Review of Capacity Development Plan 2016-2017
Sudan

20 December 2017
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Acronyms

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<th>Acronym</th>
<th>Definition</th>
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<tr>
<td>CD</td>
<td>Capacity Development</td>
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<tr>
<td>CIPS</td>
<td>Chartered Institute of Purchasing and Supply</td>
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<td>CNCDCD</td>
<td>Communicable and Non-Communicable Diseases Control Directorate</td>
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<td>CSO</td>
<td>Civil Society Organisation</td>
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<td>DGIHP</td>
<td>Directorate General of International Health and Planning</td>
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<td>DHIS</td>
<td>District Health Information System</td>
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<td>GF</td>
<td>The Global Fund</td>
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<td>FMOH</td>
<td>Federal Ministry of Health</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>HIS</td>
<td>Health Information System</td>
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<td>HSS</td>
<td>Health Systems Strengthening</td>
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<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<td>NGO</td>
<td>Non-Governmental Organisation</td>
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<td>NHSSP</td>
<td>National Health Sector Strategic Plan</td>
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<td>NMSF</td>
<td>National Medical Supply Fund</td>
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<td>PMU</td>
<td>Programme Management Unit</td>
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<td>PR</td>
<td>Principal Recipient</td>
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<td>PSM</td>
<td>Procurement and Supply Management</td>
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<td>PU/DR</td>
<td>Performance Update / Disbursement Request</td>
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<td>SOP</td>
<td>Standard Operating Procedure</td>
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<td>SR</td>
<td>Sub-Recipient</td>
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<td>SSR</td>
<td>Sub-Sub-Recipient</td>
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<td>TB</td>
<td>Tuberculosis</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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1. Background

The Federal Ministry of Health (FMOH) of Sudan is responsible for the delivery of health programmes in Sudan and as such plays a key role for the implementation of the grants provided through the Global Fund to fight AIDS, TB and Malaria. A Capacity Development Programme to build the capacity of all Global Fund implementers has been on-going in Sudan since 2011, working initially with the national supply chain management systems. In 2014, a comprehensive Capacity Development Plan was developed to strengthen the national programmes of the FMOH and Global Fund grant related functions and to integrate them into national structures and systems for health.

The overall goal of the Capacity Development Plan 2014 was to strengthen the systems for health and procedures of national entities, to manage risks and improve the performance of the programmes and grants. The plan included:

- Priority capacity development needs of Sub-Recipients (SRs) & Sub-Sub-Recipients (SSRs) to strengthen implementation capacity at the federal level with an increasing focus on strengthening systems at the state level.
- A comprehensive approach to facilitate greater integration between the three diseases and more ‘joined up’ approach to the functional capacities of financial management, M&E and supply chain management.
- Alignment to planned reform and changing roles, responsibilities and structures.

The sustainable handover or ‘transition’ of the PR role from UNDP to national entities is one of the goals of capacity development processes, in countries that have a conducive environment. Capacity development activities are given top priority in all countries where UNDP serves as PR to strengthen capacity to implement Global Fund grants and to assist in defining a plan to transition the PR role from UNDP to prospective PR(s).

In 2015 Sudan was awarded new Global Fund HIV, TB and Malaria and Health System Strengthening grants. There were also changes to the capacity needs in national partners resulting from transformations in the institutional arrangements, structures and systems, specifically when the three vertical programmes managing the Global Fund grants (the Sudan National AIDS Programme (SNAP); the National Tuberculosis Program (NTP); and the National Malaria Control Programme (NMCP)) were replaced by an ‘integrated model’ within the Communicable and Non-Communicable Diseases Control Directorate (CNCDCD). Based on increasing capacity within the FMOH, the Global Fund nominated the Directorate General of International Health and Planning (DGIHP) as a new PR for the Health Systems Strengthening grant in 2015, and the CNCDCD became the Sub Recipient (SR) for the Malaria, TB and HIV grants.

The Concept Note submitted to the Global Fund for AIDS, TB and Malaria in 2015 highlighted the need for a second capacity development plan to ensure coordinated efforts to address key issues affecting the health service throughout the country identified as:

- Lack of managerial capacity at the locality level.
- Incomplete referral systems.
- Poor human resource retention.
- Lack of coordination mechanisms between procurement supply chain agencies, which has resulted in on-going inefficiencies and stock outs.
- No implemented system for the quality assurance of laboratory services.
- No single Health Management Information System (HMIS), and the majority of information being collected via fragmented parallel paper based systems.

