The Global Fund

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 Principal Recipient hereby confirm the following:

3.1.	Host Country or Region:	Republic of Guinea-Bissau
3.2.	Disease Component:	Malaria
3.3.	Program Title:	Contributing to the Decrease of Mortality and Morbidity related to Malaria in Guinea-Bissau
3.4.	Grant Name:	GNB-M-UNDP
3.5.	GA Number:	1452
3.6.	Grant Funds:	Up to the amount EUR 16,127,192.00
3.7.	Implementation Period:	From 1 January 2018 to 31 December 2020 (inclusive)
3.8.	Principal Recipient:	United Nations Development Programme United Nations Building Rui Djassi street, P.B 179 P.O. Box 1011

		Bissau Republic of Guinea-Bissau Attention Mr. David McLachlan-Karr Telephone: +245 966 800 995 Facsimile: +2452335609 Email: david.mclachlan-karr@one.un.org
3.9.	Fiscal Year:	1 January to 31 December
3.10.	Local Fund Agent:	PricewaterHouseCoopers SA Immeuble Alpha 2000, 2eme étage, Rue Gourgas, B.P. 1361 Abidjan Republic of Côte d'Ivoire Attention Mr. Issiaka Ouattara Partner, Assurance & Advisory Telephone: 22520315434 Facsimile: Email: issiaka.ouattara@ci.pwc.com

3.11.	Global Fund contact:	The Global Fund to Fight AIDS, Tuberculosis and Malaria
		Chemin de Blandonnet 8, 1214 Vernier, Geneva, Switzerland
		
		 Attention Nicolas Cantau
		
		          Regional Manager
		
		          Grant Management Division
		
		Telephone: +41 58 791 1700
		Facsimile: +41 58 791 1701
		Email: nicolas.cantau@theglobalfund.org

[*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:_____

By:_____

Name: Mark Edington
Title: Head, Grant Management Division

Name: Ms. Binta Sanneh
Title: Deputy Resident Representative
              (Operations)

Date:

Date:

Acknowledged by

By: _____

Name: Dr. Mamadu Saliu Ba
Title: Chair of the Country Coordinating
              Mechanism for Guinea-Bissau

Date:

By: _____

Name: Mrs. Maria Aniquela Soares Forbs
                Civil Society Representative of the
Title: Country Coordinating Mechanism
                for Guinea-Bissau

Date:

<div align="center">**Schedule I**</div>

<div align="center">**Integrated Grant Description**</div>

Country:	Republic of Guinea-Bissau
Program Title:	Contributing to the Decrease of Mortality and Morbidity related to Malaria in Guinea-Bissau
Grant Name:	GNB-M-UNDP
GA Number:	1452
Disease Component:	Malaria
Principal Recipient:	United Nations Development Programme

A. **PROGRAM DESCRIPTION**

1. **Background and Rationale for the Program**

Guinea-Bissau is a low income country with a population of approximately 1.8 million inhabitants, 41% of whom are under the age of 15. Key indicators for health remain very low: life expectancy is 52 years. The country is divided into 11 health regions which, in turn, are split into 114 health districts. Forty-five percent of the population lives more than 5 kilometers away from a health center.

Malaria remains an important public health threat and is the leading cause of mortality in Guinea-Bissau. Guinea-Bissau is still in the malaria control phase and malaria remains endemic throughout the country, with seasonal and regional variations. The most common pathogenic species is plasmodium falciparum, which causes life-threatening forms of the disease. The analysis in the 2013-2017 National Strategic Plan showed that malaria represents a particularly serious public health problem and a significant cause of poverty in Guinea-Bissau.

Efforts in the fight against malaria have led to extraordinary reductions in prevalence. According to the results of the post-MILDA survey 2014, the prevalence in the general population of Guinea-Bissau decreased significantly from 7.9% in 2012 to 1.2% in 2014 (Report CMILDA14). Similar trend was observed in the under-five age group (9.4% to 0.7%). The Roll Back Malaria targets as well as the sixth Millennium Development goal have been achieved: in 2014, the proportion of individuals who slept under an LLIN the night before was 75.7%, 80.4% among children under 5 years and 79.3% among pregnant women (MICS, 2014).

B.   PERFORMANCE FRAMEWORK

Please see attached.

C.   SUMMARY BUDGET

Please see attached.

However, it has been noted that correct and comprehensive case management has encountered challenges: for example, inadequate coverage of pregnant women by intermittent preventive treatment (IPT) due to late presence of pregnant women into ante-natal care and the low percentage of pregnant women who attend at least three consultations.

Interventions to fight malaria fall within the scope of the 2013-2017 National Strategic Plan to Fight Malaria (NSP), which aims to reduce mortality to zero and morbidity by 75%. The current NSP will be reviewed and updated in September 2017 as part of the technical program review process. This will inform the development of the next NSP that will cover the years 2018-2020.

