

Global Fund Grant

STP-Z-UNPD

Final Evaluation Report

Presented to: UNDP São Tomé e Príncipe

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Acronyms

AIDS	Acquired Immunodeficiency Syndrome
APSTP	Associação dos Psicólogos de São Tomé e Príncipe
ART	Antiretroviral Therapy
ASPF	Associação Santomense Para a Promoção de Planeamento Familiar
BP	Beneficiário Principal
CBO	Community-Based Organization
CCM	Country Coordinating Mechanism
CNE	Centro Nacional de Endemias
CPD	Country Programme Document
DAC	Development Assistance Committee
DHIS	District Health Information Software
eLMIS	Logistics Management Information System
FG	Fundo Global
FNM	Fundo Nacional de Medicamentos
GF	Global Fund to Fight AIDS, Tuberculosis and Malaria
GIS	Geographic Information System
GMC	Grant Management Cell
GNI	Gross National Income
GPS	Global Positioning System
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
HSB	Homens que tem Sexo com Homens
IBBS	Integrated Bio-Behavioral Surveillance
ILO	International Labour Organization
INPG	Instituto Nacional Para Promoção da Igualdade e Género
IRS	Indoor Residual Spraying
KII	Key Informant Interview
LMIS	Logistics Management Information System
LLIN	Long Lasting Insecticidal Net
M&E	Monitoring and Evaluation
MDR-TB	Multi-Drug Resistant Tuberculosis
MOH	Ministry of Health
MS	Ministério da Saúde
MSM	Men who have Sex with Men
NGO	Non-Governmental Organization
NSP	National Strategic Plan
OAI	Office of the Audit and Investigations
OECD	Organisation for Economic Co-operation and Development
OMS	Organização Mundial de Saúde
ONU	Nações Unidas
PLHIV	People Living with HIV

PMTCT	Prevention of Mother-to-Child Transmission
PNLP	Programa Nacional de Luta Contra o Paludismo
PNLS	Programa Nacional de Luta Contra o SIDA
PNLT	Programa Nacional de Luta Contra Tuberculose
PNUD	Programa das Nações Unidas para o Desenvolvimento
PR	Principal Recipient
PTV	Prevenção da Transmissão Vertical
SB	Sub-Beneficiário
SDG	Sustainable Development Goal
SR	Sub-Recipient
STP	São Tomé e Príncipe
TB	Tuberculosis
TRP	Technical Review Panel
UN	United Nations
UNDAF	United Nations Development Framework
UNDP	United Nations Development Programme
UNICEF	United Nations Children’s Fund
UNEG	United Nations Evaluation Group
UTT	Universal Test and Treat
WHO	World Health Organization

Executive Summary

Background

São Tomé and Príncipe (STP) is an island country in the Gulf of Guinea, off the western equatorial coast of Central Africa, and is considered a lower-middle-income country with an estimated Gross National Income (GNI) per capita of \$1,946 in 2019.¹ Population living below the poverty line was estimated at 66%, and the country ranks 137 of 189 countries on the 2019 Human Development Index (HDI).²

The United Nations Development Programme (UNDP) was the Principal Recipient (PR) for the Global Fund (GF) projects in STP since 2005, and until 2020. In the last funding period (2018-2020), the project was focused on continuing with GF programs, while at the same time, building national capacity to ensure readiness for UNDP's transition out of the PR role, until full handover to the Ministry of Health (MOH), which took place in 2021.

In STP, the three GF programs (HIV/AIDS, tuberculosis and malaria) are integrated into the healthcare system, with a national coordination unit within the National Centre for Endemic Diseases/*Centro Nacional de Endemias* (CNE), and with the GF subvention for 2018-2020 the country aimed to reduce the incidence of malaria, reduce morbidity among people living with HIV (PLHIV), and increase the treatment success rate for all forms of tuberculosis (TB).

As PR of the GF Grant, UNDP was responsible for Grant management for the period 2018-2020. During program implementation, UNDP provided, Grant funds to other entities to implement program activities based on sub-recipient (SR) agreements. Program activities supported under this Grant have been implemented by the following organizations: *Fundo Nacional de Medicamentos* (FNM), *Centro Nacional de Endemias* (CNE); *Programa Nacional de Luta Contra o Paludismo* (PNLP), *Programa Nacional de Luta Contra o SIDA* (PNLS), *Programa Nacional De Luta Contra Tuberculose* (PNLT), *Instituto Nacional Para Promoção da Igualdade e Genero* (INPG); *Associação Santomense Para a Promoção de Planeamento Familiar* (ASPF); *Cruz Vermelha*; and *Zatona Adil*.

The total approved budget for the GF Grant in STP for the cumulative period of 1 January 2018 until 31 December 2020 was €5,088,901.³ An extension was granted for 1 January 2021 to 30 June 2021 with an additional budget of €910,612, mainly to assist with programming related to Covid-19, and a no-cost extension was further granted by the GF until 30 September 2021.

The purpose of this evaluation is to assess the level of achievement of all the GF Grant STP-Z-UNDP requirements, as well as the *relevance*, *effectiveness* and *efficiency* of the Grant by understanding what key factors have contributed to achieving or not achieving the intended results. The evaluation will also determine the extent to which the Grant contributed to forging partnerships at different

¹ The World Bank. <https://data.worldbank.org/indicator/NY.GDP.PCAP.CD?locations=ST>

² World Food Programme (WFP). <https://www.wfp.org/countries/sao-tome-and-principe>

³ UNDP São Tomé and Príncipe. (2017). Project Document. Investing to achieve elimination for Malaria and impact against TB and HIV in São Tomé and Príncipe.

levels, including with government, donors, United Nations (UN) agencies, SRs and beneficiaries. Lastly, this evaluation will look at the *sustainability* of the Grant for continued realization of results generated, identify lessons learned and best practices, and make recommendations for future programming of projects of similar nature. This evaluation will cover all activities implemented during the GF Grant project period 2018 to 2020.

Methodology

A documents review and key informant interviews (KIIs) with key project stakeholders were the two main data sources to evaluate project implementation and performance, and to make recommendations for the next program cycle.

A documents review of several key project documents relating to the GF Grant in STP from 2018-2020 took place. Documents reviewed included the Country Programme Document, the Grant Performance Framework, Budget and Workplan for the period 2018-2020, and the GF Annual Performance Letters and Rating Tools, among others. These documents, provided by UNDP STP, assisted in informing on the specific areas to be included in the interview guide.

Before the KIIs took place an interview guide was developed to answer the evaluation questions. The interview guide was available in English and Portuguese, and was administered to selected project stakeholders. UNDP STP provided a list of all key project stakeholders involved in the GF Grant, and these individuals were invited via email to take part in an online KII. Due to Covid-19 travel restrictions, interviews were conducted on Zoom or Skype in English and/or Portuguese. All KIIs were recorded once consent was obtained. A total of 23 projects stakeholders, including SRs and officials from UNDP and the GF were invited, and 15 took part in the interviews.

All interviews conducted in Portuguese were transcribed into English in order to facilitate data analysis and report writing. Emerging topics, ideas, concepts, terms, phrases and keywords relating to the evaluation questions (relevance, efficiency, effectiveness and sustainability) were identified. The analysis of the interviews have complemented the findings from the documents review.

Limitations

The following are limitations of this evaluation:

- The interviews were conducted with list of key project stakeholders provided by UNDP STP, and therefore findings only represents the views of these specific key project stakeholders.
- It should be noted that no representation or contribution was received from ASPF (one of the SRs).
- In terms of generalizability, the results presented in this report only reflect the views of the key project stakeholders who took part in the KIIs. However, they do present a realistic perspective of what was achieved (or not achieved) under the GF Grant in STP during the period 2018-2020.

Findings

Relevance

The GF Grant project in STP for period 2018 to 2020 was relevant in that it addressed the UNDP and GF mandates and national priorities by targeting women and men, by promoting gender equality, human rights and human development, and by ensuring that the program was appropriately implemented to the development context.

The project in STP was successfully and targeted women and men in all interventions implemented between 2018 and 2020. The project clearly articulated the GF's mandate, and was aligned with UNDP mandate because it was about building resilience, and making sure that the country is able to respond to the healthcare needs faced by the population. The project was also successful in promoting UNDP's principles of gender equality, human rights and human development as promoting these principles was one of the main goals of the project, was articulated in all documents shared with the SRs, and observed in all the activities implemented. The selected method of project implementation was appropriate to the development context because the project was aligned to UNDP and GF's mandate and national priorities, and promoted the principles of gender equality, human rights and human development, and the model used by the GF is a standard model where you have a Country Coordinating Mechanism (CCM), which is a steering committee for the project, and which is inclusive of all constituencies, and representative of those affected by the three focus diseases.

Effectiveness

The project was effective in reaching most targets, and therefore from what has been observed and shared by respondents there was progress made towards the achievement of the agreed performance framework. However, there have been some challenges related to the Covid-19 pandemic which have affected some results obtained.

The project responded to the expectations of the GF, and the country managed to implement in almost its totality all the actions that were planned. There were substantive gains in the implementation of this program, especially in malaria, with the observed drastic reduction in malaria in the country. It was also noted that in 2020, because of Covid-19, there was some difficulty in implementing some aspects of the project, but this was in the final phase of the project.

Several achievements were observed during the reporting period. In terms HIV, respondents felt that the project helped reduce morbidity and mortality among PLHIV, for example the country adopted the World Health Organizations's (WHO) Universal Test and Treat (UTT) Strategy, which was successful in detecting a large number of patients with HIV who are now on treatment and being followed. The project assisted in improving the quality of live and access to treatment among PLHIV, the country achieved good antiretroviral therapy (ART) coverage, even if the country has a low HIV prevalence compared to rest of Africa, they managed to get close to 90% of HIV positive people on treatment. There have been gains with prevention of mother-to-child transmission (PMTCT), and the country is

on the path of eliminating vertical transmission of HIV from mother-to-child, data shows that there is less than 5% transmission, which is very positive result. Mass communication campaigns, which were part of the Grant program activities have helped reduce HIV stigma towards PLHIV in STP. Another great achievement was the interventions targeted to key populations such as sex workers and men who have sex with men (MSM), and for the first time the country was able to conduct the Integrated Bio-Behavioural Surveillance (IBSS) Survey, which allowed for a better understanding of the experiences and needs of key populations in STP.

