



# Global Fund Programs in Sao Tome e Principe

## *Degree of risk of each Grant and the Grant portfolio / An overall view of main recommendations*

December, 2009

This documents show a synopsis of monitoring and evaluation appreciation about the GF/UNDP Programs in STP made for GF/HQ related to the Grant in process of closure (Malaria/R4), in execution (HIV/R5, Malaria R/7) and the Grant submitted to approve (HIV/R9, Malaria RCC W7). In addition It present an abstract showing the current state and the Trend Time Degree of Risk of each Grant and the Grant portfolio, as much as essential observations to complement an overall and strategic view. This documents has been thought both as a managerial platform to have in one site the main appreciation from GF/HQ and as a base to prepare a unified GF/UNDP unit work plan for the year 2010. It will be usefully as well to monitoring the GF/UNDP Programs in STP. It main goal is simplify the scenario for the decision process taking advantage from the GF/Grant Performance Report, the GF/TRP review and other usefully documents to improve the work process belong to GF/UNDP unit. It is an start point, a tool to be updated and enriched regularly to support and reinforce the effort of FG/UNDP to face on the several and complex task related to STP/GF/UNDP/Grants from now days to the future: (\*) close the Malaria/R4 according with the grant closure process, (\*)execute Malaria/R7 taking into account the recommendations and conditions precedents; (\*) fulfill the recommendations, conditions precedents and sensible management issues link to HIV/R5; (\*) lunch the TB/R8 following the recommendations by Assessment Area and Condition Precedent; (\*) and resubmit in the appropriate moment both the HIV/R9 and the RCC/W7 taking into account the issues raised by the TRP.

**Dr. Mariano Salazar Castellon**  
**Monitoring and Evaluation Specialist, GF/UNDP**  
**12/28/2009**  
**Modified: 01/23/2010**

## Understanding inter-linkages and dependencies between planning, monitoring and evaluation

- Without proper planning and clear articulation of intended results, it is not clear what

should be monitored and how; hence monitoring cannot be done well.

- Without effective planning (clear results frameworks), the basis for evaluation is weak; hence evaluation cannot be done well.
- Without careful monitoring, the necessary data is not collected; hence evaluation cannot be done well.
- Monitoring is necessary, but not sufficient, for evaluation.
- Monitoring facilitates evaluation, but evaluation uses additional new data collection and different frameworks for analysis.
- Monitoring and evaluation of a programme will often lead to changes in programme plans.
- This may mean further changing or modifying data collection for monitoring purposes.

Source: UNDP. *Handbook on Planning, Monitoring and Evaluating for Development Result*, p: 7; 2009

## Main concepts

**Planning** can be defined as the process of setting goals, developing strategies, outlining the implementation arrangements and allocating resources to achieve those goals. It is important to note that planning involves looking at a number of different processes:

Identifying the vision, goals or objectives to be achieved

Formulating the strategies needed to achieve the vision and goals

Determining and allocating the resources (financial and other) required to achieve the vision and goals

Outlining implementation arrangements, which include the arrangements for monitoring and evaluating progress towards achieving the vision and goals

**Monitoring** can be defined as the ongoing process by which stakeholders obtain regular feedback on the progress being made towards achieving their goals and objectives. Contrary to many definitions that treat monitoring as merely reviewing progress made in **implementing** actions or activities, the definition used in this Handbook focuses on reviewing progress against **achieving** goals. In other words, monitoring in this Handbook is not only concerned with asking "Are we taking the actions we said we would take?" but also "Are we making progress on achieving the results that we said we wanted to achieve?" The difference between these two approaches is extremely important. In the more limited approach, monitoring may focus on tracking projects and the use of the agency's resources. In the broader approach, monitoring also involves tracking strategies and actions being taken by partners and non-partners, and figuring out what new strategies and actions need to be taken to ensure progress towards the most important results.

**Evaluation** is a rigorous and independent assessment of either completed or ongoing activities to determine the extent to which they are achieving stated objectives and contributing to decision making. Evaluations, like monitoring, can apply to many things, including an **activity, project, programme, strategy, policy, topic, theme, sector or organization**. The key distinction between the two is that evaluations are done independently to provide managers and staff with an objective assessment of whether or not they are on track. They are also more rigorous in their procedures, design and methodology, and generally involve more extensive analysis. However, the aims of both monitoring and evaluation are very similar: to provide information that can help inform decisions, improve performance and achieve planned results.

Source: UNDP. *Handbook on Planning, Monitoring and Evaluating for Development Result*, p: 7-8; 2009

# Index

---

<b>SUMMARY</b>	<b>4</b>
<hr/>	
<b>OUTPUTS</b>	<b>8</b>
<hr/>	
DEGREE OF RISK OF EACH GRANT AND GRANT PORTFOLIO	8
FG/UNFP GRANT PROCESS BY DEADLINE OF COMMITMENTS WITH HQ/GF	9
COMMITMENTS TO BE FULLFILLED BY THE GF/UNDP UNIT, BALANCE BY GRANT, GENERAL OVERVIEW	10
STRUCTURE OF PROGRAM RESOURCES BY THEME AND ORIGIN OF RESOURCES MOBILIZED, UNDP. STP, 2007 - 2009	13
GF/UNDP UNIT: ANALYSIS OF CRITICAL AREAS OF ORGANIZATIONAL CLIMATE	14
<hr/>	
<b>GRANT RECOMMENDATIONS</b>	<b>15</b>
<hr/>	
<b>MALARIA, R4 (STP-405-G01-M)</b>	<b>15</b>
ITEMS OF MINIMAL GRANT CLOSURE PLAN (DEADLINE: 1 <sup>ST</sup> FEBRUARY 2010)	15
<b>MALARIA, R7 (STP-708-G03-M)</b>	<b>17</b>
INITIAL PR ASSESSMENTS	17
CONDITION PRECEDENT	19
<b>HIV/AIDS, R5 (STP-505-G02-H)</b>	<b>23</b>
INITIAL PRASSESSMENTS	23
CONDITION PRECEDENT	25
SENSIBLE MANAGEMENT ISSUES	27
<b>TB/R8 (STP – 809 – G04 – T)</b>	<b>29</b>
INITIAL PR ASSESSMENTS AND CONDITIONS PRECEDENTS.	29
<hr/>	
<b>SITUATION OF PROPOSED GRANTS</b>	<b>30</b>
<hr/>	
<b>MALARIA CONTROL IN SÃO TOMÉ &amp; PRÍNCIPE, TOWARD ELIMINATION (ROLLING CONTINUATION CHANNEL WAVE 7)</b>	<b>30</b>
SUMMARY OF TRP RECOMMENDATION AND MAIN REASON(S) FOR NOT RECOMMENDED PROPOSALS	30
KEY STRENGTHS OF PROPOSAL	30
WEAKNESSES OF PROPOSAL	30
RECOMMENDATION	31
<b>STRENGTHENING THE HIV/AIDS EPIDEMIC RESPONSE IN SAO TOME AND PRINCIPE (HIV/R9)</b>	<b>32</b>
SUMMARY OF TRP RECOMMENDATION	32
KEY STRENGTHS OF PROPOSAL	32
WEAKNESSES	32
RECOMMENDATION	33
<hr/>	
<b>BIBLIOGRAFHY CONSULTED</b>	<b>34</b>

## Summary

### Objective

To review the main recommendations from HQ/GF and other sources related to the Grants which are in execution, closing or in perspective of negotiation, in order to identify the degree of risk of each Grant and Grant Portfolio and the main causes associated to the success or failure of the Grant under the interest of the country.

