



UN
DP

Angola

Project Document

Project Title: Support to the National Tuberculosis Control Programme.

UNDAF Outcome(s): **UNDAF Outcome #4:** *Strengthened pro-poor economic growth and accountable macroeconomic management and integrated rural development, natural resources and energy management to promote environmental protection and adaptation to climate change.*

Expected CP Outcome(s): **OUTCOME 5:** *National response to the HIV/AIDS and other priority diseases mainstreamed and implemented at national and local level*

Expected Output/ Annual Targets:

Output: Strengthened institutional capacity to detect TB cases.	Target: Percentage of new smear positive TB cases detected among the new smear positive TB cases estimated to occur countrywide each year (detection rate of TB cases) over 85%
Output: Strengthened institutional capacity to successfully treat TB cases.	Target: 78% of new smear positive TB cases successfully treated among the new smear positive TB cases registered during a specified time period (treatment success rate under DOT)

Implementing Partner:

- National Tuberculosis Control Programme (PNCT)
- Doctors with Africa (CUAMM)

Responsible Parties:

- UNDP Angola

Programme Period:	1 Oct 2007 - 30 Sep 2010
Programme Component:	TB
Project Title:	Support to the National Tuberculosis Control Programme
Project ID:	00046292 (Award # 00040779)
Project Duration:	3 years
Management Arrangement:	DEX

Total Budget:	US\$ 5,236,641
Allocated Resources:	
• Government	_____
• Regular	_____
• Other	_____
Donor: GFATM	US\$ 5,236,641
• In Kind Contributions	_____
Unfunded Budget:	_____

Signature

Date

Name and Title

Agreed by Implementing Partner

27-04-07

José Dias Vieira Van Dunem
Vice Minister of Health

Agreed by UNDP

27-04-07

Gita Honwana Welch
Country Director

Index

1. SITUATION ANALYSIS.....	1
2. STRATEGY AND PROJECT OBJECTIVES.....	2
2.1. <i>Project Objectives</i>	2
2.2. <i>Strategy</i>	2
3. RESULTS AND RESOURCES FRAMEWORK.....	3
4. ANNUAL WORK PLAN (YEAR 3 – YEAR 5 OF THE GRANT).....	5
5. MANAGEMENT ARRANGEMENTS.....	9
6. MONITORING PLAN AND EVALUATION.....	9
7. BUDGET.....	11
8. LEGAL CONTEXT.....	12
9. RISKS.....	12

1. SITUATION ANALYSIS

On the 15th June 2005, the Grant Agreement between Global Fund, CCM and the United Nation Development Program (UNDP) as the Principal Recipient was signed to implement GFATM grant number AGO-305-G02-T "Support to the National Tuberculosis Programme", with the main objective to prevent transmission of tuberculosis in 11 provinces of Angola. Within the proposal 2 key partners were identified; CUAMM and WHO as sub-recipients and the National Tuberculosis Control Programme (PNCTL) as an Implementing Partner. The agreement between CUAMM and UNDP was signed on 27th June 2005 and the Project officially started on 1st July 2005. The first installment of the Project funds to CUAMM was made available on 5th September 2005 and the second one was released and received on 30th November 2005. After a couple of months after Grant Agreement signed, it has been decided that procurement activities assigned to WHO would be entire transfer to UNDP. On October 20th UNDP took up this responsibility and the procurement actions started on November 2005. Some lessons learned on malaria component with WHO were decisive to take this decision.

The overall goal of the Tuberculosis component is to establish a strong foundation for Directly Observed Treatment (DOTS) in order to reduce the burden of tuberculosis in Angola. This effort is to be accomplished by strengthening the provision of DOTS throughout with an emphasis on eleven provinces where most 75% of Angola's people live.

After extending and strengthening DOTS procedures within the 2 year project, the National Tuberculosis Control Program (PNCTL) will turn to the special circumstances that challenge DOTS expansion, such as co-infection with HIV/AIDS and multiple-drug resistance.

The expected impact is an increase in both case detection and treatment success, with a subsequent reduction in TB transmission, morbidity, and case-fatality. Two main impact indicators of the proposed activities are: (1) reduced number of new smear-positive TB cases per 100,000 per year; and (2) reduced number of deaths from TB (all forms) per 100,000 per year.

