



GF/UNDP Unit

The Operational Model of GF/UNDP portfolio in Sao Tome e Principe (2005 – 2010)

Clues to identify lessons learned

These notes are the product of a rapid approach to these complex topics to identify some first track about lesson learned during the period of 2005 - 2010. They have the goal to create a platform of reflection to go gradually deeper in the next future in the analysis of Operational Model of GF/UNDP Portfolio at a whole and its main components. The questions that have to be answered are: What is the model more efficient, effective and fair that we can set up, putting patients at the center of the agenda? In this sense, a look was given to the available Grants, the Sub-Recipients as an axis of Grants execution, the Cooperation Agreements between the Principal Recipient and the Sub-Recipients and the global expenditure profile. Every aspect refers to the evidence which the author had access. As a corollary of these notes, ideas are presented to review and draw lessons learned as well as a set of recommendations as a starting point for analysis together with the colleagues of Global Fund and UNDP Programs. A scoreboard was designed to facilitate a rapid appreciation of the results. Additional operational research and debate will add value to these notes.

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The responsibility for the contents of these notes is solely the author.

All the tables and figures which take part of this note were prepared for the author. The dates used to build the tables related to expenditures come from the UNDP Atlas system.

Table of acronyms

STP	Sao Tome e Principe
GF	Global Fund
UNDP	United Nations Development Program
CCM	Country Coordinator Mechanism
PB	Principal Beneficiary
SB	Sub Beneficiary
LFA	Local Fund Agent
F1, F2, F3	Phase I, Phase II, Phase III
R5, R4, R7, R8	Round 4, 5, 7 or 8
MALR4	Grant/Project “Malaria control in Sao Tome et Principe (MALÁRIA-R4)”
MALR7	Grant/Project “Consolidating Malaria Control Efforts for Malaria Elimination in Sao Tome and Principe (MALARIA-R7)”
HIVR5	Grant/Project “Strengthening the HIV/AIDS epidemic response in Sao Tome et Principe (HIV/AIDS-R5)”
TBR8	Grant/Project “Reinforcement of the National Response to the Tuberculosis Epidemic (TB-R5)”
MAL	Malaria
Tb	Tuberculosis
HIV/AIDS	Human Being Immunodeficiency Virus / Acquired Immunodeficiency Syndrome
FPM	Found Portfolio Manager
MM or MdM	Médicos do Mundo
FNM	Fundo nacional de Medicamentos
CNE	Centro Nacional de Endemias
PNLS	Programa Nacional de Luta contra o Sida
PNLP	Programa Nacional de Luta contra o Paludismo
PNLT	Programa Nacional de Luta contra a Tuberculoses
CV	Cruz Vermelha
PSR	Programa de Saúde Reprodutiva
ISVSM	Instituto de Saúde Victor Sã Machado
CNES	Centro Nacional de Educação para a Saúde
ADRA	Associação Adventista para o Desenvolvimento

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Operational Model Scoreboard

Indicator	Status				Observations
	RED	YELLOW	GREEN	BLUE	
The CCM is performing its role?	x				The CCM has to focus in improve its performance related to the process of submit new grants proposals to the Global Fund and the function of oversee progress during Grant implementation
Is a GF/UNDP Unit in place and performing its role?			x		This Unit until now has been the guaranty of the GF/UNDP Grant Portfolio execution
Is the Transactional cost with the Sub Beneficiaries high?		x			A heavy burden and complexity in the managerial process is produced due to the features of Sub Beneficiaries universe: number, nature and scope
Are the Cooperation Agreements between the PB and SB updated and useful?		x			The Cooperation Agreements with the SB have to be update and improved to reflect the reporting system and other issues on UNDP interest
Is the profile of the expenditure appropriate?		x			An expenditure asymmetric profile was identified based on the use of "Capacity Assessment" account which count by 21.62% (US\$ 1.158.424,00) of all expenditures
Predominant degree of risk of Operational Model					

NB: **Red:** Danger (Strong weakness in the Operational Model); **Yellow:** Alert (Weakness in the Operational Model); **Green:** Routine (This component of the Operational Model is in place inside the security zone); **Blue:** without risk evaluation at the moment. The degree of risk will be updated according with the information available.

The Global Found General Operational Models: main components.

The OM is made up of Global Fund Country Partners and tools that link them together. The main Country Partners are the Country Coordinator Mechanism (CCM), the Principal Beneficiary (designated by the CCM), the Sub Beneficiaries¹, the Local Fund Agent and the Fund Portfolio Manager. The main tools that allow them to work together are funding agreements signed between the Global Fund and the Principal Beneficiary and the Principal Beneficiary and the Sub Beneficiary. Examples of these funding agreements can be appreciated in Annex Nro1. The main role of the principal component can be appreciated in the Table Nro1.

