

Grant Confirmation

1. This **Grant Confirmation** is made and entered into by the **Global Fund to Fight AIDS, Tuberculosis and Malaria** (the “Global Fund”) and the **United Nations Development Programme** (the “Principal Recipient”), as of the date of the last signature below and effective as of the start date of the Implementation Period (as defined below), pursuant to the Framework Agreement, dated as of 13 October 2016, as amended and supplemented from time to time (the “Framework Agreement”), between the Global Fund and the Principal Recipient, to implement the Program set forth herein.
2. **Single Agreement.** This Grant Confirmation, together with the Integrated Grant Description attached hereto as Schedule I, sets forth the provisions (including, without limitation, representations, conditions, Program Activities, Program budget, performance framework, and related implementation arrangements) applicable to the Program, and forms part of the Grant Agreement. Each capitalized term used but not defined in this Grant Confirmation shall have the meaning ascribed to such term in the Framework Agreement (including the UNDP-Global Fund Grant Regulations).
3. **Grant Information.** The Global Fund and the Grantee hereby confirm the following:

3.1.	Host Country or Region:	Plurinational State of Bolivia
3.2.	Disease Component:	Malaria
3.3.	Program Title:	Bolivia free of Malaria
3.4.	Grant Name:	BOL-M-UNDP
3.5.	GA Number:	1747
3.6.	Grant Funds:	Up to the amount USD 3,807,860.00
3.7.	Implementation Period:	From 1 January 2019 to 31 December 2021 (inclusive)
3.8.	Principal Recipient:	United Nations Development Programme Avenida Sánchez Bustamante esq. Calle 14, Edificio Metrobol II Calacoto, Zona Sur La Paz Plurinational State of Bolivia Attention: Mr. Mauricio Ramirez Villegas Resident Coordinator Telephone: +59122624510 Facsimile: Email: mauricio.ramirez@one.un.org
3.9.	Fiscal Year:	1 January to 31 December
3.10.	Local Fund Agent:	Grupo Jacobs, S.A. de C.V. 81 y 83 Avenida Sur, Calle Cuscatlán, # 133 San Salvador Republic of El Salvador Attention: Ms. Yadira Sánchez Team Leader

		<p>Telephone: +50588539384 Facsimile: Email: yadira.sanchez@grupojacobs.com</p>
3.11.	Global Fund contact:	<p>The Global Fund to Fight AIDS, Tuberculosis and Malaria Global Health Campus, Chemin du Pommier 40 1218 Grand-Saconnex, Geneva, Switzerland</p> <p>Attention: Annelise Hirschmann Regional Manager Grant Management Division</p> <p>Telephone: +41 58 791 1700 Facsimile: +41 44 580 6820 Email: annelise.hirschmann@theglobalfund.org</p>

[Signature Page Follows.]

IN WITNESS WHEREOF, the Global Fund and the Principal Recipient have caused this Grant Confirmation to be executed and delivered by their respective duly authorized representatives on their respective date of signature below.

The Global Fund to Fight AIDS, Tuberculosis and Malaria United Nations Development Programme

By: Mark Edington

By: Mauricio Ramirez Villegas

Name: Mr. Mark Edington
Title: Head, Grant Management Division

Name: Mr. Mauricio Ramirez Villegas
Title: Resident Coordinator

Date: Dec 17, 2018

Date: 30 NOV. 2018



Acknowledged by

By: _____

Name: Dr. Rodolfo Rocabado
Title: Chair of the Country Coordinating Mechanism for Plurinational State of Bolivia

Date:

By: Rodolfo Rocabado

Name: Mr. Julio Cesar Aguilera Hurtado
Title: Civil Society Representative of the Country Coordinating Mechanism for Plurinational State of Bolivia

Date: 13/December/2018

Schedule I

Integrated Grant Description

Country:	Plurinational State of Bolivia
Program Title:	Bolivia free of Malaria
Grant Name:	BOL-M-UNDP
GA Number:	1747
Disease Component:	Malaria
Principal Recipient:	United Nations Development Programme

A. PROGRAM DESCRIPTION

1. Background and Rationale for the Program

Bolivia has made significant progress in eliminating *Plasmodium falciparum* malaria and reducing the burden of vivax malaria in recent years despite the difficult geographic and ecological setting. Estimated malaria cases declined from 17,190 in 2010 to 7000 in 2016; malaria-specific deaths fell from less or equal to 100 in 2010 to less or equal to 10 in 2016; and its share represents 0,8 percent of estimated malaria cases in the Americas region (World Malaria report, 2017). Malaria transmission largely occurs in the Amazonian region. Increasing access to health care services for the inhabitants, particularly the harvesters of wild Brazil nuts in remote areas, has been crucial to achieving malaria prevention and care targets. The country has and continues to implement malaria control interventions aligned with the National Malaria Strategic Plan (NMSP), and within international guidelines and the Global Fund Strategy 2017-2022.