### Method

It was done a review of the instructions to prepare a Grant Closure Plan for “Malaria, R4 (STP-405-G01-M)”; the Initial PR Assessments, Conditions Precedents for the disbursements and Sensible Management Issues for “Malaria, R7 (STP-708-G03-M), HIV/AIDS, R5 (STP-505-G02-H) and TB/R8 (STP – 809 – G04 – T)” ; and the Summary of TRP Recommendations, Key Strengths of Proposals and the Proposal’s Weaknesses and Recommendations for “Malaria Control in São Tomé & Príncipe, toward elimination (Rolling Continuation Channel Wave 7) and Strengthening the HIV/AIDS epidemic response in Sao Tome and Principe (HIV/R9)”.

Internals communications sharing with the GF/UNDP team work were taken into account as well as the evaluations of the Country Program (CPD) and its Plan of Action (CPAP).

Using this information were done an overall, rapid and qualitative appreciation about the state of the art of the GF Grant Portfolio in STP. In addition, a tool for analyzes the critical areas of GF/UNDP Unit organizational climate was prepared and apply.

### Results

The Grant Portfolio as a whole has a Yellow (Alert) predominant degree of risk.

This situation has its origin in the last quarterly of 2006 with a trend to increase until now and it is associated with Sensible Management Issues of Grant “HIV/AIDS, R5 (STP-505-G02-H)” and Conditions Precedents do not fulfilled of the Grant Malaria, “R7 (STP-708-G03-M)”. The selection of the Project Manager is an outstanding issue which has, at least, one year of delay. Two more facts occurred during the year 2009 which reinforce this stage of risk: two proposals presented for the CCM to the GF for approval were rejected: HIV /R9 and MAL/RCC/W7.

Until now (2005 – 2009), through the Grants available (In execution, closing and started) the country has received an overall financial support from GF to fight Malaria, HIV/SIDA and Tuberculosis of US 9,073,271 distributed as following: MAL/R4 (35%, Grant Closure process), MAL/R7 (45%, Execution Grant), HIV/R5 (8%, Execution Grant) and TB/R8 (11%, Just Starting).

Several commitments (A range between 48 – 46) related to the cycle Grants (Closure, executing, starting and potential) were identified. Conditions precedents and other commitments of FG/UNDP with HQ/GF are out of time in two Grants: MAL/R7 (12 months of delay) and HIV/R5 (at least 3 months of delay). Other commitments and opportunities that the country has are on time: MAL/R4 (Grant Closure Plan), TB/R8 (Grant Starting in process), MAL/RCC and HIV/R9 (Chances of resubmission are open).

The main protagonist in terms of Grant's execution in the country are UNDP (Principal Recipient) and 22 Sub Recipient, some of them are repeated by Grant, distributed by Grant as following: MAL/R4 (6 SR), HIV/R5 (9 SR), MAL/R7 (7 SR) and TB/R8 (6).

A Country Mechanism Coordinator (CCM) of all the Grants is in place integrated by 37 members as well as a GF Unit (8 members) to support the Grants execution which is formally attached to the UNDP/Program Unit (UPU). The performance of CCM and SR has not been evaluated during the Grants cycle of life.

A execution of GF/Grants represent during the period 2007 – 2009 (CPD/CPAP) , 50% of the resources mobilized by UNDP in the country and 80% of the execution in the same period. The GF Grants are placed in the Poverty Reduction theme which represents 67% of the resources of CPD. The other themes represent 28% (Good Governance) and 5% (Environmental protection).

The analyzes of the critical areas of GF/UNDP Unit organizational climate show that<sup>1</sup>:

- 1) 70% of variables under analyses [11/16, (4)] reflect an answer of Agree,
  - a) Variables:
    - i) Working as a teamwork
    - ii) Personal realization
    - iii) Recognition of the contribution
    - iv) Adjusting of working conditions
    - v) Responsibility
    - vi) Compatibility of interest
    - vii) Interchange of information
    - viii) Application to work
    - ix) Institutional heritage care
    - x) Compensation
    - xi) Equity
- 2) 18% of variables [3 /16 (3)] reflect an answer of disagree ,
  - a) Direction
  - b) Participation on process of change.
  - c) Commitment to productivity
- 3) 12% of variables [2 /16 (2)] reflect an answer of strong disagree ,
  - a) Stimulation of excellence
  - b) Conflict solution

---

<sup>1</sup> This analyzes is an start point to be brush up with the GF/UNDP Unit Team work.

## Conclusions

Global Fund Grants (GF/G) are a complex and relevant area of cooperation for the country development and poverty reduction. Its complexity came from the relevance of the social problems that contribute to face on (Malaria, Tb and HIV/AIDS) and its weight (financial, technical and administrative) in the UNDP Program Cooperation and in the overall country health cooperation related to these specific illness.

Due to the volume of financial resources available, the technical task that has to support/facilitate, the expected role of CCM, UNDP as a PR and the several SRs involved and the complex relations that arises from the meeting of roles, the GF's Grant need an special attention for the leaders and managers belong to both UNDP and the national health institution involved.

The relationship with the HQ/GF and the LFA, based on the Terms defined in the Grant Agreement signed and regarding and fulfilling on time the Conditions Precedents for the disbursement and other requirements, are other sencial sides of this portfolio of cooperation that should be professional approached to maintain and fortify this alliance between STP/UNDP/GF.

The GF/UNDP unit is a key tool to preserve this alliance in the operational dimension. It is the front line to deal with several problems related to policies, administrative and technical issues involved in the execution of the GF/G, in a daily base. This devoted, hard worker and very well organized unit has to use and brush up its internal resource of leadership, motivation and participation as well as improve its ability to management work process timely in order to push ahead several and multifaceted processes linked with the GF/G executions. To avoid refuse/difficulty the process of M&E, internal and external, is a topic that has to be overcome to strengthen its role.

It is the key as well to practice one of the main organizational values of UNDP and GF: accountability. It plays a main role to be transparent an ethical in the process of buying, hiring, providing technical assistance and fulfilling several Conditions Precedents that GF request, between other relevant aspects.

## Recommendations

- 1) A strategic plan is needed to have an overall vision of the main process related to the Grant's cycle. This tool will simplify the scenario of action and facilitate the role of the CCM and the UNDP to following since a strategic perspective the performance of each Grant and the overall GF portfolio.
- 2) The management attention for the GF/UNDP unit into the UNDP Program has to be improved. A separate and concentrate attention should be gave for the GF portfolio.
- 3) A close monitoring and evaluation of SR performance has to be done regularly as part of the GF Unit managerial task taking care not to substitute their roles and supporting the development of its capabilities. The agreement with the SR has to be review and change if necessary to have transparent commitment.
- 4) A regular and detailed executive report about the fulfillment of Indicators, Conditions Precedents, Sencial Management Issues and other committed related to the GF/G execution has to be prepared and present to UNDP and CCM, including financial and procurement execution.
- 5) The Strategic Plan, the Regular Report as well as the Grant Performance Report, the Grant Score Card, the TRP Review Form for the proposal presented, the Sencial Management Issues (When available) and other main documents related to the Grant execution has to be part o the UNDP/STP/Web page and took part of a distribution list of country leaders and journalist as a whole documents or as executive summary

- 6) An analysis of the organizational climate of the GF/UNDP unit has to be done once a year and deeply discuss between UNDP and the teamwork members. The agreements products of these meetings will be follow and at least two additional meetings, one by semester, have to be done to discuss how the agreements are evolving.
- 7) A regular meeting of the GF/UNDP Unit has to be done to review the different topics of the Gran Execution and other task correlated. In some of this meeting the Director of the UNDP/Program or other delegate for the RR should be there.