Table 1 Global Fund main Country Partners

Main component	Role
Country Coordinator Mechanism (CCM)	Country Coordinating Mechanisms are central to the Global Fund's commitment to local ownership and participatory decision-making . These country-level multi-stakeholder partnerships develop and submit grant proposals to the Global Fund based on priority needs at the national level. After grant approval, they oversee progress during implementation.
Principal Recipient (PR) and Sub-recipients	The Global Fund signs a legal grant agreement with a Principal Recipient (PR), which is designated by the CCM. The PR receives Global Fund financing directly, and then uses it to implement prevention, care and treatment programs or passes it on to other organizations (sub-recipients) who provide those services. Many PRs both implement and make sub-grants. There can be multiple PRs in one country. The PR also makes regular requests for additional disbursements from the Global Fund based on demonstrated progress towards the intended results.
Local Fund Agent	The Global Fund does not have a country-level presence outside of its offices in Geneva, Switzerland. Instead, it hires Local Fund Agents to oversee, verify and report on grant performance. The Local Fund Agent works closely with the Global Fund, and in particular with the relevant <u>Fund Portfolio Manager</u> , to provide the following services: Work performed before the Global Fund signs a grant agreement with the Principal Recipient, Work performed during program implementation, Work performed with respect to the Phase 2 review, Work performed with respect to grant closure and Ad hoc assignments undertaken at the request of the Global Fund, such as investigations relating to the suspected misuse of funds. .

¹ The Grant Agreement defines a Sub-Recipient (SR) as an entity to which UNDP provides funding in order to carry out activities contemplated under the programme. In UNDP terms, a Sub-Recipient is the “implementing entity” or “contractor.” In the Annex

The Operational Models in STP: main features.

Grants available

STP has until now 4 Program Agreement signed by UNDP as a PR and Global Fund:

Table 2 Global Fund Grants available in STP, January 2010

Project Title	Grant No.	Grant Agreement and		Funding		
		Signed date	Start date	Total Funding Request	Funding	Total Disbursed
Strengthening the HIV/AIDS epidemic response in Sao Tome et Principe (HIV/AIDS-R5)	STP-506-G02-H	31-August-200	01-October-2006	\$1,370,682.00	Phase 01	\$854,715.00
					\$506,480.00	
					Phase 02	
					\$864,202.00	
Malaria control in Sao Tome et Principe (MALÁRIA-R4)	STP-405-G01-M	17-February-2005	01-March-2005	\$3,484,859.00	Phase 01	\$3,024,212.00
					\$1,941,359.00	
					Phase 02	
					\$1,543,500.00	
This Grant closed January 2009						
Consolidating Malaria Control Efforts for Malaria Elimination in Sao Tome and Principe (MALARIA-R7)	STP-708-G03-M	11-September-2008	01-November-2008	\$8,581,979.00	Phase 01	\$1,756,733.00
					\$4,118,449.00	
					Phase 02	
					\$0,0	
Reinforcement of the National Response to the Tuberculosis Epidemic (TB-R5)	STP-809-G04-T	22-October-2009	01-December-2009	\$2,490,984.00	Phase 01	\$431,990.00
					\$4,118,449.00	
					Phase 02	
					\$0,0	
This Grant is starting now						

The CCM in STP is formally constituted by 37 members. The Chairman is the Minister of Health and its 37 members belong to UN agencies, civil society, social leaders and other sectors. Its performance never was evaluated.

Sub Recipients and Grants: 2005 - 2010

a) The GF/UNDP portfolio in Sao Tome and Principe has had twenty nine (29) Sub-Recipient (SR) since 2005 until 2010, distributed in four Grants which are in different moments of execution: closure Grant (Malaria/R4; 6 SR), ongoing Grants (HIV/AIDS/R5,9 SB) ; Malaria/R7, 7 SB) and starting Grant (Tb/R8; 7 SB). (Figure 1)

b) Each Sub-Recipient can perform a specific role in Different Grants. In consequence can take part of the execution of more than one Grant. For instance Zatzona Adil and FNM take part on all the Grants. In the other hand MM and CV participate only in one Grant. (Figure 2)

c) According with its institutional nature, the GF/UNDP Portfolio is executed by Government and ONGs. Malaria y Tb are implemented predominantly by Government and HIV/SIDA predominantly by ONGs. (Figure 3)

d) The amount executed² by Sub-Sub-Recipient, by Grant, phase and year can be appreciate in the next page (Table 1) as well as the list of Sub-Recipient by descending order in terms of expenditure amount (Table 2) during the period of 2005 – 10. The first five were, excluding UNDP: CNE, PSR, STP-PNLP, ZATONA ADIL and Medicos do Mundo; three Government organization (1 – 3) and two ONGs (4 – 5)

Figure 1 Number and percentage of SB by Grant, GF/UNDP, STP, January 2010

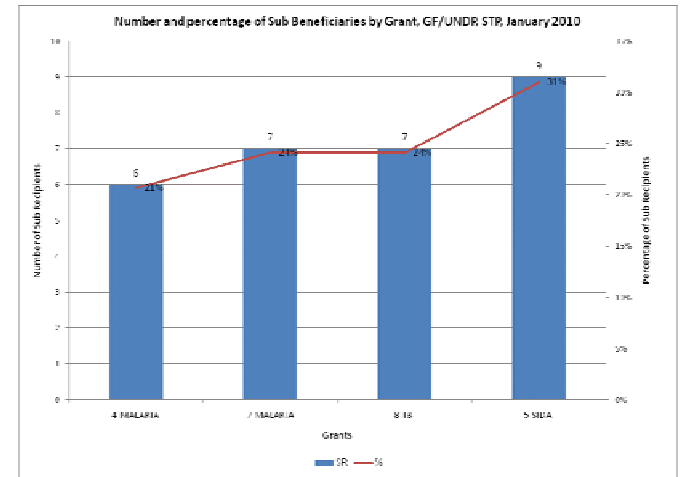


Figure 2: Number of participation of SB in the Grant Portfolio, GF/UNDP, STP, January 2010