The program continuation holds a significant reduction in Global Fund resources (reduction totals US\$ 6,525,458, passing from US\$ 10,133,318 to US\$ 3,807,860) for the continuing grant period.

The program is aligned to both the country's national malaria strategic plan and normative guidance. It builds on prior investments that have contributed to the reduction of malaria morbidity and mortality as well as increased coverage of key malaria control interventions. The funding request describes the country's epidemiological stratification, the malaria program, and the malaria risk profile with granular detail about key populations (KPs), transmission and approaches. Proposed malaria control interventions are clearly outlined based on different epidemiological strata and take into consideration funding from all partners in order to maximize efficiency of available funds. All identified key interventions are appropriate based on Bolivia's epidemiological context.

2. Goals, Strategies and Activities

Goals

- To avoid reintroduction of autoctnous P. Falciparum cases until 2021.
- To interrupt P. vivax autoctonous transmission in 15 prioritized municipalities with low endemicity and to prevent the reintroduction of malaria in malaria free transmission municipalities in the departements of Chuquisaca, Santa Cruz, Tarija and Potosi.
- To reduce by a half the number of P. vivax cases in 19 malaria endemic municipalities in the departments Pando, Beni and La Paz.

Strategies

- To guarantee universal access to timely and quality diagnosis, treatment and follow up of Malaria cases.
- To promote, strengthen and optimize Mechanisms for malaria vector control.
- Monitor and Evaluation of planned activities in the National Malaria Strategic Plan.

Activities

- Procurement of rapid tests and LLINs for general population and harvesting region.
- Supply of health products for health community networks to strengthen community field surveillance.
- Active search of Malaria cases and investigation of cases and foci.
- Training in diagnosis and malaria treatment for networks of community health workers.
- Quality control in Malaria diagnosis in different health levels.
- Monitoring of insecticides resistance.
- Communication strategy for behaviour change for the control and elimination of malaria.

3. Target Group/Beneficiaries

- Population of migrants (harvesters) to Brazil nut harvesting region
- Peasant and indigenous population in the Amazon region
- Population of the urban and peri-urban region of Guayaramerín

B. PERFORMANCE FRAMEWORK

Please see attached.

C. SUMMARY BUDGET

Please see attached.

Country	Bolivia (Plurinational State)			
Grant Name	BOL-M-UNDP			
Implementation Period	01-Jan-2019 - 31-Dec-2021			
Principal Recipient	United Nations Development Programme			
Reporting Periods	Start Date	01-Jan-2019	01-Jan-2020	01-Jan-2021
	End Date	31-Dec-2019	31-Dec-2020	31-Dec-2021
	PU includes DR?	Yes	Yes	No

Program Goals and Impact Indicators

1	Evitar la reintroducción de casos autoctonos de P. falciparum hasta el 2021
2	Interrumpir la transmisión autóctona de P. vivax en los 15 municipios priorizados como de baja endemia y prevenir la reintroducción de la malaria en los municipios libres de transmisión en los 5 municipios de los departamentos de Chuquisaca, Santa Cruz, Tarija y Potosí
3	Reducir al 50% el número de casos de P. vivax en los 19 municipios endémicos de los departamentos de Pando, Beni y La Paz

Impact Indicator	Country	Baseline Value	Baseline Year and Source	Required Disaggregation	2019	2020	2021	Comment
1 Malaria I-10(M): Annual parasite incidence: Confirmed malaria cases (microscopy or RDT): rate per 1000 persons per year (Elimination settings)	Bolivia (Plurinational State)	1.5	2017 Health Management Information System	Source of infection	N: 1.13 D: P: % Due Date: 31-Mar-2020	N: .94 D: P: % Due Date: 31-Mar-2021	N: .75 D: P: % Due Date: 31-Mar-2022	Baseline: 6842/4549215 * 1000 Source of information: epidemiological report of the Ministry of Health. It includes microscopy and RDT Measurement method: The National Program estimates a progressive decrease in the next three years of 50%. Target 2019: 5132; 2020 goal: 4276; goal 2021: 3421. Projection using least squares methods and with the aim of reducing cases to 50%. Population at risk is 4549215. Being an indicator of impact, the data was considered at the country level.

