UNITED NATIONS DEVELOPMENT PROGRAMME

PROJECT DOCUMENT

São Tomé and Príncipe

Project Title: Investing to achieve elimination for Malaria and impact against TB and HIV in Sao Tome and Principe

Project Number: 00107541/00107827

Implementing Partner: Country Coordinating Mechanism (CCM)

Start Date: 01/01/2018 **End Date:** 31/12/2020 **PAC Meeting date:** 19/12/2017

Brief Description

STP is considered a lower-middle-income country with an estimated Gross National Income (GNI) per capita of $1,670 in 2014. Population below the poverty line was estimated at 66% in 2009 (WFS) and the country ranks 142nd of 188 countries on the human development index as of 2016.

The three programs (TB, HIV, and Malaria) are integrated into the healthcare system, with a national coordination unit within the National Centre for Endemic Diseases (CNE).

With the Global Fund subvention for 2018-2020 the country aims to:

- Reduce the incidence of malaria to less than 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 by 2021.
- Reduce morbidity among 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.
- 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

The Country Coordinating Mechanism (CCM) has selected UNDP to assume the role of the Primary Recipient, responsible for grant management.

Contributing Outcome (UNDAF/CPD, RPD or GPD):
Disparities and inequalities are reduced at all levels through the effective participation of vulnerable and key groups, and the development and use by these groups of social protection and basic social services.

Indicative Output(s):
Key and vulnerable groups, particularly children and women, use quality health services, within a legal framework and strengthened national systems

Total resources required:	6029503,55 USD (5088901 EUR)	
Total resources allocated:		
	UNDP TRAC:	0
	Donor:	6029503,55 USD
	Government:	904,43 USD
	In-Kind:	0
Unfunded:	NA	

Agreed by (signatures)[1]:

Government	UNDP
[signature] Print Name: MoH Edgar Neves	K. Wawiernia [signature] Print Name: RR PNUD Kasia Wawiernia

[1] Note: Adjust signatures as needed

I. DEVELOPMENT CHALLENGE (1/4 PAGE – 2 PAGES RECOMMENDED)

Context and justification of the program

Sao Tome and Principe (STP) is an archipelago comprised of two main islands (Sao Tome and Principe) located in the Gulf of Guinea, 240 km West of Gabon with an estimated population of 198,481. STP is considered a lower-middle-income country with an estimated Gross National Income (GNI) per capita of $1,670 in 2014. Population below the poverty line was estimated at 66% in 2009 (WFS) and the country ranks 142nd of 188 countries on the human development index as of 2016.

The three programs (TB, HIV, and Malaria) are integrated into the healthcare system, with a national coordination unit within the National Center for Endemic Diseases (CNE).

Malaria

Sao Tome and Príncipe continues to have significant achievements in malaria. The main key malaria indicators showed important improvements between 2012 and 2016, with a reduction in the number of malaria cases, hospitalizations and deaths. During 2012–2016, malaria morbidity (incidence) dropped from 65.5 to 11.3 cases per 1,000 inhabitants, and malaria mortality decreased from 3.9 to 0.5 cases per 100,000 inhabitants. The test positivity rate also dropped, from 8.5 percent in 2012 to 1.8 percent in 2016.

Despite these successes, some disparities exist across districts. From a total of 2,238 positive cases identified in 2016, 91% were located in three out of seven districts of the country, while these districts contribute to 58% of the total population of STP. Agua Grande has the highest burden, with 69% of cases. The country considers that everyone is at risk. Particular attention is given to pregnant women, children under five years of age and people living near swamps.

The four human malaria parasites have been recorded in the archipelago, although P. falciparum was the most common, being found in 99–100% of parasites between 2010 and 2014 (WHO, 2015). Anopheles gambiae (type M) is the only malaria vector in the country. P. falciparum is fully sensitive to artemisinin-based combination therapy (ACT).

HIV

STP is currently facing a low HIV prevalence among the general population, with higher HIV prevalence among key populations. HIV prevalence is 0.5% among adults aged 15-49 years, without variations between men and women, but with variations by age (higher among older age groups) and location. HIV prevalence is higher in rural areas compared to urban areas (0.8% and 0.3% respectively). The autonomous region of Principe has the highest HIV prevalence compared to other regions with 1.7%. HIV prevalence is higher among key populations, mainly among female sex workers (4.2% in 2005 and 1.1% in 2013), and among inmates (4% in 2013 and 6.1% in 2014). So far, there is no study conducted among men who have sex with men to estimate HIV prevalence among this population in STP. A bio-behavioral survey among MSM and other key populations is planned to be conducted in 2018. The number of deaths due to AIDS has risen since 2012, from 13 cases in 2011 to 36 cases in 2016 with a peak of 41 cases in 2014.

