**Project Title**: Support to Minister of Health implementing Global Fund grant *(HSS for STP).*

**Project Number:** 00132900 **Output:** 00125203

**Implementing Partner:** UNDP

**Start Date:** 1 January 2021 **End Date:** 31 December 2023 **PAC Meeting date:** July 2, 2021

|  |
| --- |
| **Brief Description** |
| This Project document is prepared to reflect the details of UNDP support to the Government of Sao Tome and Principe through the Ministry of Health (MoH), within the newly approved 3-year (2021-2023) Global Fund Grant to Sao Tome, and the sub-sequent Financial Agreement with the Ministry of Health. The Health System Strengthening interventions align with the UNDP signature solution on poverty as it contributes to improve access to healthcare. UNDP Sao Tome and Principe through a Financing Agreement (FA) modality will work with the MoH, the Principal Recipient (PR).  This health systems strengthening project includes several activities, clustered in three groups of activities:   1. construction of key facilities to reinforce procurement and supply chain, 2. support to management and logistic activities of the MoH and, 3. provide technical assistance to key issues related to sustainability, HIV/Tuberculosis and Health Information System (HIS).   Brief description of the main activities:   1. The construction of key facilities includes the main activity of the project, which is the construction of the warehouse. The objective of this activity is to build a state-of-the-art facility, in which drugs and supplies could be stored and managed in the best conditions. At the same time, the project will rehabilitate the warehouses at the health centers in Lobata, Lemba e Cantagalo. 2. The reinforcement of the operations of the new Program Management Unit, which is now in charge of the management of The Global Fund project. This includes the technical support for the management and procurement activities of the new unit, as well as the purchase of motorcycles and computers. 3. The provision of international technical support and assistance. This includes the recruitment of international technical support for HIV, Tuberculosis and the Health Information system.   UNDP´s intervention under this PRODOC will contribute to the operationalization of the National Health Development Plan (PNDS, for its acronym in Portuguese), in which the improvement of the national PSM and the fight against HIV/Aids, Tuberculosis and Malaria are important components. The project is also aligned with Strategic Result 1 of the national UNDAF and CPDs, which is framed by the National 2030 Transformation Agenda. This Strategic Result is focused on strengthening the social cohesion with access to basic social services of quality, to reduce inequality and disparity between citizens and communities. |

**Contributing Outcome (UNDAF/CPD, RPD or GPD):**

I: Strengthening the social cohesion with access to basic social services of quality to reduce inequality and disparity between citizens and communities

**Indicative Output(s) with gender marker:**

Key and vulnerable groups, particularly children and women, use quality health services, within a legal framework and strengthened national systems

|  |  |  |
| --- | --- | --- |
| **Total resources required:** | **EUR 1,702,476** | |
| **Total resources allocated:** |  | |
| **UNDP TRAC:** | N/A |
| **Donor:** | EUR 1,702,476 |
| **Government:** | N/A |
| **In-Kind:** | N/A |
| **Unfunded:** | $0 | |

Agreed by (signatures):

|  |  |
| --- | --- |
| **Government** | **UNDP** |
| Ministry of Health  Print Name: Dr. Edgar Neves | Resident Representative of UNDP  Print Name: Ms. Kasia Wawiernia |
| Date: | Date: |

# ABBREVIATIONS

CCM Country Coordination Mechanism

PMU Celula de Gestao de Suvencoes (Program Management Unit)

CO Country Office

CSO Civil Society Organizations

CPAP Country Programme Action Plan

CPD Country Program Document

DIM Direct Implementation Modality

FNM Fundo Nacional de Medicamentos (National drugs Fund)

GDP Gross Domestic Product

GFATM The Global Fund

HSS Health Systems Strengthening

ICF Internal Control Framework

M&E Monitory and Evaluation

MoH Ministry of Health

MSM Men who have sex with men

NHDP National Health Development Plan, (PNDS for its acronym in Portuguese)

OIG Office of the Inspector General

PSM Procurement and Supply Management

PMU Programme Management Unit

RRF Results and Resources Framework

STP Sao Tome and Principe

UN United Nations

UNDAF United Nations Development Assistance Framework

UNDP United Nations Development Programme

UNICEF United Nations Children’s Fund

WHO World Health Organization

WB World Bank

# Development Challenge

**Development Challenge**

**Introduction**

The Republic of Sao Tome and Principe (STP) has an estimated total population of 220,000 habitants, most of them living in the main island of Sao Tome. STP, like many other middle-income countries, has a mixed epidemiological public health profile. It is marked by the emergence of non-communicable diseases, with growing trends of high blood pressure, diabetes and cancer and the persistence of preventable diseases such as acute respiratory illnesses, diarrhoeal diseases and malaria, persistent foci of some neglected tropical diseases (schistosomiasis and loiasis).