The United Nations Development Programme (UNDP) will support the Ministry of Health in implementing the same key interventions, including the 2020 LLIN mass campaign.

2. **Goals, Strategies and Activities**

   Goal: To contribute to the reduction of malaria-related morbidity and mortality in Guinea-Bissau

   Strategies:

   - Increase malaria diagnosis and treatment;
   - Scale up of integrated community case management (iCCM) interventions;
   - Vector control: LLIN mass distribution campaign in 2020 with the aim of maintaining the universal coverage that was achieved during the last campaign in 2014;
   - Specific preventive interventions, such as Seasonal Malaria Chemoprophylaxis and intermittent preventive treatment;
   - Health systems strengthening (HSS) interventions aimed at reinforcing the procurement and supply chain management system (PSM) and monitoring and evaluation (M&E) system.

   Planned Activities:

   This grant will continue to support high-impact interventions during the funding cycle 2018-2020 and maintain focus on key prevention and treatment activities: LLIN mass campaigns every three years (2014, 2017, and 2020) as well as routine LLIN distribution; IPT for pregnant women; Seasonal Malaria Chemoprophylaxis (SMC) in two pilot regions; facility- and community-based case management; and surveillance and insecticide resistance monitoring.

3. **Target Group/Beneficiaries**

   - General population;
   - Pregnant women and children under 5
   - Children under 5 years of age; and
   - Health staff and Community Health Workers (CHW).

The Global Fund

Performance Framework

Country	Guinea-Bissau
Grant Name	GNB-M-UNDP
Implementation Period	01-Jan-2018 - 31-Dec-2020
Principal Recipient	United Nations Development Programme

Reporting Periods	Start Date	01-Jan-2018	01-Jul-2018	01-Jan-2019	01-Jul-2019	01-Jan-2020	01-Jul-2020
	End Date	30-Jun-2018	31-Dec-2018	30-Jun-2019	31-Dec-2019	30-Jun-2020	31-Dec-2020
	PU includes DR?	No	Yes	No	Yes	No	No

Program Goals and Impact Indicators

1	Contribute to reducing malaria-related morbidity and mortality in Guinea-Bissau.

	Impact Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	2018	2019	2020	Comment
1	Malaria I-6: All-cause under-5 mortality rate per 1000 live births	Guinea-Bissau	88.8	2014 MICS	Gender	N: D: P: % Due Date:	N: 80 D: P: % Due Date: 31-Dec-2019	N: D: P: % Due Date:	Explanation: This indicator is collected every three years through the MICS. According to the MICS 2014, the trend is downwards. The figure recorded is around 89 per 1000, i.e. a fall of around 11.5 percent. By extrapolation, the change in child mortality since 1990 (229 per 1,000 LB – live births) and 2015 (89 per 1,000 – in round numbers) suggests that on average, there has been an annual reduction of five per 1,000). Given the fact that the country experienced a period of political difficulties from 2012 to 2014, and from 2015 until now, and the resulting lack of funding, we are expecting around 80 per 1,000 in 2018 and 70 per 1,000 in 2020. However, the reference data will need to be revised with the MICS result planned for 2018 (data collection in 2018 and publication of the results in 2019). The next MICS will take place in 2021. Data source: MICS 2014 Data collection method: MICS every three (03) years Funding: UNICEF
2	Malaria I-3.1(M): Inpatient malaria deaths per year: rate per 100,000 persons per year	Guinea-Bissau	12	2016 HIS	Age	N: 10 D: P: % Due Date: 31-Jan-2019	N: 9 D: P: % Due Date: 31-Jan-2020	N: 8 D: P: % Due Date: 31-Jan-2021	Explanation: The latest survey report on hospital and community indicators for malaria (2012) estimates 22 cases of hospital deaths from malaria per 100,000 inhabitants. The reference value is therefore taken from the INASA database, which shows a rate of 12 per 100,000 for 2016. Note that the number of hospital deaths from malaria in GNB in 2016 was 191. These data will be available annually, through the HIS. However, an assessment of the quality of treatment to measure impact will be carried out in 2017; the report will be submitted in the first quarter of 2018 and used to revise the reference value. Although the National Malaria Control Program, as implemented, is helping to reduce this rate, increased case referrals and an improved reporting system could increase upward pressure. A modest improvement in results is therefore proposed. Data source: HIS Data collection method: Compilation of site reports using DHIS2 software. Funding: GFATM
3	Malaria I-1(M): Reported malaria cases (presumed and confirmed)	Guinea-Bissau	150903	2016 HIS	Malaria case definition,Species,Age	N: 212,718.05 D: P: % Due Date: 31-Jan-2019	N: 255,661.66 D: P: % Due Date: 31-Jan-2020	N: 307,252 D: P: % Due Date: 31-Jan-2021	150,903 malaria cases were confirmed in 2016, all sectors combined. Based on HIS consumption data. 148,173 malaria cases were treated in GNB in 2016, i.e. 97 percent; our aim is to treat 99 percent in 2018 and 2019, and 100 percent in 2020. Cases have increased by a factor of 1.2 per year according to historical data. Treatment targets will decrease in the public sector (92 percent in 2018, reducing to 87 percent in 2019 and 82 percent in 2020), with increased coverage in the community and private sectors planned (5, 10 and 15). We estimate that there will be 212,718 cases in 2018, 255,662 in 2019 and 307,252 in 2020, all sectors combined.