Progress was also observed in terms of TB. STP is a country with a relatively low TB prevalence and limited cases, however with the GF Grant the country managed to achieve good results in terms of treatment success and notification rates, despite a decrease observed in 2020, mainly due to Covid-19. This achievement can be attributed to the country receiving GenXpert machines with the assistance of GF Grant funds. This machine diagnoses TB by detecting the presence of TB bacteria, and was the first machine of its type in STP, which has been transformational for the health system. A GenXpert machine was also delivered to Principe Island.

It is perhaps with malaria where the most progress was observed, with many respondents mentioning that STP experienced a drastic reduction in malaria cases (although there was small rise in 2020 due to Covid-19). The GF Grant contributed to reducing malaria cases in the country (and achieved pre-elimination in some areas on Principe island), which is an extraordinary achievement.

The GF Grant provided funds for Indoor Residual Spraying (IRS), mosquito nets and awareness campaigns, and also improved malaria testing, diagnostic, epidemiologic surveillance, and case finding. This achievement can also be attributed to the partnerships that took place during this reporting period, for example the Red Cross (*Cruz Vermelha*) successfully distributed and placed mosquito nets to a large part of the population, and *Zatona-Adil* conducted a campaign to raise malaria awareness and provide IRS to homes in STP. Many respondents felt that the funds provided by the GF, these partnerships and interventions all played a critical role in reducing malaria in STP.

In addition to the three program areas, other achievements were observed. As detailed in the GF 2020 Performance Letter, the following three Grant requirements have been met, and these are seen as successes for the reporting period under review (2018-2020). They include: (1) UNDP assisting the MOH develop and set up the District Health Information System (DHIS2), including a budget and implementation plan; (2) UNDP's submission of an IRS operational plan, which covered proposed actions, time-scales, costs and management structure; and (3) UNDP's submission of a plan detailing the measures to be undertaken to build the capacities of the CNE to take over as PR under the program, including timeline for transferring relevant Grant implementation responsibilities. From the perspective of the respondents, several project achievements were highlighted including the successful transition of the PR role from UNDP to the MOH, the contributing role played by the CCM in terms of coordination and its ability to build up civil society, and working with key populations, more specifically targeting sex workers and MSM with interventions and educating peer educators to raise awareness.

Although there were significant achievements, some project areas were not achieved and still need improvement. The GF 2020 Performance Letter highlights the following areas that were not addressed in the Grant period 2018-2020. In terms of Health Product Management and Supply Chain, a Quality Assurance Plan for 2020 submitted by UNDP is not fully completed, a request of analysis for three products with the quality control laboratory (CHMP) was requested, but the results are not available, significant weaknesses are noted with the mechanisms for monitoring stocks in order to minimize risks of stock outs and expiry, and the logistics management information system (LMIS) was not implemented during the three years of this Grant. As for programmatic and monitoring and evaluation (M&E), the data management systems for the three programs are inadequate in spite of the roll out of DHIS2, which is evident in the incoherence in the number of active cohorts of PLHIV, as well as difficulty in determining the rate of retention for HIV and TB patients on treatment, and the denominators used for reporting indicators for key populations is not accurate.

With regards to the focus program areas for TB, the proportion of TB cases tested with GenXpert, in line with WHO recommendations, is low, TB treatment success rate is low compared to the global target of 90%, and the PR notes that an operational plan for active detection of TB cases was developed in July 2020, however this plan does not include considerations regarding the involvement of community systems. For HIV, there is the need for the quality of treatment and care for HIV patients to be improved significantly, and the quality of PMTCT needs to be improved to ensure active follow up of mother-child pair and optimal access to Early Infant Diagnosis. For malaria, IRS acceptability in targeted households is still low compared to results reported in 2018 (67%). However, the involvement of local authorities and leaders has made a difference in two districts.

The following are areas the respondents felt that were not achieved or need to be improved as the country enters the next Grant period (2021-2023), which supports and complements what has been highlighted in the GF 2020 Performance Letter. Although the country was able to significantly reduce the number of malaria cases in 2018 and 2019, there was a slight rise in the number of cases in 2020, which can be attributed to Covid-19, and the country having to deal with an additional health crisis. Mapping of all malaria cases was not done successfully, the focus was only on registered cases, and one reason is the difficulty in finding people who have experience with Global Positioning System (GPS)/Geographic Information System (GIS) mapping in health issues in STP. One respondent felt that not enough mosquito nets were distributed for the entire population, with an average of 1.8 mosquito nets per family, which is not enough, as São Tomean families are larger with around four or five people per household, and therefore two mosquito nets was insufficient to cover all the requirements. While another respondent felt that there was a need to have more involvement of the population in this process, including a better acceptance or adherence to IRS. A decrease in TB treatment success and notification rates was observed in 2020, mainly due to Covid-19. The results show low notification rate for patients with multi-drug resistant TB (MDR-TB). There was no community outreach for TB case detection, as most healthcare professionals had to turn their attention to dealing with Covid-19. The number of HIV positive people increased during the reporting period, however it should be noted that this coincided with STP adopting the WHO Test and Treat Strategy. The country was slow in implementing prevention interventions for key populations such as MSM, sex workers and their clients, detainees, and injecting drugs users, and this is an area that can be improved. Gains observed with PMTCT were lost with Covid-19, especially as many people were afraid to leave their homes to

seek medical treatment. In terms of quality of care and HIV services, in STP there is good coverage of ART, but the country is not close to achieving the third 90% relating to viral load detection. In the past three years there has been a challenge in accessing viral loads, especially for the size of country.

The country is still behind in terms of country ownership, especially for a country the size of STP. For the population and size of the country, they could have done better in terms of health systems and getting the country to own it. There was a lack of follow up on actions that were not implemented in performance letters, and too often during the Grant reporting period Grant management actions were carried over from performance letter to performance letter. Some respondents felt there was a weakness in data reporting, especially with the size of the country, there should have been a fully functioning integrated electronic system (DHIS2) for integrating the three diseases, including IRS. Several respondents felt that the re-programming of finances or funds affected the implementation of activities, where in some instances it felt like there was a loss momentum.

In STP, Covid-19 had an impact on the implementation of several activities. Some of the planned activities in the field were not implemented, as the country had to quickly turnaround to address needs of the pandemic. Since STP is a small country, many of the health professionals who would have been providing HIV, TB or malaria services, were now trying to cope with issues relating to Covid-19. It should also be noted that this has affected some of the targets. Due to Covid-19, some services were closed, and the number of healthcare professionals was diminished, cases detection and access to medication was reduced. In many cases, patients were scared to leave their homes, which impacted the progress made in addressing malaria, HIV and TB in STP. The supply of medications was affected by transport, where suppliers had difficulty sending goods and supplies, the laboratories could not produce results, but as one respondent mentioned a plan was made to ensure that patients would not suffer without services or medications. The 2020 Performance Letter also revealed how certain indicators were impacted by Covid-19. For example, there were some setbacks in previous gains in relation to PMTCT, some respondents mentioned that TB equipment was used for the Covid-19 response, and that there was no community outreach for TB case detection. In terms of malaria, the distribution of long lasting insecticidal nets (LLINs) distributed were below the target, which as mentioned by the GF continues to suggest low acceptance of IRS and poor performance in relation to routine distribution, which was worsened by the Covid-19 pandemic.

The contribution of partners during the period under review was successful in contributing to the achieved outcomes, including achievements observed with the three focus diseases, Grant management and the transition of UNDP as PR to the MOH. Existing partnerships were strengthened for example between Zatona-Adil and FNM, and Zatona-Adil and PNLN working on malaria together, and between IPNG and the *Cabinete de Mulheres, Familia e Equidade de Genero* in Principe, who worked with police commanders/law enforcement, hospitals, districts and municipalities. All these partners have played a role in helping implement planned programmatic activities. New partnerships were created with the University of California, the *Agence Française de Développement* (French Development Agency) and the Canadian Development Agency, and with SDG Fund to develop the DHIS2 (the health information system) in collaboration with WHO, the United Nations Children's Fund (UNICEF) and the International Labour Organization (ILO). All these partnerships, including extra funds and agreements will help support the MOH in the next Grant cycle. It should be stated that all these

additional partnerships have impacted the GF project, and therefore the GF project was able to create partnerships at different levels, which have contributed to the achievement of project outcomes.

Efficiency

The project was efficient in that outputs resulted from economic use of resources, which were delivered on time, and partnership modalities and the program management structure were both conducive to the delivery of project outputs.

The total approved budget for the GF Grant in STP for the cumulative period of 1 January 2018 until 31 December 2020 was €5,088,901.⁴ An extension was granted for 1 January 2021 to 30 June 2021 with an additional budget of €910,612, mainly to assist with programming related to Covid-19, and a no-cost extension was further granted by the GF until 30 September 2021.

The project outputs resulted in economic use of resources, most of which were delivered on time. Respondents confirmed that funds from the GF were monitored with rigor by the CCM and within GF standards, they also supervised how the Grant was being implemented on the ground. The program had a good financial delivery that matched the program delivery, and UNDP always made sure that funds were available to complete all activities as required or detailed in the workplan. There was however some delays in receiving funds that influenced some of the program implementation.

However, some delays were also caused by the late submission of reports, and more comprehensive capacity building is needed for all those involved in programming, including all community agents, so that they are aware of the importance of delivering reports on time, which would help to avoid delays in receiving funds. On this same issue, one respondent shared that Covid-19 caused some delays, but there was always value for money as procurement was done through a mechanism in Copenhagen (as little procurement is done locally), and because of the quantities ordered, UNDP was receiving better deals with suppliers and achieving better prices, therefore providing value for money. Some respondents felt that the funds received did not cover all the organization's expenses, and that funds should be distributed more equally for the level of effort provided by each SR, and what they have achieved, as some SRs received less than others, yet their effort or achievement is greater. Several respondents did feel grateful, and that the financial assistance received from the GF Grant helped achieve many of the successful results observed during the Grant period.