Hence there was a need for UNDP, FMOH and stakeholders to review and revise the 2014 CD plan, to address the issues identified and to ensure relevant capacity development activities for each of the different government entities. A capacity development planning process was carried out in 2015 which resulted in a comprehensive Capacity Development Plan for 2015-2017. The overall goal of the process was to ensure that Sudan had a plan that supported the transition of the HSS grant and focused on the continuation of the move towards greater national management and ownership of Global Fund grant implementation.

2. Process for CD Plan Development

A Capacity Development Planning Framework was compiled from SR assessments carried out in 2014-2015, along with all of the Global Fund feedback during this time, including the audit and review reports (OIG and OAI). The purpose of the CD Planning Framework was to enable national working groups to participate in a Stakeholder Capacity Development Planning Workshop, which was held in October 2015. This participatory planning workshop involving national stakeholders and partners agreed the capacity development activities, priorities, time lines, results budget, and some milestones.

3. Objectives

The Capacity Development Plan focused on all areas critical to the effective implementation of national health responses, in particular, those areas required for the new PR leading on implementing the HSS Global Fund grant, and to support the transition of the HIV, TB and Malaria grants to national entities when circumstances permitted.

The functional areas covered by the plan were:

1. Financial Management and Systems, including risk management.
2. Procurement and Supply Management.
4. Governance and Programme Management, including SR Management.

The Capacity Development Plan outlined capacity development objectives, interventions and output indicators to measure progress.
## Capacity Development Plan 2015-2017 Objectives

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<tr>
<th>Financial Management &amp; Systems, including Risk Management</th>
<th>1. To strengthen financial management and improve reporting systems.</th>
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<td>2. To ensure that risk mitigation strategies are in place.</td>
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<td>3. To strengthen asset management systems and ensure adherence.</td>
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<td>4. To ensure robust oversight systems are in place and implemented to support the programmes.</td>
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<td>Procurement &amp; Supply Management</td>
<td>5. To ensure that national entities are ultimately ready and able to carry out PSM activities.</td>
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<td>6. To ensure that laboratory equipment installed at all health facilities are fully functional.</td>
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<td>7. To develop the Human Resource Capacity to carry out effective Supply Chain Management.</td>
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<tr>
<td>Monitoring &amp; Evaluation</td>
<td>8. To ensure a robust health information system which supports the delivery of health care by providing information that is required for measuring the performance of service delivery at each health facility in the country.</td>
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<td>9. To strengthen Monitoring and Evaluation at all levels.</td>
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<td>10. To strengthen Planning activities at all levels.</td>
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<tr>
<td>Governance and Program Management, including SR Management</td>
<td>11. To ensure coordination between the newly established DGHIS PMU and the current government coordination structures and systems (for planning and implementation).</td>
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<td>12. To support the integration of the national programmes under the Department of CD&amp;NCD to enhance the eventual transition of the PR role.</td>
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<td>13. To strengthen implementers ability to manage multiple onward granting to ensure quality programme implementation.</td>
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<td>14. To ensure coordination between the PRs and SRs (for planning and reporting and oversight, including oversight of the capacity development plan).</td>
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<td>15. To identify mechanisms to improve Human Resources for Health.</td>
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<td>16. To improve and coordinate Human Resources Training.</td>
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<td>17. To improve management skills of SRs.</td>
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### 4. Implementation Set-Up

On 15 May 2016, a Cost Sharing Agreement totalling $1,209,694 was signed between FMOH and UNDP to facilitate capacity development of the health systems and supply chain management support. Under this Cost Sharing Agreement UNDP provided technical support for the implementation of the following activities:
- Strengthening the supply chain to increase access to HIV, TB and malaria testing, treatment and care services to the people of Sudan.
- Strengthening the national system by implementing the capacity development plan, in collaboration with FMOH.
- Facilitating needed technical assistance to FMOH on health system strengthening activities.

By December 2016 the Cost Sharing Agreement between FMOH and UNDP was increased from USD 1,050,954 to USD 2,260,648. The increase in funding focused on supporting procurement and the supply chain.

A Capacity Development Operational team was established to support the implementation of the capacity development process, comprising of members from the DGIHP, CNCDCD and UNDP. This team was responsible for communication, prioritization and implementation of capacity development; requesting technical assistance where appropriate and monitoring the CD plan implementation. It also reviewed and adjusted the plan in response to contextual changes or changing needs.