Tuberculosis

In Sao Tome and Príncipe, tuberculosis (TB) is endemic. In 2015, the TB incidence rate was 97 per 100,000 inhabitants, equal to about 180 TB cases. TB notifications have increased from 112 TB cases in 2010 to 192 in 2016. The TB mortality rate fell from 7 per 100,000 population in 2005 to 3.6 per 100,000 population in 2015. While treatment coverage stands at 100%, the treatment success rate was low at 76% (2015 cohort). 100% of TB patients are screened for HIV; the co-infection rate is 13.5%, and all co-infected patients received antiretroviral therapy (2016). The estimated multi-drug resistant/ rifampicin-resistant TB (MDR/RR-TB) rate among new and retreated patients is 2.8% and 88% respectively. Of the 19 patients diagnosed with MDR-TB since 2011, 15 have been cured, representing a cure rate of 80%.

II. STRATEGY (1/2 PAGE - 3 PAGES RECOMMENDED)

Malaria

The country intends to:

- Strengthen the epidemiological surveillance system and entomological monitoring and evaluation at central and district levels, and within the Autonomous Region of Príncipe, as well as improve country's capacity to detect and respond to epidemics;
- Detect 100% of cases of malaria infection throughout the country, using high-quality biological diagnosis, and treat appropriately according to the national policy for case management;
- Ensure that 100% of the at-risk population benefits from interventions integrating vector control, as well as other evidence-based prevention interventions; and
- Implement social mobilization interventions and communication strategies adapted to the country's efforts towards malaria elimination.

Implement strategies for malaria elimination

- Capacity-building to ensure improved program management at the national level;
- Vector control interventions targeting adult mosquito vectors using systematic Indoor Residual Spraying (IRS) and free long lasting insecticidal nets (LLINs) distributed through mass campaigns and through routine distribution, with particular emphasis on children less than five years of age and pregnant women;
- Case management in public facilities; and
- Strengthening the surveillance systems through epidemiological monitoring, early detection of cases, immediate notification and community interventions.

HIV

The country intends to:

- Reduce the rate of sexual transmission of HIV infection from 0.5% in 2014 to 0.4% in 2020;
- Reduce the morbidity and mortality, and improve the quality of life of people living with HIV, their partners and their families;
- Eliminate mother to child transmission of HIV (0%) by 2020; and
- 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.

Implement strategies to reach 90-90-90 for HIV by 2020

- Extend further the test and treat strategy to include all adults, regardless of CD4 count, in addition to priority groups including key populations, pregnant women, children, TB patients, and discordant couples;
- Capacity-building for health care providers;
- Availability of health products (pharmaceutical and non-pharmaceutical);
- HIV prevention among key populations, youth and adolescents; and
- Strengthening of the M&E system.

Tuberculosis

The country intends to:

- *Increase the notification rate of TB cases from 71 per 100,000 inhabitants in 2012 to 80 per 100,000 inhabitants in 2020, by increasing TB screening among key populations;*
- *Increase the TB treatment success rate to more than 85%, by placing the emphasis on rigorous DOTS;*
- *Carry out routine TB screening using GeneXpert testing for all suspected TB cases; and*
- *Provide care and support to over 95% of patients co-infected by TB and HIV.*

Implement strategies that increase the success rate of treatment and the proportion of TB+ patients tested for HIV and/or know their status

- *Active case finding to increase early diagnosis, and improve the detection rate to ensure patients access treatment early;*

- *Continue to improve the quality of TB diagnosis, particularly through the use of the GeneXpert technology;*
- *Reinforce infection control measures within health facilities by means of capacity-building to health care providers; and*
- *Strengthen the M&E system and increase the % of TB-HIV patients who have initiated or continue to be on ART.*

III. RESULTS AND PARTNERSHIPS (1.5 - 5 PAGES RECOMMENDED)

Expected Results

Malaria: The goal of the malaria program in STP is to reduce the incidence of malaria to less than 1 case per 1,000 inhabitants within all the districts of São Tomé, and record 0 (zero) endemic cases within the Autonomous Region of Príncipe by 2021.

HIV: The goal of the HIV program is to reduce morbidity among 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.