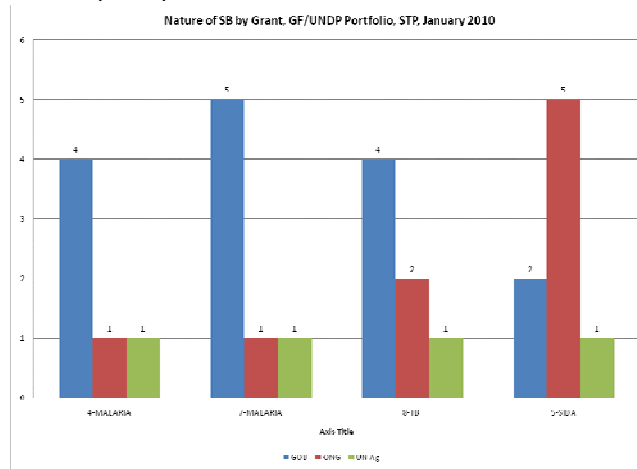
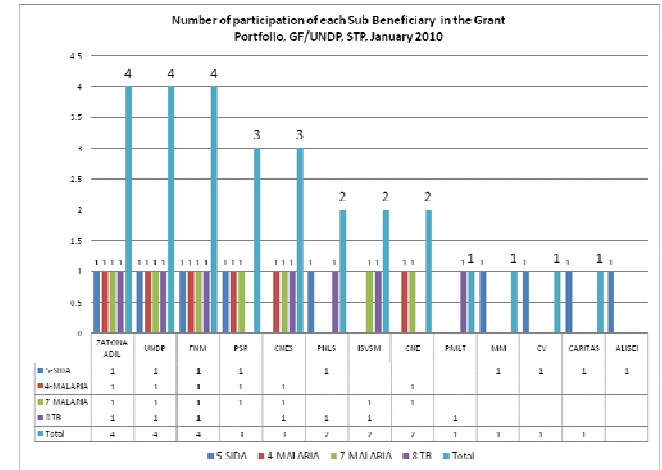


Figure 3 Nature of SB by Grant, GF/UNDP Portfolio, STP, January 2010

² The execution is doing using two modalities: direct payment and funds in advance. The first modality is used predominantly with Government Institution and the second with ONGs.

The Operational Model of GF/UNDP portfolio in Sao Tome e Principe (2005 – 2010) / Clues to identify lessons learned

Table 4 Expenditures by Sub-Recipient, Grant, Phase and Year, 2005 – 2010, GF/UNDP, STP, January 2010

Sub Benef	4-MALARIA						7-MALARIA				5-VIH/SIDA			
	Fase1		FASE2				Fase1			Fase2	Fase1			FAS
	2005	2006	2007	2008	2009	2010	2008	2009	2010?		2006	2007	2008	20
UNDP	\$966,466.30	\$331,229.00	\$394,269.26	\$328,919.73	\$199,474.41	\$2,753.22	\$0.00	\$992,294.84	\$72,027.33	NA	\$287.56	\$120,169.43	\$74,307.64	\$23,34
CNE			\$214,779.11	\$84,908.22	\$72,326.87	\$2,284.27	\$2,542.16	\$56,521.51	\$52,823.16	NA				
CNES			\$7,584.52	\$3,555.45	-\$243.00	\$0.00	\$20,112.79	\$2,892.75	\$2,261.81	NA				
FNM		\$1.00	\$26,039.12	\$14,972.92	\$11,326.51	\$1,012.62	\$0.00	\$2,179.20	\$0.00	NA	\$0.00	\$211.03	\$3,023.53	\$8,94
PSR		\$1.00	\$1,061.47	\$0.00	\$0.00	\$0.00		\$243,519.67	\$0.00	NA		\$4,451.84	\$12,228.92	\$7,58
ZATONA ADIL		\$1.00	\$52,650.19	\$43,079.13	\$79,070.00	\$0.00			\$0.00	NA	\$1,668.91	\$19,005.89	\$11,598.11	\$2,53
CARITAS-ST										NA			\$4,250.93	\$1,35
ADRA			-\$4,190.86		-\$4,906.00		\$0.00	\$0.00	\$0.00	NA	\$17.22			
ISVSM							\$0.00	\$30,743.30	\$9,374.25	NA				
STP-PNLP											\$1,101.62	\$112,847.04	\$80,651.73	\$65,1
PNLS												\$10,922.35		
ALISEI											\$1,798.06		\$2,132.64	\$2,28
MM											\$5,862.78	\$19,196.60	\$26,554.22	\$25,94
CV												\$0.00	\$11,186.48	\$4,97
PNLT														

Sub Benef	Amount executed 2005 - 2010
UNDP	\$3,582,196.16
CNE	\$486,185.30
PSR	\$272,877.81
STP-PNLP	\$270,190.05
ZATONA ADIL	\$209,604.17
MM	\$77,576.94
FNM	\$68,506.61
CV	\$47,027.13
ISVSM	\$40,117.55
CNES	\$36,164.32
CARITAS-ST	\$11,970.68
PNLS	\$10,922.35
ALISEI	\$8,630.22
PNLT	\$0.00
ADRA	-\$9,079.64

Table 3 Total expenditures by Sub-Recipient, 2005 - 2010, GF/UNDP, STP, January 2010

Sub-Recipient and agreements

It was expected that GF/UNDP would have 29 agreements signed, updated and useful as a reference to guide the relations between UNDP and the SR and to monitoring the commitments agreed.