Partnership modalities were conducive to the delivery of outputs during the Grant period 2018-2020. It was clear that UNDP, as the PR, played a central role in a country-driven engagement with the SRs of the project. Most respondents felt that UNDP as the PR was successful in leading and implementing the GF Grant, and ensuring that SRs were able to complete and implement most of the programmatic activities. UNDP worked in close partnership with the SRs and were always available to support them with what was necessary, from importing material and equipment, making available finances for the execution of activities on the ground and providing feedback on what needed to be improved. On the

⁴ UNDP São Tomé and Príncipe. (2017). Project Document. Investing to achieve elimination for Malaria and impact against TB and HIV in São Tomé and Príncipe.

other hand, some respondents shared some issues that were more difficult, although these related to financial aspects of the project. Some respondents felt that flexibility or additional funds were required to complete some activities, although they were aware this was not directly caused by UNDP, but the allocations of the GF Grant. Although the project had good success with coverage, what could have been done better was country ownership, for things to move from central to peripheral to ensure there was impact.

The majority of the respondents felt that in principle, the program management structure operated well, especially in terms of program coordination, financial management, procurement, M&E, SR management and risk management. Many felt that program management was facilitated or helped with the Coordination Meetings organized by UNDP and CNE. These regular meetings helped address and resolve any issues, obstacles or difficulties that were raised by the SRs, and discuss the implementation of the project activities. Although there was a general feeling that program management worked well, respondents did share areas where things worked less well. Some respondents felt that some of the donor requirements in terms of reporting and monitoring were demanding, and that there was limited human resources and program management resources available, which did at times over stretch a limited team.

Sustainability

The sustainability of the project is guaranteed via the creation of the Grant Management Cell (GMC), the development and implementation of the Capacity Development and Transition Plan, the capacity building which took place among the staff members who have transitioned to the new PR (MOH) and the SRs during the reporting period, as well as the commitment shown by partners to ensure that all achievements are sustained in the next Grant reporting period.

The official creation of the GMC was a step in ensuring project sustainability, and this is supported by the respondents, as from their perspective there are two main reasons why the project outcomes will be sustained, the first is the creation of the GMC, and second is the related Capacity Development and Transition Plan. Several respondents felt that with the achievements observed, the country will now start investing more into the three diseases (HIV, TB and malaria), and that the GF helped create structures so that the country, key stakeholders and partners can better address and manage the needs of these three focus diseases. Several respondents felt that financial sustainability is a concern and needs to be strengthened. For example, making sure that activities are implemented on time, making sure that everyone is involved, which requires a lot of coordination. Moving forward, one respondent shared that to ensure sustainability UNDP will remain part of the process, and provide technical assistance to the MOH, which will help with the transition and also bring new ideas on how the GF Grant management can be done differently, and address some of the areas that are still not fully achieved.

A sustainability strategy, which includes capacity development of key national stakeholders was not only developed during the period 2018-2020, but implemented. UNDP remained engaged in the process of strengthening the MOH, and developed a Capacity Building and Transition Plan, which

created the conditions for a gradual transfer of the role of PR to the MOH during the period 2018-2020. Several respondents agreed that capacity development occurred during the GF Grant period 2018-2020 will played an important role in the sustainability of the project, because many of the staff members of the current GMC (*Cellula de Gestão*) are former UNDP staff members, who were able to gain valuable insight and experience of GF Grant management. Moreover, these same respondents were confident that the SRs are now capacitated, and therefore have the knowledge and experience required to successfully continue the work required for the next GF Grant cycle (2021-2023). Capacity building also took place among SRs, which will also ensure project sustainability, as many learned the GF Grant requirements, and more specifically some gained insight into report writing, and financial management and reporting.

No formal policies or regulatory frameworks were developed to support the continuation of the project, however the following Capacity Development and Transition Plan to Strengthen the Health System (*Plano de Desenvolvimento de Capacidade e de Transição para Fortalecimento do Sistema de Saúde*) and Proposal for the Creation of The Ministry of Health Grant Management Cell (*Proposta de Criação da Célula de Gestão de Subvenções do Ministério da Saúde*) were developed to support the continuation of the Grant's benefits. Two other noteworthy documents related to this project are the National Health Development Plan 2017-2021 (*Plano Nacional Do Desenvolvimento Da Saúde 2017-2021*) and the Study on Health Financing in São Tomé and Príncipe (*Estudo sobre o financiamento da saúde em São Tomé e Príncipe*).

In terms of providing continuing support in the next GF Grant, all respondents felt confident that partners are well capacitated and committed to ensuring that activities will be implemented accordingly, and that SRs are prepared to be able to continue the work that was achieved.

Lessons learned

Small countries can achieve big results: The project showed that a small country such as STP has the potential to achieve significant results such as the pre-elimination of malaria, as well as what was achieved in terms of PMTCT and among key populations.

Strong organizational skills needed for Grant implementation: The implementation of a GF Grant requires partners to be prepared, and for things to run smoothly you need to be organized and disciplined in terms Grant and fund management.

Working in partnership achieves results: The role of partnerships was critical in achieving the successful results of this project, from the GF, to the CMM, to UNDP (as PR), all the way to the SRs.

Important to have a mitigation plan: In relation to Covid-19, most programs were not prepared and there was no mitigation plan in place as part of programming. The GF gave the countries the flexibility to re-program and adapt implementation, and provided additional resources.

Link between PR and SRs key to successful project implementation: It is important to have a good relationship and communication between the PR and SRs, by organizing meetings where both parties can come together to discuss and clarify issues or obstacles.

Addressing human rights, by addressing needs of vulnerable groups: In order for a project to successfully address human rights, it needs to look closely at the needs of vulnerable groups, such as key populations.

Financial Sustainability Plan: To ensure sustainability of the progress made in the country, a financial sustainability plan should be developed and implemented, that focuses on how funding should be generating internally, and therefore creating less dependency on external funding sources.

Best Practices

Capacity Building Development and Transition Plan: The Capacity Building Development and Transition Plan provided a good model to assist the transition of one PR to another, and a useful model to show what capacity building is needed.

Communication and good relationship between PR and SRs: Establishing effective communication and good relationship between the PR and SRs is very important, and in this case several meetings between UNDP, CNE and the SRs took place.

Partnerships: Creating partnerships at all levels played a significant role in the achievement of project results, and this model can be easily replicated

Ethical way of working with key populations: The project showed that it is crucial to work closely with key populations, and developing close communication and creating an environment of confidence with them and working in an ethical way.

Malaria/Indoor Residual Spraying (IRS)/Mass Campaigns (IRS Operational Plan): The achievements observed in terms of the reduction of malaria and the close achievement of pre-elimination can be attributed to the combination of IRS and mass distribution and information campaigns.

Openness to use new technologies in the fight against malaria: The country was receptive to innovative ways and new technologies or approaches to address malaria, of note is the partnership with the University of California who will implement a pilot project looking at the impact of genetically modified mosquitos.

Conclusion

The presented findings in this report have provided important insight into what was achieved and not achieved in STP during the GF Grant period 2018-2020. The GF project was *relevant* in that it

addressed the UNDP and GF mandates and national priorities by targeting women and men, by promoting gender equality, human rights and human development, and by ensuring that the program was appropriately implemented to the development context. The project was *effective* in reaching most targets, and therefore from what has been observed and shared by respondents there was progress made towards the achievement of the agreed performance framework. Achievements were observed in relation to the three GF programs (malaria, TB and HIV) and other programmatic areas, including the successful the creation of the GMC within the MOH and successful transition of the PR role from UNDP to the MOH. However, there have been some challenges related to the Covid-19 pandemic which have affected some results obtained, and impacted the implementation of the project, especially in light of the achievements observed among the three disease in 2018 and 2019. The project was *efficient* in that outputs resulted from economic use of resources, which were delivered on time, and partnership modalities and the program management structure were both conducive to the delivery of project outputs. The sustainability of the project is guaranteed via the creation of the GMC, the development and implementation of the Capacity Development and Transition Plan, the capacity building which took place among the staff members who have transitioned to the new PR (MOH) and among the SRs during the reporting period, as well as the commitment shown by partners to ensure that all achievements are sustained in the next Grant reporting period. Several lessons learned and best practices were shared by the respondents can easily be shared or replicated by others, and reflect many of the achievements that were observed in the reporting period. In conclusion, the GF Grant in STP did achieve many successes, the main one was the drastic reduction in malaria cases and getting very close to achievement pre-elimination by 2025. However, the project also faced several challenges as highlighted in this report. The country has benefited greatly from the GF Grant during the period 2018-2020, and is also well equipped and capacitated to move to the next Grant period 2021-2023, with the MOH as the new PR.

Recommendations

The following recommendations have emerged from this evaluation, and are suggested to assist the MOH, as the new PR, with programmatic implementation in the next Grant reporting period 2021-2023. Recommendations will be presented in two fold, those emanating from the GF Performance Letter 2020 and from the voices of the respondents. Both sets of recommendations aim to improve future programming of the GF Grant in STP.

The following are recommendations emerging from the 2020 Performance Letter:

- UNDP to transfer all information related to quality control laboratory (CHMP) to the MOH during the closure period.
- The MOH to revise the tool for monitoring stock and ensure a fully functional electronic Logistics Management Information System (eLMIS) system.
- The MOH to work with all stakeholders to ensure that all the three diseases are fully integrated in the LMIS.

- The MOH to continue collaborating with UNDP in order to finalize the implementation of the patient's tracker module for HIV patients, and ensure all the three diseases are fully integrated into DHIS2 by 31 December 2021.
- UNDP should work with the PNLs to ensure improved HIV treatment and care.
- The MOH, the INPG, community-based organizations (CBOs) and other stakeholders to work together to put in place measures to ensure all key populations are reached with defined package of services as required.
- The MOH and PNLs to set up a mechanism to ensure and document active follow up of mother-child pairs until the exposed children are 18 months, and maximize optimal access to Early Infant Diagnosis at 6 weeks for all exposed infants born to HIV-positive mothers.
- More attention is needed to ensure viral load detection and less loss to follow up among PLHIV, and one strategy may be to improve the role of the community in helping address this gap.
- More awareness is needed to reduce stigma and discrimination among key populations.
- The MOH and the PNLs to provide an update on the status of implementation of the actions noted in the previous performance letter dated 1 July 2020.
- UNDP and the PNLs should develop and implement a plan to strengthen community systems in order to improve TB case finding and patients' adherence to treatment.
- The MOH to work with UNDP to finalize the new version of the TB operational plan which is currently under development.
- The MOH and PNLs need to ensure optimal use of GeneXpert for all suspected TB cases, strengthen community systems to ensure patients' follow up in the community and minimize the number of TB patients lost to follow up, and strengthen healthcare workers capacities through formative supervisions.
- The MOH and the PNLs to finalize the documentation related to the recruitment of technical assistance in response to the recommendation (Issue 7) from the Technical Review Panel (TRP) to ensure impact of the TB program.
- The GF requests the MOH, the PNLs and the PNLs to work together to ensure full integration of TB/HIV services, avoid service disruption.
- The MOH and PNLs to ensure an improvement in IRS coverage by developing a plan to strengthen community awareness and implement a comprehensive communication strategy.
- The MOH and PNLs to submit an update on the status of implementation the recommendations from the WHO following the midterm review of the National Strategic Plan (NSP) and outbreak investigations conducted in 2019.
- The MOH and the PNLs to improve the performance of these indicators by developing a plan to strengthen community awareness and implement a comprehensive communication strategy.