This project has been considered as part of the specific outcome in UNDP Angola Country Programme Annual Plan (CPAP): *Outcome 5, National response to the HIV/AIDS and other priority diseases mainstreamed and implemented at national and local level.*

The implementation of the Phase 2 of the TB Grant started in October 2007.

2. STRATEGY AND PROJECT OBJECTIVES

2.1. Project Objectives

The overall goal of the Strategic Plan of the National Tuberculosis Program (PNCTL) is to reduce the burden of tuberculosis in Angola. This is to be accomplished by strengthening the provision of DOTS throughout the country with an emphasis on eleven provinces where most (75%) of Angola's 14 to 15 million people reside. The resultant reduction in the incidence and prevalence of TB would mean that TB would ultimately not constitute a public health problem in Angola.

The eleven provinces beneficiaries the project are: Bengo, Benguela, Luanda, Uige, Lunda Norte, Cabinda, Huambo, Huila, Malange, Moxico, and Bie.

Given the low DOTS coverage (estimated at 42%) which contributes to low case detection (30 – 35% according to WHO), DOTS expansion will increase case finding. A continuous supply of TB drugs, staff with updated training, rehabilitated facilities with proper supplies and equipment, and greater community awareness will all lead to improvement in TB control and prevention. Ultimately these will result in lowered TB incidence, morbidity, and mortality.

2.2. Strategy

The four main strategies of the program are prevention, care and support, treatment, supportive environment and cross cutting aspects. Within the four categories, service delivery areas include the following:

- Identification of infectious cases
- Care and support for the chronically ill
- Timely detection and quality treatment of cases
- Supportive environment: Coordination and partnership development (national, community, public-private)
- Supportive Environment: Community TB care (CTBC)
- Supportive environment: Strengthening of civil society and institutional capacity building
- Procurement and Supply management
- Supportive environment: Strengthening of civil society and institutional capacity building

3. RESULTS AND RESOURCES FRAMEWORK

<p>Intended Outcome as stated in the Country Programme Results and Resource Framework: OUTCOME 5 (CPAP): National response to the HIV/AIDS and other priority diseases mainstreamed and implemented at national and local level</p> <p>Outcome indicators as stated in the Country Programme Results and Resources Framework, including baseline and targets:</p> <p>Indicators:</p> <p>i) Percentage of new smear positive TB cases detected among the new smear positive TB cases estimated to occur countrywide each year (detection rate of TB cases)</p> <p>ii) Percentage of new smear positive TB cases successfully treated among the new smear positive TB cases registered during a specified time period (treatment success rate under DOT)</p> <p>Baselines:</p> <p>i) 85% of new smear positive TB cases detected among the new smear positive TB cases estimated to occur countrywide each year.</p> <p>ii) 68% of new smear positive TB cases successfully treated among the new smear positive TB cases registered during a specified time period</p>				
<p>Applicable Key Result Area (from 2008-11 Strategic Plan): <i>Poverty Reduction and Achievement of MDGs</i></p>				
<p>Partnership Strategy: Implementation through an international NGO supporting the Central Level (Doctors with Africa, CUAMM).</p>				
<p>Project title and ID (ATLAS Award ID): 00046292 (Award # 00040779)</p>				
INTENDED OUTPUTS	OUTPUT TARGETS FOR (YEARS)	INDICATIVE ACTIVITIES	RESPONSIBLE PARTIES	INPUTS
	N/A	ACTIVITY 1: Prevention - identification of infectious cases (Laboratory)	<ul style="list-style-type: none"> UNDP will implement all procurement activities (Lab equipment and consumables) CUAM will implement planned activities 	522,152 US\$
	N/A	ACTIVITY 2: Care and support: supporting patients through DOTS	<ul style="list-style-type: none"> UNDP will implement all procurement activities CUAM will implement planned activities 	324,891 US\$
		ACTIVITY 3: Treatment timely detection and quality treatment cases	<ul style="list-style-type: none"> CUAM will implement planned activities 	0 US\$

