

Ref.: GMD/AME/CA/CF/NB/DD/20/7

27 February 2020

Katarzyna Wawiernia  
Resident Representative  
United Nations Development Programme  
Avenida das Nações Unidas  
BP 109  
Sao Tome  
Democratic Republic of Sao Tome and Principe

**Subject: Grant: STP-Z-UNDP**  
**Principal Recipient: United Nations Development Programme**  
**Implementation Letter Number: 2<sup>1</sup>**  
**Updating the Performance Framework and the Summary Budget**

Dear Ms Wawiernia

Reference is made to the Grant Confirmation dated 19 December 2017 (as amended from time to time) (the “Grant Confirmation”) between the Global Fund to Fight AIDS, Tuberculosis and Malaria (the “Global Fund”) and the United Nations Development Programme (the “Principal Recipient”) for grant STP-Z-UNDP (the “Grant”). Unless defined in this Implementation Letter or the context otherwise requires, all capitalized terms used in this Implementation Letter shall have the same meaning as set out in the Grant Confirmation.

The Global Fund, through the process of portfolio optimization, has approved additional funding for the Program described in the Grant Confirmation for the purpose of supporting the IRS gap through procurement of insecticides and implementation costs. As a result, we propose increasing the Grant Funds for the Implementation Period by EUR 504,055. Additionally, we propose amending the Summary Budget and Performance Framework included in Schedule I (Integrated Grant Description) of the Grant Confirmation to reflect the additional activities to be funded with the approved additional funding.

Finally, we are also updating the Global Fund’s contact details at section 3.11 of the Grant Confirmation.

Pursuant to Article 20 of the UNDP-Global Fund Grant Regulations, in order to reflect the above, we would like to make the following changes to the Grant Confirmation:

- (1) The table in Section 3 of the Grant Confirmation is hereby deleted in its entirety and replaced with the table set out in Annex 1 to this Implementation Letter.

The Performance Framework included in Schedule I (Integrated Grant Description) of the Grant Confirmation is hereby deleted in its entirety and replaced with the revised Summary Budget enclosed with this Implementation Letter.

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<sup>1</sup> The Grant Confirmation was modified before by Implementation Letter dated 22 October 2019.

- (2) The Summary Budget included in Schedule I (Integrated Grant Description) of the Grant Confirmation is hereby deleted in its entirety and replaced with the revised Summary Budget enclosed with this Implementation Letter.

Other than to the extent modified by this Implementation Letter, all provisions of the Grant Agreement remain the same and continue to have full force and effect.

Please confirm your agreement to these amendments to the Grant Confirmation by signing this Implementation Letter and returning a copy to the Global Fund by electronic messaging system. These amendments will take effect upon the signing of this letter by the Senior Manager of the Grant Finance Center of Expertise indicated below. A copy of this letter will be sent to you for your records, by electronic messaging system, once the Senior Manager of the Grant Finance Center of Expertise has signed the letter.

We thank you for your important efforts in the global fight against HIV/AIDS, TB and malaria and look forward to the continuing successful implementation of the Program.

Yours sincerely



Caty Fall  
Regional Manager  
Central Africa

Agreed and signed:

United Nations Development Programme  
Principal Recipient

By: \_\_\_\_\_

Name:

Title:

Date:

Encl.: Annex 1 – Amended Grant Confirmation Table  
Amended Performance Framework  
Amended Summary Budget

Cc: H.E. Edgar Agostinho Das Neves, CCM Chair  
Mariam Traore, UNDP  
Luis Segura, Local Fund Agent

Signed by the Grant Finance Center of Expertise for the recognition of this agreement by the Global Fund.

Eric Boa  
Senior Manager  
Grant Finance Center of Expertise

Date:

Annex 1

3.1.	Host Country or Region:	Democratic Republic of Sao Tome and Principe
3.2.	Disease Component:	HIV/AIDS, Tuberculosis, Malaria
3.3.	Program Title:	Investing to achieve elimination for Malaria and impact against TB and HIV in Sao Tome and Principe
3.4.	Grant Name:	STP-Z-UNDP
3.5.	GA Number:	1502
3.6.	Grant Funds:	Up to the amount of EUR 5,592,956.00
3.7.	Implementation Period:	From 1 January 2018 to 31 December 2020 (inclusive)
3.8.	Principal Recipient:	<p>United Nations Development Programme  Avenida das Nações Unidas  BP 109  109  Sao Tome  Democratic Republic of Sao Tome and Principe</p> <p align="center">Attention Dr. Aderito Santana  Assistant Resident Representative/Program</p> <p>Telephone: 00239 2221122  Email: aderito.santana@undp.org</p>
3.9.	Fiscal Year:	1 January to 31 December
3.10.	Local Fund Agent:	<p>Swiss Tropical and Public Health Institute  Socinstrasse 57  P.O. Box - 4002  CH-4051  Basel  Switzerland</p> <p align="center">Attention Mr. Luis Segura  Programmatic/M&amp;E Expert</p> <p>Telephone: +41 612848131  Facsimile: +41 61 284 81 03  Email: luis.segura@swisstph.ch</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 align="center">Attention: Caty Fall  Regional Manager  Grant Management Division</p> <p>Telephone: +41 58 791 1700  Facsimile: +41 44 580 6820  Email: caty.fall@theglobalfund.org</p>