The team prepared periodic reviews of the CD activities for the PR Coordination Committee. The PR committee provided a forum for formal coordination between FMOH and UNDP on Global Fund grant implementation issues and direction and support to the Capacity Development Plan implementation.

5. Achievements

A. Financial Management and Systems, including Risk Management.

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<td>2. Ensure that risk mitigation strategies are in place.</td>
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<td>3. Strengthen asset management systems and ensure adherence.</td>
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<td>4. Audit Functions Strengthened</td>
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To strengthen financial management and improve reporting systems.

TALLY Financial Management software was procured and installed at DGIHP, CNCDCD, CPDD and Epilab to ensure stronger financial controls in the FMOH at both PR and SR level. Short-term technical assistance was contracted by UNDP between 15 April and 15 October 2016 for the configuration and installation of the system, as well as for initial training of federal and state finance staff on how to use the TALLY software. After completion of the training, it was evident that extended support was required to provide on-site technical support and more detailed training to financial staff, until they reach the required capacity to run the system independently. At the written request of DGIHP, UNDP extended support for the TALLY financial system, through two further contract amendments from the 16 October 2016 to 31
December 2017 for a consultant, who provided mentoring and training to continue to build financial management competency.

Following discussions with the Global Fund, the software specification was upgraded to include automated budget upload from Excel, and greater variance analysis capabilities. The configuration of TALLY to produce templates for Global Fund reporting has been carried out at Federal level and it is planned to be rolled out at state level starting in 2018.

A comprehensive financial training program has been developed with different formats so it could be delivered to different sized groups. The implementation has commenced with SRs at a Federal level, with small groups followed up by on the job training proving to be most effective. It is planned to start the state level roll out in 2018, this will be coordinated with the fiduciary agent who are supporting the government PRs.

There are financial risks associated with the implementation of grant activities, this requires strong financial controls to be put in place. The malaria IRS 2017 campaign took place in two states with orientation meetings and training workshops, the support included financial management of payments to temporary workers in the field. To mitigate risks the payments are made by UNDP, shadowed by local counterparts, this control will need to be further integrated into national systems for IRS campaigns in the future.

Financial management SOPs to strengthen internal controls have been enhanced, including responsibilities, authorisation limits etc.

FMOH requested the support of UNDP to provide a step by step training on completing the Global Fund PU-DR. This training was carried out in January 2017, with the outcome of enabling FMOH to submit a comprehensive, high quality PUDR to GF on 1 March 2017.

In 2017 in preparation for the new grants in 2018, a Transition Plan is being prepared and financial management systems strengthening is one of the biggest priorities in the early stages of the new grant. This includes:

- Supporting FMOH in developing a financial internal control framework.
- The development of expenditure tracking tools.

The draft Transition Plan also includes: Significant support to Financial Management systems strengthening of the PR, implementing directorates and SRs to ensure strong financial management given the increase in the level of funding. The government PRs will also receive support for financial management from a fiduciary agent as part of the support services. It will be important for good coordination to maximize the impact of strengthening and supporting financial management, in particular at the State level. In addition the financial strengthening and training at the federal level should be coordinated with the Ministry of Finance to improve the retention of financial specialists within the health sector.

**Ensure that risk mitigation strategies are in place.**

A document to guide FMOH and all entities involved in Global Fund Grant management, on how to avoid and manage conflict of Interest, was developed. The document builds on the
principle of the Government of the Republic of the Sudan which is to operate in an open, transparent and accountable manner. It covers the accountable use of resources, fair and transparent practices, ethics and conflict of interest and anti-corruption guidelines and policies.

Technical support was sourced to support the introduction and implementation of a risk management process at Federal and State levels for risk mapping, risk mitigation strategies and plans. Aligned to the new grants in 2018 a risk workshop led by the Global Fund will help identify mitigation interventions, in particular given the increased financial volumes going through the FMOH PRs and the weak capacity in most of the states.

**Asset Management Policies and Procedures:**
A policy detailing the steps to acquire, utilise and operate, maintain, and dispose of assets was developed. It was developed in accordance with best practices and to assist the FMOH PMU to comply with their obligations under the grant agreement with the Global Fund. The policy covered the definition of assets, acquisition, procurement, legal acquisition of an asset through transfer of ownership, transfer of custody, receipt of an asset, use of assets including vehicles and asset verification.