The following recommendations were suggested by the respondents to improve GF Grant management in the next Grant cycle:

- **Transfer of knowledge and skills:** When there is a transition from one PR to another, there needs to be transfer of knowledge to ensure sustainability, and the entire transition needs to be well documented. The exiting PR needs to play a bridging role so that all Grant procedures, including

financial systems are in place and well understood, and they must play a supportive role for the new PR.

- **Communication and accessibility:** There is a need for communication and accessibility between the PR and the SRs, and other key stakeholders such as the CCM. This dialogue helps implementation and reduces problems or issues as everyone can work together to resolve them or find solutions.
- **Acknowledgment:** Achievement needs to be acknowledged, is it important for the SRs to receive feedback from the GF when they are doing good work or achieved what is required.
- **Participative Partnership:** Strengthening partnerships among the CCM, PR and SRs, so that all work together in the same direction to achieve the required project results. This will ensure that all partners are held accountable for the role in the project, including implementation and reporting. Organizing regular meetings among key stakeholders and partners is crucial to identify areas that are working well and those that are not.
- **Capacity building:** Strategies to continue capacity building among the PR and SRs are necessary in light of the transition taking place between UNDP and MOH as the new PR, this will ensure continuity and sustainability of what has been achieved.
- **Community Participation:** There is now more than ever a need to involve the community in programs so that different results can be achieved, and community participation means listening to what the community has to say, and involving them in program implementation.
- **Documentation:** It is important to document all the evidence emanating from this project, including all research, reports, meetings and programmatic implementation, this includes all lessons learned and best practices as they occur during the lifespan of the project or during the Grant period.
- **National Health Development Plan:** Moving into the next grant period, more attention is needed by the MOH to endorse the National Health Development Plan to ensure that there is a framework to ensure that the GF projects are aligned to the National Health Development Plan, and that this adequately addresses the health needs of the population.
- **Financial Sustainability Plan:** To ensure sustainability of the progress made in the country, and to improve the financing of the national health system, a Financial Sustainability Plan should be developed and implemented, that focuses on how funding should be generating domestically and/or with the private sector, and therefore creating less dependency on external funding sources.
- **Working with all key populations:** There is a need to focus on a wider group of key populations (transgender people, people who use drugs and people in prisons), and more importantly to conduct research to find out where they are, what are their needs and experiences, and what interventions could assist them. Once this is known, it is crucial to develop and implement activities to address their needs.
- **Behaviour Change Communication:** There is a need to invest in behaviour communication change interventions. For example, there a need to have an interactive process with communities and have tailored messages and approaches to help them develop positive behaviors, especially as they relate to the three diseases. This will assist in getting a long term impact on the work being done among the population, and funds for these types of interventions should be available in the next FG Grant period.

Sumário Executivo

Contexto

São Tomé e Príncipe (STP) é um país insular no Golfo da Guiné, ao largo da costa equatorial ocidental da África Central, e é considerado um país de renda média-baixa com um Rendimento Nacional Bruto per capita estimada de \$1,946 em 2019.⁵ A população que vive abaixo da linha da pobreza foi estimada em 66%, e o país está classificado em 137 dos 189 países no Índice de Desenvolvimento Humano de 2019.⁶

O Programa das Nações Unidas para o Desenvolvimento (PNUD) foi o Beneficiário Principal (BP) dos projetos do Fundo Global (FG) em STP desde 2005 e até 2020. No último período de financiamento (2018-2020), o projeto estava focado em continuar com os programas do FG, ao mesmo tempo, desenvolvendo a capacidade nacional para garantir a prontidão para a transição do PNUD da função de BP, até a transferência total para o Ministério da Saúde (MS), que ocorreu no início de 2021.

Em STP, os três programas do FG (VIH, TB e paludismo) estão integrados ao sistema de saúde, com uma coordenação nacional dentro do Centro Nacional de Endemias (CNE), e com a subvenção do FG para 2018-2020 o país teve como objetivo reduzir a incidência do paludismo, reduzir a morbidade entre as pessoas que vivem com o VIH e aumentar a taxa de sucesso do tratamento para todas as formas de tuberculose.

Como BP da subvenção do FG, o PNUD foi responsável pela gestão da subvenção para o período 2018-2020. Durante a implementação do programa, o PNUD forneceu fundos de doação a outras entidades para implementar as atividades do programa com base em acordos de sub-beneficiário (SB). As atividades do programa apoiadas nesta subvenção foram implementadas pelas seguintes organizações: Fundo Nacional de Medicamentos (FNM), Centro Nacional de Endemias (CNE); Programa Nacional de Luta Contra o Paludismo (PNLP), Programa Nacional de Luta Contra o SIDA (PNLS), Programa Nacional de Luta Contra a Tuberculose (PNLT), Instituto Nacional de Promoção da Igualdade e Género (INPG); Associação Santomense para a Promoção do Planeamento Familiar (ASPF); Cruz Vermelha e Zatona Adil.

O orçamento total aprovado para a subvenção do FG em STP para o período cumulativo de 1 de janeiro de 2018 até 31 de dezembro de 2020 foi de €5,088,901. Uma prorrogação foi concedida de 1 de janeiro de 2021 a 30 de junho de 2021 com um orçamento adicional de €910,612, principalmente para ajudar na programação relacionada à Covid-19, e uma prorrogação gratuita foi concedida pelo FG até 30 de setembro de 2021.

O objetivo desta avaliação é avaliar o nível de realização de todos os requisitos da subvenção do FG (STP-Z-UNDP), bem como a *relevância*, *eficácia* e *eficiência* da subvenção, entendendo quais fatores-

⁵ The World Bank. <https://data.worldbank.org/indicador/NY.GDP.PCAP.CD?locations=ST>

⁶ World Food Programme (WFP). <https://www.wfp.org/countries/sao-tome-and-principe>

chave contribuíram para alcançar ou não os pretendidos resultados. Esta avaliação também determinará até que ponto a subvenção contribuiu para a formação de parcerias em diferentes níveis, incluindo governo, doadores, agências das Nações Unidas (ONU), SBs e beneficiários. Por fim, esta avaliação analisará a *sustentabilidade* da subvenção para a realização contínua dos resultados gerados, identificará as lições aprendidas e as boas práticas, e fará recomendações para a programação futura de projetos de natureza semelhante. Esta avaliação cobrirá todas as atividades implementadas durante o período do projeto da subvenção do FG de 2018 a 2020.

Metodologia

Uma revisão de documentos e entrevistas com as principais partes interessadas do projeto foram as duas principais fontes de dados para avaliar a implementação e o desempenho do projeto e fazer recomendações para o próximo ciclo do programa.

Foi realizada uma revisão de vários documentos-chave do projeto relacionados com a subvenção do FG em STP de 2018-2020. Os documentos revisados incluíram o Documento do Programa do País, a Estrutura de Desempenho da Subvenção, Orçamento e Plano de Trabalho para o período 2018-2020 e as Cartas de Desempenho Anual e Ferramentas de Classificação do FG, entre outros. Estes documentos, fornecidos pelo PNUD STP, ajudaram a informar sobre as áreas específicas a serem incluídas no guia de entrevista.

Antes da realização das entrevistas, foi desenvolvido um guia de entrevista para responder às perguntas da avaliação. O guia de entrevista estava disponível em inglês e português e foi administrado a partes interessadas selecionadas no projeto. O PNUD STP forneceu uma lista de todos os principais interessados no projeto envolvidos na subvenção do FG, e esses indivíduos foram convidados por e-mail para participar numa entrevista online. Devido às restrições de viagem relacionado com a Covid-19, as entrevistas foram realizadas no Zoom ou Skype em inglês e/ou português. Todas as entrevistas foram registradas assim que o consentimento foi obtido. Um total de 23 participantes do projeto, incluindo SBs e funcionários do PNUD e do FG foram convidados, e 15 participaram nas entrevistas.

Todas as entrevistas realizadas em português foram transcritas para o inglês, a fim de facilitar a análise dos dados e a redação do relatório. Foram identificados temas, ideias, conceitos, termos, frases e palavras-chave emergentes relativos às questões de avaliação (relevância, eficiência, eficácia e sustentabilidade). A análise das entrevistas complementou os resultados da revisão dos documentos.

Limitações

A seguir estão as limitações desta avaliação:

- As entrevistas foram conduzidas com a lista das principais partes interessadas do projeto fornecida pelo PNUD STP e, portanto, os resultados representam apenas as opiniões dessas partes interessadas específicas do projeto.
- Deve-se notar que nenhuma representação ou contribuição foi recebida do SB, ASPF.

- Em termos de generalização, os resultados apresentados neste relatório refletem apenas as opiniões das principais partes interessadas do projeto que participaram nas entrevistas. No entanto, eles apresentam uma perspectiva realista do que foi alcançado (ou não alcançado) durante a subvenção do FG em STP.

Resultados

Relevância

O projeto da subvenção do FG em STP para o período de 2018 a 2020 foi relevante na medida em que abordou os mandatos do PNUD e do FG e as prioridades nacionais, visando mulheres e homens, promovendo a igualdade de gênero, direitos humanos e desenvolvimento humano, e garantindo que o programa fosse adequado implementado para o contexto de desenvolvimento.