<b>Country</b>	Sao Tome and Principe
<b>Grant Name</b>	STP-Z-UNDP
<b>Implementation Period</b>	01-Jan-2018 - 31-Dec-2020
<b>Principal Recipient</b>	United Nations Development Programme

<b>Reporting Periods</b>	Start Date	01-Jan-2018	01-Jan-2019	01-Jan-2020
	End Date	31-Dec-2018	31-Dec-2019	31-Dec-2020
	PU includes DR?	Yes	Yes	No

Program Goals, Impact Indicators and targets	
1	Reduce morbidity amongst people living with HIV/AIDS from 0.13 in 2013 to 0.06 per 1,000 inhabitants by 2021 and reduce mortality from 28.8 in 2013 to 4.15 per 100,000 inhabitants by 2021.
2	Increase the treatment success rate for all forms of TB that have been bacteriologically confirmed and clinically diagnosed from 76.5% in 2016 to ≥85% by 2020
3	By 2021, reduce the incidence of malaria by at least 1 case per 1,000 inhabitants within all of the districts of São Tomé and record 0 (zero) endemic cases within the Autonomous Region of Príncipe.

	Impact Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	2018	2019	2020	Comment
1	HIV I-9a(M): Percentage of men who have sex with men who are living with HIV	Sao Tome and Principe			Age	N: D: P: %  Due Date: 31-Mar-2019	N: D: P: %  Due Date:	N: D: P: %  Due Date:	0- There are no baseline data for this indicator; these baseline data will be provided following the completion of the IBBS study, which will take place in 2018, 1- We have not set targets; the targets will be determined following the completion of this study, 2 - Given the population, and based on publications from other African countries, we assumed that MSM would represent 0.9% of adult male population in STP (www.ncbi.nlm.nih.gov/pmc/articles / PMC2576725 /); For STP this total estimated population is: 462 (2018), 477 (2019) and 492 (2020). The target for the country is: 187 (2018), 216 (2019) and 248 (2020);
2	TB I-3(M): TB mortality rate per 100,000 population	Sao Tome and Principe	3,6	2015 WHO Global TB Report 2016		N: 3 D: P: %  Due Date: 30-Nov-2019	N: 2.6 D: P: %  Due Date: 30-Nov-2020	N: 2.2 D: P: %  Due Date: 30-Nov-2021	1- According to the WHO Report, the mortality rate for TB in STP in 2015 was 3.6 per 100,000 inhabitants; From 2018 to 2020, the total population is expected to be 201,786, 205,965 and 210,241 respectively 2- According to the TB control program, every effort will be made to reduce TB mortality in the population; the program data indicate a decrease in mortality among TB patients over the past 3 years. Mortality (in percentage) decreased from 11.24% (20/178) in 2015; to 9.9% (19/192) in 2016 and 8.9% in 2017 (6/67) available data up to August 2017.
3	Malaria I-1(M): Reported malaria cases (presumed and confirmed)	Sao Tome and Principe	2238	2016 National Malaria Control Program Report	Malaria case definition,Species,Age	N: 1,816 D: P: %  Due Date: 01-Mar-2019	N: 1,030 D: P: %  Due Date: 29-Feb-2020	N: 420 D: P: %  Due Date: 14-Feb-2021	1-The baseline comes from the 2016 PUDR programmatic data report on malaria. 2-The country's vision is to eliminate malaria by 2025 and prevent its reintroduction 3-The target in the PF is in line with the National Strategic Plan, for 2018 to 2020 targeting a reduction of 9 cases per 1000 inhabitants in 2018, 5 cases per 1000 inhabitants in 2019 and 3 cases of malaria per thousand inhabitants 2020, i.e. 1816, 1030 and 420 cases of malaria per year (2018 to 2020)