Program Objectives and Outcome Indicators

1	At least 95 percent of the population sleeps under an LLIN by the end of 2020
2	At least 55 percent of pregnant women receive at least three doses of IPT under direct observation by the end of 2020
3	At least 90 percent of children aged 3 to 59 months are covered by SMC in the target zones by the end of 2020
4	At least 99 percent of malaria cases are managed correctly, in accordance with the national protocol, in health care facilities by the end of 2020
5	Strengthen the management and coordination of the National Malaria Control Program by the end of 2020
6	Strengthen the Monitoring and Evaluation System by the end of 2020

	Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	2017	2018	2019	2020	Comment
1	Malaria O-1b: Proportion of children under five years old who slept under an insecticide-treated net the previous night	Guinea-Bissau	82%	2014 LLIN campaign Impact Evaluation Report		N: D: P: % Due Date:	N: D: P: 90.00% Due Date: 31-Jan-2019	N: D: P: % Due Date:	N: D: P: 95.00% Due Date: 31-Jan-2021	Explanation: Based on the historical data for previous campaigns, the country achieved a usage rate of 94 percent in 2011 and 82 percent in 2014. Targets have therefore been set higher than the 2014 baseline. These targets may be reviewed based on results from the LLIN mass distribution campaign in 2017. The final assessment report on the impact of the 2017 mass distribution campaign will be available in the first quarter of 2018. Discussions will be undertaken with UNICEF to see whether this indicator can be included in the next MICS. The planned rate for 2017 is 95 percent. The MICS report must take indicators from the LLIN campaign into account. Data source: Assessment report on the impact of the LLIN campaign 2014. Data collection method: Study to assess the impact of the LLIN campaign undertaken every three (03) years and MIS to be carried out in 2017. Numerator: Number of children aged under five years sleeping under an LLIN the night before the survey. Denominator: Total number of children aged under five years sleeping in households the night before the survey. Funding: GFATM
2	Malaria O-1c: Proportion of pregnant women who slept under an insecticide-treated net the previous night	Guinea-Bissau	84%	2014 LLIN campaign Impact Evaluation Report		N: D: P: % Due Date:	N: D: P: 90.00% Due Date: 31-Jan-2019	N: D: P: % Due Date:	N: D: P: 95.00% Due Date: 31-Jan-2021	Explanation: Based on the historical data for previous campaigns, the country achieved a usage rate of 91 percent in 2011 and 84 percent in 2014. Targets have therefore been set higher than the 2014 baseline. These targets may be reviewed based on results from the LLIN campaign in 2017. The final assessment report on the impact of the 2017 mass distribution campaign will be available in the third quarter of 2018. Discussions will be undertaken with UNICEF to see whether this indicator can be included in the next MICS. The planned rate for 2017 is 80 percent. The MICS report must take indicators from the LLIN campaign into account. Data source: Assessment report on the impact of the LLIN campaign 2014. Data collection method: Study to assess the impact of the LLIN campaign undertaken every three (03) years. Numerator: Number of pregnant women sleeping under an insecticide-impregnated mosquito net* the previous night. Denominator: Total number of households surveyed. Funding: GFATM
3	Malaria O-6: Proportion of households with at least one insecticide-treated net for every two people	Guinea-Bissau	97%	2014 LLIN campaign Impact Evaluation Report		N: D: P: % Due Date:	N: D: P: 98.00% Due Date: 31-Jan-2019	N: D: P: % Due Date:	N: D: P: % Due Date:	Explanation: Assessment report on the impact of the LLIN campaign 2014. Study carried out by INASA/PSB in 2014. The final assessment report on the impact of the 2017 mass distribution campaign will be available in the third quarter of 2018. Discussions will be undertaken with UNICEF to see whether this indicator can be included in the next MICS. The planned rate for 2017 is 80 percent. The MICS report must take indicators from the LLIN campaign into account. Data source: Assessment report on the impact of the LLIN campaign 2014. Data collection method: Study to assess the impact of the LLIN campaign undertaken every three (03) years. Numerator: Number of households with at least one LLIN for two people. Denominator: Number of pregnant women in households surveyed. Funding: GFATM