INTENDED OUTPUTS	OUTPUT TARGETS FOR (YEARS)	INDICATIVE ACTIVITIES	RESPONSIBLE PARTIES	INPUTS
		<p>ACTIVITY 4: Treatment - systematic monitoring of performance in case management</p>	<ul style="list-style-type: none"> • CUAM will implement planned activities 	126,199 US\$
		<p>ACTIVITY 5: Treatment - control of drug resistance and treatment</p>	<ul style="list-style-type: none"> • CUAM will implement planned activities 	244,224 US\$
		<p>ACTIVITY 6: Supportive environment & cross-cutting aspects - health system strengthening</p>	<ul style="list-style-type: none"> • UNDP will implement all procurement activities (Equipment TB DOT centres) 	2,767,354 US\$
		<p>ACTIVITY 7: Supportive environment & cross-cutting aspects (coordination & partnership development)</p>	<ul style="list-style-type: none"> • CUAM will implement planned activities 	4,128 US\$
		<p>ACTIVITY 8: Supportive environment and cross-cutting aspects - M&E and operational research</p>	<ul style="list-style-type: none"> • CUAM will implement planned activities 	581,908 US\$
		<p>ACTIVITY 9: Supportive environment/cross-cutting aspects - procurement & supply management capacity building</p>	<ul style="list-style-type: none"> • CUAM will implement planned activities 	313,563 US\$

4. ANNUAL WORK PLAN Year 3 – Year 5 of the Grant

EXPECTED CP OUTPUTS (and indicators including annual targets)	PLANNED ACTIVITIES (list of all activities including M&E to be undertaken during the year towards stated CP outputs)	RESPONSIBLE PARTY			PLANNED BUDGET			
		Y3	Y4	Y5	Responsible	Source of Funds	Budget Description	Amount
Objective I – Prevention - identification of infectious cases (Laboratory)	1.1. Training and capacity building of lab technicians	X	X	X	CUAMM	GFATM	72600 - Grants	73,600
	1.2. Improvement of labs with fully functioning recording and reporting system	X	X	X	CUAMM UNDP	GFATM	72200 - Equipment and Furniture 72300 - Materials and Goods 72600 - Grants	305,050
	1.3. Microscopy quality control	X	X	X	CUAMM	GFATM	72600 - Grants	34,800
	1.4. Training of capacity building of provincial lab supervisors	X			CUAMM	GFATM	72600 - Grants	14,745
	1.5. Incentives for INSP staff (3+2)	X	X	X	CUAMM	GFATM	72600 - Grants	86,400
Objective II – Care and support: supporting patients through DOTS	Administrative costs (bank charges 1%)	X	X	X	CUAMM	GFATM	72600 - Grants	5,145.95
	Operational Costs (2%)	X	X	X	CUAMM	GFATM	72600 - Grants	10,291.90
	2.1 Training and capacity building of DOTS nurses	X	X	X	CUAMM	GFATM	72600 - Grants	60,060
	2.2 Improvement of information systems	X	X	X	CUAMM	GFATM	72600 - Grants	38,250
	2.3 Improvement of treatment adherence (compliance)	X	X	X	CUAMM	GFATM	72600 - Grants	216,480
	Administrative costs (bank charges 1%)	X	X	X	CUAMM	GFATM	72600 - Grants	3,147.90
	Operational Costs (2%)	X	X	X	CUAMM	GFATM	72600 - Grants	6,295.80

EXPECTED CP OUTPUTS (and indicators including annual targets)	PLANNED ACTIVITIES (List of all activities including M&E to be undertaken during the year towards stated CP outputs)	RESPONSIBLE PARTY			PLANNED BUDGET			
		Y3	Y4	Y5	Responsible	Source of Funds	Budget Description	Amount
		Objective III – Treatment timely detection and quality treatment cases	Training and capacity building of service providers Microscopy quality control of diagnostic and treatments TB diagnostic by laboratory support Administrative costs (bank charges 1%) Operational Costs (2%)					
Objective IV – Treatment - systematic monitoring of performance in case management	4.1 Training and capacity building of municipal supervisors	X	X		CUAMM	GFATM	72600 - Grants	25,700
	4.2 Improvement of information systems					GFATM		
	4.3 Supervision of municipalities	X	X	X	CUAMM	GFATM	72600 - Grants	96,600
	Administrative costs (bank charges 1%)	X	X	X	CUAMM	GFATM	72600 - Grants	1,223
	Operational Costs (2%)	X	X	X	CUAMM	GFATM	72600 - Grants	2,446
Objective V - Treatment - control of drug resistance and treatment	5.1 Improvement of information systems	X	X		CUAMM	GFATM	72600 - Grants	40,000
	5.2 Reducing of drug resistance	X	X		CUAMM	GFATM	72600 - Grants	117,600
	5.3 Workshop for medical personnel involved in the national TB programme	X	X	X	CUAMM	GFATM	72600 - Grants	79,110
	Administrative costs (bank charges 1%)	X	X	X	CUAMM	GFATM	72600 - Grants	2,367.10
	Operational Costs (2%)	X	X	X	CUAMM	GFATM	72600 - Grants	4,734.20