The incidence of malaria has declined steeply, from 400 cases per 1000 of population in 2006 to 50 cases per 1000 in 2013. The prevalence of HIV/AIDS in the general population has increased from 1% in 2001 to 1.5% in 2011, despite a reversal of the trend in pregnant women, from 0.5% in 2011 to 0% in 2012. (WHO, 2019). In 2019, incidence of tuberculosis for Sao Tome and Principe was 114 cases per 100,000 people. Though Sao Tome and Principe incidence of tuberculosis fluctuated substantially in recent years, it tended to increase through 2000 - 2019 period ending at 114 cases per 100,000 people in 2019.

This epidemiological situation, however, is combined with sustained growth in the economy between 2011 and 2018. Thanks to the country's social and political stability, as well as the support of the international community, STP maintained a growth above 4% per year of its GDP in the period 2011-2015, according to official data and a relatively low inflation. This resulted in a consistent increase in the general budget of the MoH and supported the implementation of public health measures that improved the well-being of the population. This macroeconomic stability, as well as public health policies adapted to the country's reality, allowed indicators such as infant mortality in children under 5 years to be reduced from 61/1000 live births in 1991 to 30.2/1000 in 2012 (almost achieving the target of 29/1000 in 2015). Measles immunization coverage was 68.9% in 2000 and 92.5% in 2010. (WHO, 2019). Other childhood diseases such as polio, whooping cough and diphtheria are no longer public health problems, radically improving the well-being of children and the general population. Notwithstanding, and according to the third national report on progress towards the Millennium Development Goals (2014), The country has shown itself vulnerable to epidemics, in 2015 there was an outbreak of rubella, in 2016 an outbreak of rotavirus diarrhea and in 2016/2017 an outbreak of necrotizing cellulite (PNDS, 2017).

However, despite this growth in the global health budget, the percentage that STP spends on health in relation to the global budget remains below international standards, with 7% against the 15% established in the Abuja Declaration (2001, OAU). In addition, this growth in the health budget depends heavily on international aid, which represents 91.5% of the global health budget. This excessive dependence on external funds directly reduces the possibilities of sustainability of the health system, which makes it necessary to look for options to reduce it.

This situation has been dramatically changed by the eruption of the Covid-19 pandemic. Since April 2020, when the index case was detected in Sao Tome, 35 citizens have died from Covid-19 and more than 2318 have been infected. This has overloaded an already weak public health system and created a social and economic crisis in the country with direct repercussions in the activities of the MoH.

**Challenges in implementing this HSS project**

The project addresses three main challenges:

* The need to reinforce crucial technical transversal issues, as the lack of a centralized and systematized Health Information System, the lack of a modern software for procurement, storage and distribution of medicines and supplies and the need to repair the BSL system at the national laboratory,
* The need to ensure that the new Program Management Unit (PMU) smoothly manages The Global Fund project,
* The need to reinforce the MoH infrastructure, specifically the central warehouse and other crucial infrastructure.UNDP proposes to improve the situation in these three crucial areas of the MoH as follows:
* **(i) Support to PSM systems and MoH infrastructure**

The logistical system for the public health programs, including pharmaceutical products (including medicines purchased with Global Fund grants) is managed by the ´Fundo Nacional de Medicamentos´ (FNM, National drugs Fund). At this time, most of the national public health supplies are kept at five warehouses distributed in different areas of Sao Tome, most of them rent by the MoH. At the island of Principe, the health district owns a basic warehouse, which is used is used to store health supplies sent from the FNM, including the supplies purchased by the GF.

The warehouse personnel in charge of handling and storing the drugs have little training or knowledge of WHO good storing or distribution practices, and key issues like temperature and humidity controls are still incipient. One of the critical issues is the management of inventory, both at central and peripheral levels. Each of the warehouse manages a separate stock, with no central system control.

The supply chain system is considered as inadequate and prone to stock rupture and pilferage. The low capacity of the MoH warehouses constitute critical risks that could significantly impact health services and health products quality and safety. Finally, and as a consequence of the weak management structure, there are very weak inventory controls and no centralized inventory follow up.

The MoH has identified a series of complementary minor infrastructure issues, which are in need of urgent intervention and repair. Among these issues, it needs to be mentioned the lack of an adequate ward to isolate TB MDR patients, the needs for repair the HIV laboratory, the needs to upgrade the TB laboratory, and the need to have an improved management of epidemiologic data and information. All these weaknesses constitute obstacles to health care access and will continue to prevent the MoH from becoming a quality health care provider for vulnerable populations.

* **(ii) Support to the new Program Management Unit (PMU)**

In December 2020, UNDP transferred the Global Fund project to the MoH. In order to ensure a smooth implementation of the project, the MoH created a new structure, named ´Celula da Gestao de Subvencoes´ (Project Management Unit, PMU).

