorises any major deviation from agreed plans. It is the authority that signs off the completion of each year of the project, as well as authorises the start of the next year. It ensures that required resources are committed, and arbitrates on any conflicts within the project, negotiating solutions to any problems between the project and external bodies.

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

The Local Fund Agent – LFA, serves as Global Fund representative in the country. It provides oversight of the project implementation conducts verification of the programmatic and financial reports and makes recommendations to the Global Fund with regards to project progress and disbursement of funds.

The overall project organization structure is as follows:


Project Organisation Structure
Project Board
Senior Supplier
UNDP
Executive
CCM South Sudan
Senior Beneficiary
NTLBP, MoH
Project Assurance
Partnerships and Management Support Team
Team Leader & Programme Specialist
PMU Head
Project Coordination Advisor
Project Support
M&E, Procurement & Supply, Finance and QA teams
Project Team
Project Manager
Project Analyst

IX. LEGAL CONTEXT

This document together with the CPAP signed by the Government and UNDP which is incorporated by reference constitute together a Project Document as referred to in the SBAA and all CPAP provisions apply to this document.

Consistent with the Article III of the Standard Basic Assistance Agreement, the responsibility for the safety and security of the implementing partner and its personnel and property, and of UNDP's property in the implementing partner's custody, rests with the implementing partner.
The implementing partner shall:
put in place an appropriate security plan and maintain the security plan, taking into account the security situation in the country where the project is being carried; assume all risks and liabilities related to the implementing partner's security, and the full implementation of the security plan.

UNDP reserves the right to verify whether such a plan is in place, and to suggest modifications to the plan when necessary. Failure to maintain and implement an appropriate security plan as required hereunder shall be deemed a breach of this agreement.

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

X. RISK MANAGEMENT

*[NOTE: Please choose **one** of the following options that corresponds to the implementation modality of the Project. Delete all other options.]*

Option a. Government Entity (NIM)

1. Consistent with the Article III of the SBAA *[or the Supplemental Provisions to the Project Document]*, the responsibility for the safety and security of the Implementing Partner and its personnel and property, and of UNDP's property in the Implementing Partner's custody, rests with the Implementing Partner. To this end, the Implementing Partner shall:

    a) put in place an appropriate security plan and maintain the security plan, taking into account the security situation in the country where the project is being carried;
    b) assume all risks and liabilities related to the Implementing Partner's security, and the full implementation of the security plan.

2. UNDP reserves the right to verify whether such a plan is in place, and to suggest modifications to the plan when necessary. Failure to maintain and implement an appropriate security plan as required hereunder shall be deemed a breach of the Implementing Partner's obligations under this Project Document.

3. The Implementing Partner agrees to undertake all reasonable efforts to ensure that no UNDP funds received pursuant to the Project Document are used to provide support to individuals or entities associated with terrorism and that the recipients of any amounts provided by UNDP hereunder do not appear on the list maintained by the Security Council Committee established pursuant to resolution 1267 (1999). The list can be accessed via http://www.un.org/sc/committees/1267/aq_sanctions_list.shtml.

4. Social and environmental sustainability will be enhanced through application of the UNDP Social and Environmental Standards (http://www.undp.org/ses) and related Accountability Mechanism (http://www.undp.org/secu-srm).

5. The Implementing Partner shall: (a) conduct project and programme-related activities in a manner consistent with the UNDP Social and Environmental Standards, (b) implement any management or mitigation plan prepared for the project or programme to comply with such standards, and (c) engage in a constructive and timely manner to address any concerns and complaints raised through the Accountability Mechanism. UNDP will seek to ensure that communities and other project stakeholders are informed of and have access to the Accountability Mechanism.

6. All signatories to the Project Document shall cooperate in good faith with any exercise to evaluate any programme or project-related commitments or compliance with the UNDP Social and Environmental Standards. This includes providing access to project sites, relevant personnel, information, and documentation.

7. The Implementing Partner will take appropriate steps to prevent misuse of funds, fraud or corruption, by its officials, consultants, responsible parties, subcontractors and sub-recipients in implementing the project or using UNDP funds. The Implementing Partner will ensure that its financial management, anti-corruption and anti-fraud policies are in place and enforced for all funding received from or through UNDP.

8. The requirements of the following documents, then in force at the time of signature of the Project Document, apply to the Implementing Partner: (a) UNDP Policy on Fraud and other Corrupt Practices and (b) UNDP Office of Audit and Investigations Investigation Guidelines. The Implementing Partner agrees to the requirements of the above documents, which are an integral part of this Project Document and are available online at www.undp.org.

9. In the event that an investigation is required, UNDP has the obligation to conduct investigations relating to any aspect of UNDP projects and programmes. The Implementing Partner shall provide its full cooperation, including making available personnel, relevant documentation, and granting access to the Implementing Partner's (and its consultants', responsible parties', subcontractors' and sub-recipients') premises, for such purposes at reasonable times and on reasonable conditions as may be required for the purpose of an investigation. Should there be a limitation in meeting this obligation, UNDP shall consult with the Implementing Partner to find a solution.