**Audit Functions Strengthened**
Two workshops were conducted to orient FMOH staff on the audit requirements for Global Fund grants. The first workshop targeted programme focal persons and the second targeted accountants and auditors.

**B. Procurement and Supply Management.**

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<td>5. To ensure that national entities are ultimately ready and able to carry out PSM activities.</td>
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<td>6. To ensure that laboratory equipment installed at all health facilities are fully functional.</td>
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To ensure that national entities are ultimately ready and able to carry out PSM activities.

The PSM objectives aimed to build on the capacity development which had taken place during 2011-2014, with the National Medical Supplies Fund (NMSF) Federal Ministry of Health (previously the Central Medical Supplies Public Corporation (CMS)). The NMSF is tasked by the FMOH with ensuring that quality essential medicines are procured, stored and distributed to all States and health facilities across the country.

As the FMOH prepared to increase its involvement in disease grant implementation, the procurement and supply management activities became increasingly fundamental to
program performance, in order to ensure FMOH was able to access to effective and quality assured health products in full compliance with the Global Fund policies and principles on procurement and supply management.

Under the HSS grant, a cost sharing agreement in 2017 between FMOH and UNDP provided policy level support procurement and supply chain management. Technical support was contracted to review, revise and update the national procurement policies for health commodities. In May 2017, a review of Sudan public procurement policies for health commodities assessed their conformity and compliance with national and international practice standards, including Global Fund requirements. Areas that needed amending were identified so that as NMSF starts to be used as the focal point for procurement and supply chain services, they can be developed and strengthened to ensure that the application of rules and regulations underpinning procurement and supply chain services from planning to distribution, enable consistent and sustained compliance to national and international laws, rules and regulations. An action plan will need to be developed and implemented under the new grants. In addition to the focus on NMSF, the review identified that support to the FMOF and FMOH will be needed to create a strong oversight and regulatory framework for public procurement and related services in the public health sector.

A national supply chain strategy for pharmaceuticals and health products has been prepared for FMOH in 2017 together with an implementation plan. The decision for a phased transition of the Principal Recipient role for the three grants to FMOH and the procurement role to NMSF will require an intense support program in 2018 to strengthen the PSM institutional arrangements, systems and provide ongoing training and mentoring of NMSF and FMOH staff. This will need to be carried out under the guidance of a Technical Working Group, with clear TORs and appropriate membership, the scope of work will include; strengthening communication mechanisms; planning and support to policy changes; clarifying and enhancing institutional arrangements and coordination; strengthening operational procedures and systems; providing guidance on procurement planning so it meets national and international requirements; and provide exposure, knowledge and access to tools and expertise of other relevant approaches and models.

Further policy support is underway to produce a national Quality Assurance Policy and implementation framework, that is planned to be completed in early 2018. The roll out and implementation of the policy areas developed will require ongoing orientation, mentoring and technical back stopping.

The 2015 to 2017 capacity development plan has also provided operational support to; strengthen procedures; improve infrastructure; the development of an M&E framework and providing training in these areas.

An emerging area of interest is digitizing the ‘last-mile’ of the supply chain in real-time. This will involve developing a phased approach to configure software and adapting the mobile technologies, with supporting institutional arrangements and capacity development for implementing the test phase and evaluating it before going to scale. A study tour in November to India, hosted by the Indian Ministry of Health and facilitated by UNDP India, allowed the FMOH and NMSF to see how the eVIN App and the management dashboards are used to
optimize the supply chain from the ministry to the last-mile. It included an opportunity to visit a health facility in a challenging environment and the participants were saw frontline staff with a basic education able to use the App in real-time. Further discussions, planning and decision making will be needed in this area, to identify how to configure the software to include Global Fund medicines and commodities and how to design the first phase of adapting the digitization of the last-mile supply chain in Sudan.

**To ensure that laboratory equipment installed at all health facilities are fully functional.**
UNDP supported the projects and development unit at FMOH in preparing the plans for the renovation of 120 medical stores in the States. Special focus was given to build the capacity of the unit in terms of:

- Providing technical specifications for the procurement process.
- Receiving and Evaluating Bids
- Writing Evaluation and Selection Reports
- Strengthening Oversight Functions

UNDP worked with the CNCDCD teams to conduct site-preparedness assessments of sites proposed for the installation of GeneXpert machines and X-ray machines at State Level. Based on an agreed list of minimum requirements, each site was either assessed as ready or a list of necessary renovations was agreed. UNDP contracted a civil works company to update the sites, based on this list of necessary renovations.