Coverage Indicators

Coverage Indicator	Country and Geographic Area	Baseline	Baseline Year and Source	Required Dissagregation	Cumulation for AFD	01-Jan-2018 30-Jun-2018	01-Jul-2018 31-Dec-2018	01-Jan-2019 30-Jun-2019	01-Jul-2019 31-Dec-2019	01-Jan-2020 30-Jun-2020	01-Jul-2020 31-Dec-2020	Comments
Vector control												
VC-1(M): Number of long-lasting insecticidal nets distributed to at-risk populations through mass campaigns	Country: Guinea-Bissau; Coverage: National	N: 1,150,059 D: P:	Final LLIN campaign report 2014			N: D: P:	N: D: P:	N: D: P:	N: D: P:	N: 1,219,145 D: P:	N: D: P:	Explanation: The current reference target is the 2014 figure (1,028,489). It may be updated if the results of the 2017 campaign are available before the signing of the next malaria grant. The number of LLINs planned in 2017 is 1,112,858; this is based on the population for 2017/18 plus 10 percent to ensure risk-free coverage for the population. The LLIN distribution campaign has not yet taken place but based on the figures obtained on the ground, the number of LLINs to be distributed based on requirements is 1,147,139. ' This figure may be reviewed based on results from the 2017 LLIN campaign (31 May-4 June). The target population of 2,064,851 for the 2020 campaign is based on the community-based count carried out in 2017, to which an annual rate of increase of 2.05 percent has been applied. This figure may be reviewed based on results from the 2017 LLIN campaign. Data source: Final LLIN campaign report 2017. Data collection method: Final LLIN campaign report Funding: GFATM

Coverage Indicators

Coverage Indicator	Country and Geographic Area	Baseline	Baseline Year and Source	Required Dissagregation	Cumulation for AFD	01-Jan-2018 30-Jun-2018	01-Jul-2018 31-Dec-2018	01-Jan-2019 30-Jun-2019	01-Jul-2019 31-Dec-2019	01-Jan-2020 30-Jun-2020	01-Jul-2020 31-Dec-2020	Comments
VC-3(M): Number of long-lasting insecticidal nets distributed to targeted risk groups through continuous distribution	Country: Guinea-Bissau; Coverage: National	N: 71,093 D: P:	HIS	Target / Risk population group	N-Non-cumulative	N: 43,000 D: P:	N: 43,000 D: P:	N: 51,600 D: P:	N: 51,600 D: P:	N: 61,900 D: P:	N: 61,900 D: P:	Explanation: The reference value (71,093) is taken from the INASA (HIS) database 2016. The estimates of routine LLIN requirements for 2018, 2019 and 2020 are based on the expected numbers of pregnant women and children aged under one year, plus the coverage rates for ANC and EPI and an annual increase of 20 percent. Data source: NMCP report 2016. Data collection method: Compilation of site reports using the INASA's DHIS2 software Funding: EU, GFATM, UNICEF
Case management												
CM-1a(M): Proportion of suspected malaria cases that receive a parasitological test at public sector health facilities	Country: Guinea-Bissau; Coverage: National	N: 255,257 D: 255,286 P: 99.9%	HIS	Age,Type of testing	N-Non-cumulative	N: D: P: 100.0%	N: D: P: 100.0%	N: D: P: 100.0%	N: D: P: 100.0%	N: D: P: 100.0%	N: D: P: 100.0%	Explanation: With regard to malaria diagnosis in the country, it is planned that by the end of 2020, 87 percent of cases will be diagnosed using RDT (Rapid Diagnostic Test) and 13 percent by TS (thick smear). The reference value of 100 percent used is taken from the INASA database 2016 and only relates to the public sector. The values for 2018, 2019 and 2020 represent the proportion of fever cases suspected of being malaria expected in public health care facilities and tested using RDT or TS, and are around 100 percent. Data source: INASA report 2016. Data collection method: Compilation of site reports using the INASA's DHIS2 software Numerator: Number of cases tested using RDT or TS in public health care facilities. Denominator: Number of suspected cases. Funding: State, GFATM
CM-1b(M): Proportion of suspected malaria cases that receive a parasitological test in the community	Country: Guinea-Bissau; Coverage: National	N: 3,709 D: 3,766 P: 98.4%	HIS	Type of testing,Age	N-Non-cumulative	N: D: P: 99.0%	N: D: P: 99.0%	N: D: P: 99.0%	N: D: P: 99.0%	N: D: P: 100.0%	N: D: P: 100.0%	Explanation: the community health project is vulnerable, insofar as it is based on a "project approach", funded by the EU and implemented by UNICEF through NGOs. The first project (PIMI1) ended in December 2016. The second EU project (PIMI2) has not yet (26 May 2017) been signed and we are not certain about the flow of funding, which is needed to keep the CHWs in their roles. The availability of international NGOs to support the implementation of community health interventions is also a risk. The contract for one of the key NGOs in two PIMI1 regions (ADPP) is going to be cancelled (because of an international investigation at its head office), which is compromising implementation in the Oio and Farim regions (> 0.2m pop) because of the lack of availability of other NGOs who can continue the process in these two regions. Also MSF Spain, which was supporting community health in seven of the 14 districts in the north of Bafata, is leaving the country in March 2018; it is not certain whether other NGOs will be able to provide continuing support for CHWs. The reference value of 98.5 percent used is taken from the INASA database 2016 and only covers five of the country's 11 regions (Bafata, Biombo, Cacheu, Farim and Oio) The values for 2018, 2019 and 2020 represent the proportion of fever cases suspected of being malaria (children aged under five) expected at the community level and tested using RDT. The estimated proportions are based on the current reference value, which is already fairly high. Data source: INASA. Data collection method: Compilation of site reports using the INASA's DHIS2 software Numerator: Number of cases tested using RDT at the community level. Denominator: Number of suspected cases at the community level (proportion of suspected cases who ask for care from community health workers). Funding: EU, UNICEF, GFATM
CM-1c(M): Proportion of suspected malaria cases that receive a parasitological test at private sector sites	Country: Guinea-Bissau; Coverage: National	N: 9,433 D: 10,356 P: 91.0%	HIS	Type of testing,Age	N-Non-cumulative	N: D: P: 95.0%	N: D: P: 95.0%	N: D: P: 98.0%	N: D: P: 98.0%	N: D: P: 100.0%	N: D: P: 100.0%	Explanation: The reference value of 91.1 percent used is taken from the INASA database 2016 and only covers the private denominational and semi-public sectors. The values for 2018, 2019 and 2020 represent the proportion of fever cases suspected of being malaria expected in the private denominational and semi-public sectors and tested using RDT and TS. On this basis, the data forecasts for 2018, 2019 and 2020 are ambitious and increasing to reach 100 percent by 2020. Data source: INASA report 2014. Data collection method: Compilation of site reports using the INASA's DHIS2 software Numerator: Number of cases tested using RDT or TS in the private denominational sector. Denominator: Number of suspected cases in the private denominational sector. Funding: Private sector, GFATM