Program Objectives, Outcome Indicators and targets	
1	Significantly reduce the rate of sexual transmission of HIV infection in São Tomé and Príncipe from 0.5% in 2014 to 0.4% in 2020
2	Reduce the morbidity and mortality and improve the quality of life of people living with HIV, their partners and their families and provide support to orphans.
3	Eliminate mother to child transmission of HIV: 0% in 2020
4	Increase the institutional capacity of the National AIDS, Malaria and Tuberculosis Control Program/of the Ministry of Health as well as civil society in order to respond to the HIV epidemic
5	Increase the reporting rates of cases of tuberculosis from 71 cases per 100,000 inhabitants in 2012 to 80 cases per 100,000 inhabitants in 2020 by increasing screening among key populations
6	Increase the rates of tuberculosis treatment success to more than 85%, by placing the emphasis on rigorous DOT
7	Carry out routine tuberculosis screening using Xpert testing for all patients undergoing tuberculosis and TB treatment
8	Provide care and support to over 95% of patients co-infected by tuberculosis and HIV by HIV-screening more than 95% of patients suffering from tuberculosis; tuberculosis screening for all PLHIV; and treatment (cotrimoxazole, ART) for tuberculosis/HIV
9	Strengthen the epidemiological surveillance system and entomological monitoring and evaluation at central and district level and within the Autonomous Region of Príncipe, as well as detection and response to epidemics.
10	Detect 100% of cases of malaria infection throughout the country, using a high-quality biological diagnosis and treat appropriately depending on the national policy for case management
11	In 2021, ensure that 100% of the at-risk population benefits from interventions integrated with vector control and other evidence-based prevention interventions (mapping, resistance to vector stratification, etc.)
12	By 2021, develop social mobilization and mobilization of communication adapted to the vision of malaria elimination

	Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	2018	2019	2020	Comment
1	HIV O-1(M): Percentage of adults and children with HIV, known to be on treatment 12 months after initiation of antiretroviral therapy	Sao Tome and Principe	68,6%	2016 National AIDS Control Program Annual Report	Duration of treatment, Age, Gender	N: D: P: 75.00% Due Date: 01-Mar-2019	N: D: P: 80.00% Due Date: 29-Feb-2020	N: D: P: 85.00% Due Date: 14-Feb-2021	1- The result for 2016 is (105/153) = 68.6% Numerator: Number of known and alive patients on ART, 12 months after ART initiation. Denominator: All patients registered and receiving ART during the course of the 12 months preceding the reporting period. This includes patients who have died, stopped treatment or lost to follow-up by month 12. 2- The source of the data is the National AIDS control Program, 3- The target is based on WHO Objective of reaching 85% by 2020
2	TB O-4(M): Treatment success rate of RR TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB successfully treated	Sao Tome and Principe	50,0%	2016 National TB Control Program Annual Report	TB case definition	N: D: P: 78.00% Due Date: 01-Mar-2019	N: D: P: 80.00% Due Date: 29-Feb-2020	N: D: P: 85.00% Due Date: 14-Feb-2021	1-In 2016, 4 cases of MDR-TB were identified in 2014, 2 of which were cured and the other 2 lost to follow-up; 2- The aim of the national TB control program is to implement, with the assistance of Community Health Workers, all measures aimed at ensuring the monitoring, detection and treatment of all cases, thereby preventing patients from becoming lost to follow-up; 3- The GeneXpert machine that was introduced in 2016 should contribute to improving diagnostics 4-Source: National TB control program Annual Report, 2016
3	Malaria O-7(M): Percentage of existing ITNs used the previous night	Sao Tome and Principe	70%	2014 MICS 2014		N: D: P: % Due Date:	N: D: P: 85.00% Due Date: 31-Mar-2020	N: D: P: % Due Date:	1 - The source of the baseline is the 2014 MICS Report. At the same time, there are also data regarding the other targets. The MICS is expected to take place in 2019 2 - The target is aligned with the National Strategic Plan;
4	TB O-5(M): TB treatment coverage: Percentage of new and relapse cases that were notified and treated among the estimated number of incident TB cases in the same year (all form of TB - bacteriologically confirmed plus clinically diagnosed)	Sao Tome and Principe	80%	2016 National TB Control Program Annual Report		N: D: P: 90.00% Due Date: 01-Mar-2019	N: D: P: 95.00% Due Date: 29-Feb-2020	N: D: P: 100.00% Due Date: 14-Feb-2021	1- The program data indicate a to treatment coverage of 80% (= 148/185) in 2016; 2- For 2018, coverage is expected to reach 90%, 95% in 2019 and for the 2020, reach 100%. 3- The numerator is the number of cases declared and treated; The denominator is the number of TB incident cases expected in the country 4- The source is the annual report of the National TB control program