**To develop the Human Resource Capacity to carry out effective Supply Chain Management.**
A Technical Working Group (TWG) led by the Head of NMSF was formulated and a road map for the development of a National Integrated Supply Chain Strategy was agreed, with a focus on ensuring national ownership of the strategy. The TWG met regularly to monitor progress and support this activity. The National Integrated Supply Chain Strategy was endorsed in 2017. The Human Resource Capacity Plan to carry out effective supply chain management was developed in 2017 and endorsed. Implementation is now underway and will require ongoing support under the new grants starting in 2018.

NMSF developed a long-term training strategy, linked to the overall NMSF strategy, the mandate of the organization and its objectives, including identifying the long-term staff and training needs of the organization, and all standard job descriptions and staff development plans. CIPS accreditation programs were started for NMSF staff and are being expanded during 2018-2020. Following the development of the human resource strategic plan and training strategy, NMSF are engaging training providers to plan how to implement the strategy starting in 2018.
C. Monitoring and Evaluation

**Objectives:**

8. To ensure a robust health information system which supports the delivery of health care by providing information that is required for measuring the performance of service delivery at each health facility in the country.

9. To strengthen Monitoring and Evaluation at all levels.

10. To strengthen Planning activities at all levels.

To ensure a robust health information system which supports the delivery of health care by providing information that is required for measuring the performance of service delivery at each health facility in the country.

Since the commencement of implementation of this CP plan, the FMOH has made notable progress in reinforcing the functioning of an integrated Health Management Information System. In 2015, the first phase of consensus building of key health indicators was agreed; and HMIS tools (registers and reporting forms) were revised, printed and distributed to all health facilities.

By end of June 2016, the FMOH had fully customized the paper-based routine reporting into the integrated web-based DHIS.2 data base – a national HIS data management system adopted by the country, and recommended by WHO. The DHIS.2 system is now implemented in all the 17 states. Discussions are ongoing to ensure Khartoum state, which is currently using a parallel system, also adopts DHIS.2.

Capacities of the FMOH to manage HMIS/DHIS.2, including customization and training of States and localities has improved significantly. In addition, staff members of the national core DHIS.2 team have been supported to attend international DHIS.2 Academies, organized by Oslo University (the mind behind DHIS.2) and have had the opportunity of learning from HMIS/DHIS.2 best practice countries on success strategies used, which could be emulated in the Sudan context.

Training of DHIS.2 users at Federal and State (72 super users) and 301 users at locality level has been completed. Computers have been provided, with reliable internet connectivity. The HMIS/DHIS2 rapid assessment conducted in 2017, has shown that while progress has been made in the roll-out of DHIS.2, the gains achieved are undermined by low rate of paper-based monthly reports submission by health facilities to localities (PHC facilities) and to States (Hospital level facilities). Lack of staff at health facilities dedicated to reporting, the need to instill the culture of reporting and data use, and a lack of accountability are cited as the main reasons behind the low reporting rate.

To further decentralize the use of DHIS to improve report completion, and timely reporting rates, from August 2017, the FMOH started training statisticians in high volume hospitals across the country. Already 150 statisticians from 75 hospitals have been trained, and once resources from the new grant are available, IT equipment will be procured and more statisticians from high volumes hospitals throughout the country will be trained. Once these
initiatives are successfully completed, monthly reports from these hospitals (which serve the greatest proportion of patients) will be entered directly into the DHIS.2 by hospital statisticians. This will reduce the backlog at State level and improve the quality, completeness) and timely submission of reports.

To address identified information gaps in the current HMIS system, especially in the capturing of key Malaria, HIV, and TB indicators; and in an endeavor to fully integrate reporting of the three diseases into the HMIS/DHIS.2 (currently TB and HIV have parallel reporting systems) the FMOH/HIS in collaboration with stakeholders has completed the revision and adoption of master list of national core indicators, including indicators for HIV/AIDS, TB and Malaria. These indicators are currently being customized to form one single hub for an integrated national health information system.

The new grants to be implemented between 2018 and 2020 have allocated substantial amount of resources to improve performance of HMIS/DHIS.2 (under RSSH components).