How the situation is? A review of a sample of six (6) agreements signed with Sub – Recipients which are involved in the HIV/AIDS Grant, all these agreements are out of date and have different formats. One of them does not have a date of conclusion, which is the case of FNM.

A general omission is the lack of clear statement about what is the information directly related to the indicators that the SR has to deliver to GF/UNDP.

How is the situation of MALARIA R7? Similar, different? The expenditure profile of the Global Grant Portfolio at a whole: 2005 – 2010

The global expenditure profile of GF/UNDP Portfolio, 2005 - 2010

Expenditure by type of Account (Global and detailed), year and project

Table 5 Expenditure by type of Account (Global and detailed), year and project, Global Fund/UNDP Portfolio, 2005 - 2010, January 2010, STP

Global

Account	Value	%
72000	\$ 2,455,288	46%
74000	\$ 1,510,200	28%
71000	\$ 931,492	17%
75000	\$ 268,920	5%
73000	\$ 197,136	4%
76000	\$ (4,912)	0%

Detailed

Fund Status						
Year	Project	Donor	Account	Descr	Value	%
2010	MALR7	327	71405	Service Contracts-Individuals	\$ 469,795	50%
2009	MALR7	327	71615	Daily Subsistence Allow-Intl	\$ 105,578	11%
2010	MALR7	327	71210	Intl Consultants-Sht Term-Supp	\$ 87,011	9%
2010	MALR7	327	71605	Travel Tickets-International	\$ 71,638	8%
2010	MALR7	327	71620	Daily Subsistence Allow-Local	\$ 58,540	6%
2010	MALR7	327	71610	Travel Tickets-Local	\$ 17,064	2%
2010	MALR7	327	71635	Travel - Other	\$ 6,049	1%
2008	MALR4	327	71625	Daily Subsist Allow-Mtg Partic	\$ 5,189	1%
2006	MALR4	327	71310	Local Consult.-Short Term-Supp	\$ 1,000	0%
				Subtotal	\$ 931,492	100%

The Operational Model of GF/UNDP portfolio in Sao Tome e Principe (2005 – 2010) / Clues to identify lessons learned

Year	Project	Donor	Account	Descr	Value	%
2009	TBR8	327	72215	Transporation Equipment	\$ 475,280	19%
2009	MALR7	327	72355	Bednets, Anti-malarial	\$ 466,588	19%
2010	MALR7	327	72330	Medical Products	\$ 249,111	10%
2006	MALR4	327	72315	Food & Textile Products	\$ 211,238	9%
2009	MALR7	327	72205	Office Machinery	\$ 180,011	7%
2009	MALR7	327	72325	Chemical,Glass,NonMetallic Prd	\$ 179,000	7%
2009	MALR4	327	72220	Furniture	\$ 152,345	6%
2009	MALR7	327	72405	Acquisition of Communic Equip	\$ 72,935	3%
2009	MALR7	327	72210	Machinery and Equipment	\$ 65,894	3%
2009	MALR4	327	72105	Svc Co-Construction & Engineer	\$ 65,561	3%
2009	MALR7	327	72350	Medical Kits	\$ 55,296	2%
2009	HIVR5	327	72125	Svc Co-Studies & Research Serv	\$ 46,929	2%
2009	MALR7	327	72335	Pharmaceutical Products	\$ 41,687	2%
2008	HIVR5	327	72342	Contraceptives-Condoms	\$ 26,112	1%
2010	MALR7	327	72340	Contraceptive Pills	\$ 24,871	1%
2007	MALR4	327	72160	Svc Co-Education & Health Serv	\$ 17,049	1%
2010	MALR7	327	72135	Svc Co-Communications Service	\$ 16,906	1%
2006	MALR4	327	72445	Common Services-Communications	\$ 12,178	0%
2006	MALR4	327	72310	Minerals,Mining & Metal Prdcts	\$ 11,400	0%
2010	MALR7	327	72505	Stationery & other Office Supp	\$ 10,355	0%
2007	HIVR5	327	72320	Wood & Paper Products	\$ 9,349	0%
2010	HIVR5	327	72410	Acquisition of Audio Visual Eq	\$ 8,798	0%
2009	MALR4	327	72130	Svc Co-Transportation Services	\$ 8,097	0%
2009	HIVR5	327	72360	Anti-retroviral drugs (ARV)	\$ 7,703	0%
2007	MALR4	327	72110	Svc Co-Agricultural Management	\$ 6,978	0%
2010	MALR4	327	72145	Svc Co-Training and Educ Serv	\$ 5,947	0%
2007	MALR4	327	72399	Other Materials and Goods	\$ 3,440	0%
2009	HIVR5	327	72126	Svc Co-Security blast assessme	\$ 2,661	0%
2009	HIVR5	327	72225	Sale of Equip & Furniture	\$ 422	0%
2005	MALR4	327	72510	Publications	\$ 411	0%
2009	MALR7	327	72430	Postage and Pouch	\$ 407	0%
2006	MALR4	327	72140	Svc Co-Information Technology	\$ 297	0%
				Subtotal	\$ 2,455,288	100%
Year	Project	Donor	Account	Descr	Value	%
2009	MALR7	327	73120	Utilities	\$ 188,029	95%
2010	MALR7	327	73105	Rent	\$ 5,543	3%
2006	MALR4	327	73125	Common Services-Premises	\$ 2,454	1%
2009	MALR4	327	73405	Rental & Maint-Other Office Eq	\$ 575	0%
2006	MALR4	327	73115	Moving Expenses	\$ 506	0%
2005	MALR4	327	73110	Custodial & Cleaning Services	\$ 29	0%
				Subtotal	\$ 197,136	100%