**Coverage indicators and targets**

CI Number	Coverage Indicator	Country and Geographic Area	Baseline Value	Baseline Year and Source	Required Dissagregation	Cumulation for AFD	01-Jan-2018 31-Dec-2018	01-Jan-2019 31-Dec-2019	01-Jan-2020 31-Dec-2020	Comments
<b>Vector control</b>										
11	VC-1(M): Number of long-lasting insecticidal nets distributed to at-risk populations through mass campaigns	Country: Sao Tome and Principe; Coverage: National	N: 103,941 D: P:	2015 Report NGO Cruz Vermelha		Y- Cumulative annually	N: 120,660 D: P:	N: D: P:	N: D: P:	1- According to the data contained within the report issued by the NGO on 31 December 2015, of a total of 108,600 nets received, 103,941 long-lasting nets were installed within homes belonging to the general population; the remaining 4,659 nets were distributed the following year 2- Population data are based on population's estimates for 2018 based on the 2012 Census; We added 5% in the quantification to adjust the last census of 2012 and the count of children below 5 years that is inaccurate.
7	VC-3(M): Number of long-lasting insecticidal nets distributed to targeted risk groups through continuous distribution	Country: Sao Tome and Principe; Coverage: National	N: 7,185 D: P:	2016 National Malaria Control Program	Target / Risk population group	N-Non-cumulative	N: 15,933 D: P:	N: 18,500 D: P:	N: 16,000 D: P:	The targets for this indicator have been calculated as follows: 0 - In 2016, 11,922 LLINs were distributed, 7,185 of which were provided to pregnant women/children under 5 and 4,737 to other populations. 1- The estimated population for 2018 to 2020 is 201,785, 205,965 and 210,240, respectively. 2- It is estimated that 4% of the total population consists of pregnant women; the number of pregnant women for the 2018-2020 period is 8,071, 8,239 and 8,410, respectively. 3- According to the 2014 MICS, the ANC attendance rate among pregnant women is 94% (ref. indicator 5.6, 2014 MICS). 4- If this rate is applied, the number of pregnant women receiving LLINs for 2016 and 2017 is 7,587, 7,744 and 7,905, respectively. The same hypothesis 4 has been applied to children under the age of one, giving figures for this group, for 2018 to 2020, of 7,587, 7,744 and 7,905, respectively. 5- Furthermore, there are social institutions that provide support for vulnerable groups. According to the National Malaria Control Program, the number of vulnerable individuals is estimated at 3,000 per year. However, as mass distribution is planned for 2018, distribution aimed at target groups will start from 2018 onwards. 6- In 2018, routine distribution will take place within health establishments and mass distribution will take place within the communities 7- It is true that the target seems ambitious, but in 2016 distribution figures could have been affected by the mass distribution of LLIN in 2015, this could explain this low level of distribution
8	VC-5: Proportion of households in targeted areas that received Indoor Residual Spraying during the reporting period	Country: Sao Tome and Principe; Coverage: National	N: 29,241 D: 42,005 P: 69.6%	2016 Report NGO Zatona Adil		N-Non-cumulative	N: 41,147 D: 48,409 P: 85.0%	N: 16,576 D: 19,501 P: 85.0%	N: 39,329 D: 46,269 P: 85.0%	1-Two cycles of general IRS are expected to take place in 2018 using Bendiocarb; these will be carried out in the worst affected districts (Agua Grande and Lobata). Targeted spraying will take place within the remaining districts. It is planned to spray 85% of a total of 48,409 households in 2018, i.e. 41,147 households. 2-For 2019, it is planned to spray 85% of a total of 19,501 households (16576). 3- During the following year (2020), the targeted spraying strategy will be implemented in all districts of the country in two cycles . 85% of a total of 46,269 households (39329 which is 12825 on cycle 17 and 26504 on cycle 18) respectively, to accommodate budgetary aspects and address IRS scaling up.
<b>Case management</b>										