O projeto em STP foi bem-sucedido e teve como alvo mulheres e homens em todas as intervenções implementadas entre 2018 e 2020. O projeto articulou claramente o mandato do FG e foi alinhado com o mandato do PNUD porque se tratava de construir resiliência e certificar-se de que o país é capaz de responder às necessidades de saúde enfrentadas pela população. O projeto também teve sucesso na promoção dos princípios de igualdade de gênero, direitos humanos e desenvolvimento humano do PNUD, uma vez que a promoção desses princípios era um dos principais objetivos do projeto, foi articulada em todos os documentos compartilhados com os SBs e observada em todas as atividades implementadas. O método de implementação do projeto selecionado foi apropriado para o contexto de desenvolvimento porque o projeto foi alinhado ao mandato e às prioridades nacionais do PNUD e do FG, e promoveu os princípios de igualdade de gênero, direitos humanos e desenvolvimento humano, e o modelo usado pelo FG é um padrão modelo onde você tem um CCM, que é um comitê gestor do projeto, que inclui todos os constituintes e é representativo das pessoas afetadas pelas três doenças.

Eficiência

O projeto foi eficaz no alcance da maioria das metas e, portanto, a partir do que foi observado e compartilhado pelos entrevistados, houve progresso em direção ao cumprimento da estrutura de desempenho acordada. No entanto, houve alguns desafios relacionados à pandemia de Covid-19 que afetaram alguns resultados obtidos.

O projeto atendeu às expectativas do FG, e o país conseguiu implementar na quase totalidade todas as ações planejadas. Houve ganhos substanciais na implementação deste programa, especialmente com a paludismo, com a redução drástica observada do paludismo no país. Constatou-se também que em 2020, devido ao Covid-19, houve alguma dificuldade na implementação de alguns aspectos do projeto, mas este estava na fase final do projeto.

Várias conquistas foram observadas durante o período da subvenção. Em termos do VIH, os entrevistados sentiram que o projeto ajudou a reduzir a morbidade e mortalidade entre as pessoas

vivendo com o VIH, por exemplo, o país adotou a estratégia teste e tratamento da Organização Mundial de Saúde (OMS), que teve sucesso na detecção de um grande número de pacientes com VIH que agora estão em tratamento e em acompanhamento. O projeto ajudou a melhorar a qualidade de vida e o acesso ao tratamento entre pessoas vivendo com o VIH, o país alcançou uma boa cobertura de terapia antirretroviral, mesmo que o país tenha uma baixa prevalência do VIH em comparação com o resto da África, eles conseguiram chegar perto de 90% de pessoas seropositivas em tratamento. Houve ganhos com a prevenção da transmissão de mãe para filho, e o país está no caminho da eliminação da transmissão vertical do VIH de mãe para filho, os dados mostram que há menos de 5% de transmissão, o que é um resultado muito positivo. As campanhas de comunicação em massa, que faziam parte das atividades do programa da subvenção, ajudaram a reduzir o estigma do VIH em relação às pessoas vivendo com o VIH em STP. Outra grande conquista foram as intervenções direcionadas a populações-chave, como profissionais do sexo e homens que tem sexo com homens (HSH), e pela primeira vez o país pôde realizar a pesquisa de Vigilância Biocomportamental Integrada (IBSS), que permitiu um melhor entendimento das experiências e necessidades das populações-chave em STP.

Progresso também foi observado em relação à tuberculose. STP é um país com uma prevalência de tuberculose relativamente baixa e casos limitados, no entanto, com a subvenção do FG o país conseguiu obter bons resultados em termos de sucesso do tratamento e taxas de notificação, apesar de uma diminuição observada em 2020, principalmente devido ao Covid-19. Essa conquista pode ser atribuída ao país que recebeu as máquinas GenXpert com ajuda de fundos do FG. Esta máquina diagnostica a tuberculose detectando a presença da bactéria tuberculose, e foi a primeira máquina desse tipo em STP, que tem sido transformadora para o sistema de saúde. Uma máquina GenXpert também foi entregue na Ilha do Príncipe.

É talvez com o paludismo que se observou o maior progresso, com muitos entrevistados mencionando que STP experimentou uma redução drástica nos casos do paludismo (embora tenha havido um pequeno aumento em 2020 devido ao Covid-19). O subsídio do FG contribuiu para reduzir os casos de paludismo no país (e alcançou a pré-eliminação em algumas áreas da ilha do Príncipe), o que é um feito extraordinário.

O subvenção do FG forneceu fundos para pulverização residual interna, redes mosquiteiras e campanhas de conscientização, e também melhorou os testes, diagnóstico, vigilância epidemiológica e detecção de casos do paludismo. Essa conquista também pode ser atribuída às parcerias que ocorreram durante este período da subvenção, por exemplo, a Cruz Vermelha distribuiu e colocou redes mosquiteiras com sucesso para uma grande parte da população, e Zatona-Adil realizou uma campanha para aumentar a conscientização do paludismo e fornecer pulverização residual interna para residências em STP. Muitos entrevistados sentiram que os fundos fornecidos pelo FG, estas parcerias e intervenções, todos desempenharam um papel crítico na redução do paludismo em STP.

Além das três áreas programáticas, outras conquistas foram observadas. Conforme detalhado na Carta de Desempenho do FG 2020 (*Performance Letter*), os três requisitos da subvenção a seguir foram atendidos e são vistos como sucessos para o período em análise (2018-2020). Eles incluem: (1) PNUD auxiliando o MS a desenvolver e estabelecer o Sistema de Informação de Saúde Distrital (DHIS2),

incluindo um orçamento e um plano de implementação; (2) a apresentação do PNUD de um plano operacional de Pulverização Residual Interna, que cobriu as ações propostas, escalas de tempo, custos e estrutura de gestão; e (3) a apresentação do PNUD de um plano detalhando as medidas a serem realizadas para construir as capacidades da CNE para assumir como BP no âmbito do programa, incluindo o cronograma para a transferência das responsabilidades de implementação da subvenção. Da perspectiva dos entrevistados, várias realizações do projeto foram destacadas, incluindo a transição bem-sucedida do papel de BP do PNUD para o MS, o papel de contribuição desempenhado pelo CCM em termos de coordenação e sua capacidade de construir a sociedade civil, e trabalhar com as populações-chaves, mais especificamente visando trabalhadores do sexo e HSH com intervenções e educando educadores de pares para aumentar a conscientização.

Embora tenha havido avanços significativos, algumas áreas do projeto não foram alcançadas e ainda precisam de melhorias. A Carta de Desempenho GF 2020 destaca as seguintes áreas que não foram abordadas no período da subvenção 2018-2020. Em termos de Gestão de Produtos de Saúde e Cadeia de Abastecimento, um Plano de Garantia de Qualidade para 2020 apresentado pelo PNUD não está totalmente concluído, foi solicitada uma solicitação de análise para três produtos junto ao laboratório de controle de qualidade (CHMP), mas os resultados não estão disponíveis, significativas fraquezas são notadas com os mecanismos de monitoramento de estoques, a fim de minimizar os riscos de rompimento e expiração de estoque, e o sistema de informação de gestão logística (LMIS) não foi implementado durante os três anos desta subvenção. Quanto ao programático e ao monitoramento e avaliação, os sistemas de gestão de dados para os três programas são inadequados, apesar da implantação do DHIS2, o que é evidente na incoerência no número de pessoas vivendo com o VIH, bem como na dificuldade em determinar a taxa de retenção para pacientes com VIH e tuberculose em tratamento, e os denominadores usados para relatar indicadores para populações-chave não são precisos.

Com relação às áreas de foco do programa para a tuberculose, a proporção de casos de tuberculose testados com GenXpert, em linha com as recomendações da OMS, é baixa, a taxa de sucesso do tratamento de tuberculose é baixa em comparação com a meta global de 90%, e o BP observa que um plano operacional de detecção ativa de casos de tuberculose foi desenvolvido em julho de 2020, no entanto, este plano não inclui considerações sobre o envolvimento dos sistemas comunitários. Para o VIH, há a necessidade de melhorar significativamente a qualidade do tratamento e da atenção aos pacientes com VIH, e a qualidade da prevenção da transmissão vertical do VIH de mãe para filho deve ser melhorada para garantir o acompanhamento ativo da dupla mãe-filho e o acesso ideal ao diagnóstico infantil. Para o paludismo, a aceitabilidade da pulverização residual interna em famílias ainda é baixa em comparação com os resultados relatados em 2018. No entanto, o envolvimento das autoridades e líderes locais fez a diferença em dois distritos.

A seguir estão as áreas que os respondentes sentiram que não foram alcançadas ou precisam ser melhoradas conforme o país entrar no próximo período de subvenção (2021-2023), o que apóia e complementa o que foi destacado na Carta de Desempenho do FG 2020. Embora o país tenha conseguido reduzir significativamente o número de casos de paludismo em 2018 e 2019, houve um ligeiro aumento no número de casos em 2020, que pode ser atribuído à Covid-19 e ao país ter que lidar com um adicional crise de saúde. O mapeamento de todos os casos de paludismo não foi feito

com sucesso, o foco estava apenas nos casos registrados, e um dos motivos é a dificuldade em encontrar pessoas que tenham experiência com mapeamento GPS/GIS em questões de saúde em STP. Um entrevistado considerou que não foram distribuídas redes mosquiteiras suficientes para toda a população, com uma média de 1,8 redes mosquiteiras por família, o que não é suficiente, visto que as famílias santomenses são maiores, com cerca de quatro ou cinco pessoas por agregado e, portanto, duas redes mosquiteiras foi insuficiente para cobrir todos os requisitos. Enquanto outro entrevistado sentiu que havia necessidade de ter mais envolvimento da população neste processo, incluindo uma melhor aceitação ou adesão a pulverização residual interna. Uma diminuição no sucesso do tratamento da tuberculose e nas taxas de notificação foi observada em 2020, principalmente devido ao Covid-19. Os resultados mostram baixa taxa de notificação para pacientes com MDR-TB. Não houve alcance da comunidade para a detecção de casos de tuberculose, pois a maioria dos profissionais de saúde teve que voltar sua atenção para lidar com Covid-19. O número de pessoas seropositivas aumentou durante o período de relatório, no entanto, deve-se notar que isso coincidiu com a adoção da estratégia de Teste e Tratamento da OMS em STP. O país demorou a implementar intervenções de prevenção para populações-chave, como HSH, profissionais do sexo e seus clientes, detidos e usuários de drogas injetáveis, e esta é uma área que pode ser melhorada. Os ganhos observados com a prevenção da transmissão de mãe para filho foram perdidos com Covid-19, especialmente porque muitas pessoas tinham medo de deixar suas casas para procurar tratamento médico. Em termos de qualidade de cuidados e serviços de VIH, em STP existe uma boa cobertura de terapia antirretroviral, mas o país não está perto de atingir os terceiros 90% relativos à detecção de carga viral. Nos últimos três anos, houve um desafio no acesso às cargas virais, principalmente para o tamanho do país.