The Operational Model of GF/UNDP portfolio in Sao Tome e Principe (2005 – 2010) / Clues to identify lessons learned

Year	Project	Donor	Account	Descr	Value	%
2010	MALR7	327	74120	Capacity Assessment	\$ 1,158,424	77%
2009	MALR7	327	74525	Sundry	\$ 240,172	16%
2009	MALR7	327	74105	Management and Reporting Srvs	\$ 103,888	7%
2009	MALR7	327	74505	Insurance	\$ 3,898	0%
2009	MALR7	327	74520	Storage	\$ 2,073	0%
2007	MALR4	327	74215	Promotional Materials and Dist	\$ 994	0%
2009	MALR4	327	74710	Land Transport	\$ 546	0%
2007	MALR4	327	74220	Translation Costs	\$ 177	0%
2005	MALR4	327	74510	Bank Charges	\$ 27	0%
				Subtotal	\$ 1,510,200	100%
Year	Project	Donor	Account	Descr	Value	%
2009	MALR7	327	75105	Facilities & Admin - Implement	\$ 268,920	
Year	Project	Donor	Account	Descr	Value	%
2009	MALR7	327	76125	Realized Loss	\$ 1,950	
2006	MALR4	327	76105	Foreign Exch Transaction Loss	\$ 341	
2010	MALR7	327	76135	Realized Gain	\$ (7,203)	
				Subtotal	\$ (4,912)	

The expenditure detailed by largest to smallest³

Table 6 Expenditures detailed by largest to smallest, Global Fund/UNDP Portfolio, 2005 - 2010, January 2010, STP

Year	Project	Donor	Account	Descr	Value	%
2009	MALR7	327	72350	Medical Kits	55,296	1.03%
2010	MALR7	327	71620	Daily Subsistence Allow-Local	58,540	1.09%
2009	MALR4	327	72105	Svc Co-Construction & Engineer	65,561	1.22%
2009	MALR7	327	72210	Machinery and Equipment	65,894	1.23%
2010	MALR7	327	71605	Travel Tickets-International	71,638	1.34%
2009	MALR7	327	72405	Acquisition of Communic Equip	72,935	1.36%
2010	MALR7	327	71210	Intl Consultants-Sht Term-Supp	87,011	1.62%
2009	MALR7	327	74105	Management and Reporting Srvs	103,888	1.94%
2009	MALR7	327	71615	Daily Subsistence Allow-Intl	105,578	1.97%
2009	MALR4	327	72220	Furniture	152,345	2.84%
2009	MALR7	327	72325	Chemical,Glass,NonMetallic Prd	179,000	3.34%
2009	MALR7	327	72205	Office Machinery	180,011	3.36%
2009	MALR7	327	73120	Utilities	188,029	3.51%
2006	MALR4	327	72315	Food & Textile Products	211,238	3.94%
2009	MALR7	327	74525	Sundry	240,172	4.48%
2010	MALR7	327	72330	Medical Products	249,111	4.65%
2009	MALR7	327	75105	Facilities & Admin - Implement	268,920	5.02%
2009	MALR7	327	72355	Bednets, Anti-malarial	466,588	8.71%
2010	MALR7	327	71405	Service Contracts-Individuals	469,795	8.77%
2009	TBR8	327	72215	Transporation Equipment	475,280	8.87%
2010	MALR7	327	74120	Capacity Assessment	1,158,424	21.62%

Personals Services and Supplies-target-patients: significance and rate

- 1) The group of expenditures related to Personals Services⁴ represents 38, 35 % (US\$ 2.054.874,00) of the total expenditures during the period. The largest expenditure is “Capacity assessment” which represent 21.62% (US\$ 1.158.424, 00) of total expenditure and 56% of expenditures related to Personals Services.
- 2) The group of expenditures related to Supplies-target-patient⁵ represents 17.04% (US\$ 913.054,00) of the total expenditures during the period. The largest expenditure is “Bednets, Anti-malarial” which represent 8.71% (US\$ 466.588, 00) of total expenditure and 51% of expenditures related to Supplies-target-patient.
- 3) Rate of Personals Services / Supplies-target-patient = 2.25 US\$ dollars invested in Personals Services for 1 dollars invested in Supplies-target-patient