The Global Fund

Coverage Indicators

Coverage Indicator	Country and Geographic Area	Baseline	Baseline Year and Source	Required Dissagregation	Cumulation for AFD	01-Jan-2018 30-Jun-2018	01-Jul-2018 31-Dec-2018	01-Jan-2019 30-Jun-2019	01-Jul-2019 31-Dec-2019	01-Jan-2020 30-Jun-2020	01-Jul-2020 31-Dec-2020	Comments
CM-2a(M): Proportion of confirmed malaria cases that received first-line antimalarial treatment at public sector health facilities	Country: Guinea-Bissau; Coverage: National	N: 112,724 D: 114,235 P: 98.6%	HIS	Age	N-Non-cumulative	N: D: P: 99.0%	N: D: P: 99.0%	N: D: P: 99.0%	N: D: P: 99.0%	N: D: P: 100.0%	N: D: P: 100.0%	Explanation: The population in need is based on the estimated number of malaria cases to treat after subtracting the number of cases eradicated as a result of vector control measures and improvements in diagnosis (coverage of diagnosis and positivity rate of TS and RDT tests) ("ACT & RDT" gap analysis). The reference value of 98.7 percent used is taken from the INASA database for 2016 after the data have been aligned and adjusted. The targets are based on the total number of cases to treat, i.e. confirmed cases. The data have therefore been estimated based on progress towards 100 percent in 2020. Data source: INASA report 2016. Data collection method: Compilation of site reports using the INASA's DHIS2 software Numerator: Number of cases treated in public health care facilities. Denominator: Number of confirmed cases in public health care facilities. Funding: State, GFATM.
CM-2b(M): Proportion of confirmed malaria cases that received first-line antimalarial treatment in the community	Country: Guinea-Bissau; Coverage: National	N: D: P: 73.5%	HIS	Age	N-Non-cumulative	N: D: P: 90.0%	N: D: P: 90.0%	N: D: P: 95.0%	N: D: P: 95.0%	N: D: P: 98.0%	N: D: P: 98.0%	Explanation: The population in need is based on the estimated number of malaria cases to treat after subtracting the number of cases eradicated as a result of vector control measures and improvements in diagnosis (coverage of diagnosis and positivity rate of RDT and TS tests). The reference value of 73.6 percent used is taken from the INASA database 2016 (confirmed PUDR 2016). The targets are based on the total number of cases to treat, i.e. confirmed cases (see "ACT & RDT" gap analysis). The targets for 2018, 2019 and 2020 represent the relationship between cases treated in health care facilities in the private denominational and semi-public sectors and all confirmed cases, which are all targeted for treatment. Estimates of the figures increase from 90 percent in 2018 (6,401) to 95 percent in 2019 (7,681) and 100 percent in 2020 (9,218). Data source: INASA report 2016. Data collection method: Compilation of site reports using the INASA's DHIS2 software Numerator: Number of cases treated in public health care facilities Denominator: Number of confirmed cases in public health care facilities. Funding: Private sector, GFATM
CM-2c(M): Proportion of confirmed malaria cases that received first-line antimalarial treatment at private sector sites	Country: Guinea-Bissau; Coverage: National	N: D: P: 79.9%	HIS	Age	N-Non-cumulative	N: D: P: 80.0%	N: D: P: 80.0%	N: D: P: 85.0%	N: D: P: 85.0%	N: D: P: 90.0%	N: D: P: 90.0%	Explanation: ACT (artemisinin-combination therapies) at the community level began in June 2015 in four pilot regions (Biombo, Cacheu, Farim and Oio) plus the Bafata region, and are being rolled out to the country's other regions. However, the community health project is vulnerable, insofar as it is based on a "project approach", funded by the EU and implemented by UNICEF through NGOs. The first project (PIMI1) ended in December 2016 and has not been taken over at the community level. The second project (PIMI2) has not yet been signed and we are not certain about the flow of funds, which is needed to keep the CHWs in their roles. Moreover, the contract for one of the NGOs (ADPP) is not going to be renewed, which is compromising implementation in the Oio and Farim regions because of the lack of availability of other NGOs who can continue the process in these two regions. The baseline reference of 79.9 is taken from the INASA database and adjusted (confirmed PUDR 2016). The targets for 2018, 2019 and 2020 are changing to around 80, 85 and 90 percent respectively. Data source: INASA (HIS) database Data collection method: Compilation of site reports using the INASA's DHIS2 software Numerator: Number of cases treated at the community level. Denominator: Number of confirmed cases at the community level. Funding: EU, UNICEF, GFATM
CM-4: Proportion of health facilities without stock-outs of key commodities during the reporting period	Country: Guinea-Bissau; Coverage: National	N: D: P: 90.8%	HIS		N-Non -cumulative (special)	N: D: P: 92.0%	N: D: P: 92.0%	N: D: P: 95.0%	N: D: P: 95.0%	N: D: P: 98.0%	N: D: P: 98.0%	Explanation: This grant aims to improve stock management for drugs and supplies in order to avoid stock-outs in health facilities. The data reported here are for the public sector only Data source: INASA report 2016. Data collection method: Compilation of site reports using the INASA's DHIS2 software Numerator: Number of health care facilities with no stock-outs of more than a week for the main products (ACT, RDT, SP, LLIN, Artesunate) per month. Denominator: Number of health care facilities submitting the monthly report. Funding: State, GFATM