EXPECTED CP OUTPUTS (and indicators including annual targets)	PLANNED ACTIVITIES (list of all activities including M&E to be undertaken during the year towards stated CP outputs)	RESPONSIBLE PARTY			PLANNED BUDGET			
		Y3	Y4	Y5	Responsible	Source of Funds	Budget Description	Amount
		Objective VI - Supportive environment & cross-cutting aspects - health system strengthening	6.1 Training and capacity building 6.2 Improvement of referral systems 6.3 Rehabilitation and procurement of equipment for DOTS centres	X X X	X X X	X X X	CU/AMM CU/AMM UNDP	GF/ATM GF/ATM GF/ATM
Objective VII - Supportive environment and cross-cutting aspects	Administrative costs (bank charges 1%) Operational Costs (2%) 7.1 Network development 7.2 Network coordination	X X X X	X X X X	X X X X	CU/AMM CU/AMM CU/AMM CU/AMM	GF/ATM GF/ATM GF/ATM GF/ATM	72600 - Grants 72600 - Grants 72600 - Grants 72600 - Grants	26,821,40 53,642,80 4,000 40
Objective VIII - Supportive environment and cross-cutting aspects - M&E and operational research	Operational Costs (2%) 8.1 Training and capacity building of provincial supervisors 8.2 Improvement of information systems 8.3 Community DOTS Administrative costs (bank charges 1%) Operational Costs (2%)	X X X X X X	X X X X X X	X X X X X X	CU/AMM CU/AMM CU/AMM CU/AMM CU/AMM CU/AMM	GF/ATM GF/ATM GF/ATM GF/ATM GF/ATM GF/ATM	72600 - Grants 72600 - Grants 72600 - Grants 72600 - Grants 72600 - Grants 72600 - Grants	80 50,745 99,000 414,105 5,638,50 11,277

EXPECTED CP OUTPUTS (and indicators including annual targets)	PLANNED ACTIVITIES (list of all activities including M&E to be undertaken during the year towards stated CP outputs)	RESPONSIBLE PARTY			PLANNED BUDGET			
		Y3	Y4	Y5	Responsible	Source of Funds	Budget Description	Amount
		Objective IX - Supportive environment and cross-cutting aspects - procurement and supply management capacity building	9.1 Drug management training	X	X	X	CUAMM	GFATM
	Administrative costs (bank charges 1%)	X	X	X	CUAMM	GFATM	72600 - Grants	3,037.70
	Operational Costs (2%)	X	X	X	CUAMM	GFATM	72600 - Grants	6,075.40
2.2 PR Programm (Operations management unit)		X	X	X	UNDP	GFATM	71400 - Contractual Services - Individuals 71600 - Travel 72400 - Communications and Audio Visual Equipment 72500 - Supplies 73400 - Rental and Maintenance of Other Equipment 74100 - Professional Services 74200 - Audio Visual and Printing Production Costs 74500 - Miscellaneous Expenses 75100 - Facilities and Administration	352,220.98
TOTAL								5,236,640

5. MANAGEMENT ARRANGEMENTS

The project will be executed by the UNDP in line with UNDP's DEX (Direct Execution) procedures and guidelines.

The Project Management Unit (PMU) was established for the first phase of the Project "Reducing the Burden of VIH/AIDS in Angola" at UNDP Angola for the day-to-day project operation and overall management will continue in charge of the second phase.