Tuberculosis: The goal of the TB program is to 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

Resources Required to Achieve the Expected Results

The total resources required to achieve the expected results are 5'088'901,00 EUR (6'029'503,55 USD) as per summary Budget attached.

Partnerships

Ongoing collaboration and communication between UNDP and key in-country partners (the Global Fund, Country Coordinating Mechanism (CCM), the Ministry of Health, key technical partners, other donors, SRs) is critical to programme success. PR is responsible for partnership management which entails, but is not limited to, mapping key partners and holding regular consultations with key partners

The Country Coordinating Mechanisms is a national committee including representatives from government, the private sector, technical partners, civil society and communities living with the diseases. The Country Coordinating Mechanism:

- Coordinates the development of the national request for funding
- Nominates the Principal Recipient
- Oversees the implementation of approved grants
- Approves any reprogramming requests
- Ensures linkages and consistency between Global Fund grants and other national health and development programs

Risks and Assumptions

A summary of the key risks is described in this section. The complete Risk Log is attached as annex III.

- Financial:

The Grant Confirmation comes with three conditions. The lack of meeting the conditions on a timely manner might result in reduction of disbursement. The three conditions include the submission and GFATM approval of following Documents:

i) Operational plan for Indoor Residual Spraying (Deadline 30 June 2018)
ii) Budget and implementation plan for roll out and implementation of DHIS2
iii) Plan for capacity building of CNE (Deadline 30 June 2018)

Risk mitigation though the elaboration of Chronograms including requested actions and timeframe for the achievement of the three conditions with close monitoring on implementation.

- Political Instabilities:

  2018 is a year of elections, manifestations from the opposition have been observed during the first weeks of the year. The political situation might challenge the timely implementation of the subvention.

- Delay in Transition of Grant Implementation responsibilities to CNE:

  A Delay in the transition of grant implementation responsibilities to CNE together with the reduction of posts of PMU at UNDP level starting 2019 would challenge the grant management.

  Risk mitigation through elaboration of a Capacity Building Plan of CNE including timely plan of transition of implementation responsibilities to CNE. Close monitoring of implementation through CCM.

- Increase in Malaria Cases:

  There has been a reduction of donor funding for Malaria in 2017, Taiwan left end of 2016, GFATM shortened the budget for 2018, which might influence the functioning of the national program to combat malaria.

  Risk mitigation through support of the national program to create a robust system of vigilance including rapid detection of epidemics and a plan for epidemiological respond. The responsibility is with CNE under close monitoring by UNDP.

Knowledge

Through the Global Fund, UNDP will continue to support improvements in health services for the reduction of HIV prevalence and tuberculosis and the elimination of malaria. UNDP interventions will focus on strengthening the health system in three broad areas: health information; medicines and purchases of medical products; and community systems. UNDP will assist the government in coordinating partners, decentralizing management response and assisting community participation by vulnerable women and men. This support will be the key element of the UNDP strategy for the transition of national management of the Global Fund Program. Disparities and inequalities at all levels will be addressed through the participation of vulnerable groups and their access to social protection and basic social services.

Sustainability and Scaling Up

The modality of implementation will ensure gradual withdrawal from UNDP and progressive ownership of the Government. To ensure the effectiveness and success of this implementation model, the schedule below is established:

Phase 1: January - December 2018

- *Financial management of the new grant*
- *Purchases of health products and non-medical products*
- *Implementation of the capacity building plan*
- *Support for the contracting of SRs*
- *Strengthening existing management systems within the Ministry of Health*
- *Progressive transfer of PR responsibilities to the Ministry of Health*

Phase II: January - December 2019

- *Support to the financial management of grants*
- *Transfer of UNDP contracts and obligations to the Ministry of Health*
- *Transfer of responsibility for the stock of medicines and their insurance to the Ministry of Health*
- *Transfer of ownership of equipment purchased by UNDP to the Ministry of Health*
- *Inventories of Project Assets*

Phase III: January - December 2020

- *Transfer of skills through the placement of some members of the UNDP team in the Ministry of Health*
- *Final closure of UNDP activities*
- *Documentation, communication and dissemination of the results of the Project*

IV. PROJECT MANAGEMENT (1/2 PAGES - 2 PAGES RECOMMENDED)

Project Management

UNDP has been nominated as Principal Recipient by CCM for the subvention 2018-2020, and is responsible for the implementation of the funds under the supervision of CCM.