### Scenarios

Pessimistic: The main features of Grants Execution continuous to be the same. UNDP and CCM don't have a Strategic Plan of reference to follow the main process linked to the Gran execution. The GF/G takes part of the UNDP/Program Portfolio without special attention. The delays to fulfilled Conditions Precedents are kept and the relationship with HQ/GF is increasing tense. The CCM and UNDP are not informed in details about the Grant execution. The society of STP not known the relevance of GF/G and in consequences does not have interest in the GF/G execution and its involving as a critical partner is absent. The preparations of the new proposals are made without sufficient time and without following the specific indications for GF. . Implications: The disbursements of Grants: "HIV/AIDS, R5 (STP-505-G02-H), "MAL/R7 (STP-708-G03-M) and TB/R8 (STP – 809 – G04 – T)" are suffering and the proposals for MAL/RCC/W8 and HIV/R9 are rejected again.

### Optimistic (?)

Please, be tour self to do an exercise of imagination.





## FG/UNFP Grant Process by deadline of commitments with HQ/GF

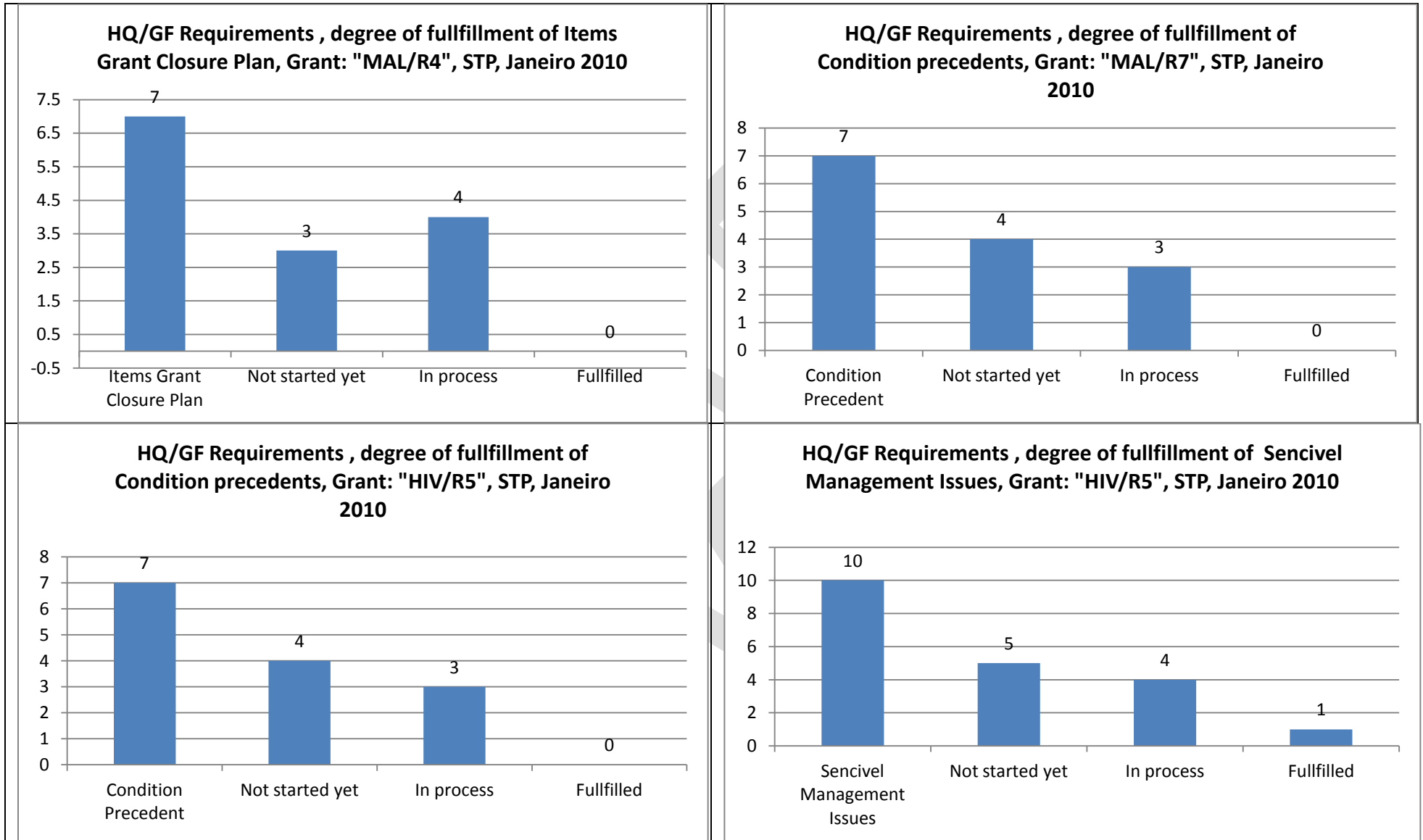
FG Grants Process by dead line of Conditions precedents and other commitments, Sao Tome e Principe, Janeiro 2010							
Grants	Conditions precedents and other commitments						
	Process	On time	Out of time	Dead line	Period of delay (Months)	Evidence available <sup>4</sup>	Evidence quality <sup>5</sup>
MAL/R4	Grant closure	Grant Closure Plan in process		28/02/2010	0	Not yet	3
MAL/R7	Execution F1		F1 Pending CP	15/01/2009	12	Not yet	0
HIV/R5	End F1		F2 Pending CP	15/10/2009	3	Not yet	0
TB/R8	Starting	Grant Starting in process		22/10/2009	0	PSM and Budget documents (Summary and detailed by Y1_2,)	1
MAL/RCC	Rejected	Process of Resubmission already started		10/02/2010 <u>01/06/2010</u>	0	An email to HQ/GF communicating the country decision	2
HIVR9	Rejected	Process of Resubmission not started yet		01/05 – 01/08/2010	0	No	0

Source: Homemade, Mariano Salazar C, based on GF/UNDP/STP's internal communications and information contained in the Global Fund Web Page: Sao\_Tome\_e\_Principe\_and\_Global\_Fund <http://www.theglobalfund.org/programs/country/?countryID=STP&lang=en>

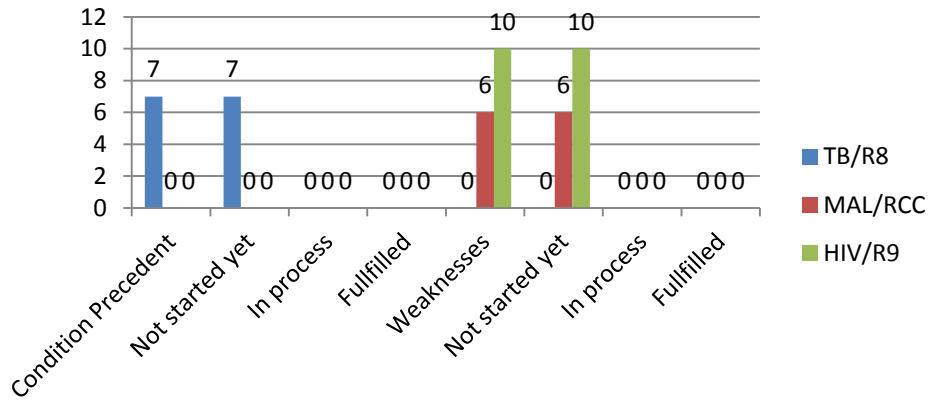
<sup>4</sup> Yes: a proposal has been sent to HQ/GF and approved; Not yet: proposal are in process of preparation; No: Proposal are not in the process of preparation

<sup>5</sup> 1= Strong: official documents; 2 = Medium: Draft official documents; 3= Low: No official documents; 4= Weak: very informal documents; 0= Without data to evaluate

