

Our Ref.: WCA/CD/VR/RS/11/163

12 December 2011

Mr Antonio Viegas
UNDP Assistant Resident Representative/Programme
United Nations Development Programme
BP 109 Sao Tome
Sao Tome and Principe

**Subject: Program Grant Agreement Number: STP-809-G04-T
Principal Recipient: United Nations Development Programme
Implementation Letter 2¹
3-month Extension to Phase 1**

Unofficial Summary:

This letter extends Phase 1 by three months while the Global Fund reviews the "Phase 2 Request." The updated Performance Framework and Summary Budget for Years 1&2, which contain targets and budget for this extension period, are also enclosed.

Dear Mr Antonio Viegas

We are writing this letter to provide you with a three-month extension to the Round 8 tuberculosis Grant Agreement. The Program Ending Date is changing from 30 November 2011 to 29 February 2012.

The purpose of this extension is to ensure that Program activities continue while the Phase 2 decision is being made. You may continue to use unspent Phase 1 funds during the extension term in accordance with the approved budget enclosed to this letter, but no additional funding is being committed at this time.

This extension does not mean that Phase 2 of the Program has been approved. If the Global Fund approves the Phase 2 Request and decides to commit funding for Phase 2 of the Program, Phase 2 will be deemed to have begun on 30 November 2011 and the Proposal Completion Date will remain unchanged.

The updated Performance Framework and Summary Budget for Years 1&2, which contain targets and a budget for this extension period, are also enclosed.

We are modifying the Grant Agreement to reflect the changes described above by:

(1) Updating the following blocks on the face sheet:

Block 3A: Modification Number: 2 (Implementation Letter 2, dated 12 December 2011);
Block 5: Program Ending Date: 29 February 2012

¹ This Grant Agreement was changed before by letters dated 27 May 2011.

Block 12: Principal Recipient Additional Representative:
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Block 13: Global Fund Additional Representative:
 Name: Mark Eldon-Edington
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- (2) Replacing "Attachment 1&2 to Annex A / Performance Framework Year 1&2: Indicators, Targets and Periods covered" with a revised document called "Attachment 1&2a to Annex A / Performance Framework Year 1&2a: Indicators, Targets and Periods covered."
- (3) Replacing the summary budget in Section C of the Attachment 1&2/ Summary Budget 1&2 of the Grant Agreement with summary budget contained in "Attachment 1&2a to Annex A / Summary Budget Year 1&2a."

The new face sheet of the Grant Agreement is also enclosed.

All other terms and conditions of the Grant Agreement remain the same.

The above changes take effect after you sign this letter. Please confirm your agreement to these amendments by signing the enclosed copies of this letter and returning one copy to us.

Thank you for your important efforts in the global fight against tuberculosis. We look forward to the successful implementation of the Program.

Yours sincerely ,

Mark Eldon-Edington
 Director
 Country Programs Cluster

Agreed and signed:

For: **UNITED NATIONS DEVELOPMENT PROGRAMME**

By: _____
 Authorized Representative: Mr Antonio Viegas, UNDP Assistant Resident Representative/Programme

Date: 16/12/11

encl.: New face sheet of the Grant Agreement
Performance Framework Year 1&2a
Summary Budget 1&2a

cc: H.E. Mrs Angela dos Santos Ramos José da
Costa Pinheiro, CCM Chair
Charlotte Kristiansson, Local Fund Agent Swiss Tropical
Institute

SUMMARY BUDGET Year 1 and 2a

(Formerly Attachment A)

Program Details

Country	The Democratic Republic of Sao Tome and Principe
Project No.	51P-000-704-1
PN	Livestock Development Programme (LNDP)
Currency	USD
Invest Cycle phase	Phase 1

Tuberculosis

Period Covered: from	Year 1		Year 2		Year 3		Year 4		Year 5	
	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10
1-Oct-09	1-Apr-10	1-Jul-10	1-Oct-10	1-Oct-10	1-Jul-11	1-Apr-11	1-Jul-11	1-Oct-11	1-Oct-11	1-Oct-11
Period Covered: to	31-Mar-10	30-Jun-10	30-Sep-10	31-Dec-10	31-Mar-11	30-Jun-11	30-Sep-11	30-Nov-11	29-Feb-12	