The Global Fund

Coverage Indicators

Coverage Indicator	Country and Geographic Area	Baseline	Baseline Year and Source	Required Dissagregation	Cumulation for AFD	01-Jan-2018 30-Jun-2018	01-Jul-2018 31-Dec-2018	01-Jan-2019 30-Jun-2019	01-Jul-2019 31-Dec-2019	01-Jan-2020 30-Jun-2020	01-Jul-2020 31-Dec-2020	Comments
Specific prevention interventions (SPI)												
SPI-1: Proportion of pregnant women attending antenatal clinics who received three or more doses of intermittent preventive treatment for malaria	Country: Guinea-Bissau; Coverage: National	N: 3,391 D: 33,297 P: 10.1%	HIS		N-Non-cumulative	N: D: P: 20.0%	N: D: P: 20.0%	N: D: P: 35.0%	N: D: P: 35.0%	N: D: P: 55.0%	N: D: P: 55.0%	Explanation: According to the MICS 2014 (indicator 3.25), the proportion of pregnant women coming for three (03) consultations is 18.1 percent. In principle, the rate should also be equivalent to the proportion of pregnant women receiving at least three (03) doses. The database provides a good basis for extrapolation. The targets for 2018, 2019 and 2020 have therefore been calculated by extrapolation at 20, 35 and 55 percent. All data for this indicator will be reviewed and adjusted based on the MICS results 2018. Data source: MICS 2014. Data collection method: Compilation of site reports using the INASA's DHIS2 software Numerator: Number of women receiving at least three (03) doses of IPT. Denominator: Number of pregnant women attending ANC1. Funding: State, EU, UNICEF, GFATM
SPI-2: Percentage of children aged 3–59 months who received the full number of courses of SMC (3 or 4) per transmission season in the targeted areas	Country: Guinea-Bissau; Coverage: Subnational	N: 37,379 D: 43,715 P: 84.5%	NGOs' report	Gender		N: D: P: 87.0%	N: D: P:	N: D: P: 89.0%	N: D: P:	N: D: P: 90.0%	N: D: P:	Explanation: Two pilot regions (Bafata and Gabu) were used to launch this intervention in 2016. The pilot SMC trial covered only 21 of the 33 health areas (HA) in the two regions. We will cover all 33 HA in 2017 and maintain this coverage until 2020. The targets have been calculated based on the number of children aged under five in the two areas: Bafata (39,722) and Gabu (45,495). The reference value for 2016 is 84.59 percent. A coverage rate of 90 percent is planned for 2020. It should be noted that the NGO (MSF) which made a significant contribution to the success of the program in Bafata in 2016 intends to withdraw in March 2018. This will leave a gap and make it difficult for the country to maintain its results. Data source: Partners' report (MSF, AIFO). Data collection method: Compilation of intervention data Funding: GFATM, MSF, Malaria Consortium
RSSH: Health management information systems and M&E												