This new unit is an innovative approach within the MoH, which will manage not only GF grants, but other international interventions and initiatives, as the GAVI alliance project. At this time, GF grants are the main public health project in the country and will demand a skilled team to ensure its smooth implementation. These newly recruited personnel will require hands-on training and direct management support to ensure adequate program implementation. At the same time, new office space and modern systems will be needed, in order to ensure the smooth functioning of the PMU, which will be located at the compound of the National Center against Endemic diseases (CNE, Centro Nacional de Endemias).

* **(iii) Support to key management and technical areas**

As the new PMU begins its activities, the MoH has identified several critical areas, which are in need of urgent intervention. These areas of intervention include the health information system, which is in need of support to unify and strengthen its system. At the same time, specific interventions are needed to improve the impact of The Global Fund projects in specific areas, including the recruitment of international consultancies to support PLWA programs and implement procurement systems at the new PSM network.

Finally, the MoH is looking for developing a strategy towards the financial and programmatic sustainability of the MoH in medium and long term. At this time, there is a technical report written by a local consultant, which is in need of updating, to become the beginning point for the development of a comprehensive national strategy towards a sustainable MoH.

# STRATEGY

**Strategy**

The project Health System Strengthening for the MoH in Sao Tome and Principe **(HSS for STP)** will reinforce the Government´s efforts towards the achievement of the Agenda 2063 of the African Union (Objective 3: citizens are healthy, well-nourished and have longer life spans, Aspiration 1: A prosperous Africa based on inclusive growth and sustainable development). The project is also in line with the National Health Development Plan, (PNDS for its acronym in Portuguese), which has 8 objectives, from which two of them are directly related to this PRODOC:

1. the second PNDS objective, which is focused on the improvement of the availability and quality of medicines,
2. the eight PNDS objective, which is the computerization of the entire MoH information system with a centralized internationally validated software.

The project **HSS for STP** is in line with the first UNDAF´s Strategic Objective for 2017-2020, which is the strengthening of the social cohesion by increasing access to basic social services of quality and to reduce inequality and disparity between citizens and communities. In this aspect the **HSS for STP** project will guarantee that vulnerable populations will receive quality medicines by ensuring that ARVs, ACTs and other supplies are kept in the best conditions. Another way of improving access to quality services will be the rehabilitation of the MDR Tuberculosis ward, which will provide better possibilities of care for people infected with MDR TB. At the same time, the HSS project will provide technical assistance to improve the quality of care for people living with HIV/Aids.

The **HSS for STP project** is also framed under UNDP´s Country Program Document (CPD), in which Priority # 29 addresses the issue of low absorption of international aid. This project aims to improve the management capacity of the MoH by actively supporting the new PMU (PMU), which implements the GF grant. This will happen with direct technical and management support to ensure adequate program implementation and budget delivery. At the same time, the technical assistance for the supply and chain management will ensure that medicines are properly delivered and consumed, improving access of vulnerable groups to crucial medicines and increasing budget delivery. These activities will have impact on the Strategic Plan Outcome # 3, of the 2017-2021 CPD, which is the strengthening of institutions to progressively deliver universal access to basic services.

**Theory of Change**

The theory of change underlying the intervention fully acknowledges the contribution that the project will provide towards the overall objective of strengthening the national health system. The theory is based on three components, which are inter-related and will improve the health system simultaneously:

Component I. Will promote change with the construction of a state-of-the-art national warehouse at Sao Tome together with the rehabilitation of local warehouses of three health posts at Lobata, Lemba and Cantagalo. This reinforced storing system for the MoH will be built with the latest technological and construction techniques; it will not only have an increased storage capacity but will protect medicines from deterioration and, due to its modern design, will facilitate inventory management. At the same time, the **HSS for STP** project will purchase and install a supply and procurement software and will install it in the mentioned network; in this way, the project will improve the procurement, storage and supply management and practices, improving the accessibility of Sao Tome citizens to quality drugs and health supplies.

By improving the storage conditions UNDP will intervene in one specific point of the supply chain system management hence contributing to its strengthening and preventing future stock ruptures of key medicines in the fight against illnesses.

Component II. With the construction of the PMU offices and by improving its logistics and systems, the **HSS for STP** project will reinforce the health system by supporting program management, facilitate program implementation and budget delivery and follow up. The new PMU (PMU) will be adequately prepared to implement not only GF programs, but other internationally funded initiatives, as the GAVI program.

Component III. By recruiting quality international and national technical advice and support, the HSS project will improve the implementation conditions of the GF project and increase the services provided by the Tuberculosis, HIV/Aids and Malaria MoH programs. In the same way, by improving the PMU (PMU) management systems with management and financial know-how, UNDP will reinforce the performance of the health systems and will enhance the possibilities of finding more international donors. Finally, by supporting the implementation of the DHIS II system, this project will improve in a transversal way, the functioning of the MoH by facilitating the epidemiological analysis and follow up of public health programs. The implementation of the DHIS II will be another step in the search of sustainability for the MoH, as it will guarantee evidence-based decision taken processes, ensuring that public health policies are based on the evolving reality of the people of STP.