³ The expenditure < 1% were excluded

⁴ Travel Tickets-local, Daily Subsistence Allow-Local, Travel Tikets-International, Intl Consultants-Sht Term-Supp, Management and Reporting Srvs, Daily Subsistence Allow-Intl, Service Contracts-Individuals and Capacity Assessment

⁵ Bednets, Anti-malarial, Medical Products, Medical Kits, Pharmaceutical Products, Contraceptive-Condoms, Contraceptive-Pills. The last three are not in the list because its value value is less than 1%

International Consultant support and other main account: distribution for Grant

Table 7 International Consultants support and other main account distributed by Grant, Global Fund/UNDP, 2005 – 2010, January 2010, STP

Summary of International Support by Grants		
Grant	Value	%
MAL R7	\$58528.32	22%
MAL R4	\$208657.04	78%
HIV R 5	\$1091.94	0%
Sub Total	\$268277.3	100%
Summary of Intl Consultants-Sht Term Support by Grant		
Grant and account	Value	%
MAL R7 Intl Consultants-Sht Term-Supp	\$31,521	12%
MAL R4 Intl Consultants-Sht Term-Supp	\$55,490	21%
MAL R7 Travel Tickets-International	12,807	5%
MAL R4 Travel Tickets-International	\$64,868	24%
HIV R5 Travel Tickets-International	-6,037	-2%
MAL R7 Daily Subsistence Allow-Intl	\$14,200	5%
MAL R4 Daily Subsistence Allow-Intl	\$88,299	33%
HIV R5 Daily Subsistence Allow-Intl	\$7,129	3%
Sub Total	\$268,277	100%
Summary of Capacity Assessment by Grant		
Grant and account	Value	%
MAL R4 Capacity Assessment	\$516,758	45%
MAL R7 Capacity Assessment	\$363,379	31%
HIV R5 Capacity Assessment	\$277,744	24%
Sub Total	\$1,157,881	100%
Summary of Medical Products by Grant		
Grant and account	Value	%
MAL R4 Medical Products	\$152,744	61%
MAL R7 Medical Products	\$6,694	3%
HIV R5 Medical Products	\$89,673	36%
Sub Total	\$249,111	100%
Summary of Pharmaceutical Products by Grant		
Grant and account	Value	%
MAL R4 Pharmaceutical Products	\$26,243	63%
MAL R7 Pharmaceutical Products	\$5,500	13%
HIV R5 Pharmaceutical Products	\$9,943	24%
Sub Total	\$41,687	100%
Summary of Contraceptive Pills by Grant		
Grant and account	Value	%
MAL R4 Contraceptive Pills	0	
MAL R7 Contraceptive Pills	\$24,871	
HIV R5 Contraceptive Pills	0	

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Summary of Medical Kits by Grant		
Grant and account	Value	%
MAL R4 Medical Kits	\$41,205	75%
MAL R7 Medical Kits	\$14,091	25%
HIV R5 Medical Kits	0	0%
Sub Total	\$55,296	100%
Summary of Contraceptive Condoms by Grant		
Grant and account	Value	%
MAL R4 Contraceptives-Condoms	0	
MAL R7 Contraceptives-Condoms	0	
HIV R5 Contraceptives-Condoms	\$26,112	
Summary of Antiretroviral Drugs by Grant		
Grant and account	Value	%
MAL R4	0	
MAL R7	0	
HIV R5	\$7,703	
Summary of Bednets by Grant		
Grant and account	Value	%
MAL R4 Bednets, Anti-malarial	\$294,560	63%
MAL R7 Bednets, Anti-malarial	\$172,028	37%
HIV R5 Bednets, Anti-malarial	0	0%
Sub Total	\$466,588	100%

Ideas to debate and get lesson learned

- 1) CCM
 - a) The members of this body are those that have to be there?
 - b) This body has a conflict of interest in its member composition?
 - c) Which is what this body needs to improve its capacity to prepare proposals and supervise the execution of grants?
 - d) Other ideas?
- 2) Implemented Partners
 - a) Implemented Partners : Sub – Recipient or Sub-contractor?
 - b) More or less Implemented Partners?
 - c) More or less ONGs or Government Institutions? What is the better mix? In what dimension: national, local?
 - d) What kind of ONGs: national or international? What kind of Government Institutions?
 - e) Centralized or decentralized Implemented Partners?
 - f) Other ideas?
- 3) Cooperation agreements
 - a) A detailed cooperation agreement or open cooperation agreement?
 - b) The cooperation agreement as a guideline only or a formal and legal tool that has to be fulfilled? In short: a “latu sensu” tool or a “strictu sensu” tool?
 - c) The cooperation agreement with a detailed and standardized reporting system to be used or a free format to deliver reports and indicators?
 - d) Other ideas?
- 4) The expenditures concepts
 - a) The expenditure has to follow the work program formally approved or we can classify it according to free criteria chosen what is more convenient case by case?
 - b) Can we identify a typical list of expenditures for the Global Fund Portfolio? The most useful to execute the funds?
 - c) Other ideas?

