



GFATM: Grant Number: STP – 405-G01-M

Principal Recipient: UNDP

Project Global Fund: “*Malaria Control in São Tomé e Príncipe*”

Annual Review

(April 2005 to March 2006)

Sao Tome, August 2006

Table of Contents

REPORT

Part A

Annual Progress Report of activities

Part B

Financial Report

Acronyms and abbreviations

ADRA – Adventist Agency for Development Assistance Resource
TA- Technical Assistance
PR –Principal Recipient
KAP – Knowledge Attitude and Practice
CCM– Multi- sectorial Coordination Board (Country Coordination Mechanism)
CNE – National Endemy Center.
CNES – National Center for Health Education
CHW(Community Health Work)
GF – Global Fund
FNM – National Fund for Drugs
UNFPA – United Nations Population Fund
FONG – Federation of NGO’s
GFATM – Global Fund to Fight AIDS, Tuberculosis and Malaria
IAPSO – Inter-Agency Procurement Service Offices
IEC – Information, Education and Communication
LFA. – Local Fund Agent (domestic GFATM Local Agent)
LLBNET – Impregnated Long lasting Bed nets
WHO– World Health Organization
NGO – Non-Government Organization
PASS - Project for the Support of the Social Sector
UNDP – United Nations Development Program
PSR – Reproductive Health Program
SR - Sub-Recipient
NHS – National Health Service (SNS)
TOR –Terms of Reference
GFPUS - Global Fund Project Unit Support
UNICEF – United Nations Children Fund
ADIL – Support to Development of Local Initiatives

Part A

Annual Progress Report of activities

Report of Activities

Principal Recipient: UNDP

Period: April 2005 to March 2006 (first fiscal year)

1. INTRODUCTION

The Global Fund benefited Sao Tome and Principe by subsidizing the Program of Malaria Control in Sao Tome and Principe” during its fourth round. UNDP while Principal Recipient has signed along side to CCM, with Global Fund in last February 17 the Agreement for the Execution of the Program for the coming two years. However, the direct executors of the Project are the Sub-Recipient, including government institutions and non-government (NGO), namely, CNE, CNES, FNM, PSR, ADRA and Zatona ADIL.

In effect, this report intends to analyze essential aspects of execution of Plan of Action concerning the first fiscal year of the Project, having as the main actors the SR, the PR and the CCM and the health institutions.

2-MAIN ACTIVITIES IMPLEMENTED

Description	Target	Result	Observation
Training of health workers	439 (411+28)	449	Including lab technicians and training in use of rapid diagnostic kits
Supervision (central and districtal)	16	16	
Acquisition of drugs and consumables	Various	Done	Less than expected because unexpected reduction of cases
Acquisition rapid diagnostic kits	24417	48000	Use of saved funds from less drugs procured
Training trainers; CHW;& community leaders	404	399	Some selected participants did not participate in their session
CHW survey/supervision	1	1	
Acquisition of bed nets & impregnation kits	15000 bed nets 11000 kits	29000LLBnets 11000kits	Long lasting bed net procured in time but delayed in arrival
Training of health personnel in how to use kit for bed net impregnation	42	74	
Production of communication materials	Various	Done	
Sensitization of community	264 sessions	236 sessions	Some very close community had sessions conjointly
Sensitization of school children	27000 children	25272 children	Some school had less children them expected
Acquisition of equipped ambulance	2	2	
Acquisition of medical & non medical equipments	Various	Done	
Training on management of health system for health managers	20	40	

The overall performance of the Program is fine. Much more than 90% of the planned activities have been implemented. The fact of some activities partially implemented was mainly due to external factors. For instance, the long lasting bed nets which the procurement was done in time, as planned, did not arrived in the Country in the expected quarter due to insufficient stock in the world market and transportation agency own delay.

The SRs were active, in general. The procurement and financial management were satisfactory.

The indicators stated in the attachment 1 were attained, except the indicator for bed net distribution which was delayed.