M&E-2: Proportion of facility reports received over the reports expected during the reporting period	Country: Guinea-Bissau; Coverage: National	N: D: P: 78.5%	HIS		N-Non - cumulative (special)	N: D: P: 98.0%	N: D: P: 98.0%	N: D: P: 99.0%	N: D: P: 99.0%	N: D: P: 100.0%	N: D: P: 100.0%	Explanation: The baseline figure of 78.5 is taken from the INASA database and adjusted (confirmed PUDR 2016). The country has 138 functional treatment sites for 117 HA and 11 health regions. In accordance with national standards, timeliness is calculated based on the number of reports received and recorded on the register of reports received by the INASA by the 15th of the month at the latest, compared with the total number expected for the same period. Data source: INASA report 2016. Data collection method: Compilation of site reports using the INASA's DHIS2 software Numerator: Number of receipts received on time (in accordance with national standards). Denominator: Total number of reports expected over the period. Funding: State, GFATM

Component Name	Paludisme
Country / Applicant:	Guinée-Bissau
Principal Recipient	United Nations Development Programme
Application/Grant Name	GNB-M-UNDP
IP Start Date	01-Jan-18
IP End Date	31-Dec-20
Grant Currency:	EUR

Budget Summary (in grant currency)

| **Beginning of Period** | 01-Jan-18 | 01-Apr-18 | 01-Jul-18 | 01-Oct-18 | | 01-Jan-19 | 01-Apr-19 | 01-Jul-19 | 01-Oct-19 | | 01-Jan-20 | 01-Apr-20 | 01-Jul-20 | 01-Oct-20 | | | |
| **End of Period** | 31-Mar-18 | 30-Jun-18 | 30-Sep-18 | 31-Dec-18 | | 31-Mar-19 | 30-Jun-19 | 30-Sep-19 | 31-Dec-19 | | 31-Mar-20 | 30-Jun-20 | 30-Sep-20 | 31-Dec-20 | | | |

By Module	Q1	Q2	Q3	Q4	Year 1	Q5	Q6	Q7	Q8	Year 2	Q9	Q10	Q11	Q12	Year 3	Total	%
Lutte antivectorielle	152,996	4,547	4,547	4,547	166,637	39,315	3,495,818	4,547	4,547	3,544,227	460,199	979,262	61,442	4,547	1,505,450	5,216,314	32%
Prise en charge	503,467	95,837	21,839	16,180	637,323	500,011	84,297	10,298	17,115	611,721	336,382	14,309	7,491	14,309	372,491	1,621,535	10%
Interventions de prévention spécifiques	38,273	37,934	171,762	46,089	294,058	43,565	27,370	171,841	46,168	288,945	27,827	26,382	63,170	45,931	163,309	746,312	5%
Systèmes de santé résiliants et pérennes : prestation de services intégrés et amélioration de la qualité	209,025	209,025	9,025	9,025	436,099	9,025	9,025	9,025	9,025	36,099	9,025	9,025	9,025	9,025	36,099	508,296	3%
Systèmes de santé résiliants et pérennes : systèmes de gestion des achats et de la chaîne d'approvisionnement	117,324	117,324	117,324	117,324	469,296	117,324	117,324	117,324	117,324	469,296	117,324	117,324	117,324	117,324	469,296	1,407,887	9%
Systèmes de santé résiliants et pérennes : système de gestion de l'information sanitaire et suivi et évaluation	72,409	76,295	60,466	101,977	311,147	107,398	71,798	55,968	97,479	332,643	371,350	65,850	105,122	91,532	633,855	1,277,644	8%
Gestion des subventions	457,450	415,737	394,029	388,198	1,655,415	457,218	665,689	413,173	408,216	1,944,296	472,853	463,234	393,045	387,839	1,716,972	5,316,683	33%
Systèmes de santé résiliants et pérennes : stratégies nationales de santé	15,905				15,905	16,615				16,615						32,521	0%
Total	**1,566,850**	**956,700**	**778,991**	**683,340**	**3,985,880**	**1,273,856**	**4,487,935**	**782,176**	**699,874**	**7,243,842**	**1,794,961**	**1,675,385**	**756,619**	**670,505**	**4,897,470**	**16,127,192**	**100%**