O país ainda está atrasado em termos de apropriação nacional, especialmente para um país do tamanho de STP. Para a população e o tamanho do país, eles poderiam ter feito melhor em termos de sistemas de saúde e fazer com que o país os possuísse. Houve falta de acompanhamento das ações que não foram implementadas nas cartas de desempenho e, com muita frequência, durante o período de relatório da subvenção, as ações de gerenciamento da subvenção foram transferidas de carta de desempenho para carta de desempenho. Alguns entrevistados sentiram que havia uma fraqueza nos relatórios de dados, especialmente com o tamanho do país, deveria haver um sistema eletrônico integrado totalmente funcional (DHIS2) para integrar as três doenças. Vários entrevistados sentiram que a reprogramação de finanças ou fundos afetou a implementação de atividades, onde em alguns casos parecia que havia uma perda de ímpeto.

Em STP, a Covid-19 teve um impacto na implementação de várias atividades. Algumas das atividades planejadas no campo não foram implementadas, já que o país teve que mudar rapidamente para atender às necessidades da pandemia. Como STP é um país pequeno, muitos dos profissionais de saúde que forneceriam serviços de VIH, tuberculose ou paludismo estavam agora tentando lidar com problemas relacionados à Covid-19. Também deve ser observado que isso afetou algumas das metas.

Devido à Covid-19, alguns serviços foram encerrados e o número de profissionais de saúde diminuiu, a detecção de casos e o acesso a medicamentos foram reduzidos. Em muitos casos, os pacientes tinham medo de sair de casa, o que afetou o progresso feito na abordagem do paludismo, VIH e tuberculose em STP. O abastecimento de medicamentos foi afetado pelo transporte, onde os

fornecedores tinham dificuldade em enviar mercadorias e insumos, os laboratórios não podiam produzir resultados.

A Carta de Desempenho de 2020 também revelou como certos indicadores foram impactados pela Covid-19. Por exemplo, houve alguns contratempos nos ganhos anteriores em relação à prevenção da transmissão de mãe para filho, alguns entrevistados mencionaram que o equipamento da tuberculose foi usado para a resposta da Covid-19 e que não houve alcance da comunidade para a detecção de casos da tuberculose. Em termos do paludismo, a distribuição dos mosquiteiros distribuídos ficou abaixo da meta, o que, conforme mencionado pelo FG, continua a sugerir baixa aceitação da pulverização residual interna e baixo desempenho em relação à distribuição de rotina, que foi agravada pela pandemia de Covid-19.

A contribuição dos parceiros durante o período em análise teve sucesso em contribuir para os resultados alcançados, incluindo as realizações observadas com as três doenças em foco, gestão de subsídios e a transição do PNUD como BP para o MS. As parcerias existentes foram fortalecidas por exemplo, Zatoná-Adil e FNM, Zatoná-Adil e PNL, e IPNG e o Gabinete de Mulheres, Família e Equidade de Genero em Príncipe, todos esses parceiros têm desempenhado um papel importante para ajudá-los a implementar as atividades programáticas planejadas. Novas parcerias foram criadas com a Universidade da Califórnia, a Agence Française de Développement (Agência Francesa de Desenvolvimento) e a Agência Canadense de Desenvolvimento, e com Fundos do SDG para desenvolver o DHIS2 em colaboração com a OMS, UNICEF e ILO. Todas essas parcerias e fundos extras e acordos ajudarão a apoiar o MS no próximo ciclo da subvenção. Deve-se afirmar que todas essas parcerias adicionais impactaram o projeto do FG e, portanto, o projeto do FG foi capaz de criar parcerias em diferentes níveis, que contribuíram para o alcance dos resultados do projeto.

Eficácia

O projeto foi eficiente no sentido de que os produtos resultaram do uso econômico de recursos, que foram entregues no prazo, e as modalidades de parceria e a estrutura de gerenciamento do programa foram favoráveis à entrega dos resultados do projeto.

O orçamento total aprovado para a subvenção do FG em STP para o período cumulativo de 1 de janeiro de 2018 até 31 de dezembro de 2020 foi de € 5,088,901. Uma prorrogação foi concedida de 1 de janeiro de 2021 a 30 de junho de 2021 com um orçamento adicional de €910,612 principalmente para ajudar na programação relacionada à Covid-19, e uma prorrogação gratuita foi concedida pelo FG até 30 de setembro de 2021.

Os resultados do projeto resultaram no uso econômico de recursos, muitos dos quais foram entregues no prazo. Os respondentes confirmaram que os fundos do FG foram monitorados com rigor pelo CCM e, dentro dos padrões do FG, eles também supervisionaram como a subvenção estava sendo implementada. O programa teve uma boa entrega financeira que correspondeu à entrega do programa, e o PNUD sempre se certificou de que os fundos estivessem disponíveis para completar

todas as atividades conforme exigido ou detalhado no plano de trabalho. No entanto, houve alguns atrasos no recebimento de fundos que influenciaram parte da implementação do programa.

No entanto, alguns atrasos também foram causados pela entrega tardia dos relatórios, e é necessária uma capacitação mais abrangente para todos os envolvidos na programação, incluindo todos os agentes comunitários, para que estejam cientes da importância de entregar os relatórios dentro do prazo, o que ajudaria para evitar atrasos no recebimento de fundos. Sobre esta mesma questão, um entrevistado compartilhou que a Covid-19 causou alguns atrasos, mas sempre houve valor para o dinheiro, uma vez que as aquisições eram feitas por meio de um mecanismo em Copenhague (já que poucas aquisições são feitas localmente), e por causa das quantidades encomendadas, o PNUD foi recebendo melhores negócios com fornecedores e conseguindo melhores preços, proporcionando assim uma melhor relação custo-benefício. Alguns entrevistados achavam que os fundos recebidos não cobriam todas as despesas da organização e que os fundos deveriam ser distribuídos de forma mais equitativa para o nível de esforço fornecido por cada SB e o que eles alcançaram, já que alguns SBs receberam menos do que outros, mas seu esforço ou a realização é maior. Vários entrevistados se sentiram gratos, e que a ajuda financeira recebida da subvenção do FG ajudou a alcançar muitos dos resultados bem-sucedidos observados durante o período da subvenção.

As modalidades de parceria foram propícias à entrega de resultados durante o período da subvenção de 2018-2020. Ficou claro que o PNUD, como BP, desempenhou um papel central em um envolvimento conduzido pelo país com os SBs do projeto. A maioria dos entrevistados consideraram que o PNUD, como BP, foi bem-sucedido na liderança e implementação da subvenção do FG e na garantia de que os SBs pudessem concluir e implementar a maioria das atividades programáticas. O PNUD trabalhou em estreita parceria com os SBs e esteve sempre disponível para apoiá-los no que fosse necessário, desde a importação de materiais e equipamentos, disponibilizando recursos financeiros para a execução das atividades no terreno e dando feedback sobre o que precisava de ser melhorado. Por outro lado, alguns entrevistados compartilharam algumas questões que eram mais difíceis, embora relacionadas aos aspectos financeiros do projeto. Alguns entrevistados sentiram que era necessário flexibilidade ou fundos adicionais para completar algumas atividades, embora estivessem cientes de que isso não era causado diretamente pelo PNUD, mas pelas alocações da subvenção do FG. Embora o projeto tenha tido um bom sucesso com a cobertura, o que poderia ter sido feito melhor foi a apropriação do país, para que as coisas passassem do centro para o periférico para garantir que houvesse impacto.

A maioria dos entrevistados consideraram que, em princípio, a estrutura de gestão do programa funcionava bem, especialmente em termos de coordenação do programa, gestão financeira, aquisições, monitoramento e avaliação, gestão de SBs e gestão de risco. Muitos sentiram que a gestão do programa foi facilitada ou ajudada com as reuniões de coordenação organizadas pelo PNUD e pela CNE. Essas reuniões regulares ajudaram a abordar e resolver quaisquer questões, obstáculos ou dificuldades que foram levantadas pelos SBs, e discutir a implementação das atividades do projeto. Embora houvesse um sentimento geral de que o gerenciamento do programa funcionou bem, os entrevistados compartilharam áreas em que as coisas funcionaram menos bem. Alguns entrevistados sentiram que alguns dos requisitos dos doadores em termos de relatórios e monitoramento eram

exigentes e que havia recursos humanos e recursos de gestão de programas limitados disponíveis, o que às vezes excedia uma equipe limitada.

Sustentabilidade

A sustentabilidade do projeto é garantida através da criação da Cellula de Gestão, o desenvolvimento e implementação do Plano de Desenvolvimento de Capacidade e de Transição para Fortalecimento do Sistema de Saúde, a capacitação que ocorreu entre os membros da equipe que fizeram a transição para o novo BP (MS) e os SBs durante o período da subvenção, bem como o compromisso demonstrado pelos parceiros para garantir que todas as conquistas sejam sustentadas no próximo período de subvenção.

A criação oficial da Cellula de Gestão foi um passo para garantir a sustentabilidade do projeto, e isso apoiado pelos respondentes, visto que na sua perspectiva existem dois principais motivos pelos quais os resultados do projeto serão sustentados, o primeiro é a criação da Cellula de Gestão e, em segundo lugar, o respectivo Plano de Desenvolvimento de Capacidade e de Transição. Vários entrevistados sentiram que com as conquistas observadas, o país vai agora começar a investir mais nas três doenças (VIH, TB e paludismo), e que o FG ajudou a criar estruturas para que o país, as principais partes interessadas e o parceiro possam melhor abordar e gerenciar o necessidades dessas três doenças de foco. Vários entrevistados sentiram que a sustentabilidade financeira é uma preocupação e precisa ser fortalecida. Por exemplo, certificar-se de que as atividades sejam executadas no prazo, garantindo que todos estejam envolvidos, o que requer muita coordenação. Seguindo em frente, um entrevistado compartilhou que, para garantir a sustentabilidade, o PNUD continuará a fazer parte do processo e fornecerá assistência técnica ao MS, que ajudará na transição e também trará novas ideias sobre como a gestão da subvenção do FG pode ser feita de forma diferente e abordar algumas das áreas que ainda não foram totalmente alcançadas.