For the implementation of the work plan UNDP disburses funds to Sub Recipients, namely

i) Centro Nacional de Endemias (CNE)which includes the three national programs to fight Malaria (Programa National para Lutar Paludismo - PNLP), Tuberculosis (Programa National para Lutar Tuberculose – PNLT), and HIV/Aids (Programa National para Lutar SIDA – PNLS);

ii) Fundo National de Medicamentos (FNM);

iii) Instituto Nacional para Promoção da Igualdade e Equidade de Género (INPG).

At UNDP, the Project Management Unit (PMU) will manage and implement the funds under the coordination of the UN Coordinator/ Resident Representative and direct supervision by the ARR/ Program and ARR/ Operations.

The PMU is headed by the Programme Coordinator and starts with a team of seven posts in 2018 which will be gradually reduced until 2020 in line with the transition of GFATM fund management to the governmental partner. The PMU will be responsible for:

a) Program Coordination: Manage Partnerships though ongoing collaboration and communication between UNDP and key in-country partners (the Global Fund, Country Coordinating Mechanism (CCM), the Ministry of Health, key technical partners, other donors, SRs)

b) Financial Management: Financial and operational management of UNDP's implementation of Global Fund programme, including grant making and implementation, sub-recipient management, grant reporting.

c) Procurement and Supply Management: Ensure UNDP's procurement principles are implemented.

d) Monitoring and Evaluation of grant implementation

c) Sub-recipient management: Disburse funds to SBs, monitor SB financial management through periodic reports and audits;

g) Risk Management

V. Results Framework[2]

Intended Outcome as stated in the UNDAF/Country Programme Results and Resource Framework: Strengthening social cohesion through access to quality basic social services with a view to reducing inequality and disparity between citizens and communities

Outcome indicators as stated in the Country Programme Results and Resources Framework, including baseline and targets:

- Neonatal mortality rate, Baseline: 19.3 per 1,000 live births (2013), Target: 5 per 1,000 live births (2021)
- Maternal mortality rate, Baseline: 76 per 100,000 live births (2015), Target: 17 per 100,000 live births (2021)
- Gender Development Index, Baseline: 0,891 (2015), Target: 0,950 (2021)

Applicable Output(s) from the UNDP Strategic Plan:

(c) Countries have strengthened institutions to progressively deliver universal access to basic services;

(d) Faster progress is achieved in reducing gender inequality and promoting women's empowerment;

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EXPECTED OUTPUTS	OUTPUT INDICATORS[3]	DATA SOURCE	BASELINE		TARGETS (by frequency of data collection)			DATA COLLECTION METHODS & RISKS
			Value	Year	Year 1	Year 2	Year 3	

[2] UNDP publishes its project information (indicators, baselines, targets and results) to meet the International Aid Transparency Initiative (IATI) standards. Make sure that indicators are S.M.A.R.T. (Specific, Measurable, Attainable, Relevant and Time-bound), provide accurate baselines and targets underpinned by reliable evidence and data, and avoid acronyms so that external audience clearly understand the results of the project.

[3] It is recommended that projects use output indicators from the Strategic Plan IRRF, as relevant, in addition to project-specific results indicators. Indicators should be disaggregated by sex or for other targeted groups where relevant.

Output 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.	***1.1*** *HIV I-9a(M): Percentage of men who have sex with men who are living with HIV*	*IBBS study 2018*	TBD	2018	*TBD*	TBD	*TBD*	*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);*
	1.2 *HIV O-1(M): Percentage of adults and children with HIV, known to be on treatment 12 months after initiation of antiretroviral therapy*	*National AIDS Control Program Annual Report*	*68.6%*	*2016*	*75%*	*80%*	*85%*	*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*

Output 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	**2.1** *TB I-3(M): TB mortality rate per 100,000 population*	*WHO Global TB Report 2016*	3.6	2015	*3*	2.6	2.2	*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.*
	2.2 *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*	*National TB Control Program Annual Report*	*50%*	*2016*	*78%*	*80%*	*85%*	*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*
	2.3 *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)*	*National TB Control Program Annual Report*	*80%*	*2016*	*90%*	*95%*	*100%*	*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*

Output 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.	**3.1** *Malaria I-1(M): Reported malaria cases (presumed and confirmed)*	*National Malaria Control Program Report*	*2238*	*2016*	*1816*	*1030*	*420*	*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)*
	3.2 *Malaria O-7(M): Percentage of existing ITNs used the previous night*		*70%*	*2014*				*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;*

VI. MONITORING AND EVALUATION

In accordance with UNDP's programming policies and procedures, the project will be monitored through the following monitoring and evaluation plans:

Monitoring Plan

Monitoring Activity	Purpose	Frequency	Expected Action	Partners (if joint)	Cost (if any)
Track results progress	Progress data against the results indicators in the RRF will be collected and analyzed to assess the progress of the project in achieving the agreed outputs.	Quarterly, or in the frequency required for each indicator.	Slower than expected progress will be addressed by project management.		
Monitor and Manage Risk	Identify specific risks that may threaten achievement of intended results. Identify and monitor risk management actions using a risk log. This includes monitoring measures and plans that may have been required as per UNDP's Social and Environmental Standards. Audits will be conducted in accordance with UNDP's audit policy to manage financial risk.	Quarterly	Risks are identified by project management and actions are taken to manage risk. The risk log is actively maintained to keep track of identified risks and actions taken.		
Learn	Knowledge, good practices and lessons will be captured regularly, as well as actively sourced from other projects and partners and integrated back into the project.	Annually	Relevant lessons are captured by the project team and used to inform management decisions.		
Annual Project Quality Assurance	The quality of the project will be assessed against UNDP's quality standards to identify project strengths and weaknesses and to inform management decision making to improve the project.	Annually	Areas of strength and weakness will be reviewed by project management and used to inform decisions to improve project performance.		
Review and Make Course Corrections	Internal review of data and evidence from all monitoring actions to inform decision making.	At least annually	Performance data, risks, lessons and quality will be discussed by the project board and used to make course corrections.		
Project Report	A progress report will be presented to the Project Board and key stakeholders,	Annually, and at the end of the			

	consisting of progress data showing the results achieved against pre-defined annual targets at the output level, the annual project quality rating summary, an updated risk long with mitigation measures, and any evaluation or review reports prepared over the period.	project (final report)			
Project Review (Project Board)	The project's governance mechanism (i.e., project board) will hold regular project reviews to assess the performance of the project and review the Multi-Year Work Plan to ensure realistic budgeting over the life of the project. In the project's final year, the Project Board shall hold an end-of project review to capture lessons learned and discuss opportunities for scaling up and to socialize project results and lessons learned with relevant audiences.	Annually	Any quality concerns or slower than expected progress should be discussed by the project board and management actions agreed to address the issues identified.		

VII. MULTI-YEAR WORK PLAN [4][5]

All anticipated programmatic and operational costs to support the project, including development effectiveness and implementation support arrangements, need to be identified, estimated and fully costed in the project budget under the relevant output(s). This includes activities that directly support the project, such as communication, human resources, procurement, finance, audit, policy advisory, quality assurance, reporting, management, etc. All services which are directly related to the project need to be disclosed transparently in the project document.

Intervention	Modality	Planned Budget by Year (Euros)				RESPONSIBLE PARTY	PLANNED BUDGET		
		Y1	Y2	Y3	Y4		Funding Source	Budget Description	Amount
Prevention, Treatment and Care	Specific prevention interventions (SPI)	28,603	7,602	6,071		UNDP	GFATM	Euros	42,276
	Prevention programs for general population	28,074	46,267	50,973		UNDP	GFATM	Euros	125,313
	Prevention programs for other vulnerable populations	23,557	16,757	17,828		UNDP	GFATM	Euros	58,143
	Prevention programs for adolescents and youth, in and out of school	120	120	120		UNDP	GFATM	Euros	360
	Comprehensive prevention programs for sex workers and their clients	2,584	2,584	2,584		UNDP	GFATM	Euros	7,753
	PMTCT	1,255	1,255	1,255		UNDP	GFATM	Euros	3,764
	Vector Control	563,505	632,604	497,498		UNDP	GFATM	Euros	1,693,607
	Treatment, care and support	188,903	151,955	162,677		UNDP	GFATM	Euros	503,535
	TB care and prevention	139,969	105,923	103,828		UNDP	GFATM	Euros	349,720
	MDR-TB	11,993	10,063	11,883		UNDP	GFATM	Euros	33,938
	Case management	117,657	134,818	144,720		UNDP	GFATM	Euros	397,195
RSS	Health management information systems and M&E	365,512				UNDP	GFATM	Euros	365,512
	Human resources for health (HRH), including community health workers	19,019	12,387	12,387		UNDP	GFATM	Euros	43,794

[4] Cost definitions and classifications for programme and development effectiveness costs to be charged to the project are defined in the Executive Board decision DP/2010/32

[5] Changes to a project budget affecting the scope (outputs), completion date, or total estimated project costs require a formal budget revision that must be signed by the project board. In other cases, the UNDP programme manager alone may sign the revision provided the other signatories have no objection. This procedure may be applied for example when the purpose of the revision is only to re-phase activities among years.