Coverage indicators and targets										
CI Number	Coverage Indicator	Country and Geographic Area	Baseline Value	Baseline Year and Source	Required Dissagregation	Cumulation for AFD	01-Jan-2018 31-Dec-2018	01-Jan-2019 31-Dec-2019	01-Jan-2020 31-Dec-2020	Comments
10	CM-2a(M): Proportion of confirmed malaria cases that received first-line antimalarial treatment at public sector health facilities	Country: Sao Tome and Principe; Coverage: National	N: 2,238 D: 2,238 P: 100.0%	2016 National Malaria Control Program Report	Age	N-Non-cumulative	N: 1,816 D: 1,816 P: 100.0%	N: 1,030 D: 1,030 P: 100.0%	N: 420 D: 420 P: 100.0%	1- The target refers to the fact that 100% of cases of suspected malaria must be subjected to a diagnostic test 2- All cases to be treated will be preceded by a laboratory diagnostic test. 3- According to data from the National Malaria Control Program report in 2017, the results indicate that all cases confirmed in public health units and in cases of active research received antimalarial drugs in accordance with the national protocol. There have been no cases of patients not receiving the recommended antimalarial drugs 4- The number of cases of malaria in the private sector is tasteless and not important; usually all suspected cases of fever in the private sector are sent to the public sector where there is free treatment. In the communities, there is no case treatment, all cases of fever are sent to the health facilities for treatment and these cases are followed by community health workers and nurses for 28 days.
9	CM-1a(M): Proportion of suspected malaria cases that receive a parasitological test at public sector health facilities	Country: Sao Tome and Principe; Coverage: National	N: 121,334 D: 121,334 P: 100.0%	2016 National Malaria Control Program Report	Age, Type of testing	N-Non-cumulative	N: 160,646 D: 160,646 P: 100.0%	N: 184,534 D: 184,534 P: 100.0%	N: 212,214 D: 212,214 P: 100.0%	1- The target is 100%; 2- According to the national protocol for screening cases of malaria, all cases of suspected malaria must undergo parasitological diagnostic testing; 3- In 2016, the number of confirmed cases of malaria represented less than 2% of cases of suspected malaria; 4- The intention is that 3% of cases of suspected malaria will be identified by the community health workers (CHWs)
<b>MDR-TB</b>										
12	MDR TB-2(M): Number of TB cases with RR-TB and/or MDR-TB notified	Country: Sao Tome and Principe; Coverage: National	N: 4 D: P:	2016 National TB Control Program Annual Report	Age, Gender	N-Non-cumulative	N: 7 D: P:	N: 7 D: P:	N: 7 D: P:	1-In 2016, 4 cases of MDR-TB were identified in 2014, 2 of which were cured and the other 2 lost to follow-up; 2- The aim of the national TB control program is to implement, with the assistance of Community Health Workers, all measures aimed at ensuring the monitoring, detection and treatment of all cases, thereby preventing patients from becoming lost to follow-up; 3- The GeneXpert machine that was introduced in 2016 should contribute to improving diagnostics 4-Source: National TB control program Annual Report, 2016
13	MDR TB-3(M): Number of cases with RR-TB and/or MDR-TB that began second-line treatment	Country: Sao Tome and Principe; Coverage: National	N: 3 D: P:	2016 National TB Control Program Annual Report	Age, Gender, TB regimen	N-Non-cumulative	N: 7 D: P:	N: 7 D: P:	N: 7 D: P:	1-In 2016, 4 cases of MDR-TB were identified in 2014, 2 of which were cured and the other 2 lost to follow-up; among those, 3 initiated treatment 2- The aim of the national TB control program is to implement, with the assistance of Community Health Workers, all measures aimed at ensuring the monitoring, detection and treatment of all cases, thereby preventing patients from becoming lost to follow-up; 3- The GeneXpert machine that was introduced in 2016 should contribute to improving diagnostics 4-Source: National TB control program Annual Report, 2016
<b>TB/HIV</b>										
4	TB/HIV-6(M): Percentage of HIV-positive new and relapse TB patients on ART during TB treatment	Country: Sao Tome and Principe; Coverage: National	N: 37 D: 37 P: 100.0%	2016 National AIDS Control Program Annual Report		Y- Cumulative annually	N: 30 D: 30 P: 100.0%	N: 26 D: 26 P: 100.0%	N: 22 D: 22 P: 100.0%	1-According to the PUDR 2016, which is in line with programmatic data, of the 37 TB patients tested positive for HIV, 100% received ART.
<b>TB care and prevention</b>										
5	TCP-1(M): Number of notified cases of all forms of TB (i.e. bacteriologically confirmed + clinically diagnosed), includes new and relapse cases	Country: Sao Tome and Principe; Coverage: National	N: 192 D: P:	2016 National TB Control Program Annual Report	Gender, TB case definition, Age, HIV test status	N-Non-cumulative	N: 195 D: P:	N: 200 D: P:	N: 200 D: P:	1- The annual objectives comply with the strategic plan for tuberculosis. The intention is to intensively carry out screening and diagnostic activities thanks to: i) the strengthening of the laboratory network, ii) the use of new screening technologies such as GeneXpert MTB/RIF, LED microscopy, digital radiography; iii) strengthening the system for the collection and transportation of sputum specimens, iv) early detection of tuberculosis; 2- The data source is the National TB Control Program report. Notifications will be reported through the National TB Control Program quarterly screening reports and Annual Report.
6	TCP-2(M): Treatment success rate- all forms: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse cases	Country: Sao Tome and Principe; Coverage: National	N: 148 D: 195 P: 75.9%	2016 National TB Control Program Annual Report	Age, HIV test status, Gender	N-Non-cumulative	N: 153 D: 185 P: 82.7%	N: 166 D: 195 P: 85.1%	N: 180 D: 200 P: 90.0%	1-This result is the cohort data for the final three quarters of 2015, plus the cohort data for the first quarter of 2016; 2-The calculation was performed on the basis of this cohort (148/195=75.9%) 3- The data for the end of 2016 indicate that 15 of the 16 patients under the age of 15 were treated, which gives a percentage of 93.7%, and 133 of the 179 patients over the age of 15 were also treated, which gives a percentage of 74.3%. 4- Between 2018 and 2020, the target is to achieve 90% TB treatment by 2020, according to WHO guidelines. 5- Thus, for 2018, it is planned to treat 82.7% of cases (153/185); in 2019 the target is to treat 85.1% (166/195) and 90% (180/200) in 2020.
<b>PMTCT</b>										
3	PMTCT-2.1: Percentage of HIV-positive pregnant women who received ART during pregnancy	Country: Sao Tome and Principe; Coverage: National	N: 30 D: 38 P: 78.9%	2016 National AIDS Control Program Annual Report		Y- Cumulative annually	N: 37 D: 37 P: 100.0%	N: 35 D: 35 P: 100.0%	N: 33 D: 33 P: 100.0%	1-In 2016, the percentage of HIV+ pregnant women receiving ART was 78.7% (30/38, the denominator was from the Spectrum). 2- The final target is to reach 100% every year
<b>Treatment, care and support</b>										
2	TCS-1(M): Percentage of people living with HIV currently receiving antiretroviral therapy	Country: Sao Tome and Principe; Coverage: National	N: 589 D: 883 P: 66.7%	2016 National AIDS Control Program Annual Report	Target / Risk population group, Age, Gender   Age, Gender	N-Non -cumulative (other)	N: 686 D: 872 P: 78.7%	N: 735 D: 865 P: 85.0%	N: 778 D: 858 P: 90.7%	These objectives are based projections in Spectrum Version 5.571 of 2017, which is itself based on data regarding the number of people on ART provided by the National AIDS Control Program in 2016. Projections also associate ART coverage to the National Strategic Plan targets on people in need of ART. These targets take into consideration the new WHO "test and treat" strategy, which is expected to be implemented in the country by 2018 at the latest.
<b>Comprehensive prevention programs for sex workers and their clients</b>										