Uma estratégia de sustentabilidade, que inclui o desenvolvimento de capacidades das principais partes interessadas nacionais, não foi apenas desenvolvida durante o período de 2018-2020, mas também implementada. O PNUD continuou empenhado no processo de fortalecimento do MS e desenvolveu um Plano de Desenvolvimento de Capacidade e de Transição, que criou as condições para uma transferência gradual do papel de BP para o MS durante o período 2018-2020. Vários respondentes concordaram que o desenvolvimento de capacidades ocorrido durante o período da subvenção do FG 2018-2020 terá um papel importante na sustentabilidade do projeto, porque muitos dos funcionários da atual Cellula de Gestão são ex-funcionários do PNUD, que eram capaz de obter uma visão e experiência valiosas da gestão das subvenções do FG. Além disso, esses mesmos entrevistados estavam confiantes de que os BPs agora estão capacitados e, portanto, têm o conhecimento e a experiência necessários para continuar com sucesso o trabalho necessário para o próximo ciclo de bolsas do FG (2021-2023). A capacitação também ocorreu entre os SBs, o que também garantirá a sustentabilidade do projeto, visto que muitos aprenderam os requisitos da subvenção do FG e, mais especificamente, alguns obtiveram percepção sobre a redação de relatórios e a gestão e relatórios financeiros.

Não foram desenvolvidas políticas formais ou marcos regulatórios para apoiar a continuação do projeto, no entanto, o Plano de Desenvolvimento de Capacidade e Transição para Fortalecimento do Sistema de Saúde e Proposta de Criação da Célula de Gestão de Subvenções do MS foram desenvolvidos para apoiar a continuidade dos benefícios da subvenção. Dois outros documentos dignos de nota relacionados a este projeto são o Plano Nacional de Desenvolvimento da Saúde 2017-2021 e o Estudo sobre o Financiamento da Saúde em São Tomé e Príncipe.

Em termos de fornecer apoio contínuo na próxima subvenção do FG, todos os entrevistados se sentiram confiantes de que os parceiros estão bem capacitados e comprometidos em garantir que as atividades sejam implementadas de acordo com os SBs que estão preparados para poder continuar o trabalho que foi alcançado.

Lições aprendidas

Países pequenos podem alcançar grandes resultados: O projeto mostrou que um país pequeno como STP tem potencial para alcançar resultados significativos, como a pré-eliminação do paludismo, bem como o que foi alcançado em termos de prevenção da transmissão entre mãe e filho, e entre as populações-chave.

São necessárias fortes habilidades organizacionais para a implementação de uma subvenção: A implementação de uma subvenção do FG exige que os parceiros estejam preparados e, para que tudo corra bem, você precisa ser organizado e disciplinado em termos da gestão de fundos.

Trabalhar em parceria alcança resultados: O papel das parcerias foi fundamental para alcançar os resultados de sucesso deste projeto, desde o FG, ao CCM, ao PNUD (como BP), até os SBs.

É importante ter um plano de mitigação: Em relação à Covid-19, a maioria dos programas não foram preparados e não havia nenhum plano de mitigação implementado como parte da programação. O FG deu ao país flexibilidade para reprogramar e adaptar a implementação e forneceu recursos adicionais.

Link entre BP e SBs é chave para a implementação bem-sucedida do projeto: É importante ter um bom relacionamento e comunicação entre BP e SBs, organizando reuniões onde ambas as partes podem se reunir para discutir e esclarecer questões ou obstáculos.

Abordando os direitos humanos, abordando as necessidades dos grupos vulneráveis: Para que um projeto trate dos direitos humanos com sucesso, ele precisa olhar de perto as necessidades dos grupos vulneráveis, como as populações-chave.

Plano de Sustentabilidade Financeira: Para garantir a sustentabilidade dos avanços alcançados no país, deve ser desenvolvido e implementado um plano de sustentabilidade financeira, que enfoque em como o financiamento deve ser gerado internamente, criando, portanto, menos dependência de fontes externas de financiamento.

Boas Práticas

Plano de Desenvolvimento de Capacidade e de Transição para Fortalecimento do Sistema de Saúde:

O Plano forneceu um bom modelo para auxiliar na transição de um BP para outro e um modelo útil para mostrar qual capacitação é necessária.

Comunicação e bom relacionamento entre os BP e os SBs: É muito importante estabelecer uma comunicação eficaz e um bom relacionamento entre os BP e os SBs e, neste caso, ocorreram várias reuniões entre o PNUD, a CNE e os SBs.

Parcerias: a criação de parcerias em todos os níveis desempenhou um papel significativo na obtenção dos resultados do projeto, e este modelo pode ser facilmente replicado

Forma ética de trabalhar com as populações-chave: O projeto mostrou que é crucial trabalhar em estreita colaboração com as populações-chave, desenvolvendo uma comunicação estreita e criando um ambiente de confiança com elas e trabalhando de forma ética.

Pulverização Residual Interna/Campanhas em massa: As conquistas observadas em termos de redução do paludismo e a realização próxima da pré-eliminação podem ser atribuídas à combinação de pulverização residual interna e distribuição em massa e campanhas de informação.

Abertura ao uso de novas tecnologias no combate o paludismo: O país mostrou-se receptivo a formas inovadoras e novas tecnologias ou abordagens para enfrentar o paludismo, destacando-se a parceria com a Universidade da Califórnia que implementará um projeto piloto com mosquitos geneticamente modificados.

Conclusão

As conclusões apresentadas neste relatório forneceram uma visão importante sobre o que foi alcançado e não alcançado em STP durante o período da subvenção do FG entre 2018-2020. O projeto do FG foi relevante na medida em que abordou os mandatos e as prioridades nacionais do PNUD e do FG, visando mulheres e homens, promovendo a igualdade de gênero, os direitos humanos e o desenvolvimento humano e garantindo que o programa fosse implementado de forma adequada no contexto de desenvolvimento. O projeto foi eficaz no alcance da maioria das metas e, portanto, a partir do que foi observado e compartilhado pelos entrevistados, houve progresso em direção ao cumprimento da estrutura de desempenho acordada. Realizações foram observadas em relação aos três programas do FG (paludismo, TB e VIH) e outras áreas programáticas, incluindo o sucesso da criação da Cellula de Gestão dentro do MS, e a transição bem-sucedida do papel de BP do PNUD para o MS. No entanto, houve alguns desafios relacionados à pandemia de Covid-19 que afetaram alguns resultados obtidos e impactaram a implementação do projeto, especialmente à luz das conquistas observadas entre as três doenças em 2018 e 2019. O projeto foi eficiente em que as saídas resultaram do uso econômico de recursos, que foram entregues no prazo, e as modalidades de parceria e a estrutura de gestão do programa foram favoráveis à entrega das saídas do projeto. A sustentabilidade do projeto é garantida através da criação da Cellula de Gestão, o desenvolvimento e implementação do Plano de Desenvolvimento de Capacidade e de Transição, a capacitação que ocorreu entre os

membros da equipe que fizeram a transição para o novo BP (MS) e os SBs durante o período da subvenção, bem como o compromisso demonstrado pelos parceiros para garantir que todas as conquistas sejam sustentadas no próximo período da subvenção. Várias lições aprendidas e boas práticas compartilhadas pelos entrevistados podem ser facilmente compartilhadas ou replicadas por outros e refletem muitas das realizações que foram observadas no período da subvenção. Em conclusão, a subvenção do FG em STP alcançou muitos sucessos, o principal foi a redução drástica nos casos de paludismo e chegando muito perto da realização da pré-eliminação em 2025. No entanto, o projeto também enfrentou vários desafios, especialmente em relação a Covid-19. O país beneficiou muito com a subvenção do FG durante o período 2018-2020, e também está bem equipado e capacitado para passar para o próximo período da subvenção (2021-2023), com o MS como o novo BP.

Recomendações

As recomendações que surgiram desta avaliação são sugeridas para auxiliar o MS, como o novo BP, com a implementação programática no próximo período de relatório da subvenção 2021-2023. As recomendações serão apresentadas em duas vertentes, as emanadas da Carta de Desempenho do FG 2020 e das vozes dos respondentes. Ambos os conjuntos de recomendações visam melhorar a programação futura da subvenção do FG em STP.

A seguir estão as recomendações emergentes da Carta de Desempenho de 2020:

- O PNUD deve transferir todas as informações relacionadas ao laboratório de controle de qualidade (CHMP) para o MS durante o período de fechamento.
- O MS deve revisar a ferramenta de monitoramento de estoque e garantir um sistema eLMIS totalmente funcional.
- O MS deve trabalhar com todas as partes interessadas para garantir que todas as três doenças sejam totalmente integradas no eLMIS.
- O MS deve continuar a colaborar com o PNUD a fim de finalizar a implementação do módulo de rastreamento do paciente para pacientes com VIH e garantir que todas as três doenças sejam totalmente integradas ao DHIS2 até 31 de dezembro de 2021.
- O PNUD deve trabalhar com o PNLS para garantir melhores tratamentos e cuidados para o VIH.
- O MS, o INPG, as organizações de base comunitária e outras partes interessadas devem trabalhar em conjunto para implementar medidas para garantir que todas as populações-chave sejam alcançadas com um pacote de serviços definido conforme necessário.
- O MS e o PNLS devem estabelecer um mecanismo para garantir e documentar o acompanhamento ativo dos pares mãe-filho até que as crianças expostas tenham 18 meses e maximizar o acesso ao diagnóstico precoce da criança às 6 semanas para todos os bebês expostos nascidos de mães VIH-positivas.
- É necessária mais atenção para garantir a detecção da carga viral e menos perda de seguimento entre pessoas vivendo com o VIH. Uma estratégia pode ser melhorar o papel da comunidade para ajudar a resolver essa lacuna.