Program Objectives and Outcome Indicators

1	Garantizar el acceso universal a un diagnóstico, tratamiento y seguimiento de malaria de forma inmediata y de calidad
2	Promover, fortalecer y optimizar los mecanismos y herramientas para el control vectorial
3	Monitoreo y evaluación de las actividades establecidas en el PEN de Malaria

Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Disaggregation	2019	2020	2021	Comment
1 Malaria O-7(M): Percentage of existing ITNs used the previous night	Bolivia (Plurinational State)	84%	2017 Household survey		N: D: P: % Due Date: 31-Mar-2020	N: D: P: % Due Date: 31-Mar-2021	N: .9 D: P: % Due Date: 31-Mar-2022	Baseline: 84% of people in project intervention areas use mosquito nets the night before. Source of information: PAHO Bolivia's evaluation report on the communication strategy (COMBI) that was implemented in the previous project. Measurement method: The population at risk that will receive mosquito nets is: Migrant population (zafreiros) to the chestnut collection area (35651 people), Peasant and indigenous population of the Amazon (108,396 people), Population of the urban and peri-urban area of Guayaramerín (14,378 people) and pregnant women (3,500 people). The third year of the project is expected to increase and maintain the level by 90% thanks to the execution of the communication activities established in the proposal. Assumptions: The study carried out by PAHO does not differentiate the use of mosquito nets by sex, because it repeats the data for both sexes. The 2018 study will consider the analysis by sex.
2 Malaria O-9(M): Annual blood examination rate: per 100 population per year (Elimination settings)	Bolivia (Plurinational State)	3.168	2017 Health management information system	Case detection	N: 3.46 D: P: % Due Date: 31-Mar-2020	N: 3.46 D: P: % Due Date: 31-Mar-2021	N: 3.46 D: P: % Due Date: 31-Mar-2022	Baseline: 144,139 blood samples from population at risk per 1000 (144,139 / 4549215 * 100) Source of Information: Report of the Information System of the National Malaria Program Measurement method: 157,480 blood samples are nationally defined, on the population at risk per 100. The target is similar for the three years. Assumptions: The project in the intervention area will provide 102,480 blood samples to this indicator. (90,000 surveillance establishments, 12,480 community surveillance Diagnostic Tests)