As part of the capacity development, the Federal Ministry of Health was supported to create and launch a Civil Registration and Vital Registration (CRVS) System. Accurate and timely documentation of births and deaths is essential to high-quality vital statistics and plays an important role in informing quality of life (in the general population) and is a measure of quality of health care services.

The FMOH, in collaboration with the Ministry of Interior, was supported in holding a series of workshop to raise awareness on the importance of Civil Registration and Vital Statistics, involving high level decision makers in relevant government ministries, academia, donors and partners. This process was followed by the elaboration of vital registration recording tools and guidelines for using the ICD-10 mortality codes. These tools have been printed and disseminated. A core CRVS team at FMOH was supported to receive international expert training. They, in turn, trained a total of 698 doctors and statisticians on how to record and report on CRVS and reports are now being submitted to the FMOH.

**Strengthening capacities for monitoring and Evaluation of Programmes**

There has been progress in strengthening national capacity to assess and evaluate the performance of national HIV, TB and Malaria Programmes. In 2016, the CNCDCD was supported in conducting an HIV program review, a TB in-depth review, the TB Management Units assessment and TB Epi-analysis as well as Malaria indicators survey. CNCDCD took active roles in these evaluations and, in the process individual staff capacities were built, which will position them to conduct forthcoming evaluations and assessments with minimal support.

An M&E plan for the HSS grant was developed and approved by the Global Fund. This included an improved indicator framework with all indicators, baselines, targets and assumptions as agreed in the Performance Framework. A work plan to support the M&E plan, with clear timelines and budgets was also developed. An M&E Plan for HIV, TB and Malaria Projects was also elaborated, as well as a comprehensive monitoring and support supervision plan.
The FMOH PMU team received training and on-the-job orientation on how to deliver core PR M&E functions, including process monitoring, elaboration of the PF and completion of PUDRs. The team is now capable of producing quality M&E documents with minimum support.

At CNCDCD, recording and reporting tools for HIV and TB program have been revised in line with WHO recommendations. Staff have been trained in the use of these tools and tools have been printed and distributed to all the facilities. This has not only improved the quality and completeness of reporting, but has helped Sudan to produce data/information that is compatible and comparable with internationally accepted definitions and standards. Sudan will now be able to produce quality global HIV, TB and Malaria reports, which have, in the past, been a challenge.

**Strengthening of coordinated planning of activities**
There has been increased working partnership between FMOH/CNCDCD, UNDP, WHO, UNFPA, UNICEF and other partners in strengthening joint planning and implementation of program activities. The joint preparation of the Concept Notes in 2014 and the recent application of HIV, TB, Malaria and RSSH Program Continuation, including elaboration of grant documents are cases in example.

These working partnerships are also reflected in the implementation of joint support supervision, on site M&E visits and data quality checks, training, and through joint technical working groups.

In 2017 in preparation for the new grants in 2018, a Transition Plan is being prepared, continued improvement and strengthening of Monitoring and Evaluation is a key priority in the new grants. These include:

- M&E: Coordination/integration of currently fragmented M&E functions within the key implementer DCNCD; data analysis skills and reporting etc.
- HMIS: Further configuration of the HMIS and on-going support to the DHIS2 programme.
D. Governance and Programme Management, including SR Management.

Objectives:

11. To ensure coordination between the newly established DGHIS PMU and the current government coordination structures and systems (for planning and implementation).
12. To support the integration of the national programmes under the Department of CD&NCD to enhance the eventual transition of the PR role.
13. To strengthen implementers ability to manage multiple onward granting to ensure quality programme implementation.
14. To ensure coordination between the PRs and SRs (for planning and reporting and oversight, including oversight of the capacity development plan).
15. To identify mechanisms to improve Human Resources for Health.
16. To improve and coordinate Human Resources Training
17. To improve management skills of SRs.

To ensure coordination between the newly established DGHIS PMU and the current government coordination structures and systems (for planning and implementation).
Initial activities focused on orienting all implementers in the new Global Fund HIV, TB, Malaria and HSS grants and the set-up of essential operating systems and procedures to support the implementation. This included orientation of the implementing units and HSS Focal Points at the Federal level and the development of a comprehensive Operational Manual for FMOH.