Coverage indicators and targets										
CI Number	Coverage Indicator	Country and Geographic Area	Baseline Value	Baseline Year and Source	Required Dissagregation	Cumulation for AFD	01-Jan-2018 31-Dec-2018	01-Jan-2019 31-Dec-2019	01-Jan-2020 31-Dec-2020	Comments
1	KP-1c(M): Percentage of sex workers reached with HIV prevention programs - defined package of services	Country: Sao Tome and Principe; Coverage: National	N: 84 D: 89 P: 94.4%	2016 National AIDS Control Program Annual Report		Y- Cumulative annually	N: 89 D: P:	N: D: P:	N: D: P:	0- The data source is the program data. These data relate to the number of female sex workers enrolled in the program 1- in 2018, the IBBS study will be combined with an estimate of the size of key populations and will help to determine the denominator 2-With regard to targets, we will achieve them without establishing a denominator and numerator, since we do not have an estimate of the size of the population

Workplan Tracking Measures						
Intervention	Key Activity	Milestone Target	Criterion for Completion	Country		Comments



<b>Country</b>	Sao Tome and Principe
<b>Grant Name</b>	STP-Z-UNDP
<b>Implementation Period</b>	01-Jan-2018 - 31-Dec-2020
<b>Principal Recipient</b>	United Nations Development Programme