Coverage Indicators									
Coverage Indicator	Country and Geographic Area	Baseline	Baseline Year and Source	Required Disaggregation	Cumulation for AFD	01-Jan-2019 31-Dec-2019	01-Jan-2020 31-Dec-2020	01-Jan-2021 31-Dec-2021	Comments
Case management									
CM-1a(M): Proportion of suspected malaria cases that receive a parasitological test at public sector health facilities	Country: ; Coverage: Subnational	N: 90,000 D: 90,000 P: 100%	HMIS	Age, Type of testing	Y- Cumulative annually	N: 90,000 D: 90,000 P: 100.0%	N: 90,000 D: 90,000 P: 100.0%	N: 90,000 D: 90,000 P: 100.0%	<p>Baseline: it refers to 19 municipalities prioritized in the grant. 90000/100000 reported national result of the national malaria information system.</p> <p>Source of information: Epidemiological Surveillance System of the National Program (SIVyCOM).</p> <p>Method of measurement: There is a systematization notebook and a monthly consolidated report. The source of verification will be the Epidemiological Surveillance System of the National Program (SIVyCOM). It is estimated a total of 157,480 samples examined at population at risk per year at national level, taking the annual history that represents 13%. 67,480 blood samples correspond to 38 municipalities of extra amazonia at risk not covered by the subsidy. The 90,000 samples will be applied in the 19 municipalities prioritized by the project with high burden of the disease, where a population at risk of 271,122 is defined, which represents 41% of the population that could have symptoms compatible with malaria (Fever). The denominator is not increased annually, since the number of samples processed will be constant each year and the 41% coverage in relation is an adequate parameter.</p> <p>Assumptions: The indicator will also report the use of rapid tests planned for the rural area of the Amazon (30% of the population of rural areas of the 19 prioritized municipalities (32,587 / 108,396) and the urban area of Guayaramerín (30% of the Population of 10 neighborhoods of Guayaramerín bordering Arroyo Las Arenas (4,313 / 14,378), which are used to cover the discontinuity of the diagnostic service by microscopy.</p>
CM-1b(M): Proportion of suspected malaria cases that receive a parasitological test in the community	Country: ; Coverage: Subnational	N: 12,480 D: 12,480 P: 100%	HMIS	Type of testing, Age	Y- Cumulative annually	N: 12,480 D: 12,480 P: 100.0%	N: 12,480 D: 12,480 P: 100.0%	N: 12,480 D: 12,480 P: 100.0%	<p>Baseline: 12480 Rapid diagnostic tests performed in the harvest area of the chestnut.</p> <p>Source of information: Information System of the National Malaria Program (SIVyCOM).</p> <p>Measuring method: There is a systematization notebook and a monthly consolidated report. The source of verification will be the Epidemiological Surveillance System of the National Program (SIVyCOM).</p> <p>Assumptions: The target is constant during the three years of intervention and represents 35% of the population that enters the harvest, which could have symptoms compatible with malaria (fever)</p>
CM-2a(M): Proportion of confirmed malaria cases that received first-line antimalarial treatment at public sector health facilities	Country: ; Coverage: Subnational	N: 4,451 D: 4,451 P: 100%	HMIS	Age	Y- Cumulative annually	N: 3,340 D: 3,340 P: 100.0%	N: 2,782 D: 2,782 P: 100.0%	N: 2,226 D: 2,226 P: 100.0%	<p>Baseline: 4451 cases reported captured in health facilities.</p> <p>Source of information: Epidemiological Surveillance System of the National Program (SIVyCOM).</p> <p>Measurement method: the indicator refers to 19 prioritized municipalities. Single form of notification M, and report of SIVyCOM.</p> <p>Assumptions: Taking into account as baseline the data of 2017 (4451 cases of Malaria in the 19 municipalities, without taking into account the cases detected by community surveillance), a projection was made of the cases of malaria that will be treated according to national guidelines. Currently all positive cases receive antimalarial treatment. The appropriate diagnosis and the immediate inception of the treatment must be within 24 hours from the onset of symptoms.</p>
CM-2b(M): Proportion of confirmed malaria cases that received first-line antimalarial treatment in the community	Country: ; Coverage: Subnational	N: 1,224 D: 2,448 P: 50%	HMIS	Age	Y- Cumulative annually	N: 972 D: 972 P: 100.0%	N: 809 D: 809 P: 100.0%	N: 647 D: 647 P: 100.0%	<p>Baseline: The data from the 2017 intervention in the Brazil nut collection area (2,448 cases) is taken as a baseline. However, by performing a retrospective analysis of 7 years of intervention in the harvest area, the average number of cases registered in the harvest zone is 1,224 cases. This data is taken as adjustment of the baseline due to the outbreak that was registered in 2017.</p> <p>The source of information: the source of verification will be the Epidemiological Surveillance System of the National Program (SIVyCOM).</p> <p>Measurement method: Unique Form of notification M, and SIVyCOM.</p> <p>Assumptions: The data are directly related to the implementation of community surveillance, in 19 municipalities prioritized in the grant.</p>