**UNDP expertise and comparative advantages**

UNDP´s commitment in fighting HIV/Aids, malaria and Tuberculosis is based on the principles that health is both a driver and outcome of development and that actions across a wide range of development sectors have a significant impact on health outcomes. As a development agency, UNDP focused on addressing the social, economic, environmental determinants of health, which are primarily responsible for health inequalities.

Since 2002 UNDP has been a longstanding and trusted partner f the Global Fund. UNDP carefully addresses and manages potential risks involved in working with responsible partners (contractors) and has well-established legal and administrative agreement with host Governments, especially in countries with weak regulatory frameworks. This includes critical aspects such as project implementation and oversight arrangements, importation and tax exemption agreements, fund transfer and banking agreements, privileges and immunities, protocols for audit and investigations.

UNDP will leverage this significant experience in understanding the complexities and challenges of managing civil works interventions, utilizing its financial, M&E, procurement and management systems, rules and regulations, policies and processes to ensure successful implementation of the program and achievement of project objectives.

Project implementation will comply with UNDP´s Program and Operations Policies and Procedures (POPP). UNDP has a dedicated Global Fund partnership team (HIV, Health and Development bureau of policy and program support, with a capacity development and procurement team. Based in New York, Copenhagen, Geneva and Istanbul the team´s primary goal is to provide quality and timely support to country offices and to implement high performing Global Fund grants.

UNDP´s internal control framework (ICF) aims to ensure that UNDP achieves its goals and to provide accountability for its activities. An effective internal control system provides reasonable assurance to UNDP regarding the achievement of its objectives in the following category:

-. Promotion of orderly, ethical, economical efficient and effective operations.

-. Meeting accountability obligations by making reliable and relevant international and external financial non-financial information through the maintenance of proper records and information flows,

-. Safeguarding resources from inappropriate use, loss, or damage due to waste, abuse, mismanagement error, fraud, and irregularities,

-. Compliance with applicable regulations, rules and internal policies.

The ICF is a key role in strengthening accountability. UNDP staff member as international civil servants are responsible for managing the resources entrusted to them by the Global Fund in carrying our programs. A major factor in fulfilling this responsibility is ensuring that adequate controls exists, and results are achieved. The UNDP accountability system (DP/2008/16/rev 1) was approved by UNDP´s executive board by increased transparency, clarity and alignment of all organizational activities. It describes UNDPs wide process for monitoring and is and improving performance, and the oversight policy clarifies the details of procedures, tools and timing to order to provide UNDP management and UNDP stakeholders with an assurance and evaluation of UNDP´s work.

UNDP will liaise with other national partners involved in the project and will share information and conduct knowledge transfer to our partners. On a constant basis, UNDP will also provide regular updates to the CCM at the CCM meetings.

# Results and Partnerships

In line with the agreed distribution of responsibilities over the implementation of the GF grant for STP, UNDP will be responsible for the implementation of civil works activities, purchase of equipment, as well as the recruitment of technical assistance to support programmatic implementation of GF grants and the HSS objectives.

In the framework of its Country Program Document for 2017-2021, UNDP will align the development support to be provided throughout this project with interventions aiming at improving service delivery, related to Strategic Plan Outcome 3: : Countries have strengthened institutions to progressively deliver universal access to basic services.

The project implementation will be done with the implementation of activities towards three outcomes, as follows:

**Output 1:** Reinforced MoH Infrastructure

Key activities:

* Construction of the national warehouse
* Construction of the local warehouses at Lobata, Lemba and Cantagalo.

**Output 2:**  Reinforced Program Management unit (PMU)

Key activities:

* Construction of the new offices of the PMU, including a meeting room,
* Purchase of computers and printers for the new PMU and other GF programs
* Purchase of motorcycles for GF programmatic and management activities

**Output 3:** Reinforced technical assistance and access to quality of care for vulnerable populations

Key activities:

* Recruitment of technical assistance to support HIV project
* Recruitment of technical assistance for DHIS
* Recruitment of technical assistance for the national MoH sustainability strategy
* Construction of new MDR isolation rooms and rehabilitation of MSM meeting room.
* Recruitment of program coordinator and procurement assistant to support PMU activities.
* Recruitment of DHIS international technical consultancy to support the software instalment

# Project Management

UNDP systems and procedures are designed to guarantee transparency, accountability, cost effectiveness and value-for-money. UNDP strives to maintain high-cost efficiency, striking balance between sufficient and skilled human resources and reasonable costs, with the overall goal of optimizing the achievement of Project goals and objectives.