A. SUMMARY BUDGET BREAKDOWN BY EXPENDITURE CATEGORY

#	Category	Year 1				Total Year 1	Year 2				Total Year 2	TOTAL Phase 1	%	
		P1	P2	P3	P4		P5	P6	P7	P8				
1	Human Resources	12,400	18,300	18,300	18,300	68,300	18,300	18,300	18,300	18,300	73,200	12,660	141,500	14%
2	Technical Assistance	27,600	2,100	2,100	67,140	89,320	10,750	5,740	5,740	69,780	88,520	177,840	177,840	100%
3	Training	24,800	8,020	35,268	17,610	85,900	17,944	10,776	64,515	3,251	96,584	7,331	150,485	18%
4	Health Products and Health Equipment	38,915	521	540	254	40,230	34,006	7,853	2,592	501	46,352	3,066	80,793	8%
5	Medicines and Pharmaceutical Products	44	0	0	10,000	10,044	12,544	0	0	0	12,544	0	22,588	2%
6	Procurement and Supply Management Costs	9,900	15,687	1,897	1,697	29,271	14,370	6,560	1,697	1,697	25,334	4,844	54,435	6%
7	Infrastructure and Other Equipment	89,475	0	0	0	89,475	0	0	0	0	0	0	89,475	9%
8	Communication Materials	15,800	22,750	1,000	5,000	43,750	35,352	8,000	5,000	7,000	55,352	15,190	99,152	10%
9	Monitoring and Evaluation	14,904	29,190	7,593	4,250	56,466	9,411	6,170	5,987	2,978	24,206	18,814	74,873	7%
10	Living Support to Clients/Target Population	107	107	107	197	799	345	345	345	345	1,342	334	2,374	0%
11	Printing and Administration	3,377	0	64	0	3,441	7,582	0	0	0	7,582	2,619	8,624	1%
12	Overheads	13,110	10,110	10,110	10,110	43,430	12,492	8,490	8,490	8,490	37,962	17,890	81,407	8%
13	Other	0	0	0	0	0	0	0	0	0	0	0	0	0%
TOTAL		253,121	161,491	77,368	124,993	556,963	174,721	67,817,206	112,311	163,447	456,897	79,335	1,015,088	100%

B. SUMMARY BUDGET BREAKDOWN BY PROGRAM ACTIVITY

#	Main category	Objective	Service Delivery Area	Year 1				Total Year 1	Year 2				Total Year 2	TOTAL Phase 1	%	
				P1	P2	P3	P4		P5	P6	P7	P8				
1	TB Detection	Further high quality DOT expansion and maintenance	Improving diagnosis	14,501	850	850	3,091	20,244	17,050	350	850	850	19,821	4,463	39,869	4%
2	TB Supportive Environment	Further high quality DOT expansion and maintenance	Procurement and supply management	2,411	15,367	1,385	16,407	35,559	12,941	8,560	6,367	6,419	34,287	7,417	131,270	13%
3	TB Supportive Environment	Further high quality DOT expansion and maintenance	N/A	8,000	22,195	6,391	3,280	40,866	6,029	5,129	4,697	1,978	17,824	2,894	58,390	6%
4	TB Supportive Environment	Further high quality DOT expansion and maintenance	Supportive environment (Program management and administration)	123,160	13,110	13,110	13,110	162,510	33,087	15,131	15,134	15,134	78,489	16,554	241,004	24%
5	TB Health Systems Strengthening (HSS)	Further high quality DOT expansion and maintenance	HSS (beyond TB)	56,960	18,079	34,318	13,459	122,759	35,547	29,825	11,565	13,401	79,489	61,326	264,097	26%
6	TB/HIV Collaborative Activities	To address TB/HIV interrelationship for MDR-TB and other strategies	TB/HIV	0	0	3,587	4,130	8,111	0	0	0	0	0	40	8,151	1%
7	TB Treatment	To address TB/HIV interrelationship for MDR-TB and other strategies	MDR-TB	29,157	107	107	60,197	70,796	22,642	345	345	50,245	73,679	335	144,468	14%
8	HSS Supportive Environment	To contribute to strengthening health system by focused network to Lung Health (HSS) (phase 2)	PAL (Practical Approach to Lung Health)	0	0	0	0	0	0	0	0	0	0	0	0	0%
9	TB Supportive Environment	To ensure people with TB access services	ACSM (Agency communication and social mobilization)	22,310	31,720	9,374	13,350	76,754	43,797	16,350	13,350	16,350	88,447	33,274	165,592	16%
10	TB Health Systems Strengthening (HSS)	To strengthen primary TB and health system	Community TB care	5,377	0	7,161	7,161	19,700	7,582	0	0	0	7,582	16,899	22,282	2%
TOTAL				253,121	161,491	77,368	124,993	556,963	174,721	67,817,206	112,311	163,447	456,897	79,335	1,015,088	100%

To add additional rows, right click the row number (line #) in a blank column to the left of the row above the row for TOTAL and select copy, then enter the same number right click again and select paste. Column Copy is allowed. Inserting rows without copying a row as described above will cause the formula in the column to become invalid and will result in the overall information not being accurate.