**Commitments to be fulfilled by the GF/UNDP Unit, balance by Grant, General Overview**

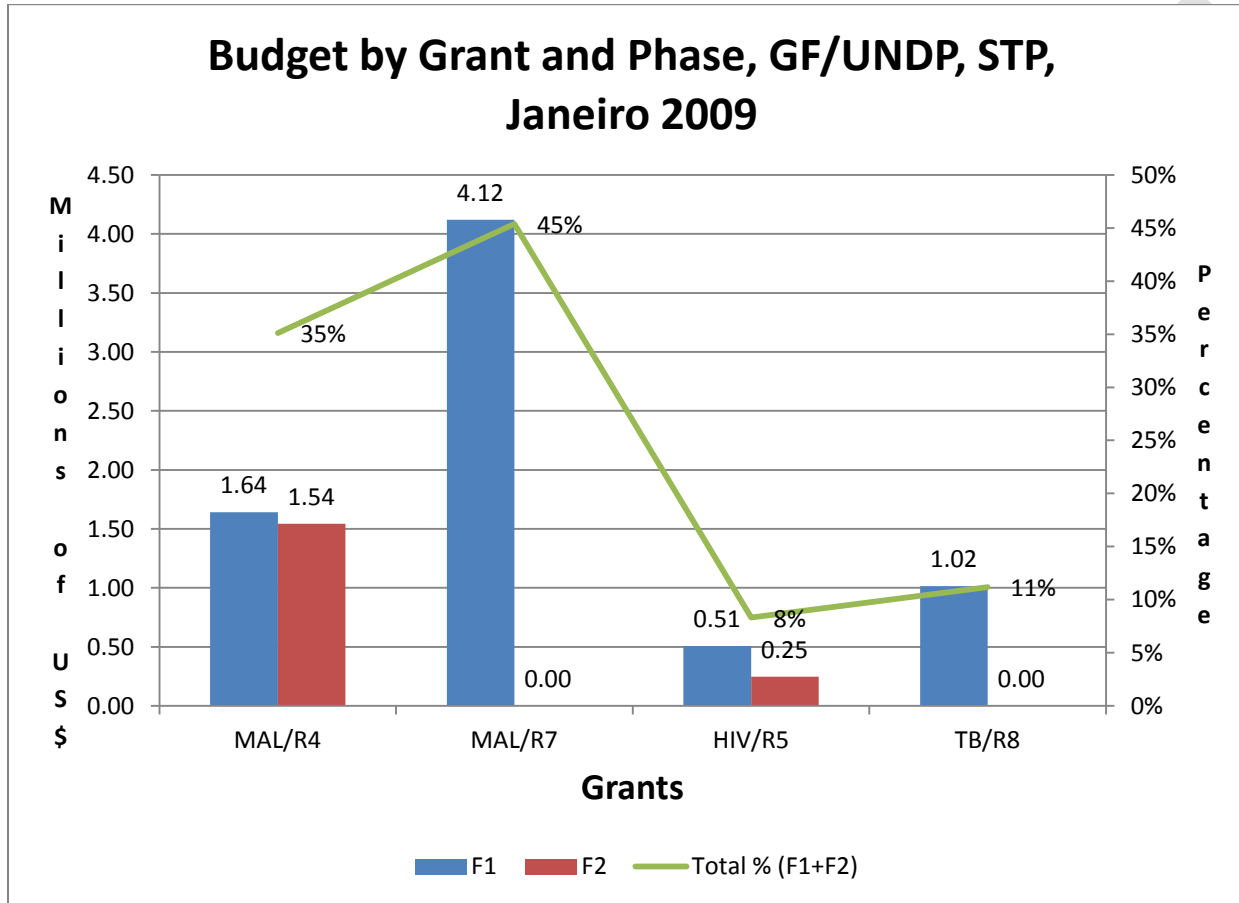


**HQ/GF Requirements , degree of fulfillment of  
Condition Precedents (TB/R8) ; Weaknesses (MAL/RCC;  
HIV/R9) , STP, Janeiro 2010**



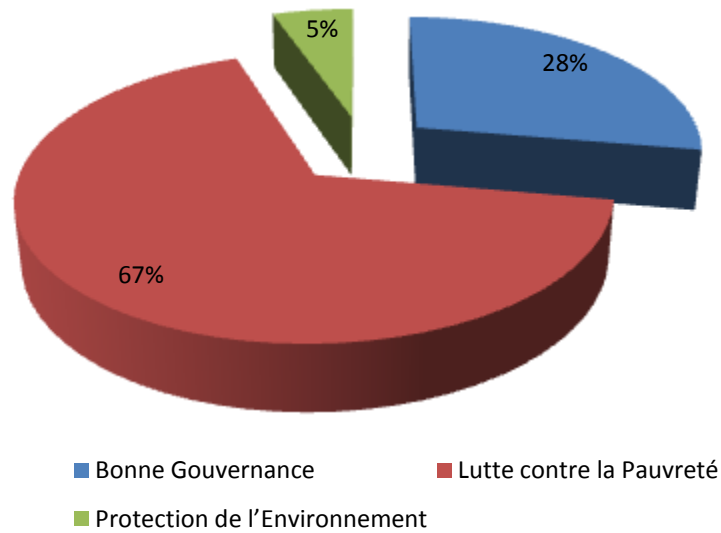
Source: Homemade, Mariano Salazar C, based on Indirect knowledge, January 2010

Budget by Grant and Phase, GF/UNDP, STP, Janeiro 2009

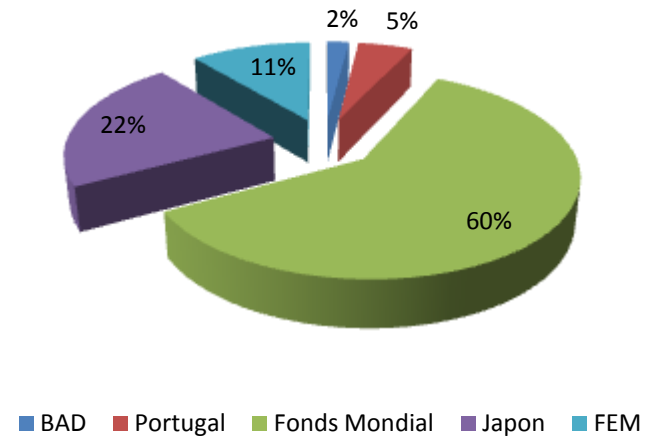


Source: Homemade, Mariano Salazar C, based on information contained in the Global Fund Web Page:  
 Sao\_Tome\_e\_Principe\_and\_Global\_Fund <http://www.theglobalfund.org/programs/country/?countryID=STP&lang=en>