The Unit is composed by a dedicated Program Manager who coordinates with all the implementing partners and ensure that the project activities are efficiently and effectively carried. He will conduct the project management team with the coordinator of the four management areas of the project



Key-implementing partner are (i) the National Tuberculosis Program (PNCTL) and the international NGO "Medicos com Africa" (CUAM).

6. MONITORING PLAN AND EVALUATION

Project Monitoring and Evaluation will be conducted in accordance with the agreed M&E Plan. In addition to the M&E Plan a detailed schedule of project review meetings, workshops, will be developed in consultation with the project implementing partners.

The day to day monitoring of implementation progress is the responsibility of the PEU, and will be based on the approved project's Annual workplan and indicators. Periodic monitoring of implementation progress will be undertaken by the PEU through quarterly meetings with implementing partners to ensure that problems related to the project are timely identified and solved to guarantee smooth implementation of project activities.

The following indicators were approved to monitor performance of the implementation of the program.

Indicator	Year 1	Year 2	Year 3	Directly tied (Y/N)
1. Number of new municipal Directly Observed Treatment, Short Course (DOTS) centres created or renovated	123	152	196	N
2. Number of laboratories with fully functioning reporting systems	78	99	132	N
3. Number of Lab technicians trained on Tuberculosis lab management	233	296	417	N
4. Number of nurses trained on Directly Observed Treatment, Short Course (DOTS) case management	332	430	618	N
5. Number of new smear positive TB patients successfully treated among the new smear positive TB cases registered (during the last 12 months) under Directly Observed Treatment, Short Course (DOTS)	12580 (74% of 17000)	13300 (76% of 17500)	13650 (78% of 17500)	N
6. Number of new smear positive cases registered under Directly Observed Treatment, Short Course (DOTS) whose smear converts to negative after two months of treatment	14625 (90% of 8000 i.e. cases detected in S5 (cumulated with S5 target)	15750 (90% of 17500 i.e. cases detected in S7 (cumulated with S7 target)	15750 (90% of 17500 i.e. cases detected in S9 (cumulated with S8 target)	N
7. Number of new smear positive TB cases detected	16000 (85.25% of 18766)	17,750	18,000	N
8. Number of supervisors and nurses trained on supervisory and management skills	367	521	764	N
9. Number of Municipal health supervisors trained on quality management and systematic monitoring	124	157	216	N
10. Percentage of new smear positive Tuberculosis cases registered under Directly Observed Treatment, Short Course (DOTS) who default or transfer out	24%	20%	22%	N

Indicator	Year 1	Year 2	Year 3	Directly tied (Y/N)
11. Number of referral nurses trained on diagnosis of Tuberculosis treatment	217	546	801	Y
12. Number of networks/partnerships involved (number of NGOs or other partnership involved in Tuberculosis activities)	14	20	25	Y
13. Number of drama shows on Tuberculosis prevention and treatment related issues	650	944	1,600	Y
14. Number of people reach trough the drama shows	159,000	214,625	279,500	Y
15. Number of Provincial Supervisors trained on Tuberculosis programme supervision (following the national Curriculum and the national Tuberculosis Strategic Plan	22	25	22	Y
16. Percentage of diagnostic and treatment units that will have continuous and sufficient drugs and laboratories supplies	55%	75%	80%	N
17. Number of logistic staff rtained on drug supply and management	11	11	11	Y
18. Number of refresher courses for Provincial Supervisors on TB programme management	4	6	8	Y
19. Number of refresher courses for Provincial Laboratory Supervisors on TB programme management	1	3	3	N

Reports outlining project implementation progress will be provided semester basis. An annual report will be prepared to assess performance of the project in contributing to the intended outcomes. A Project terminal report summarizing all activities, achievements and outputs of the project, lessons learned will be prepared at the end of the project.

7. BUDGET

A total amount of 5,236,643USD was approved for the implementation of the activities planned for the period of 1 October 2007 to 30 September 2010. The allocation of the approved budget by activity and category is as indicated bellow.