Coverage Indicators									
Coverage Indicator	Country and Geographic Area	Baseline	Baseline Year and Source	Required Disaggregation	Cumulation for AFD	01-Jan-2019 31-Dec-2019	01-Jan-2020 31-Dec-2020	01-Jan-2021 31-Dec-2021	Comments
CM-2c(M): Proportion of confirmed malaria cases that received first-line antimalarial treatment at private sector sites	Country: ; Coverage: Subnational	N: 156 D: 156 P: 100%	HMIS	Age	Y- Cumulative annually	N: 121 D: 121 P: 100.0%	N: 106 D: 106 P: 100.0%	N: 81 D: 81 P: 100.0%	<p>Baseline: 156 treated cases were reported by private health facilities in 2017, report of 7 regional areas of the project that have private sector health services that report cases to the PNCM surveillance system.</p> <p>The source of information: Epidemiological Surveillance System of the National Program (SIVyCOM).</p> <p>Measurement method: Unique M and SlyCOM notification form. Taking into account as LB the data of the 2017 management of the intervention area.</p> <p>Numerator: Number of confirmed malaria cases that received first line treatment in health facilities of the private sector, in 19 municipalities prioritized in the grant.</p> <p>Denominator: Number of malaria cases confirmed in private sector health facilities.</p> <p>4% of cases of the 2017 management are taken into account as a baseline. (Private services: Prosalud, Caja Petrolera, Caja de Caminos and Clínica Burgos)</p>
CM-5(M): Percentage of confirmed cases fully investigated and classified	Country: ; Coverage: Subnational	N: D: P:			Y- Cumulative annually	N: D: P:	N: D: P:	N: D: P:	<p>Baseline: In 2017, there were 4 cases of <i>P. falciparum</i> (imported) that were 100% investigated. Also 100 cases of <i>P. vivax</i></p> <p>Source of information: Surveillance System of the Ministry of Health.</p> <p>Method of measurement: Case Research Forms of <i>P. falciparum</i>.</p> <p>Assumptions: A numerical target cannot be estimated, since only imported cases were registered in the last three years, it is for this reason that it is established that 100% of the cases of <i>P. falciparum</i> at the national level will be investigated (Pre-elimination phase). In the context of elimination, cases of <i>Plasmodium falciparum</i> will be investigated in any geographic area where they occur. In contrast, cases of <i>plasmodium vivax</i> will only be investigated when they occur in the target area of elimination (extra-Amazonian area, 100% of cases).</p>
CM-6(M): Percentage of malaria foci fully investigated and classified	Country: ; Coverage: Subnational	N: D: P:			Y- Cumulative annually	N: D: P:	N: D: P:	N: D: P:	<p>Baseline: Taking into account the WHO guidelines: <input type="checkbox"/> Malaria Surveillance Monitoring & Evaluation: A Reference Manual; 2018; WHO. <input type="checkbox"/> Framework for the elimination of Malaria; 2017; WHO.</p> <p>A classification of malaria foci has been carried out at the national level, where 27 active foci for <i>P. vivax</i> and 27 non-active residual foci for <i>P. falciparum</i> are evidenced, distributed in 16 municipalities.</p> <p>Source of information: Ministry of Health Surveillance System.</p> <p>Measurement method: Research reports of the 27 foci identified and classified.</p> <p>Assumptions: A specific monitoring guide is being prepared, it will be framed in the following aspects recommended by the TRP:</p> <ol style="list-style-type: none"> Objectives of the research of foci and research according to national regulations. Inventory for the identification of the outbreaks (Action in process with the analysis of the cases by place of infection (See Analysis document) and if it was implemented following some degree of prioritization by geographic areas and risk of transmission. Instruments and tools will be developed, as well as procedures for the implementation of the research of foci and cases (for the health or environmental personnel involved) based on the guidelines of the WHO (see WHO guide).

Coverage Indicators									
Coverage Indicator	Country and Geographic Area	Baseline	Baseline Year and Source	Required Dissagregation	Cumulation for AFD	01-Jan-2019 31-Dec-2019	01-Jan-2020 31-Dec-2020	01-Jan-2021 31-Dec-2021	Comments
Vector control									
VC-1(M): Number of long-lasting insecticidal nets distributed to at-risk populations through mass campaigns	Country: ; Coverage: Subnational	N: 20,000 D: P:	HMIS		Y- Cumulative annually	N: 20,000 D: P:	N: 88,200 D: P:	N: 20,000 D: P:	<p>Baseline: 20,000 mosquito nets impregnated with insecticide distributed in the chestnut collection area.</p> <p>Measurement method: Mosquito net distribution sheets - SIVyCOM report. The distribution of mosquito nets has been planned as a mass distribution campaign in the prioritized area of the grant (19 municipalities) as explained below. This will be complemented with the distribution of mosquito nets to pregnant women in that same geographical area, through prenatal consultations, financed with national resources (3,500 mosquito nets / year).</p> <p>VC1: The estimated population that will be covered with the provision of long-lasting insecticide-impregnated mosquito nets (MILD) using the distribution factor recommended by the Rollback Malaria (1,8). Total Year2 88,200 mosquito nets; Rural area of Amazonia: 108,396 people = 60,200 Mosquito nets; Priority Population urban area Guayaramerin: 14,378 people - 8,000 mosquito nets; Brazil nut harvester population: 35,651 people = 20,000. The Project will cover these two population segments with the purchase of mosquito nets (mass campaigns). 19 municipalities prioritized in the grant.</p>