As the PMU begins its term as the new principal beneficiary of FM projects, UNDP's role is to support this national government effort and reinforce PMU's work. The success of this HSS project depends on the PMU success; UNDP understand this crucial role on developing local capacity and supporting the efforts of the new PMU. A Program Coordinator will be recruited to provide strategic project advice for the project, with the support of a procurement assistant. Both will be embedded in the PMU, working closely with the new PMU team, helping to build the PMU management systems and building local capacities and overviewing programmatic implementation.

International and local consultants will be involved to oversee the construction and rehabilitation work and the technical assistance needed. UNDP will provide operational and management support in project implementation through its program and operations units. To further guarantee efficiency and effectiveness, the following principles are framing the project implementation: implemented:

Strong collaboration with Government Institutions: The Project is implemented by UNDP (according to DIM), and in close collaboration with the PMU MoH. UNDP will inform continuously to the MoH of the project progress, promoting efficiency and flexibility in the implementation.

Technical expertise: Specialized personnel will be dedicated to this Project, to allow for continuous technical follow-up towards efficient Management. Advisory services will also be provided by UNDP HQ support units.

Joint Field Visits: UNDP staff, PMU and other Government counterparts from MoH will undertake joint field visits to review Project implementation and identify and resolve implementation problems when they occur through created platforms in place for that end (technical working group).

Monitoring: From previous experiences, UNDP will continue to implement through different levels of monitoring systems to accompany the implementation of activities and outputs so as to address the bottlenecks that arise.

# 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)** |
| **Debrief to MoH Senior Management** | Periodic update through a direct platform of reporting from UNDP to MoH Senior management, towards improvement of clear communication of Project progress. | Monthly | One (1) hour zoom meeting where UNDP presents to MoH Senior Management the progress of the month highlighting challenges and opportunities; as well as updating on at certification. | MoH and PR; CNE and CCM chair | N/A |
| **Financial Reports** | Periodic update to Principal Recipient (PR) the MoH. | Quarterly | Project delivery is presented to the PR to enable sharing the information for periodic reporting towards transparency and support of MoH donor coordination. | N/A | N/A |
| **Track results progress** | Progress data against the results indicators in the RRF will be collected and analysed to assess the progress of the Project in achieving the agreed outputs. | In the frequency required to be aligned with MoH needs. | Slower than expected progress will be addressed by Project management. | Project Board members. | N/A |
| **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. | Project Board members. | N/A |
| **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. | At least annually | Relevant lessons are captured by the Project team and used to inform management decisions. | Project Board members. | N/A |
| **Bi-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. | Bi-Annually | Areas of strength and weakness will be reviewed by Project management and used to inform decisions to improve Project performance. | Project Board members. | N/A |
| **Review and Make Course Corrections** | Internal review of data and evidence from all monitoring actions to inform decision making. | Annually | Performance data, risks, lessons and quality will be discussed by the Project board and used to make course corrections. | Project Board members. | N/A |
| **Project Report** | A progress report will be presented to the Project Board and key stakeholders, 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. | Annually, and at the end of the Project (final report) | Final presentation of Project implementation cycle. | MoH PR | N/A |

**Evaluation Plan**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Evaluation Title** | **Partners (if joint)** | **Related Strategic Plan Output** | **UNDAF/CPD Outcome** | **Planned Completion Date** | **Key Evaluation Stakeholders** | **Cost and Source of Funding** |
| Final Evaluation | N/A | Capacities at national and sub-national levels strengthened to promote inclusive local economic development and deliver basic services including HIV and related services | -**UNDAF:** Strategic Result I: Strenghtening the social cohesion with access to basic social services of quality to reduce inequality and disparity between citizens and communities  -**CPD**: Related Strategic Plan Outcome 3: Countries have strengthened institutions to progressively deliver universal access to basic services. | 2021 | Ministry of Health | pending |