By Cost Grouping	Q1	Q2	Q3	Q4	Year 1	Q5	Q6	Q7	Q8	Year 2	Q9	Q10	Q11	Q12	Year 3	Total	%
1.0 Human Resources (HR)	417,474	417,474	417,474	417,474	1,669,894	417,474	417,474	417,474	417,474	1,669,894	410,881	410,881	410,881	410,881	1,643,524	4,983,313	31%
2.0 Travel related costs (TRC)	91,513	192,708	132,296	151,335	567,852	150,482	165,091	115,322	146,838	577,734	659,200	886,969	218,879	140,891	1,905,938	3,051,523	19%
3.0 External Professional services (EPS)	8,129				8,129						22,023	22,023	2,492		46,539	54,667	0%
4.0 Health Products - Pharmaceutical Products (HPPP)	311,482		87,588		399,069	281,005		87,588		368,592	197,508				197,508	965,170	6%
5.0 Health Products - Non-Pharmaceuticals (HPNP)	249,477				249,477	146,372	2,914,251			3,060,623	91,467				91,467	3,401,567	21%
6.0 Health Products - Equipment (HPE)																	
7.0 Procurement and Supply-Chain Management costs (PSM)	125,142	9,934	30,780	9,934	175,789	115,121	587,969	31,794	10,948	745,832	215,537	150,410	7,904	7,904	381,755	1,303,377	8%
8.0 Infrastructure (INF)	200,000	200,000			400,000											400,000	2%
9.0 Non-health equipment (NHP)	3,718	3,718	3,718	3,718	14,872	3,718	3,718	3,718	3,718	14,872	3,718	3,718	3,718	3,718	14,872	44,615	0%
10.0 Communication Material and Publications (CMP)	9,188	22,055	7,950	7,950	47,144	9,188	38,670	7,950	7,950	63,759	21,902	36,483	7,950	7,950	74,285	185,188	1%
11.0 Programme Administration costs (PA)	150,728	110,812	99,186	92,929	453,655	150,496	360,763	118,330	112,946	742,536	172,724	164,901	104,795	99,161	541,582	1,737,773	11%
12.0 Living support to client/ target population (LSCTP)																	
13.0 Payment for Results																	
Total	**1,566,850**	**956,700**	**778,991**	**683,340**	**3,985,880**	**1,273,856**	**4,487,935**	**782,176**	**699,874**	**7,243,842**	**1,794,961**	**1,675,385**	**756,619**	**670,505**	**4,897,470**	**16,127,192**	**100%**

By Recipients	Q1	Q2	Q3	Q4	Year 1	Q5	Q6	Q7	Q8	Year 2	Q9	Q10	Q11	Q12	Year 3	Total	%
BANDIM	31,341	22,253	15,436	22,253	91,283	99,613	20,397	13,580	20,397	153,986	346,586	19,916	62,734	19,916	449,152	694,421	4%
CECOME	207,232	207,232	7,232	7,232	428,929	7,955	7,955	7,955	7,955	31,819	29,986	29,986	5,787	5,787	71,548	532,295	3%
INASA	5,948	17,979	5,948	10,929	40,805	5,948	17,979	5,948	10,929	40,805	5,948	5,462	5,948	5,462	22,821	104,432	1%
PNDS	117,517	213,407	173,996	181,239	686,159	110,857	206,903	161,520	181,239	660,518	370,239	924,992	215,923	181,239	1,692,392	3,039,068	19%
United Nations Development Programme	1,204,811	495,828	576,378	461,687	2,738,704	1,049,483	4,234,702	593,173	479,355	6,356,714	1,042,201	695,029	466,227	458,101	2,661,558	11,756,975	73%
Total	**1,566,850**	**956,700**	**778,991**	**683,340**	**3,985,880**	**1,273,856**	**4,487,935**	**782,176**	**699,874**	**7,243,842**	**1,794,961**	**1,675,385**	**756,619**	**670,505**	**4,897,470**	**16,127,192**	**100%**