Country	Bolivia (Plurinational State)
Grant Name	BOL-M-UNDP
Implementation Period	01-Jan-2019 - 31-Dec-2021
Principal Recipient	United Nations Development Programme

By Module	01/01/2019 - 31/03/2019	01/04/2019 - 30/06/2019	01/07/2019 - 30/09/2019	01/10/2019 - 31/12/2019	Total Y1	01/01/2020 - 31/03/2020	01/04/2020 - 30/06/2020	01/07/2020 - 30/09/2020	01/10/2020 - 31/12/2020	Total Y2	01/01/2021 - 31/03/2021	01/04/2021 - 30/06/2021	01/07/2021 - 30/09/2021	01/10/2021 - 31/12/2021	Total Y3	Grand Total	% of Grand Total
RSSH: Health management information systems and M&E	\$30,004	\$65,267	\$43,365	\$60,859	\$199,494	\$30,031	\$68,321	\$36,875	\$57,347	\$192,574	\$35,502	\$59,984	\$59,723	\$51,920	\$207,129	\$599,196	15.7 %
RSSH: National health strategies																	0.0 %
Program management	\$89,161	\$43,714	\$42,559	\$129,984	\$305,419	\$126,691	\$64,138	\$75,451	\$59,696	\$325,976	\$112,983	\$65,801	\$66,214	\$61,016	\$306,014	\$937,408	24.6 %
RSSH: Procurement and supply chain management systems																	0.0 %
RSSH: Financial management systems																	0.0 %
Case management	\$98,423	\$111,287	\$151,829	\$57,918	\$419,457	\$98,199	\$107,199	\$154,615	\$54,592	\$414,605	\$96,335	\$103,846	\$114,318	\$51,999	\$366,497	\$1,200,560	31.5 %
Vector control	\$113,970	\$61,161	\$26,029	\$52,092	\$253,252	\$319,450	\$23,125	\$168,762	\$23,254	\$534,591	\$119,892	\$58,575	\$54,261	\$50,124	\$282,852	\$1,070,695	28.1 %
Grand Total	\$331,559	\$281,428	\$263,782	\$300,853	\$1,177,622	\$574,371	\$262,783	\$435,702	\$194,889	\$1,467,745	\$364,711	\$288,206	\$294,515	\$215,059	\$1,162,492	\$3,807,860	100.0 %

By Cost Grouping	01/01/2019 - 31/03/2019	01/04/2019 - 30/06/2019	01/07/2019 - 30/09/2019	01/10/2019 - 31/12/2019	Total Y1	01/01/2020 - 31/03/2020	01/04/2020 - 30/06/2020	01/07/2020 - 30/09/2020	01/10/2020 - 31/12/2020	Total Y2	01/01/2021 - 31/03/2021	01/04/2021 - 30/06/2021	01/07/2021 - 30/09/2021	01/10/2021 - 31/12/2021	Total Y3	Grand Total	% of Grand Total
Human Resources (HR)	\$75,394	\$75,394	\$75,394	\$75,394	\$301,577	\$86,492	\$86,492	\$86,492	\$86,492	\$345,968	\$82,668	\$82,668	\$82,668	\$82,668	\$330,671	\$978,217	25.7 %
Travel related costs (TRC)	\$40,060	\$120,186	\$97,565	\$64,061	\$321,872	\$53,128	\$110,277	\$140,589	\$49,903	\$353,898	\$43,393	\$110,898	\$99,126	\$56,650	\$310,067	\$985,836	25.9 %
External Professional services (EPS)		\$5,498	\$22,669	\$120,327	\$148,494		\$5,498	\$16,451	\$18,269	\$40,217		\$5,498	\$31,830	\$34,109	\$71,436	\$260,147	6.8 %
Health Products - Non-Pharmaceuticals (HPNP)	\$122,032				\$122,032	\$291,117				\$291,117	\$132,641				\$132,641	\$545,791	14.3 %
Health Products - Equipment (HPE)																	0.0 %
Procurement and Supply-Chain Management costs (PSM)	\$25,605	\$39,952	\$14,985	\$14,985	\$95,526	\$50,720	\$14,985	\$114,605	\$14,985	\$195,295	\$26,693	\$41,586	\$14,985	\$14,985	\$98,249	\$389,089	10.2 %
Infrastructure (INF)																	0.0 %
Non-health equipment (NHP)	\$42,168		\$31,678		\$73,846	\$42,168		\$38,808		\$80,976	\$42,176		\$36,372		\$78,548	\$233,371	6.1 %
Communication Material and Publications (CMP)	\$373	\$10,446		\$2,169	\$12,987	\$2,917	\$10,782		\$2,238	\$15,938	\$3,011	\$11,129		\$2,310	\$16,451	\$45,376	1.2 %
Programme Administration costs (PA)	\$25,926	\$29,952	\$21,492	\$23,918	\$101,288	\$47,828	\$34,749	\$38,756	\$23,002	\$144,336	\$34,128	\$36,428	\$29,536	\$24,338	\$124,429	\$370,053	9.7 %
Payment for Results																	0.0 %
GrandTotal	\$331,559	\$281,428	\$263,782	\$300,853	\$1,177,622	\$574,371	\$262,783	\$435,702	\$194,889	\$1,467,745	\$364,711	\$288,206	\$294,515	\$215,059	\$1,162,492	\$3,807,860	100.0 %