10. The signatories to this Project Document will promptly inform one another in case of any incidence of inappropriate use of funds, or credible allegation of fraud or corruption with due confidentiality.

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

11. *Choose one of the three following options:*

    Option 1: UNDP shall be entitled to a refund from the Implementing Partner of any funds provided that have been used inappropriately, including through fraud or corruption, or otherwise paid other than in accordance with the terms and conditions of the Project Document. Such amount may be deducted by UNDP from any payment due to the Implementing Partner under this or any other agreement. Recovery of such amount by UNDP shall not diminish or curtail the Implementing Partner's obligations under this Project Document.
    Note: The term "Project Document" as used in this clause shall be deemed to include any relevant subsidiary agreement further to the Project Document, including those with responsible parties, subcontractors and sub-recipients.

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

13. Should UNDP refer to the relevant national authorities for appropriate legal action any alleged wrongdoing relating to the project, the Government will ensure that the relevant national authorities shall actively

investigate the same and take appropriate legal action against all individuals found to have participated in the wrongdoing, recover and return any recovered funds to UNDP.

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

Option c. CSO/NGO/Non-UN or other IGO with no signed SBEAA with UNDP

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

2. UNDP reserves the right to verify whether such a plan is in place, and to suggest modifications to the plan when necessary. Failure to maintain and implement an appropriate security plan as required hereunder shall be deemed a breach of the Implementing Partner's obligations under this Project Document and the Project Cooperation Agreement between UNDP and the Implementing Partner[6].

3. The Implementing Partner agrees to undertake all reasonable efforts to ensure that no UNDP funds received pursuant to the Project Document are used to provide support to individuals or entities associated with terrorism and that the recipients of any amounts provided by UNDP hereunder do not appear on the list maintained by the Security Council Committee established pursuant to resolution 1267 (1999). The list can be accessed via http://www.un.org/sc/committees/1267/aq_sanctions_list.shtml.

4. Social and environmental sustainability will be enhanced through application of the UNDP Social and Environmental Standards (http://www.undp.org/ses) and related Accountability Mechanism (http://www.undp.org/secu-srm).

5. The Implementing Partner shall: (a) conduct project and programme-related activities in a manner consistent with the UNDP Social and Environmental Standards, (b) implement any management or mitigation plan prepared for the project or programme to comply with such standards, and (c) engage in a constructive and timely manner to address any concerns and complaints raised through the Accountability Mechanism. UNDP will seek to ensure that communities and other project stakeholders are informed of and have access to the Accountability Mechanism.

6. All signatories to the Project Document shall cooperate in good faith with any exercise to evaluate any programme or project-related commitments or compliance with the UNDP Social and Environmental Standards. This includes providing access to project sites, relevant personnel, information, and documentation.

7. The Implementing Partner will take appropriate steps to prevent misuse of funds, fraud or corruption, by its officials, consultants, responsible parties, subcontractors and sub-recipients in implementing the project or using the UNDP funds. The Implementing Partner will ensure that its financial management, anti-corruption and anti-fraud policies are in place and enforced for all funding received from or through UNDP.

8. The requirements of the following documents, then in force at the time of signature of the Project Document, apply to the Implementing Partner: (a) UNDP Policy on Fraud and other Corrupt Practices and (b) UNDP Office of Audit and Investigations Investigation Guidelines. The Implementing Partner agrees to the requirements of the above documents, which are an integral part of this Project Document and are available online at www.undp.org.

9. In the event that an investigation is required, UNDP has the obligation to conduct investigations relating to any aspect of UNDP programmes and projects. The Implementing Partner shall provide its full cooperation, including making available personnel, relevant documentation, and granting access to the Implementing Partner's (and its consultants', responsible parties', subcontractors' and sub-recipients') premises, for such

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

purposes at reasonable times and on reasonable conditions as may be required for the purpose of an investigation. Should there be a limitation in meeting this obligation, UNDP shall consult with the Implementing Partner to find a solution.

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

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

11. *Choose one of the three following options:*

    Option 1: UNDP shall be entitled to a refund from the Implementing Partner of any funds provided that have been used inappropriately, including through fraud or corruption, or otherwise paid other than in accordance with the terms and conditions of this Project Document. Such amount may be deducted by UNDP from any payment due to the Implementing Partner under this or any other agreement. Recovery of such amount by UNDP shall not diminish or curtail the Implementing Partner's obligations under this Project Document.
    Note: The term "Project Document" as used in this clause shall be deemed to include any relevant subsidiary agreement further to the Project Document, including those with the Implementing Partner, responsible parties, subcontractors and sub-recipients.

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

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

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

XI. ANNEXES

Annex 1: SOUTH SUDAN – RISK & ASSURANCE MATRIX