By Module	01/01/2018 - 31/03/2018	01/04/2018 - 30/06/2018	01/07/2018 - 30/09/2018	01/10/2018 - 31/12/2018	Total Y1	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 Y2	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 Y3	Grand Total	% of Grand Total
Case management	€7,823	€84,057	€18,149	€30,452	€140,480	€122,075	€19,525	€17,804	€13,892	€173,297	€212,424	€11,762	€11,650	€11,762	€247,599	€561,376	10.0 %
Comprehensive prevention programs for sex workers and their clients		€2,561	€1,198	€878	€4,637	€2,111	€558	€2,111	€558	€5,340	€2,111	€558	€2,111	€558	€5,340	€15,316	0.3 %
MDR-TB		€1,175	€5,593		€6,768	€4,698				€4,698	€1,918	€1,253			€3,171	€14,637	0.3 %
Prevention programs for adolescents and youth, in and out of school		€64		€60	€124		€60		€60	€120		€60		€60	€120	€364	0.0 %
Prevention programs for general population	€1,268	€11,660	€22,644	€2,287	€37,859	€38,568	€1,065	€5,881	€526	€46,040	€21,408	€5,342	€526	€526	€27,802	€111,701	2.0 %
Prevention programs for other vulnerable populations	€1,296	€3,651	€9,653	€4,766	€19,366	€23,994	€2,155	€5,079	€2,048	€33,276	€4,637	€4,976	€4,098	€2,119	€15,829	€68,471	1.2 %
Program management	€137,668	€129,073	€149,442	€162,725	€578,908	€191,988	€98,821	€101,593	€86,635	€479,036	€206,289	€74,398	€49,268	€50,001	€379,957	€1,437,901	25.7 %
RSSH: Community responses and systems		€642	€920	€204	€1,766	€477	€477	€477	€477	€1,909	€683	€477	€477	€477	€2,115	€5,790	0.1 %
RSSH: Health management information systems and M&E				€1,634	€1,634		€34,518			€34,518	€18,787				€18,787	€54,939	1.0 %
RSSH: Human resources for health (HRH), including community health workers		€4,666	€8,563	€10,840	€24,069	€7,944	€1,860			€9,804	€7,944				€7,944	€41,817	0.7 %
RSSH: Integrated service delivery and quality improvement	€1,393	€37,321	€1,389	€4,907	€45,010	€31,121	€4,996	€2,932	€1,843	€40,892	€1,843	€1,843	€1,843	€1,843	€7,373	€93,275	1.7 %
RSSH: Procurement and supply chain management systems		€792	€43,165	€46,401	€90,358	€1,560	€44,389			€45,950	€1,668				€1,668	€137,975	2.5 %
Specific prevention interventions (SPI)	€934	€10,475	€4,705	€13,296	€29,410	€7,643	€4,674	€976	€976	€14,269	€4,483	€1,282	€976	€976	€7,717	€51,395	0.9 %
TB care and prevention	€6,579	€55,496	€31,558	€29,306	€122,939	€69,590	€16,587	€17,256	€18,054	€121,486	€31,249	€7,099	€3,591	€3,591	€45,530	€289,955	5.2 %
Treatment, care and support	€4,066	€68,230	€23,323	€48,314	€143,934	€187,518	€13,941	€34,707	€5,007	€241,173	€208,479	€5,422	€5,007	€5,007	€223,914	€609,021	10.9 %
Vector control	€22,363	€169,070	€163,758	€172,272	€527,464	€393,840	€58,002	€40,752	€40,752	€533,345	€864,389	€57,942	€57,942	€57,942	€1,038,215	€2,099,023	37.5 %
<b>Grand Total</b>	<b>€183,390</b>	<b>€578,931</b>	<b>€484,061</b>	<b>€528,342</b>	<b>€1,774,724</b>	<b>€1,083,128</b>	<b>€301,629</b>	<b>€229,569</b>	<b>€170,827</b>	<b>€1,785,152</b>	<b>€1,588,314</b>	<b>€172,414</b>	<b>€137,489</b>	<b>€134,862</b>	<b>€2,033,079</b>	<b>€5,592,956</b>	<b>100.0 %</b>

By Cost Grouping	01/01/2018 - 31/03/2018	01/04/2018 - 30/06/2018	01/07/2018 - 30/09/2018	01/10/2018 - 31/12/2018	Total Y1	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 Y2	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 Y3	Grand Total	% of Grand Total
Human Resources (HR)	€88,532	€173,626	€156,007	€204,352	€622,518	€98,648	€111,345	€111,345	€111,345	€432,682	€104,465	€92,924	€82,877	€82,877	€363,143	€1,418,342	25.4 %
Travel related costs (TRC)	€29,063	€125,754	€78,459	€76,915	€310,192	€86,341	€37,344	€32,105	€20,830	€176,619	€40,858	€32,353	€24,837	€22,377	€120,423	€607,234	10.9 %
External Professional services (EPS)		€18,714	€81,200	€98,572	€198,486	€11,188	€56,140	€33,878	€4,975	€106,180	€38,756				€38,756	€343,423	6.1 %
Health Products - Pharmaceutical Products (HPPP)	€464	€49,950	€5,593	€18,424	€74,431	€90,770				€90,770	€105,392				€105,392	€270,593	4.8 %
Health Products - Non-Pharmaceuticals (HPNP)	€2,582	€69,457	€8,173	€10,410	€90,623	€405,415				€405,415	€840,606				€840,606	€1,336,644	23.9 %
Health Products - Equipment (HPE)	€1,048	€38,508	€28,095	€733	€68,384	€51,965				€51,965	€67,165				€67,165	€187,514	3.4 %
Procurement and Supply-Chain Management costs (PSM)	€2,796	€23,034	€18,356	€11,354	€55,541	€215,231	€7,072	€7,072	€7,072	€236,448	€199,705	€4,943	€4,943	€4,943	€214,535	€506,524	9.1 %
Infrastructure (INF)	€627	€443	€1,100		€2,170	€660	€660	€660	€660	€2,640	€660	€660	€660	€660	€2,640	€7,450	0.1 %
Non-health equipment (NHP)		€45,975	€5,797	€6,314	€58,086	€36,671	€37,930	€3,412	€3,412	€81,424	€28,439	€3,412	€3,412	€3,412	€38,674	€178,183	3.2 %
Communication Material and Publications (CMP)	€934	€12,324	€1,968	€11,836	€27,061	€6,876	€4,674	€5,792	€976	€18,318	€2,673	€6,098	€976	€976	€10,723	€56,102	1.0 %
Indirect and Overhead Costs	€52,055	€15,627	€93,822	€83,929	€245,432	€75,887	€42,987	€31,828	€18,081	€168,784	€156,118	€28,548	€16,307	€16,141	€217,113	€631,330	11.3 %
Living support to client/ target population (LSCTP)	€5,289	€5,519	€5,490	€5,503	€21,800	€3,477	€3,477	€3,477	€3,477	€13,909	€3,477	€3,477	€3,477	€3,477	€13,909	€49,618	0.9 %
<b>Grand Total</b>	<b>€183,390</b>	<b>€578,931</b>	<b>€484,061</b>	<b>€528,342</b>	<b>€1,774,724</b>	<b>€1,083,128</b>	<b>€301,629</b>	<b>€229,569</b>	<b>€170,827</b>	<b>€1,785,152</b>	<b>€1,588,314</b>	<b>€172,414</b>	<b>€137,489</b>	<b>€134,862</b>	<b>€2,033,079</b>	<b>€5,592,956</b>	<b>100.0 %</b>