Budget by Activity and by fiscal Year

Activity No	2007	2008	2009	2010	Total
Activity 1	121,001	201,185	168,757	31,209	522,152
Activity 2	31,920	118,661	118,567	55,744	324,891
Activity 3	0	0	0	0	0
Activity 4	8,345	46,508	46,472	24,875	126,200
Activity 5	0	108,574	108,489	27,161	244,224
Activity 6	498,557	966,297	887,823	414,678	2,767,354
Activity 7	0	2,065	2,063	0	4,128
Activity 8	51,145	210,604	218,096	102,063	581,908
Activity 9	29,649	129,547	127,175	27,192	313,563
Activity 10	0		0	0	0
Activity 11	46,031	125,172	119,872	61,146	352,221
Total	786,647	1,908,612	1,797,315	744,067	5,236,641

Budget by Category

Cost Categories	Total	%
Infrastructure	705,700	13%
Planning and Administration	1,637,816	31%
Training	910,475	17%
Commodities and Products	319,250	6%
Human Resources	1,663,400	32%
Total	5,236,641	100%

8. LEGAL CONTEXT

This project document is consistent with the provision of Standard Basic Agreement standard assistance agreement between the Government of Angola and UNDP.

9. RISKS

The overall risk for the project can be considered moderate. The main risks include:

Project risks will be reviewed regularly and the management strategy for project implementation will be adjusted accordingly:

The project will support implementation of various capacity building activities for better planning and improving the skills of health providers to sustain higher-quality services.

Risk Log Matrix

#	Description	Category	Impact & Probability	Countermeasures / Mngt response	Owner	Author	Date Identified	Last Update	Status
1	Limited capacity of the health system to implement project activities	Operational	Moderate to High	The selection of the target sites will be coordinated with the PNCT and the Provincial Health Directorates to create conditions and select properly select the appropriate health facilities to be strengthened.	PM	PM	Project formulation	NA	NA
2	The original project budget does not include the operational costs of the GF Unit.	Financial	Moderate	The budget of the phase 2 corrects this gap. Operational costs of the budget were included in the new budget.	FM	FM	Project formulation	NA	NA
3	Increase of cost for peridemi (mainly for supervision) to be paid to NPCTL through SR	Financial	Moderate to High	It will be negotiated with the MoH to co-fund supervision costs in order to fill the any gap.	FM /PM	FM /PM	Project formulation	NA	NA
4	National TB programme (PNCT) very weak at Central Level	Operational	Moderate	It will be created a technical assistance group for the PNCT with involvement of stakeholders (WHO, CU/AMM, HAMSET, CDC, etc.) to define a strengthening strategy for the National Level.	PM	PM	Project formulation	NA	NA
5	Too much dependence of the SR support for the conduction of the PNCT at the Central Level	Operational	Moderate	Coordinate with the SR in order to emphasize strategies for transferring the management of PNCT activities to the MoH staff and involve them as much as possible in planning, monitoring, supervising and evaluating.	PM, M&E	PM, M&E	Project formulation	NA	NA

#	Description	Category	Impact & Probability	Countermeasures / Mngt response	Owner	Author	Date Identified	Last Update	Status
6	Problems in the distribution/inventory system of drugs	Operational	Moderate to High	To include in the technical assistance group agenda, a specific line for support the "Direcção Nacional de Medicamentos Essenciais".					
7	Turn over of trained staff (specially municipal and provincial supervisors)	Operational	Moderate	It will be important to feedback the Provincial Health Directors on the progress on the implementation of the project and advocate for keeping as much as possible the trained staff in their posts.					
8	Weakness of PNCT to sustain the project achievements	Operational	Moderate	Capacity building activities has been included as part of the Project Plan					

PM – Program Manager PS – Procurement Specialist FM – Financial Manager M&E – Monitoring and Evaluation Specialist



Acta da Reunião
Comité de Aprovação do Projecto
Projecto Apoio ao Programa Nacional de Controlo da Tuberculose

Data: Segunda-feira, 27 de Abril de 2007

Hora: 14:00 – 15:30 pm

Lugar: Gabinete da Direcção Nacional de Saúde Pública, MINSA.

Participantes:

Governo: Adelaide de Carvalho (Directora Nacional de Saúde Pública) e Maria de Conceição Palma (Coordenadora Nacional do Programa Nacional de Controlo da Tuberculose).