| **Intended Outcomes as stated in the UNDAF:**  I: *Strengthening the social cohesion with access to basic social services of quality to reduce inequality and disparity between citizens and communities* | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome indicators as stated in the UNDP Country Programme Document, including baseline and targets:** Related Strategic Plan Outcome 3: Countries have strengthened institutions to progressively deliver universal access to basic services. | | | | | | | | | | | |
| **Project title and Atlas Project Number:** Support to Minister of Health implementing Global Fund grant; ATLAS Project Number: 00132900 Output: 00125203 | | | | | | | | | | | |
| **EXPECTED OUTPUTS** | **OUTPUT INDICATORS** | **DATA SOURCE** | **BASELINE** | | TARGETS (by frequency of data collection) | | | | | | DATA COLLECTION METHODS & RISKS |
| **Value** | **Year** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | FINAL |
| **Output 1:** **Strengthening MoH infrastructure** | 1.1. National warehouse built | MoH |  |  | 4 |  |  |  |  |  | Project Reports |
| 1.2 Number of Medical facilities rehabilitated and Licensed. | MoH |  |  | 4 |  |  |  |  |  | Project Reports |
| **Output 2: Strengthening logistics for the new PMU.** | 2.1. Number of Transportation and systems reinforced at PMU | MoH |  |  | 1 |  |  |  |  |  | Project Reports |
| 2.2. Number of PMU offices built at the CNE | MoH |  |  | 2 |  |  |  |  |  |  |
| **Output 3:** **Technical assistance for the MoH PSM and HIS** | 3.1. Technical Assistances provided to strengthening the country health system and project implementation | MoH |  |  | 8 | 3 | 1 |  |  |  | Project Reports |
| 3.2 DHIS II Software installed and maintained | MoH |  |  | 1 | 1 | 1 |  |  |  | Project Reports |

# Multi-Year Work Plan

*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.*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EXPECTED OUTPUTS** | **PLANNED ACTIVITIES** | **Planned Budget by Year (EUR)** | | | | **RESPONSIBLE PARTY** | **PLANNED BUDGET** | | |
| Y1 | Y2 | Y3 |  | Funding Source | Budget Description | Amount  (EUR) |
| **Output 1:**  Reinforced MoH infrastructure  *Gender marker: GEN2* | 1.1. National warehouse built | 399,837 |  |  |  | UNDP | GFATM | Infrastructure | 399,837 |
| 1.2 Number of Medical facilities rehabilitated and Licensed. | 192,344 |  |  |  | UNDP | GFATM | Infrastructure | 192,344 |
| **Sub-Total for Output 1:** | | | | | | | | **466,996** |
| **Output 2:** **Strengthened new PMU.**  *Gender marker: GEN2* | 2.1. Number of Transportation and systems reinforced at PMU | 92,811 |  |  |  | UNDP | GFATM | Equipment | 92,811 |
| 2.2. Number of PMU offices built at the CNE | 103,558 |  |  |  | UNDP | GFATM | Infrastructure | 103,558 |
| **Sub-Total for Output 2:** | | | | | | | | **196,369** |
| **Output 3:** **Technical assistance for MoH and PMU**  *Gender marker: GEN2* | 3.1. Technical Assistances provided to strengthening of the country health system and project implementation | 480,563 | 342,304 | 19,710 |  | UNDP | GFATM | Technical Assistance | 842,578 |
| 3.2 DHIS II Software installed and maintained | 59,769 | 14,839 | 14,839 |  | UNDP | GFATM | Professional Services | 89,447 |
| **Sub-Total for Output 3:** | | | | | | | | **932,025** |
| **Joint Project Costs,** |  | 1,199,406 | 357,144 | 34,549 |  |  |  |  | 1,591,099 |
| **General Management Support: 7%** |  | 83,598 | 25,000 | 2,418 |  | UNDP | GFATM |  | 111,377 |
| **TOTAL** |  |  |  |  |  |  |  |  | **1,702,476** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Qty** | **2021** | **2022** | **2023** | **Total** |
| **Strengthening MoH infrastructure** |  | **466,997** | - | - | **466,997** |
| Construction of a warehouse to store medical and non-medical products | **1** | 373,918 | - | - | 373,918 |
| Rehabilitation and equipment of the warehouses at health center is Lobata, Lemba and Cantagalo | **3** | 25,918 | - | - | 25,918 |
| Rehabilitation of the room for meetings or work meetings with MSM. | **1** | 4,292 | - | - | 4,292 |
| Rehabilitation of the infirmary for TB-MDR | **1** | 8,397 | - | - | 8,397 |
| Refurbishment and service of a BSL 3 at the national laboratory | **1** | 50,818 | - | - | 50,818 |
| Expand and furbish HIV laboratory | **1** | 1,697 | - | - | 1,697 |
| Rehabilitation of security cabin in CNE | **1** | 1,956 | - | - | 1,956 |
| **Strengthening the new PMU** |  | **192,077** | **-** | **-** | **192,077** |
| Rehabilitation of PMU offices, including 5 new offices, conference room and one meeting room | 1 | 99,266 | - | - | 99,266 |
| Procurement of ITC equipment to PMU – ATEA | **1** | 75,157 | - | - | 75,157 |
| Procurement of Yamaha Motorcycle, Model DT125 | **13** | 17,654 | - | - | 17,654 |
| **Provision of technical assistance for the MoH** |  | **540,332** | **357,144** | **34,549** | **932,025** |
| Contract to install in Y1 and support maintenance of mSupply software (Y2 & Y3) | **1** | 59,769 | 14,839 | 14,839 | 89,447 |
| TA to reinforce the services packages for key populations (A1, A2 et A3 ; 2 weeks) | **1** | 19,710 | 19,710 | 19,710 | 59,130 |
| IBBS (included study to assess the degree of discrimination and stigma of the police, armed forces and public administration including the lack of confidentiality of health professionals in relation to key populations to inform the development of protection policies) Y1 to study and learn about the phenomenon UDI (injecting drug officers) and transgender groups | **1** | 23,623 | - | - | 23,623 |
| International technical assistance to support PR in program management, RSS and procurement Y1 and Y2 | **1** | 251,003 | 251,003 | - | 502,006 |
| TA for the design of the sustainability package (2 weeks) | **1** | 9,628 | - | - | 9,628 |
| Long term/resident international technical assistance to support the strengthening of the national HMIS and operationalization of DHIS II | **1** | 71,591 | 71,591 | - | 143,182 |
| TA to support efforts oriented to reach the third 90 % (viral suppression- 2 months and 1 week) | **1** | 32,840 | - | - | 32,840 |
| Conduct an HRH review across the three diseases including, but not limited to, skills audit and workflow analysis in order to design an integrated needs-based approach that optimizes skills and TA across the three diseases, as well as strengthening the role and building capacity of the community health workers in supporting integrated program management implementation of the three diseases in areas such as active case detection, contact investigation, tracing lost to follow up and defaulting patients for both TB and HIV, and health and prevention and education (2 months and 1 week) | **1** | 25,439 | - | - | 25,439 |
| PSM strengthening PMU and national systems | **1** | 46,729 | - | - | 46,729 |
| **Sub total project activities** |  | **1,199,406** | **357,144** | **34,549** | **1,591,099** |
| **GMS 7%** |  | **83,958** | **25,000** | **2,418** | **111,377** |
| **TOTAL PROJECT.** |  | **1,283,365** | **382,144** | **36,968** | **1,702,476** |