Structure of Program resources, UNDP, STP, 2007 - 2009



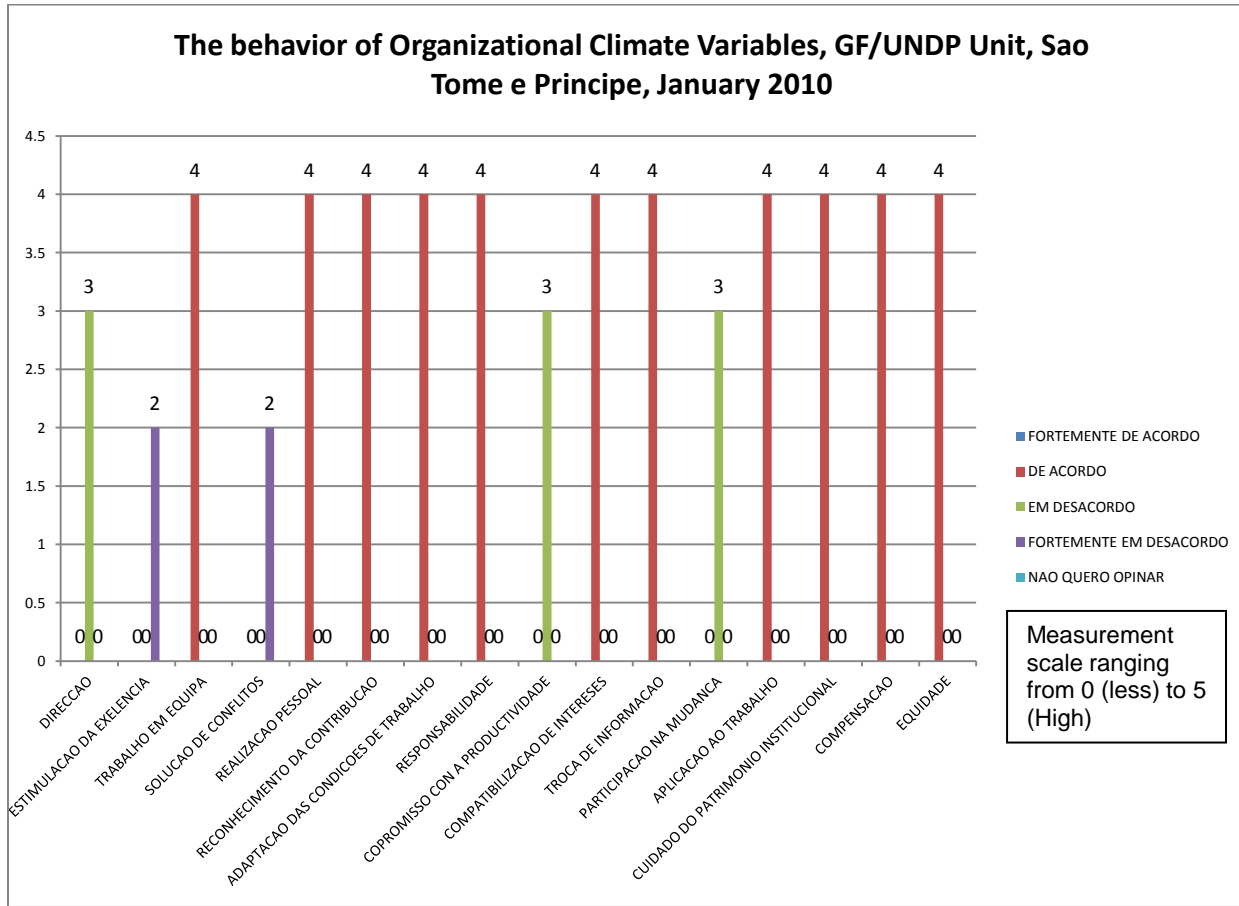
Structure of resources mobilized by UNDP, STP, 2007 - 2009



FAYE.C ; et all. Evaluation a mi-parcours du programme de pays (CPD) et du plan d'action (CPAP) du pnud 2007-2011. Rapport final, October 2009.

**Structure of Program resources by theme and origin of resources mobilized, UNDP. STP, 2007 - 2009**

## GF/UNDP unit: analysis of critical areas of organizational climate



Source: Homemade, Mariano Salazar C, based on Direct Observation (11/06/2009 – 20/01/2010) and ad hoc modifications of : “Salazar.M. Inventario de clima organizacional, Consultoría para la preparación del Manual de Organización y Funcionamiento de la Gerencia de Operaciones, Fase I: Diagnostico organizacional, Mimeo, ENACAL, Dic. 2008”

## Grant Recommendations

Malaria, R4 (STP-405-G01-M)

Items of minimal Grant Closure Plan (Deadline: 1<sup>st</sup> February 2010)

No.	Deliverable	Format
1.	<p>A detailed description of any activities that need to be implemented in order to close the grant in an orderly and responsible manner. Activities that are already included in the approved work plan for the final year of the grant ("Grant Closure Activities") do not need to be described again.</p> <p>The Principal Recipient should also submit its rationale and timeline for the implementation of such activities.</p>	<p>Please use the same format that is used for Work Plans submitted under the Grant Agreement, and include the rationale and timeline for</p>

DRAFT

	Note: Grant Closure Activities must be consistent with those already included in the work plan that has been approved by the Global Fund.	activities.
2.	Budget for Grant Closure Activities (as described under Deliverable 1). Note: the Principal Recipient has a duty to minimize the costs of grant closure.	Please use the same format that is used for Budgets submitted under the Grant Agreement
3.	A list of all Health Products procured with Grant funds that are not likely to be used/consumed before the 28 February 2010 ("List of Health Products").	Please use the format specified in Figure 1 in Attachment B to this letter
4.	A list of all Non-Cash Assets (including, but not limited to vehicles, equipment and infrastructure) procured with Grant funds during the term of the grant ("List of Non-Cash Assets"). Note: this list should also include non-physical assets such as copyright in any IEC materials or TV spots created using Grant funds.	Please use the format specified in Figure 2 in Attachment B to this letter.
5.	A plan for the use, transfer and/or disposal of all of the items specified in the List of Health Products and List of Non-Cash Assets (as described in rows 3 and 4 above). Note: The plan should provide a detailed rationale for the proposed use, transfer and/or disposal.	Please include the information specified in Figure 3 in Attachment B to this letter.  The plan must be endorsed by the Country Coordinating Mechanism (CCM) before it is submitted to the Global Fund.
6.	Estimated Cash Statement as of the 28 February 2010. Note: All revenue generated from grant funds (including but not limited to interest, foreign exchange gains, tax refund(s), revenue from any social marketing activities) must be treated and accounted for as grant funds and included in the Cash Statement. Any revenue that is expected to be received after the 28 February 2010 should also be considered as grant funds.	Please use the format specified in Figure 4 in Attachment B to this letter.
7.	A description of the Principal Recipient's plan for maintaining Program Books and Records for a period of 3 years from the last disbursement in accordance with the	No specified format.



Malaria, R7 (STP-708-G03-M)

Initial PR Assessments<sup>6</sup>

1.4. Initial PR Assessments		
Assessment Area	Rating	Summary of Recommendations/Action Required and Taken
Overall	B1	The additional PR staff that has been mentioned by the UNDP management should be contracted as soon as possible. Before first disbursement request. The UNDP OIC and deputy RR has stated that the cost will be assumed by the UNDP.
Overall	B1	The health facility staff has to receive capacity building in order to improve the data collection at health facility level (including PSM training). During first and second program years.90000 USD (45000 per year).
Overall	B1	The UNDP CO has to assume responsibility by assigning operational responsibility for the GFATM programs at a higher management level. Before signing the grant.
Overall	B1	Training SRs in project management. During phase 1. 40000 USD, from rd 7 grant.
Overall	B1	Real, 6 monthly disbursements to SRs, so that implementation can be long-term-planned. During year one for SRs with previous experience with GFATM and during year 2 for rest of SRs.
Overall	B1	Additional PR staff has to be contracted to ensure sufficient SR monitoring.
Financial Management and Systems	B1	Even though the financial officer is carrying out his tasks satisfactory, the overall management/monitoring of processes

<sup>6</sup> <http://www.theglobalfund.org/programs/country/> Global Fund/Sao Tome and Principe, STP-708-G03-M, Grant Performance Report. Last Updated on: 12 August 2009