C. SUMMARY BUDGET BREAKDOWN BY IMPLEMENTING ENTITY

#	PN/IR	Name	Type of Implementing Entity	Year 1				Total Year 1	Year 2				Total Year 2	TOTAL Phase 1	%	
				P1	P2	P3	P4		P5	P6	P7	P8				
1	IR	LNDP	UNDP	178,860	38,150	18,400	21,690	256,920	67,630	27,135	19,942	20,842	155,450	11,267	49,382	40%
2	SR	Programa Nacional de Luta contra a Tuberculose	Ministry of Health (MHS)	77,267	33,210	16,297	14,886	91,659	29,211	22,814	85,660	16,838	152,924	28,472	244,560	24%
3	SR	Centro Nacional de Educaçaõ para a Saude	Ministry of Health (MHS)	3,000	19,750	1,000	2,000	25,750	15,562	3,000	2,000	3,000	27,562	5,000	53,312	5%
4	SR	Fundo Nacional de Medicamentos	Ministry of Health (MHS)	1,306	1,306	1,306	1,306	5,323	1,300	1,300	1,300	1,300	5,220	845	46,445	5%
5	SR	Instituto Social Vitor SA Martins	Ministry of Health (MHS)	42,103	6,614	35,904	15,680	100,299	29,404	0,260	0	3,251	36,614	7,031	146,815	14%
6	SR	Organizaçãõ Municipal de Saude	Other Municipal Organization	0	451	451	66,602	68,553	16,493	4,102	4,102	50,110	83,919	0	136,474	15%
7	SR	Programa Nacional de Luta contra a Saude	Ministry of Health (MHS)	0	6	3,941	4,130	8,071	0	0	0	0	0	0	8,071	1%
8	SR	Zetecem AM	NGO/Non-Governmental	0	0	0	0	0	0	0	0	0	0	23,130	2%	
TOTAL				253,121	161,491	77,368	124,993	556,963	174,721	67,817,206	112,311	163,447	456,897	79,335	1,015,088	100%

To add additional rows, right click the row number (line #) in a blank column to the left of the row above the row for TOTAL and select copy, then enter the same number right click again and select paste. Column Copy is allowed. Inserting rows without copying a row as described above will cause the formula in the column to become invalid and will result in the overall information not being accurate.

** The sum of all rows (including UNDP) should be equal to: Budget Line item in Program Activity, or Implementing Entity.

** For the purpose of this report, the "NDA" Program management and administration should be included in the Supportive Environment Main Category.

Performance Framework Year 1&2a: Indicators, Targets, and Periods Covered
(formerly Attachment A)

TB

Country:	The Democratic Republic of Sao Tome and Principe
Disease:	Tuberculosis
Grant number:	51P-001-004-T
Principal Recipient:	United Nations Development Programme (UNDP)

A. Periods covered and dates for disbursement requests and progress reports

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9
Period Covered: from	1-Dec-09	1-Apr-10	1-Jul-10	1-Oct-10	1-Jan-11	1-Apr-11	1-Jul-11	1-Oct-11	1-Dec-11
Period Covered: to	31-Mar-10	30-Jun-10	30-Sep-10	31-Dec-10	31-Mar-11	30-Jun-11	30-Sep-11	30-Nov-11	29-Feb-12
Date Progress Update due (typically 45 days after end of period)	15-May-10	14-Aug-10	14-Nov-10	14-Feb-11	15-May-11	14-Aug-11	14-Nov-11	14-Jan-12	14-Apr-12
Disbursement Request ? (Y/N)	N	Y	N	Y	N	Y	N	-	-

Certified Annual Statement Due Dates:	30-Jun-11	30-Jun-12
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B. Program Goal, Impact and Outcome Indicators

Goals:	To reduce tuberculosis morbidity and mortality in Sao Tome & Principe
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Impact / outcome indicator	Indicator	Baseline			Targets					Comments*	
		Value	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5		
Impact	TB prevalence rate	240/100 000	2007	WHO report						177/100000	
Outcome	Case detection rate: New smear positive TB patients reported to the national health authority among the new smear positive TB patients estimated to occur countrywide each year	81% (5871)	2007	WHO Global report/Institute of Management combined with NTBP report (numerator)	82%	84%	84%	84%	85%		
Outcome	Treatment success rate: New smear-positive TB patients successfully treated (cured plus completed treatment) among the new smear positive TB patients registered during each year	89.7% (5258)	2008	NTBP report	82%	85%	87%	86%	90%		This indicator will be reported in July of the following year, after the end of cohort from the previous year.