*Summary of approved joint budget by MoH-UNDP-GFATM, 2021-2022.*

# Governance and Management Arrangements

UNDP will execute the Project in line with the UNDP’s Direct Implementation Modality (DIM) procedures and guidelines. UNDP supports the MoH as part of a Financing Agreement, and is responsible for programme management, financial accountability, procurement of goods & services and Monitoring and Evaluation.

UNDP has strong systems which ensure requisite resources are available for identifying and assessing contractors and for overseeing the contractors once engaged. Additionally, UNDP carefully addresses and manages potential risks involved in working with responsible partners (contractors). This includes critical aspects such as project implementation and oversight arrangements, importation and tax exemption agreements, fund transfer and banking arrangements, privileges and immunities, protocols for audit and investigations.

UNDP will leverage this significant experience in understanding the complexities and challenges of managing civil works interventions, utilizing its financial, M&E, procurement and management systems, rules, regulations, policies and processes to ensure successful implementation of the program and achievement of the project objectives.

UNDP has a strong track record of implementing civil works and supply chain activities (with strong risk management and sustainability components) and importantly has a well-established presence in Sao Tome and Principe

**Project Organizational Structure / Governance mechanism.**

# Legal Context

This Project will be implemented by UNDP (“Implementing Partner”) in accordance with its financial regulations, rules, practices and procedures only to the extent that they do not contravene the principles of the Financial Regulations and Rules of UNDP. Where the financial governance of an Implementing Partner does not provide the required guidance to ensure best value for money, fairness, integrity, transparency, and effective international competition, the financial governance of UNDP shall apply.