The impact indicators, due to contribution of many interventions (other than only TGF), particularly the indoor residual spray (funded by other partner) has, by far, exceeded the expectation. This successful story has affected the consumption of malaria drugs with less consumption than expected.

3-STRENGTHEN AND WEAKNESSES/ CONSTRAINTS

3.1-Strengthens:

- (i)-Partnership established between the actors, particularly between SR and PR, between some SR, and health district teams which allowed, to continue to have a good execution level during the year;
- (ii)-Involvement and interactivity of partnership and Government (meeting of CCM and execution of activities).
- (iii)-Availability of a manual of procedures to the attention of SR for regular use and checking;
- (iv)-Additionality of other interventions (funded by other partners) has contributed to exceed, by far, the expected impact indicators;
- (v)TGF resources have been an important in-put for the health system reinforcement in general and especially for the malaria control program. The Result Based Management and the quarterly accountability introduced by TGF program have reinforced the health service organisation and planning of activities;
- (vi) Satisfactory level of implementation is a positive and motivate factor.

3.2-Weaknesses and constraints:

- (i) Cholera outbreak that affected the Country in 2005 and beginning 2006 has derived the attention and efforts of the Ministry of Health;
- (ii) Lack of electricity that affected S. Tome and Principe due to break down of generator groups
- (iii) Local market limited in supplying a variety of necessary materials and certain reticence of them in supplying pro forma invoices; sometime late request of funds by SR that provoke certain slowness in the acquisition process of materials and local consumables.
- (iv) Insufficient administrative conditions of some SR (ex. lack of electronic mail of CNE; weak management of program excel/accountability and financial issues in SR of the Government, especially in PSR and CNES; insufficient management of administrative questions within the staff of CNES);
- (v) Health system relatively weak;
- (vi) Difficulty of identification of international consultant available with domain of adequate languages to the Country.
- (vii) Documentation and communication of GF not available in Portuguese;
- (viii) TGF process is heavy, sometimes; demotivate some partners to collaborate with the Program.

4. CONCLUSIONS/RECOMMENDATIONS/PERSPECTIVES

4.1-Conclusions

Even though the weaknesses and constraints indicated the level of execution of actions and the performance reached during the first fiscal year are satisfactory.

4.2-Recommendations

4.2.1-To CCM

- ✓ Reinforce the internal organization in the sense to realize in better way its duty of coordination and monitoring of the Project implementation;
- ✓ Implement the plan of institutional building capacity conceived.

4.2.2-To SRs

- ✓ To follow strictly the orientations in the manual of procedures and request on time the funds to PR;
- ✓ Begin to request the funds to PR for the activities of next quarter at the end of the third month of the on going quarter.

4.2.3- To WHO and other partners

- ✓ Reinforce support to the GFProject, particularly in identification of potential consultants.

4.2.2.4-To the Secretarial of Global Fund

- ✓ Present essential documents also in Portuguese.

Perspectives

- ✓ Submission of the second phase of the Grant;
- ✓ To build capacity and hence reinforce the proposed new PR to hand-over the Program in the future;
- ✓ To continue to reinforce the M&E system;
- ✓ To implement accordingly the second year plan.

Part B

Financial Report

FINANCIAL REVIEW MARCH 2005 TO FEBRUARY 2006 (FIRST FISCAL YEAR STP MALARIA GRANT)

Itens	Budget Year 1	Cumulative for the year	% Variance	Balance
<i>Human ressources</i>	55,626	43,913	79	11,713
<i>Infrastructure / Equipment</i>	241,775	225,712	93	16,063
<i>Training / Planning</i>	117,308	112,938	96	4,371
<i>Goods</i>	336,267	335,866	100	400
<i>Drugs</i>	87,923	87,912	100	11
<i>Monitoring / Evaluation</i>	226,985	217,033	96	9,951
<i>Administrative costs</i>	54,523	54,523	100	0
<i>Other/ IEC</i>	24,577	23,986	98	591
TOTAL	1,144,984	1,101,883	96	43,101

S. Tomé, August 2006.