By Recipients	01/01/2019 - 31/03/2019	01/04/2019 - 30/06/2019	01/07/2019 - 30/09/2019	01/10/2019 - 31/12/2019	Total Y1	01/01/2020 - 31/03/2020	01/04/2020 - 30/06/2020	01/07/2020 - 30/09/2020	01/10/2020 - 31/12/2020	Total Y2	01/01/2021 - 31/03/2021	01/04/2021 - 30/06/2021	01/07/2021 - 30/09/2021	01/10/2021 - 31/12/2021	Total Y3	Grand Total	% of Grand Total
PR	\$56,969	\$53,689	\$52,535	\$54,960	\$218,152	\$94,498	\$74,113	\$85,426	\$69,672	\$323,709	\$80,782	\$75,777	\$76,189	\$70,991	\$303,739	\$845,600	22.2 %
United Nations Development Programme	\$56,969	\$53,689	\$52,535	\$54,960	\$218,152	\$94,498	\$74,113	\$85,426	\$69,672	\$323,709	\$80,782	\$75,777	\$76,189	\$70,991	\$303,739	\$845,600	22.2 %
SR	\$274,590	\$227,739	\$211,248	\$245,893	\$959,470	\$479,874	\$188,670	\$350,276	\$125,218	\$1,144,037	\$283,929	\$212,430	\$218,326	\$144,068	\$858,753	\$2,962,260	77.8 %
Ministry of Health	\$274,590	\$227,739	\$211,248	\$245,893	\$959,470	\$479,874	\$188,670	\$350,276	\$125,218	\$1,144,037	\$283,929	\$212,430	\$218,326	\$144,068	\$858,753	\$2,962,260	77.8 %
Grand Total	\$331,559	\$281,428	\$263,782	\$300,853	\$1,177,622	\$574,371	\$262,783	\$435,702	\$194,889	\$1,467,745	\$364,711	\$288,206	\$294,515	\$215,059	\$1,162,492	\$3,807,860	100.0 %



Estado Plurinacional de Bolivia

Ministerio de Salud

La Paz, 14 de Diciembre de 2018

MS/DPCH/CE/N° 2332/2018

Señores

FONDO MUNDIAL

Ginebra - Suiza.-

Ref. Aprobación Firma de Acuerdo de Subvención Malaria

Apreciados Señores:

A tiempo de hacerles llegar un cordial saludo, les informamos que los idiomas oficiales del Estado Plurinacional de Bolivia es el castellano y todos los idiomas de las naciones y pueblos indígenas originarios campesino y no así el inglés, por lo que no es posible firmar documentos oficiales en ese idioma.

La Propuesta de Subvención para el componente de Malaria 2019-2021 en idioma castellano. Ha sido revisada y **aprobada** por **unanimidad** por el Mecanismo de Coordinación del País como verán en el acta adjunta.

Por este motivo se aprueba proceder con la firma del acuerdo de Subvención entre el Fondo Mundial y el Receptor Principal.

Sin otro particular nos despedimos con las consideraciones del caso.


Dr. Rodolfo E. Rocabado Benavides
MINISTRO DE SALUD

RERB/ATANGO*
Adj: Lo indicado
c.c.: Programa Malaria
DESPACHO MINISTERIAL