PNUD: Gita Honwana Welch (Directora do PNUD), Jorge Romero (Coordenador Geral da Unidade Projecto Fundo Global) e Mario Cooper (Coordenador do Componente VIH-SIDA/TB, Unidade Projecto Fundo Global).

Assunto: Comité de Aprovação do Projecto “Apoio ao Programa Nacional de Tuberculose”

Agenda:

1. Nota de introdução apresentada pela Directora do PNUD
2. Apresentação do projecto intitulado “Apoio ao Programa Nacional de Controlo da Tuberculose” (Fase 2, Subvenção Fundo Global AGO-305-G02-T)
3. Discussão.
4. Conclusões / Recomendações

A Directora do PNUD apresentou uma nota de introdução, explicando como antecedente a implementação da Fase 1 do Projecto “Apoio ao Programa Nacional de Controlo da Tuberculose” (Subvenção Fundo Global AGO-305-G02-T), os progressos que foram obtidos e a necessidade de dar continuidade ao plano estratégico do Programa Nacional de Controlo de Tuberculose (PNCT) durante os próximos 3 anos por meio da execução de uma segunda fase do mesmo projecto e a importância desta implementação com relação ao alcance dos Objectivos de Desenvolvimento do Milénio. Posteriormente, o Coordenador da Unidade de Projecto Fundo Global do PNUD explicou os alcances e os conteúdos do projecto para a Fase 2.

A coordenadora do PNCT, a Directora Nacional de Saúde Pública e a Directora do PNUD saientaram o facto que a proposta apresentada foi aprovada na última reunião do Mecanismo de Coordenação Nacional (MCN) realizada ontem.

Após a apresentação, abriu-se um espaço para debate sobre a experiência da implementação da Fase 1 e as recomendações para o novo projecto. As questões e comentários levantadas foram as seguintes:

Na segunda fase do projecto deve-se reforçar as actividades de desenvolvimento de capacidades do PNCT a fim de prepará-lo para uma melhor condução da implementação do presente projecto. O PNUD respondeu que uma ênfase especial será na melhoria do sistema de monitoria e avaliação do PNCT e que outras actividades de reforço institucional serão parte do plano operativo a ser implementado pelo sub-recipiente conforme ao plano do projecto a ser executado.

A selecção do sub-recipiente para a Fase 2 deve realizar-se de modo a não perder o que já foi alcançado com a participação de CUAMM. Foi esclarecido pelos membros do PNUD que por a segunda fase tratar-se de um novo projecto, será necessário realizar um novo processo de selecção para subrecipiente conforme os regulamentos de aquisições do PNUD. Este requerimento será coberto pelo PNUD Angola de forma que seja assegurada a continuidade do Projecto. Os presentes reconheceram o bom desempenho desenvolvido pela ONG Médicos com Africa (CUAMM) durante a primeira fase e os resultados positivos durante a sua avaliação de desempenho. Todos concordaram, que isso será um critério a tomar em conta durante o processo de selecção.

Com consenso dos presentes a proposta de projecto foi aprovada para sua implementação.

Directora do PNUD terminou agradecendo a presença e a participação de todos, concluindo que o projecto de Educação Cívica foi endossado por todos os participantes.

The image shows five handwritten signatures in black ink. The signatures are arranged in two rows: three in the top row and two in the bottom row. The signatures are stylized and difficult to read, but they appear to be the names of the participants mentioned in the text above.

Luanda, 30 de Março de 2009

Excelência,

Queira aceitar antes de mais as nossas cordiais saudações.

Vimos por este mui gentilmente solicitar a Vossa Excelência a assinatura dos documentos dos Projectos da Fase 2 de TB e VIH aprovados pelo Mecanismo de Coordenação Nacional e posteriormente aprovados pelo Fundo Global.

Os presentes documentos correspondem ao processo interno do PNUD e que oportunamente nos foram remetidos.

Sem outro assunto de momento aproveito o ensejo para reiterar os meus sinceros cumprimentos.

Atenciosamente,



Jorge Humberto Romero

Gestor Principal do Projecto do Fundo Global/PNUD Angola

Sua Excelência
Sr. Dr. José Vieira Dias Van-Dúnem
Ministro
Ministério da Saúde
Luanda - Angola