## Malaria, R7 (STP-708-G03-M)

1.4. Initial PR Assessments		
Assessment Area	Rating	Summary of Recommendations/Action Required and Taken
		carried out by the program manager could be improved. During implementation.
Financial Management and Systems	B1	<p>The monitoring of execution of budget/procurement need to be better coordinated by the program manager</p> <p>Disbursement to SRs could possibly be done for 6 months periods instead of 3 months-periods.</p> <p>During implementation.</p>
Financial Management and Systems	B1	The monitoring of stock-information should be improved and reviewed by the program manager. During implementation.
Overall	B1	The planning and execution of procurement should be more carefully monitored by the PR program manager, including communication with CNE who is managing the stock of health products. From start of implementation.
Overall	B1	Information related to stock management should be managed better (i.e. the alert systems that are established should be reviewed regularly and the information used for management decisions). From start of implementation.
Monitoring and Evaluation	B1	Invest in improving the HIS, including data collection and reporting through training of staff at district and local level. During year phase one. 90 000 USD (years 1&2); from the rd 7 grant.
Monitoring and Evaluation	B1	Contract extra PR staff members as soon as possible. Before grant implementation. Cost: 20000 – 60000/year depending on qualifications and if the staff is national or international. The PR has stated that at least one UNV should be contracted,

## Malaria, R7 (STP-708-G03-M)

1.4. Initial PR Assessments		
Assessment Area	Rating	Summary of Recommendations/Action Required and Taken
		and possibly also a JPO, both at the expense of the UNDP/member country.
NULLOEMPTY	x	

### Condition precedent<sup>7</sup>

Condition Precedent	Tied To	Terminal Date	Is currently met?	Comments
Delivery by the Principal Recipient to the Global Fund, in form and substance satisfactory to the Global Fund, of documentation demonstrating that there is no double funding of activities between the different programs funded by the Global Fund; for such purposes, the Principal Recipient shall conduct a cross-cutting analysis for expenditures and activities incurred or budgeted in the programs in which it is a principal recipient for itself and for the major Sub-recipients until the Program Ending Date; this analysis shall demonstrate that activities financed under the Program are not otherwise included in the budgets and work plans of the other programs for which it is a principal recipient (as of the effective date of this Agreement, the program grant agreements number STP-405-G01-M and STP-506-G02-H)	Disbursement	15.Jan.09	No	

<sup>7</sup> <http://www.theglobalfund.org/programs/country/> Global Fund/Sao Tome and Principe, STP-708-G03-M, Grant Performance Report. Last Updated on: 12 August 2009

## Malaria, R7 (STP-708-G03-M)

Condition Precedent	Tied To	Terminal Date	Is currently met?	Comments
<p>Delivery by the Principal Recipient to the Global Fund, in form and substance satisfactory to the Global Fund, of documentation demonstrating the appointment on the following positions, with appropriate experience and expertise and with appropriate terms of reference:</p> <ol style="list-style-type: none"> <li>1. Project Manager (existing vacant position in the Program management unit);</li> <li>2. Procurement Assistant (in the Program management unit);</li> <li>3. Financial/Administrative Assistant (in the Program management unit);</li> <li>4. Entomologist (in the National malaria program);</li> <li>5. Statistician (in the National malaria program); and</li> <li>6. Epidemiologist at national and district level (in the National malaria program);</li> </ol>	Disbursement	15.Jan.09	No	
<p>Delivery by the Principal Recipient to the Global Fund, in form and substance satisfactory to the Global Fund, of a final version of the integrated monitoring and evaluation plan (the "Integrated M&amp;E Plan") that incorporates monitoring and evaluation activities of the Program and the program grant agreements STP-405-G01-M and STP-506-G02-H; and the written approval of the Global Fund of the Integrated M&amp;E Plan</p>	Disbursement	15.Jan.09	No	
<ol style="list-style-type: none"> <li>a. the written endorsement by the Country Coordinating Mechanism (CCM) of the proposed incentive scheme; and</li> <li>b. delivery by the Principal Recipient of the proposed incentive scheme demonstrating the linkage of incentives to Program performance and describing the staff which shall be eligible for such incentives and</li> </ol>	Other	15.Jan.09	No	

## Malaria, R7 (STP-708-G03-M)

Condition Precedent	Tied To	Terminal Date	Is currently met?	Comments
demonstrating that there is no duplication of salary and/or incentives paid from the Program Funds to any individual.				
<p>a. the delivery by the Principal Recipient of the results of a verification of the stock levels of RDT, Artemisinin-based Combination Therapy (ACT) and LLIN purchased using Global Fund grants funds and held by the National Pharmacy in the name of the Principal Recipient or in stock in subsidiary health structures in the Country;</p> <p>b. the delivery by the Principal Recipient of the rate of consumption associated with usage of Rapid Diagnostic Tests financed under the Program. Should this not be in line with the forecasted amounts, the work plan, budget and Performance Framework targets related to the purchase and use of RDT shall be modified to reflect appropriate needs and performance</p>	Disbursement	15.Nov.09	No	
The delivery by the Principal Recipient to the Global Fund of a plan for the procurement, use and supply management of the Health Products for the Program as described in subsection (c) of Article 18 of the Standard Terms and Conditions of this Agreement (the "PSM Plan"); and the written approval of the Global Fund of the PSM Plan.	Procurement	15.Jan.09	No	
The use of Grant funds for purchasing motorcycles for health workers or health facilities shall be subject to the delivery by the Principal Recipient to the Global Fund of a plan outlining the activities and costs	Other		No	

**Malaria, R7 (STP-708-G03-M)**

Condition Precedent	Tied To	Terminal Date	Is currently met?	Comments
<p>related to the use of these motorcycles (the “Motorcycle Exploitation Plan”). The Motorcycle Exploitation Plan shall be subject to the written approval by the Global Fund upon verification by the Local Fund Agent.</p>				
<p>2. No later than one year after the first motorcycle is delivered to the Principal Recipient, the Principal Recipient shall deliver to the Global Fund a report, in form and substance acceptable to the Global Fund upon verification by the Local Fund Agent, detailing the use of motorcycles as part of the Program and their impact on Program results.</p>	Other		No	

Return to [Summary](#)

HIV/AIDS, R5 (STP-505-G02-H)

Initial PRAssessments<sup>8</sup>

1.4. Initial PR Assessments		
Assessment Area	Rating	Summary of Recommendations/Action Required and Taken
Financial Management and Systems	A2	<p>The PR is recommended to implement 6 months detailed work plans for SRs, where SRs request funds well ahead of the implementation of activities and train SRs in financial management.</p> <p>The PR (UNDP) has managed correctly its financial resources. Its system is working satisfactorily, the only problem being at the start of the GFATM Malaria program implementation due to the fact that the PR team was not trained in ATLAS system - this gap was overcome by training the team.</p>
Procurement and Supply Management	B1	<p>PR was recommended to provide a more comprehensive forecasting information for OI drugs, second line ARV treatment and number of rapid tests which will be bought through the GFATM grant. A detailed plan for storage of the procured pharmaceuticals and condoms should be presented: what should be where and under the supervision of what entity. If the storage at the FNM is not enough, the hospital storage capacity could be used but a plan for supply management (responsibility of FNM) must be worked out indicating the links between the systems of the FNM warehouse and the hospital must be linked.</p> <p>PR should develop a comprehensive district supervision plan for both grants to be carried out by the FNM with support of the PR M&amp;E Team.</p> <p>The computerized stock management system requested from the beginning of Malaria grant implementation should be purchased and functionally used by FNM.</p>

<sup>8</sup><http://www.theglobalfund.org/programs/country/> Global Fund/Sao Tome and Principe, STP-506-G02-H, Grant Performance Report. Last Updated on: 12 August 2009