Sharing my perceptions about what must be done

- 1) The members, organizations and functions of the CCM have to be reviewed. A formula has to be found to support the function of this outstanding body in order to perform this role properly. We have to confirm if it is possible to get a specific amount from the GF in this sense and set up a technical program of support. Previous to giving the support that this body needs is convenient to do an evaluation of its performance until now and discuss the results with the members.
- 2) The universe of Sub – Recipients belonging to the GF/UNDP Portfolio has to be reviewed. The GF/UNDP has to discuss if we need this 29 SR or not. What kind of strategy we will promote: focus on few SR or maintain the wide universe of SR that we have until now with its implications? The GF/UNDP has to discuss if we need SR with a national scope or districts scope? Between other aspects that have to be taken into account.
- 3) A review of a sample of Cooperation Agreements (Those belonging to HIV/AIDS Grant) find that all of them are out of date. A general omission is the lack of clear statement about the reporting system that they have to use. Between other aspects that have to be taken into account.

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- 4) A profile of the expenditures was identified. This is the profile that we want? I propose that we debate this profile and try to understand better it. How FG/UNDP is used the money to perform its role as Principal recipients is an important issue. At least two questions I think that need clarification:
 - a) the account “Capacity Assessment” appears to play a main role, 21.62% of total expenditure. Why?
 - b) The international support has an asymmetric distribution between the Grants? The Malaria’s Grants are take advantage in this issue. Why?
- 5) Other perceptions we can be identified with the cooperation of GF/UNDP teamwork and other interested and transform in recommendations.

Annexes

1. The concept of Sub-Beneficiary

The Grant Agreement defines a Sub-Recipient (SR) as an entity to which UNDP provides funding in order to carry out activities contemplated under the programme. In UNDP terms, a Sub-Recipient is the “implementing entity” or “contractor.”⁶

It is important to distinguish between SRs and other entities that provide services in a project. The GFATM has stated that the following should be considered in determining whether an entity is an SR:

A Sub-Recipient is a recipient of grant funds which performs any Programme activities that would otherwise be expected to be directly undertaken by the Principal Recipient within the scope of its responsibilities as implementer of the Programme. This includes entities that the Principal Recipient may engage to fulfill its minimum capacity requirements, which are assessed by the Global Fund and set out in Global Fund Document, “[Guidelines on Principle Recipient Assessments](#)” (December 2, 2003).

Principal Recipients are not expected to be directly engaged in the manufacture and sale of goods, the establishment and use of mechanisms at an international level to facilitate the procurement of goods (such as mechanisms that would not ordinarily be developed by the Principal Recipient solely to undertake activities under the grant or grants), or the innovation and delivery of services that are not directly tied to Programme interventions (for example, a Principal Recipient would not be expected to undertake the development and implementation of accounting or other financial software packages, but may be expected to undertake the development and implementation of a training course for medical personnel or supply management chains for programme material).

Accordingly, entities contracted by the Principal Recipient to perform these activities (such as manufacturers, procurement agents for certain tasks, and certain service providers) should not be treated as Sub-Recipients.

This definition is intended as a guideline only. We note that the decision on whether to treat a contractor as a Sub-recipient or Sub-contractor under this definition will often be unclear. In cases which do not clearly fit within the definition, UNDP and the Global Fund will consult to reach a common understanding with respect to the particular case in hand.

Source: UNDP Operations Manual for Projects Financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria, pp: 11

⁶ In non –CPAP countries, the appropriate terminology is “responsible party.”

2. An example of cooperation agreement between UNDP and Sub-Beneficiaries Global Fund, out of date (Selected pages)

(o) "Projecto" significará actividades a serem implementadas pelo Médicos do Mundo no âmbito da execução do Projecto "*O Reforço da Resposta a Epidémia de VIH/Sida em São Tomé e Príncipe*" que o PNUD vem administrando de conformidade com o acordo com o GFATM;

(p) "Plano de Trabalho de Projecto" significará uma calendarização das actividades, com prazo e responsabilidades, baseadas no Documento do Projecto, necessárias para atingir os resultados do Projecto, preparado durante a submissão da proposta e revisto anualmente;

(q) "Recursos" significará fundos, equipamento, fornecimentos e qualquer outro assunto de valor.

Artigo II. Objectivo e Alcance do Presente Acordo

1. O Presente Acordo estabelece os termos e as condições gerais de cooperação entre as Partes em todos os aspectos de obtenção dos Objectivos do Projecto, conforme estabelecido no Documento do Projecto (Anexo 1).
2. As Partes concordam desenvolver esforços e manter estreitas relações de trabalho, de forma a alcançar os objectivos do Projecto.

Artigo III. Duração do Acordo

1. O presente Acordo iniciar-se-á a data da sua assinatura e terminará a **30 de Setembro de 2008**, data estimada para o término do Programa. As previsões ligadas ao fecho das contas que serão devidamente especificadas poderão se estender aos prazos que vierem a ser legalmente acordados. Caso, por alguma razão, sejam alterados os prazos na perspectiva de alcançar os objectivos propostos, a Parte em questão informará em tempo útil a outra Parte, de forma que tudo seja devidamente acordado com o LFA e GFATM.