	Procurement and supply chain management systems	485	1,524	1,327		UNDP	GFATM	Euros	3,335
	Integrated service delivery and quality improvement	16,659	15,411	13,999		UNDP	GFATM	Euros	46,069
	Community responses and systems	2,640	2,640	2,640		UNDP	GFATM	Euros	7,920
Program management		567,856	404,842	433,969		UNDP	GFATM	Euros	1,406,666
TOTAL								Euros	5,088,901

VIII. Governance and Management Arrangements

The Donor of the project is GFATM, hence the management arrangements are in line with GFATM guidelines.

The overall governance and strategic monitoring of this grant will be provided by the Country Coordinating Mechanism (CCM). The CCM is a national committee that submit funding applications to the Global Fund on behalf of the entire country. The CCM includes representatives from government, the private sector, technical partners, civil society and communities living with the diseases. The CCM is responsible to: i) Coordinate the development of the national request for funding; ii) Nominate the Principal Recipient; iii) Oversee the implementation of approved grants; iv) Approve any reprogramming requests; v) Ensure linkages and consistency between Global Fund grants and other national health and development programs.

The Country Coordinating Mechanism includes representatives of all sectors involved in the response to the diseases: multilateral or bilateral agencies, nongovernmental organizations, academic institutions, faith-based organization, the private sector and – especially – people living with the diseases.

UNDP has been nominated as Principal Recipient by CCM for the subvention 2018-2020, and is responsible for the implementation of the funds under the supervision of CCM.

For the implementation of the work plan UNDP disburses funds to Sub Recipients (section IV). At UNDP, the Project Management Unit (PMU) will manage and implement the funds under the coordination of the UN Coordinator/ Resident Representative and direct supervision by the ARR/ Program and ARR/ Operations.

The PMU is headed by the Programme Coordinator and starts with a team of seven posts in 2018 which will be gradually reduced until 2020 in line with the transition of GFATM fund management to the governmental partner.

The project assurance is provided through the CO Program Analyst.

IX. LEGAL CONTEXT AND RISK MANAGEMENT

LEGAL CONTEXT STANDARD CLAUSES

Option a. Where the country has signed the Standard Basic Assistance Agreement (SBAA)
This project document shall be the instrument referred to as such in Article 1 of the Standard Basic Assistance Agreement between the Government of São Tomé and Príncipe and UNDP, signed on 26 March 1976. All references in the SBAA to "Executing Agency" shall be deemed to refer to "Implementing Partner."

RISK MANAGEMENT STANDARD CLAUSES

UNDP (DIM)

1. UNDP as the Implementing Partner shall comply with the policies, procedures and practices of the United Nations Security Management System (UNSMS.)

2. UNDP agrees to undertake all reasonable efforts to ensure that none of the project funds are used to provide support to individuals or entities associated with terrorism and that the recipients of any amounts provided by UNDP hereunder do not appear on the list maintained by the Security Council Committee established pursuant to resolution 1267 (1999). The list can be accessed via hthttp://www.un.org/sc/committees/1267/aq_sanctions_list.shtml. This provision must be included in all sub-contracts or sub-agreements entered into under this Project Document.

3. Consistent with UNDP's Programme and Operations Policies and Procedures, social and environmental sustainability will be enhanced through application of the UNDP Social and Environmental Standards (http://www.undp.org/ses) and related Accountability Mechanism (http://www.undp.org/secu-srm).

4. The Implementing Partner shall: (a) conduct project and programme-related activities in a manner consistent with the UNDP Social and Environmental Standards, (b) implement any management or mitigation plan prepared for the project or programme to comply with such standards, and (c) engage in a constructive and timely manner to address any concerns and complaints raised through the Accountability Mechanism. UNDP will seek to ensure that communities and other project stakeholders are informed of and have access to the Accountability Mechanism.

5. All signatories to the Project Document shall cooperate in good faith with any exercise to evaluate any programme or project-related commitments or compliance with the UNDP Social and Environmental Standards. This includes providing access to project sites, relevant personnel, information, and documentation.

X. ANNEXES

1. **Risk Analysis.**

2. **Capacity Assessment:** Results of capacity assessments of Implementing Partner (including HACT Micro Assessment)

3. **TORs of PMU**