1.4. Initial PR Assessments		
Monitoring and Evaluation	B2	<p>PR needs to clarify the different roles of PNLs and the PR in the M&amp;E assignment. This relationship should be formalized by agreeing on joint ToRs for both teams and milestones for transferring ME competencies from PR team to PNLs.</p> <p>PR needs to strengthen the PNLs's capacity to conduct M&amp;E related activities. PR and PNLs must address all M&amp;E gaps from the very start of the program including tools for data collection, M&amp;E system at whole, roles and responsibilities, and what type of information systems and software should be used for proceeding and analyzing M&amp;E data. For that, PR needs to initiate contracting an M&amp;E consultant responsible to develop a comprehensive HIV/AIDS ME systems as per work plan ASAP.</p> <p>A skilled person (M&amp;E expert) should be placed at the level of the PNLs. The training for the PNLs team member should be transformed into a national based training where more PNLs staff members can participate.</p>
Overall	B1	<p>PR will maintain the overall management and leadership of the first phase of program implementation in order to give time and support to PNLs to develop management and programmatic capacities. CCM has designed CNE as the future PR for the HIV component. PNLs is placed under the management of CNE. PR (UNDP) will hire a UN Volunteer to work closely with PNLs to develop the ME function and provide support to PNLs staff in its daily ME related activities and capacity building. PR program management unit will work closely with CNE team to ensure transfer of management competencies, especially financial management, programmatic planning, ME and procurement.</p>



Condition precedent <sup>9</sup>

Condition Precedent	Tied To	Terminal Date	Is currently met?	Comments
<p>Delivery by the Principal Recipient to the Global Fund of the following:</p> <p>a. a staff organizational chart which includes all persons who are involved in implementing Program activities;</p> <p>b. the terms of reference of each position included in the staff organizational chart; and</p> <p>c. evidence that the Principal Recipient has appointed persons with appropriate qualifications and experience to fill the following positions:</p> <p>i. a medical doctor who will be responsible for monitoring and evaluation of Program activities;</p> <p>ii. a nurse who will be responsible for behavioral change communication and information, education and communication; and</p> <p>iii. an administrative officer.</p>			Yes	
<p>Delivery of evidence by the CCM, in form and substance satisfactory to the Global Fund, that the CCM has complied with the following requirements for CCMs:</p>			In Progress	A CCM status is now established.

<sup>9</sup> <http://www.theglobalfund.org/programs/country/> Global Fund/Sao Tome and Principe, STP-506-G02-H, Grant Performance Report. Last Updated on: 12 August 2009

Condition Precedent	Tied To	Terminal Date	Is currently met?	Comments
<p>i. selection of CCM members representing the non-government sectors by their own sector(s) based on a documented, transparent process, developed within each sector; and</p> <p>ii. Establishment and maintenance of a transparent, documented process to:</p> <p>A Solicit and review submissions for possible integration into the proposal;</p> <p style="padding-left: 40px;">B. Nominate the Principal Recipient(s) and oversee program implementation;</p> <p>C. Ensure the input of a broad range of stakeholders, including CCM members and non-members, in the proposal development and grant oversight process.</p>				

### Sensible management issues<sup>10</sup>

#### *Program Management*

-It was noted that the implementation of the program was affected by the PR's staffing issue. We acknowledge the start of the M&E Expert in June 2009. However, as addressed in a letter at the signing of the Phase 2 Grant Agreement, as mentioned in the Conditions Precedent, and as discussed during the FPM visit in Sao Tomé and Príncipe in September 2009, it is crucial that the Program Manager be recruited at the earliest delays. This was expected to be done by the 15<sup>th</sup> of October 2009. As an interim measure and only until the recruitment of the Program Manager is completed, the PR shall hire a UNV in that position which will be paid on UNDP budget.

-The PR's Annual Report is overdue; please provide us with the report before the 22<sup>st</sup> of December 2009.

-With respect to delayed activities, in future progress updates, please provide us with a table of the postponed activities and their costs.

#### *Indicators*

-Between Q8 and Q11, the indicators continue to perform satisfactorily. However, we have noticed that some indicators have had a weaker performance at Q8 and slowly progressed by Q11. (Number male condoms procured and distributed in health facilities; number of youth peer counselors trained in HIV prevention; number of HIV positive pregnant women who received a full course of ARVs; number of HIV positive patients receiving prophylaxis for Opportunistic Infections; number of lab technicians trained on sputum smear microscopy). Please provide us with more information and analysis as to how the performance of the indicators reached the intended targets by Q11.

-Even though most impact indicators are to be reported annually or at the end of the program, please provide us, when available, with a short update on the situation.

-There are some data quality issues with respect to the use of the data management system and recent virus attack. Please note that it is a Condition Precedent to the Phase 2 Grant Agreement, for the PR to provide us with information that the M&E database system and correct collection of data has resumed and that data is being entered correctly.

- Please ensure adequate use and handling of patient lists, stock lists, etc. at the level of the individual health facilities in order to optimize the use of the results we get from the SRs, and to avoid double counting (especially for the indicator on pregnant women receiving HIV test, results and post-test counseling).

---

<sup>10</sup> Vilfrido Gil/FW: Management letter\_STP-506-G02-H\_Disbursement 9 (UNDP\_Intranet\_email)/ Send: Tue 12/8/2009 7:17 PM

-It is noted that the PNLS data management software has been attacked by a virus and that most data has been damaged and underwent correction for the purpose of reporting. Please note that the Condition Precedent in the Grant Agreement requires the PR to provide us with evidence that the data has been entirely recovered and that the data management software is functioning adequately.

### *Financial Management*

-The FPM acknowledges the change in the financial management system of the PR. This has created a few discrepancies in the reporting of expenditures which need to be resumed in order to have clarity. Some figures are inflated and were subject to estimate rectification. In future progress updates, do not omit to state clearly that the figures shown in the cumulative expenditures of the program have a 19,000 USD variance.

### *Procurement*

-The PR needs to provide us with a revised PSM plan and a revised budget for the Phase 2 of the program. Please note that this is a Condition Precedent in the Phase 2 Grant Agreement.

-A Special Condition in the Phase 2 Grant Agreement states the following:

“No later than two (2) months after the effective date of this Amended and Restated Program Grant Agreement, the Principal Recipient shall deliver to the Global Fund documentation demonstrating, in form and substance satisfactory to the Global Fund, that it has developed a system for the regular revision and analysis of Health Products stock management data and that it is conducting adequate procurement planning.”

Please provide us with the adequate information before the 31<sup>st</sup> December, 2009.

-With respect to the purchase of male condoms, the PR has not conducted a competitive tender for the last batch procured. Quotes and prices were not received from other suppliers due to the long term standing agreement between UNFPA and UNDP. As such practices go against Global Fund principles, please provide us with the information which justifies this (CAP waiver, and the MOU with UNFPA)

### *Conclusion*

On a programmatic level, the PR has sustained its efforts to reach satisfactory results which we continue to encourage. We would like to emphasize the importance of the recruitment of the Program Manager and trust that the PR will take the necessary and timely action. We hope that the comments made and the information requested will help the PR to continue to improve the performance of the HIV-aids program in Sao Tomé and Principe.

Return to [Summary](#)

TB/R8 (STP - 809 - G04 - T)

**Initial PR Assessments and Conditions Precedents.**

Please, check [Bibliografhy consulted](#): GRANT TB/R8, under the title “Selected pages”; thanks.

Return to [Summary](#)

DRAFT

## Malaria Control in São Tomé & Príncipe, toward elimination (Rolling Continuation Channel Wave 7)

---

### Situation of proposed Grants

#### Malaria Control in São Tomé & Príncipe, toward elimination (Rolling Continuation Channel Wave 7)

##### Summary of TRP Recommendation and main reason(s) for not recommended proposals

This proposal has potential for building on and maintaining the previous achievement from the Round 4 grant. Nevertheless, the proposal in its current form has major weaknesses, especially in the areas of local capacity building, financial gap analysis and in the budget and work plan alignment. The TRP does not recommend this proposal for funding (Category 3A), but strongly encourages the country to take into consideration weaknesses identified below and resubmit a revised proposal in the next RCC Wave.