By Recipients	01/01/2018 - 31/03/2018	01/04/2018 - 30/06/2018	01/07/2018 - 30/09/2018	01/10/2018 - 31/12/2018	Total Y1	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 Y2	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 Y3	Grand Total	% of Grand Total
<b>PR</b>	€98,894	€307,391	€289,556	€264,617	€960,458	€947,212	€166,136	€77,431	€59,506	€1,250,285	€1,469,911	€63,764	€51,523	€51,356	€1,636,554	€3,847,297	68.8 %
United Nations Development Programme	€98,894	€307,391	€289,556	€264,617	€960,458	€947,212	€166,136	€77,431	€59,506	€1,250,285	€1,469,911	€63,764	€51,523	€51,356	€1,636,554	€3,847,297	68.8 %
<b>SR</b>	€84,497	€271,540	€194,505	€263,725	€814,266	€135,915	€135,493	€152,138	€111,321	€534,867	€118,403	€108,651	€85,966	€83,506	€396,525	€1,745,659	31.2 %
ASPF		€11,216	€17,166	€25,109	€53,491	€17,532	€12,648	€10,504	€9,965	€50,649	€7,711	€2,621	€477	€477	€11,286	€115,426	2.1 %
Cruz Vermelha		€41,130	€33,848	€1,624	€76,602											€76,602	1.4 %
FNM	€4,083	€4,846	€4,673	€4,920	€18,521	€4,731	€4,731	€4,731	€4,731	€18,924	€4,731	€4,731	€1,195	€1,195	€11,853	€49,299	0.9 %
INPG	€496	€4,444	€2,129	€2,788	€9,858	€3,286	€2,591	€3,286	€2,591	€11,755	€3,357	€2,662	€3,357	€2,662	€12,037	€33,650	0.6 %
PNLP	€36,098	€61,375	€45,743	€64,697	€207,913	€44,636	€44,738	€36,855	€33,406	€159,636	€21,419	€13,331	€8,472	€9,048	€52,270	€419,819	7.5 %
PNLS	€5,527	€16,856	€13,220	€32,519	€68,123	€11,850	€16,266	€42,203	€6,632	€76,950	€10,237	€9,717	€9,341	€6,632	€35,927	€181,000	3.2 %
PNLT	€22,393	€29,812	€17,321	€21,796	€91,322	€29,435	€18,705	€18,744	€18,182	€85,066	€10,287	€17,646	€5,181	€5,549	€38,664	€215,052	3.8 %
Zatona Adil	€15,898	€101,861	€60,405	€110,272	€288,436	€24,446	€35,814	€35,814	€35,814	€131,887	€60,662	€57,942	€57,942	€57,942	€234,487	€654,811	11.7 %
<b>Grand Total</b>	<b>€183,390</b>	<b>€578,931</b>	<b>€484,061</b>	<b>€528,342</b>	<b>€1,774,724</b>	<b>€1,083,128</b>	<b>€301,629</b>	<b>€229,569</b>	<b>€170,827</b>	<b>€1,785,152</b>	<b>€1,588,314</b>	<b>€172,414</b>	<b>€137,489</b>	<b>€134,862</b>	<b>€2,033,079</b>	<b>€5,592,956</b>	<b>100.0 %</b>