* should indicate in source de provenance pour l'indicateur si elle diffère de la source des données de base

C. Program Objectives, Service Delivery Areas and Indicators

Objective Number	Objective description
1	Pursue high-quality DOTs expansion and enhancement
2	To address TB/HIV, multidrug-resistant TB (MDR-TB) and other challenges
3	To contribute to strengthening health systems by Practical Approach to Lung Health (PALH)
4	To empower people with TB and Communities

Objective / Indicator Number	Service Delivery Area	Indicator	Baseline (if applicable)			Targets		Periodical targets for year 1 & 2									Driven by (e.g. Y/N)	Baseline included in targets (Y/N)	Targets cumulative (Y-over program term / Y-cumulative annually / N-not cumulative)	Comments
			Value	Year	Source	Year1	Year2	P1	P2	P3	P4	P5	P6	P7	P8	P9				
1	Improving diagnosis	Number of laboratories (districts & national hospital) that perform sputum smear microscopy by BAM	1	2008	Supervision report	5	8	1	1	1	5	5	8	8	8	8	National Program	Yes	N-not cumulative	
2	Improving diagnosis	Number of laboratories (districts and national hospital) performing regular external quality assurance for smear microscopy (culture and drug susceptibility testing) (fuller contract)	0	2008	Quality assurance report	5	8	1	1	1	5	5	5	8	8	8	OP	Yes	N-not cumulative	
4	Improving diagnosis	Number of lab technicians and microscopists trained to perform sputum smear microscopy by BAM	0	2008	Training report	8	16	0	0	0	8	16	16	16	18	36	OP	Yes	Y-over program term	Five people will be newly trained in Q2 and four counted in the targets. 9 others will receive refresher sessions with the aim to replace Quality control activities
1	Improving diagnosis	Number of new smear positive TB patients reported to the national health authority among the new smear positive TB patients estimated to occur countrywide each year	18	2007	WHO report/Institute of Management combined with NTBP report	60	63	15	30	45	60	15	31	47	63	16	National Program	No	Y-cumulative annually	

5	Standardized treatment patient support and patient charter	Number of nurses trained on DOT strategy & TB/HIV co-infection (from health districts, regional hospital & private services)	4	2008	Training report	117	282	0	60	117	117	237	282	262	282	252	01	No	Y-over program term	
6	Standardized treatment patient support and patient charter	Number of medical doctors trained on DOT strategy & TB/HIV co-infection (from health districts, regional hospital & private services)	0	2008	Training report	63	63	0	0	63	63	63	63	63	63	63	01	No	Y-over program term	
7	Standardized treatment patient support and patient charter	Number of health facilities implementing DOTs	0	2008	NTBP report	5	31	1	1	1	5	12	17	22	31	31	National Program	Yes	Next cumulative	
8	TB/HIV	Percentage of TB patients who had an HIV test result recorded in the TB register among the total number of registered TB patients	100%	2008	Patient record & NTBP report	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	National Program	No	Next cumulative	
9	TB/HIV	Percentage of HIV-positive TB patient who start an or cotrimoxazole prophylaxis initiated antiretroviral therapy during or at the end of TB treatment among all HIV-positive TB patients registered over a given time period	NA	2008	Patient record & NTBP report	80%	90%				80%			-	90%	90%	National Program	No	Next cumulative	
10	MDR-TB	Percentage of laboratory-confirmed MDR-TB patients enrolled in second line anti-TB treatment	NA	NA	NTBP report	0%	100%	%	%	%	%	100%	100%	100%	100%	100%	National Program	No	Next cumulative	
11	ACSM (Advocacy communication and social mobilization)	Number of BCC sessions organized (in community schools, churches, prisons & military barracks)	0	2008	NTBP or private institution contracted to perform these activities	24	63	1	2	9	24	32	40	47	63	83	01	No	Y-over program term	
12	ACSM (Advocacy communication and social mobilization)	Percentage of population with correct knowledge about TB (mode of transmission, symptoms, treatment and curability)	NA	2008	Survey report		20.0%					20%					National Program	No	Next cumulative	
13	Supervision	Number of staff involved in TB case management in facilities newly implementing DOTs including a final supervisor	4	2008	NTBP supervision report	20	55	4	4	4	20	22	35	43	55	0	01	No	Y-over program term	No first supervisors of staff in facilities newly implementing DOTs will take place during Q9. This indicator to be reviewed in Phase 2 PF