# Risk Management

**UNDP (DIM)**

1. UNDP as the Implementing Partner will comply with the policies, procedures and practices of the United Nations Security Management System (UNSMS.)
2. UNDP as the Implementing Partner will undertake all reasonable efforts to ensure that none of the [Project funds][[1]](#footnote-1) [UNDP funds received pursuant to the Project Document][[2]](#footnote-2) 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 <http://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. 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. UNDP as the Implementing Partner will: (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. In the implementation of the activities under this Project Document, UNDP as the Implementing Partner will handle any sexual exploitation and abuse (“SEA”) and sexual harassment (“SH”) allegations in accordance with its regulations, rules, policies and procedures.
6. 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.
7. UNDP as the Implementing Partner will ensure that the following obligations are binding on each responsible party, subcontractor and sub-recipient:
   1. Consistent with the Article III of the SBAA *[or the Supplemental Provisions to the Project Document]*, the responsibility for the safety and security of each responsible party, subcontractor and sub-recipient and its personnel and property, and of UNDP’s property in such responsible party’s, subcontractor’s and sub-recipient’s custody, rests with such responsible party, subcontractor and sub-recipient. To this end, each responsible party, subcontractor and sub-recipient shall:
      1. put in place an appropriate security plan and maintain the security plan, taking into account the security situation in the country where the Project is being carried;
      2. assume all risks and liabilities related to such responsible party’s, subcontractor’s and sub-recipient’s security, and the full implementation of the security plan.
   2. UNDP reserves the right to verify whether such a plan is in place, and to suggest modifications to the plan when necessary. Failure to maintain and implement an appropriate security plan as required hereunder shall be deemed a breach of the responsible party’s, subcontractor’s and sub-recipient’s obligations under this Project Document.
   3. In the performance of the activities under this Project, UNDP as the Implementing Partner shall ensure, with respect to the activities of any of its responsible parties, sub-recipients and other entities engaged under the Project, either as contractors or subcontractors, their personnel and any individuals performing services for them, that those entities have in place adequate and proper procedures, processes and policies to prevent and/or address SEA and SH.
   4. Each responsible party, subcontractor and sub-recipient will take appropriate steps to prevent misuse of funds, fraud or corruption, by its officials, consultants, subcontractors and sub-recipients in implementing the Project or programme or using the UNDP funds. It will ensure that its financial management, anti-corruption and anti-fraud policies are in place and enforced for all funding received from or through UNDP.
   5. The requirements of the following documents, then in force at the time of signature of the Project Document, apply to each responsible party, subcontractor and sub-recipient: (a)UNDP Policy on Fraud and other Corrupt Practices and (b)UNDP Office of Audit and Investigations Investigation Guidelines. Each responsible party, subcontractor and sub-recipient agrees to the requirements of the above documents, which are an integral part of this Project Document and are available online at www.undp.org.
   6. In the event that an investigation is required, UNDP will conduct investigations relating to any aspect of UNDP programmes and Projects. Each responsible party, subcontractor and sub-recipient will provide its full cooperation, including making available personnel, relevant documentation, and granting access to its (and its consultants’, subcontractors’ and sub-recipients’) premises, for such purposes at reasonable times and on reasonable conditions as may be required for the purpose of an investigation. Should there be a limitation in meeting this obligation, UNDP shall consult with it to find a solution.
   7. Each responsible party, subcontractor and sub-recipient will promptly inform UNDP as the Implementing Partner in case of any incidence of inappropriate use of funds, or credible allegation of fraud or corruption with due confidentiality.

Where it becomes aware that a UNDP Project or activity, in whole or in part, is the focus of investigation for alleged fraud/corruption, each responsible party, subcontractor and sub-recipient will inform the UNDP Resident Representative/Head of Office, who will promptly inform UNDP’s Office of Audit and Investigations (OAI). It will provide regular updates to the head of UNDP in the country and OAI of the status of, and actions relating to, such investigation.

* 1. UNDP will be entitled to a refund from the responsible party, subcontractor or sub-recipient of any funds provided that have been used inappropriately, including through fraud or corruption, or otherwise paid other than in accordance with the terms and conditions of the Project Document. Such amount may be deducted by UNDP from any payment due to the responsible party, subcontractor or sub-recipient under this or any other agreement.

Where such funds have not been refunded to UNDP, the responsible party, subcontractor or sub-recipient agrees that donors to UNDP (including the Government) whose funding is the source, in whole or in part, of the funds for the activities under this Project Document, may seek recourse to such responsible party, subcontractor or sub-recipient for the recovery of any funds determined by UNDP to have been used inappropriately, including through fraud or corruption, or otherwise paid other than in accordance with the terms and conditions of the Project Document.

*Note:* The term “Project Document” as used in this clause shall be deemed to include any relevant subsidiary agreement further to the Project Document, including those with responsible parties, subcontractors and sub-recipients.

* 1. Each contract issued by the responsible party, subcontractor or sub-recipient in connection with this Project Document shall include a provision representing that no fees, gratuities, rebates, gifts, commissions or other payments, other than those shown in the proposal, have been given, received, or promised in connection with the selection process or in contract execution, and that the recipient of funds from it shall cooperate with any and all investigations and post-payment audits.
  2. Should UNDP refer to the relevant national authorities for appropriate legal action any alleged wrongdoing relating to the Project or programme, the Government will ensure that the relevant national authorities shall actively investigate the same and take appropriate legal action against all individuals found to have participated in the wrongdoing, recover and return any recovered funds to UNDP.
  3. Each responsible party, subcontractor and sub-recipient shall ensure that all of its obligations set forth under this section entitled “Risk Management” are passed on to its subcontractors and sub-recipients and that all the clauses under this section entitled “Risk Management Standard Clauses” are adequately reflected, *mutatis mutandis*, in all its sub-contracts or sub-agreements entered into further to this Project Document.

# ANNEXES

1. **Financing Agreement**
2. **Risk Analysis**

1. To be used where UNDP is the Implementing Partner [↑](#footnote-ref-1)
2. To be used where the UN, a UN fund/programme or a specialized agency is the Implementing Partner [↑](#footnote-ref-2)