##### Key Strengths of Proposal

1. The proposal builds on achievements in the Round 4 grant and takes into consideration the contributions by existing grants and other partners.
2. Interventions proposed are evidence based, consistent with best practices and targets the entire population.
3. The programme has recognised the limited managerial, programmatic and overall human resources capacities to be addressed.

##### Weaknesses of Proposal

###### Major weakness(es)

1. Limited intersectoral, multi-sectoral and community leadership involvement in the program implementation.
2. Capacity for and description of the implementation especially in the area of surveillance, monitoring and evaluation is weak considering the fact that the program is moving to the elimination mode. It is important that once the disease is eliminated this capacity remain in the country to avoid recrudescence.
3. Despite identifying capacity building as a key element of this proposal, there is lack of concrete description on building nationals' managerial capabilities in the work plan and budget allocation when compared to the proposed resource allocation to international recruitment and international Technical Assistance (TA). This is particularly important in view of the consideration to review shifting Principal Recipient mid-stream of this RCC's life-time.
4. The budget and work plan has numerous inconsistencies that require major review and adjustments. Many lump sum budget items have no justification. For example, item 6.1.1.19 support to UNDP Global Fund in regard to acquisition & monitoring; item 6.1.1.54 recruitment of a manager (The United Nations

## Malaria Control in São Tomé & Príncipe, toward elimination (Rolling Continuation Channel Wave 7)

---

Volunteers (UNV) programme) for the Principal Recipient; 6.1.1.55 recruitment of a pharmacist (UNV) for supply chain of the Principal Recipient located in FNM; recruitment of a foreign epidemiologist for three months but budgeting for 12 months and many others.

### *Minor weakness(es)*

1. The financial gap analysis table is inaccurate and the numbers do not add up. For example, the cost sharing calculation is calculated at 124 percent rather than the maximum 65 percent.
2. The service delivery areas (SDAs) and activities in the work plan are not aligned with each other.

### Recommendation

<b>Category 1:</b> Recommended for funding with no clarifications.	
<b>Category 2:</b> Recommended for funding provided clarifications or adjustments are submitted within a limited timeframe, as evidenced by the documented final approval of the TRP Chair or Vice Chair.	
<b>Category 3A</b> (Applicable only upon initial submission): Not recommended for funding based on technical merit but strongly encouraged to resubmit a revised proposal, taking into account the issues raised by the TRP, for consideration in the next wave of Rolling Continuation Channel proposals.	<b>3A</b>
<b>Category 3B</b> (Applicable only upon re-submission): Not recommended for funding based on technical merit but encouraged to resubmit through the Rounds-Based Channel following major revision.	
<b>Category 4:</b> Materially different and rejected as a Rolling Continuation Channel Proposal.	

Return to [Summary](#)

## Strengthening the HIV/AIDS epidemic response in Sao Tome and Principe (HIV/R9)

---

### Strengthening the HIV/AIDS epidemic response in Sao Tome and Principe (HIV/R9)

#### Summary of TRP recommendation

While there are some strengths to this proposal, the fundamental weaknesses identified in Round 8 remain. There is a very weak understanding of the epidemiology of the HIV/AIDS epidemic, and proposed interventions are not clearly formulated to address the epidemiological challenges. The TRP does not therefore recommend funding this proposal in its current form (Category 3) and encourages the applicant to resubmit in a future funding window after taking into consideration the comments provided below.

#### Key Strengths of Proposal

1. The proposal tries to address the weaknesses identified by the Technical Review Panel (TRP) in Round 8.
2. The proposal discusses several high-risk groups, including commercial sex workers, military and paramilitary personnel, prisoners, taxi and motorcycle taxi drivers and mobile women traders. There is also the identification of tourism as an at-risk sector.
3. The proposal introduces a second principal recipient from civil society.
4. The development of the proposal appears to have been a very inclusive process and they are seeking to build capacity of the association of people living with HIV/AIDS.

#### Weaknesses

Types of changes that need to be made to strengthen the proposal's resubmission

#### *Major weaknesses*

1. There remains a very weak understanding of the epidemiology of the HIV/AIDS epidemic, although it is stated that there will be studies in 2010 and 2012. The same issue was pointed out in Round 8 as a major weakness. It is therefore very difficult to justify the proposed interventions. The proposal has a plethora of interventions, lacks focus, and is unlikely to have much of an impact.
2. The proposal seeks to focus on highly vulnerable groups; however many of the proposed interventions are more appropriate for a generalized epidemic. There is no in-depth discussion on how these groups will be accessed and the reasons for their vulnerabilities.
3. The behavior change communication activities appear particularly inappropriate for the type of epidemic, with only 18 percent of the behavior change communication budget going to most-at-risk groups, and 82 percent going to the general population.



## Strengthening the HIV/AIDS epidemic response in Sao Tome and Principe (HIV/R9)

---

4. The budget has quadrupled since the Round 8 submission with very modest outcomes. For example, the percentage of young women and men who have had sexual intercourse before the age of 15 decreasing from a baseline of 60 percent to an end line of 58 percent over 5 years; considering that the 15-25-year-old population stands at 33,867, this would indicate that less than 700 people actually changed behavior (when US\$ 600,000 is allocated to generalized behavior change communication).

5. The performance framework is very weak, particularly the impact indicators which do not adequately reflect the key activities. For example, there is a big focus on condom distribution (to reach 3 million per year by year 5, or 34 per adult over 15 per year) with no indicator on condom use.

### *Minor weaknesses*

1. There is a mention of male commercial sex workers and a lack of framework to protect sexual minorities; however there is no discussion specifically of men who have sex with men and their vulnerabilities to HIV/AIDS.
2. There is a mention of the introduction of female condoms but there is no discussion of how they will be introduced or their acceptability.
3. There is a poor description of how this proposal will coordinate with other funding streams identified.
4. It is not clear how the capacity of health facilities to provide necessary services will be strengthened. Infrastructure improvements proposed in response to the weaknesses identified by the TRP in the Round 8 proposal are limited to the national AIDS control program and some laboratory equipment.
5. The approach to tuberculosis/HIV/AIDS co-infection is an important element, but poorly developed.










### Recommendation



<b>Category 1:</b> Recommended for funding with no or only minor clarifications	
<b>Category 2:</b> Recommended for funding provided clarifications or adjustments are submitted within a limited timeframe	
<b>Category 3:</b> Not recommended for funding in its current form but encouraged to resubmit following major revision	<b>3</b>
<b>Category 4:</b> Rejected	

Return to [Summary](#)

## Bibliografhy consulted

To open any documents in your interest, please click in the Adobe symbols

Grants	Grant Closure Process	Grant Performance Report	TRP Review Form	Notification	Others
GRANT:Malaria/R4	 Adobe Acrobat Security Settings Doc				
GRANT:Malaria/R7		 Adobe Acrobat Document			
GRANT:Malaria/RCC/W7			 Adobe Acrobat Document	 Adobe Acrobat Document	
GRANT:HIV/R5		 Adobe Acrobat Document		 Adobe Acrobat Document	
GRANT:HIV/R9			 Adobe Acrobat Document	 Adobe Acrobat Document	
GRANT TB/R8		 Adobe Acrobat Document			
		Selected pages			

Grants	Grant Closure Process	Grant Performance Report	TRP Review Form	Notification	Others
		 Adobe Acrobat Document			
Country Coordinator Mechanims (CCM) (Numbers of members)					 Adobe Acrobat Document
Evaluation a mi-parcours du programme de pays (cpd) et du plan d'action (cpap) du pnud 2007-2011 <hr/> RAPPORT FINAL					