To support the integration of the national programmes under the Department of CNCDCD to enhance the eventual transition of the PR role.
The process of integration within CNCDCD was completed with the finalizing of the CNCDCD organogram to ensure division of responsibilities; completion of all documents relevant to the integration, including the terms of reference for staff and other policy documents; and the development of sub-units within the established CNCDCD Units for division of work purposes and clarity of coordination with Global Fund and other donors. Finally, guidelines for lines of communication between CNCDCD departments and other FMOH Departments, States’ MOHs, States’ programs, other governmental sectors and partners etc. were developed. Orientation workshops for the acceleration of the three disease grants at the State level were carried out.

A paper ‘Transition Strategy Sudan – Draft Options Paper’ was developed to continue the discussions on options for transition of the other three Global Fund grants. It assessed:

- Which diseases will transition and when will this happen?
- Which grants will transition and when will this take place?
- Which national entities will potentially become PR and what is the approval process?
- Which functions will transition and when? Will all the functions transition?
- What will be the future roles and responsibilities of the new PR?
The paper outlined all the requirements needed for successful and sustainable transition and proposed clear guidance on how to develop and implement a clear transition strategy including grants closure and handover and service continuity plan.

**To strengthen implementers ability to manage multiple onward granting to ensure quality programme implementation.**
Activities focusing on strengthening systems for onward granting from either DGIH or CNCDCD were not carried out and will need to be reviewed in 2018-2020.

**To ensure coordination between the PRs and SRs (for planning and reporting and oversight, including oversight of the capacity development plan).**
The PR Coordination Group was set up and bi-monthly meetings held; along with Monthly Coordination meetings between PRs and SRs were held.

**To identify mechanisms to improve Human Resources for Health; To improve and coordinate Human Resources Training**
A comprehensive consultation process was undertaken to update the Incentive Plan for the Health Workforce in Sudan in line with the recommendation of the Grant Approval Committee. After an extensive discussion, the plan was updated and discussed with the Under Secretary FMOH, before being presented to and approved by the Global Fund. The HRH Strategy and Retention policy is not yet complete.

**To improve management skills of SRs.**
As a continuation of UNDP efforts to ensure national counterparts capacity development and more involvement in GF grants implementation, UNDP in collaboration with UNFPA organised a two-day consultative workshop. The aim of the workshop was to understand the capacity requirements for national CSOs, acting as SRs or SSRs, in implementing national health interventions, to jointly identify the current capacity gaps to implementation and to identify a prioritised capacity development plan that will ensure improved SR/SSR management and maximised involvement in the national disease response.

The workshop mainly targeted CSOs involved in HIV prevention activities. Participants from a large number of CSOs, with representatives from headquarter level as well as state level, and a wide geographical coverage attended. The participant mix included staff involved in key organizational functional areas, specifically financial management & procurement, monitoring & evaluation and, programme management including Sub-Sub-Recipient Management. The CSO CD Plan also aimed to ensure smooth grants transition to national entities. In 2017 CSO manuals were drafted for M&E and Operations. These will need to be finalized and disseminated in 2018.

Following the above the FMOH developed a road map for national transition to NGOs and CSOs. The road map articulated how capacity development for NGOs/CSOs is a prerequisite for national transition and so should be considered as a national need and will be included in the National Health Sector Strategic Plan (NHSSP) 2017 – 2021. The Road Map identified clear steps for identifying national CSOs and NGOs for transition purposes in an evidence based manner to ensure sustainability and continuity of care.
6. **Next Steps**

Based on increasing capacity within the FMOH a timeline for the transition of the Global Fund HIV, TB and Malaria grants has been agreed from 2018-2020. UNDP and the FMOH have developed a Transition and Systems Development Plan to support this process for the HIV, TB and Malaria grants and to ensure no disruption to services being implemented. The plan focuses on:

1. Joint transition activities between the FMOH and UNDP including joint planning and review meetings; joint PU/DR development and joint assessment of transition and capacity development activities.

2. Further capacity development of FMOH systems to ensure they can support the increase in funding and the increase in data and its management that will happen as a result of the transition.

7. **Budget**

The approved budget for the implementation of the Capacity Development activities, by Grant is as indicated in the table below:

<table>
<thead>
<tr>
<th>Grant</th>
<th>US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malaria Grant</td>
<td>478,150.32</td>
</tr>
<tr>
<td>HIV Grant</td>
<td>121,176.00</td>
</tr>
<tr>
<td>TB Grant</td>
<td>24,500.00</td>
</tr>
<tr>
<td>HSS: Capacity Development and Technical Support Services to the FMOH</td>
<td>2,260,645.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,884,471.32</strong></td>
</tr>
</tbody>
</table>