Artigo IV. Responsabilidades Gerais das Partes

1. As Partes concordam levar a cabo suas respectivas responsabilidades, de conformidade com as disposições do presente Acordo, bem assim o Projecto, tendo sempre em conta as políticas e procedimentos do PNUD, conforme os documentos anexos, que constituem parte integrante deste Acordo.
2. Cada Parte determinará e comunicará à outra, a pessoa mandatada, com responsabilidade e autoridade suficientes para assinar o Projecto.
3. As Partes manter-se-ão informadas de todas as actividades destinadas ao Projecto, reunindo-se nas instalações do PNUD mensalmente e, extraordinariamente, sempre que as circunstâncias o requeiram e que digam respeito ao estatuto de cada uma das Partes e que possa afectar o cumprimento dos Objectivos do Projecto, com vista a revisão do Plano de Trabalho e respectivo Orçamento, se for caso disso;
4. As Partes cooperarão entre elas de forma a obter-se qualquer licença ou permissão exigida pelas leis nacionais, onde for apropriado e necessário para o alcance dos objectivos do Projecto. As Partes cooperarão



3. Members of CCM in STP



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SAO TOME AND PRINCIPE

[Country Stats & Disease Indicators](#)

Portfolio of Grants

HIV/AIDS

Malaria

TB

Grant Partners

[CCM Member\(s\)](#)
[CCM Key Contacts](#)
[Principal Recipient\(s\)](#)
[Local Fund Agent\(s\)](#)
[Fund Portfolio Manager](#)

Funding Decisions

Commitments and Disbursements

Distribution of Funding

Grant Score Cards


**SAO TOME AND PRINCIPE
AND THE GLOBAL FUND**
CCM São Tomé and Príncipe

 Other Key Contacts: [CCM KEY CONTACTS](#) | [PR](#) | [LFA](#) | [FPM](#)
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Chair and Vice-Chair
[Dr. Arlindo Vicente de A. Carvalho - Chair](#)
[Dr. Eduardo Conceição Neto - Vice Chair](#)
Members
[Dr. Rita Aleixo - Member](#)
[Miss. Maria Luisa Amado Vaz - Member](#)
[Dr. Luis Bonfim - Member](#)
[Mr. Jacy Braga Rodrigues - Member](#)
[Miss. Zeulandia Carvalho Boa Esperança - Member](#)
[Dr. Helder Costa Neto - Member](#)
[Dr. Claudina Cruz - Member](#)
[Dr. Vitória D´alva - Member](#)
[Dr. Nelson de Assunção - Member](#)
[Dr. Lazáro de Sousa - Member](#)
[Mr. Eugénio de Sousa Vaz - Member](#)
[Dr. Alzira do Rosário - Member](#)
[Dr. Herodes do Sacramento Rompão - Member](#)

<u>Dr. Catrina Duarte - Member</u>	▼
<u>Dr. Eduardo Elba - Member</u>	▼
<u>Dr. Manuel Filipe Moniz - Member</u>	▼
<u>Dr. Juliana Jin - Member</u>	▼
<u>Dr. Pierre Kahazi Sangwa - Member</u>	▼
<u>Mr. Kagilsom Lima - Member</u>	▼
<u>Dr. José Manuel de Carvalho - Member</u>	▼
<u>Mr. Máximo Máximo - Member</u>	▼
<u>Dr. Edgar Neves - Member</u>	▼
<u>Dr. Maria Odete Aguiar - Member</u>	▼
<u>Dr. Anastácio P. Menezes - Member</u>	▼
<u>Dr. M^a Tomé Palmer - Member</u>	▼
<u>Dr. Eugénio Patrício - Member</u>	▼
<u>Miss. Ana Paula Antunes - Member</u>	▼
<u>Sister. Sister Fernanda R. da Silva - Member</u>	▼
<u>Dr. Juliana Ramos - Member</u>	▼
<u>Dr. Diogeness Santos - Member</u>	▼
<u>Miss. Maria da Cruz Soares mandinga - Member</u>	▼
<u>M. Martinho Tavares - Member</u>	▼
<u>Mr. João Tavares - Member</u>	▼
<u>Dr. Antonio Viegas - Member</u>	▼
<u>Mr. Batilloi Warritay - Member</u>	▼

Others

No Contacts Available

4. A web page library of reference documents when UNDP is the Global Fund Principal Recipient

Reference: UNDP Intranet Web Page: Welcome to the UNDP-GFATM Partnership Workspace! (<http://content.undp.org/go/global-fund/?src=gfatm>)

- 1) General interest
 - a) BDP HIV-AIDS Group Frequently Asked Global Fund Q and A FINAL.docx
 - b) UNDP-Global Fund Partnership Bulletin September 2009.pdf
 - c) COUNTRIES_WHERE_UNDP_IS_PR.pdf
 - d) UNDP-Global Fund Partnership- HQ and CO Staff List -August 2008.docx
- 2) UNDP as a PR
 - a) UNDP as PR.docx
 - b) Key Documents Required by UNDP COs that are PR.docx
- 3) General Policies and procedure
 - a) UNDP_PROGRAMME_AND_OPERATIONS_POLICIES_AND_PROCEDURE.pdf
 - b) UNDP-GFATM Operations Manual Updated Version March 2006.docx
 - c) GFATM Atlas Guide Jan2006 final.docx
- 4) Specific Policies and procedure
 - a) UNDP Intranet _ Practices _ Management _ Procurement.pdf
 - b) GFATM Financial Guidelines.docx