- É necessária mais consciência para reduzir o estigma e a discriminação entre as populações-chave.
- O MS e o PNLS para fornecer uma atualização sobre o estado de implementação das ações apontadas na carta de desempenho anterior datada de 1 de julho de 2020.
- O PNUD e o PNLT devem desenvolver e implementar um plano para fortalecer os sistemas comunitários a fim de melhorar a detecção de casos de tuberculose e a adesão dos pacientes ao tratamento.
- O MS deve trabalhar com o PNUD para finalizar a nova versão do plano operacional de tuberculose que está atualmente em desenvolvimento.
- O MS e o PNLT precisam garantir o uso ideal de GeneXpert para todos os casos suspeitos de tuberculose, fortalecer os sistemas comunitários para garantir o acompanhamento dos pacientes na comunidade e minimizar o número de pacientes com tuberculose perdidos para acompanhamento e fortalecer as capacidades dos profissionais de saúde por meio de supervisões formativas.
- O MS e o PNLT devem finalizar a documentação relacionada ao recrutamento de assistência técnica em resposta à recomendação (Questão 7) do Painel de Revisão Técnica (TRP) para garantir o impacto do programa de tuberculose.
- O MS, o PNLS e o PNLT devem trabalhar juntos para garantir a integração total dos serviços de tuberculose/VIH, evitando a interrupção do serviço.
- O MS e o PNLP devem garantir uma melhoria na cobertura da pulverização residual interna, desenvolvendo um plano para fortalecer a consciência da comunidade e implementar uma estratégia de comunicação abrangente.
- O MS e o PNLP devem apresentar uma atualização sobre o estado de implementação das recomendações da OMS após a revisão intercalar do Plano Estratégico Nacional e investigações de surto conduzidas em 2019.
- O MS e o PNLP devem melhorar o desempenho desses indicadores, desenvolvendo um plano para fortalecer a conscientização da comunidade e implementar uma estratégia de comunicação abrangente.

As recomendações a seguir foram sugeridas pelos entrevistados para melhorar a gestão da subvenção do FG no próximo ciclo.

- **Transferência de conhecimento e habilidades:** Quando há uma transição de um BP para outro, é necessário haver transferência de conhecimento para garantir a sustentabilidade, e toda a transição deve ser bem documentada. O BP que está saindo precisa desempenhar um papel de ponte para que todos os procedimentos de concessão, incluindo os sistemas financeiros, estejam em vigor e sejam bem compreendidos, e eles devem desempenhar um papel de apoio para o novo BP.
- **Comunicação e acessibilidade:** Há necessidade de comunicação e acessibilidade entre o BP e os SBs, e outras partes interessadas importantes, como o CCM. Este diálogo ajuda a implementação e reduz problemas ou questões, pois todos podem trabalhar juntos para resolvê-los ou encontrar soluções.

- **Agradecimento:** A realização precisa ser reconhecida, é importante que os SBs recebam feedback do FG quando estão fazendo um bom trabalho ou alcançaram o que é necessário.
- **Parceria Participativa:** Fortalecimento de parcerias entre o CCM, BP e SBs, para que todos trabalhem juntos na mesma direção para alcançar os resultados do projeto exigidos. Isso garantirá que todos os parceiros sejam responsabilizados pela função no projeto, incluindo a implementação e os relatórios. Organizar reuniões regulares entre as principais partes interessadas e parceiros é crucial para identificar as áreas que estão funcionando bem e as que não estão.
- **Capacitação:** Estratégias para continuar a capacitação entre o BP e os SBs são necessárias à luz da transição que está ocorrendo entre o PNUD e o MS como o novo BP, isso irá garantir a continuidade e sustentabilidade do que foi alcançado.
- **Participação da comunidade:** Há agora mais do que nunca a necessidade de envolver a comunidade nos programas para que diferentes resultados possam ser alcançados, e a participação da comunidade significa ouvir o que a comunidade tem a dizer e envolvê-la na implementação do programa.
- **Documentação:** É importante documentar todas as evidências emanadas deste projeto, incluindo todas as pesquisas, relatórios, reuniões e implementação programática, incluindo todas as lições aprendidas e melhores práticas à medida que ocorrem durante a vida útil do projeto ou durante o período de concessão.
- **Plano Nacional de Desenvolvimento da Saúde:** Passando para o próximo período da subvenção, o MS precisa de mais atenção para endossar o Plano Nacional do Desenvolvimento da Saúde para garantir que haja uma estrutura para garantir que os projetos do FG estejam alinhados com o Plano Nacional do Desenvolvimento da Saúde, para poder atender adequadamente às necessidades de saúde da população.
- **Plano de Sustentabilidade Financeira:** Para garantir a sustentabilidade do progresso alcançado no país e melhorar o financiamento do sistema nacional de saúde, deve ser desenvolvido e implementado um plano de sustentabilidade financeira, que enfoque em como o financiamento deve ser gerado internamente ou com o setor privado, e, portanto, criando menos dependência de fontes de financiamento externas.
- **Trabalhar com todas as populações-chave:** É necessário focar em um grupo mais amplo de populações-chave (transgêneros, pessoas que usam drogas e pessoas em prisões) e, mais importante, realizar pesquisas para descobrir onde estão, quais são as necessidades e experiências e quais intervenções poderiam ajudá-los. Uma vez que isso é conhecido, é fundamental desenvolver e implementar atividades para atender às suas necessidades.
- **Comunicação de mudança de comportamento:** É necessário investir em intervenções de mudança de comunicação de comportamento. Por exemplo, é necessário haver um processo interativo com as comunidades e onde mensagens personalizadas são abordadas para ajudá-las a desenvolver comportamentos positivos, especialmente no que se refere às três doenças. Isso ajudará a obter um impacto de longo prazo sobre o trabalho que está sendo feito entre a população, e os fundos para esses tipos de intervenções devem estar disponíveis no próximo período da subvenção do FG.

Introduction

São Tomé and Príncipe (STP) is an island country in the Gulf of Guinea, off the western equatorial coast of Central Africa, and is considered a lower-middle-income country with an estimated Gross National Income (GNI) per capita of \$1,946 in 2019.⁷ Population living below the poverty line was estimated at 66%, and the country ranks 137 of 189 countries on the 2019 Human Development Index (HDI).⁸

The United Nations Development Programme (UNDP) was the Principal Recipient (PR) for the Global Fund (GF) projects in STP since 2005, and until 2020. In the last funding period (2018-2020), the project was focused on continuing with GF programs, while at the same time, building national capacity to ensure readiness for UNDP's transition out of the PR role, until full handover to the Ministry of Health (MOH), which took place in early 2020.

In STP, the three GF programs (HIV, TB and malaria) are integrated into the healthcare system, with a national coordination unit within the National Centre for Endemic Diseases/*Centro Nacional de Endemias* (CNE), and with the GF subvention for 2018-2020 the country aimed 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** 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.

As PR of the GF Grant, UNDP was responsible for Grant management for the period 2018-2020. During program implementation, UNDP provided, in accordance with the terms of the Grant agreement, Grant funds to other entities to implement program activities based on sub-recipient (SR) agreements. Program activities supported under this Grant have been implemented by the following organizations, who are considered as SRs under the Grant (see Annex A for brief profile of each SR).

Governmental (Ministry of Health):

- *Fundo Nacional de Medicamentos* (FNM)
- *Centro Nacional de Endemias* (CNE)
 - *Programa Nacional de Luta Contra o Paludismo* (PNLP)
 - *Programa Nacional de Luta Contra o SIDA* (PNLS)
 - *Programa Nacional De Luta Contra Tuberculose* (PNLT)

Governmental (Other Governmental):

- *Instituto Nacional Para Promoção da Igualdade e Genero* (INPG)

⁷ The World Bank. <https://data.worldbank.org/indicator/NY.GDP.PCAP.CD?locations=ST>

⁸ World Food Programme (WFP). <https://www.wfp.org/countries/sao-tome-and-principe>

Community Sector - Local Non-governmental Organization (NGO)

- *Associação Santomense Para a Promoção de Planeamento Familiar (ASPF)*
- *Cruz Vermelha*
- *Zatona Adil*

The total approved budget for the GF Grant in STP for the cumulative period of 1 January 2018 until 31 December 2020 was €5,088,901.⁹ An extension was granted for 1 January 2021 to 30 June 2021 with an additional budget of €910,612, mainly to assist with programming related to Covid-19, and a no-cost extension was further granted by the GF until 30 September 2021.

Purpose

The purpose of this evaluation is to assess the level of achievement of all the GF Grant STP-Z-UNDP requirements, as well as the *relevance*, *effectiveness* and *efficiency* of the Grant by understanding what key factors have contributed to achieving or not achieving the intended results. The evaluation will also determine the extent to which the Grant contributed to forging partnerships at different levels, including with government, donors, United Nations (UN) agencies, SRs and beneficiaries. Lastly, this evaluation will look at the *sustainability* of the Grant for continued realization of results generated, identify lessons learned and best practices, and make recommendations for future programming of projects of similar nature.

This evaluation will cover all activities implemented during the GF Grant project period 2018 to 2020.

Objectives

The specific evaluation objectives are:

1. To determine the **relevance** of the GF Grant and whether the initial assumption remained relevant for the whole duration of the Grant.
2. To assess the **effectiveness** of the GF Grant in terms of progress towards agreed outputs and identify the factors that influenced achievement of results.
3. To assess the **efficiency** of the Grant planning and implementation (including managerial arrangements, partnerships and co-ordination mechanisms).
4. To identify the unintended outcomes of the project, as well as **sustainability** of the results.
5. To identify **best practices** and **lessons learned** from the Grant implementation, and provide actionable recommendations for future projects.

⁹ UNDP São Tomé and Príncipe. (2017). Project Document. Investing to achieve elimination for Malaria and impact against TB and HIV in São Tomé and Príncipe.

Methodology

This evaluation was carried out in accordance with United Nations Evaluation Group (UNEG) Evaluation Norms and Standards of Evaluation and Ethical Standards, as well as the Organisation for Economic Co-operation and Development (OECD)/Development Assistance Committee (DAC) evaluation principles and guidelines, and was fully compliant with the DAC Evaluation Quality Standards.¹⁰ A documents review and key informant interviews (KIIs) with key project stakeholders were the two main data sources to evaluate project implementation and performance, and to make recommendations for the next program cycle.

The OECD/DAC Network on Development Evaluation (EvalNet) has defined six evaluation criteria. For the purpose of this evaluation: *relevance* is looking at the extent to which the intervention objectives and design responded to beneficiaries, global, country, and partner/institution needs, policies, and priorities, and continue to do so if circumstances change; *effectiveness* is the extent to which the intervention achieved, or is expected to achieve its objectives, and its results, including any differential results across groups; *efficiency* is the extent to which the intervention delivered, or is likely to deliver, results in an economic and timely way; and *sustainability* is the extent to which the net benefits of the intervention continue, or are likely to continue.¹¹

Evaluation Questions

The following key questions have guided the evaluation, and the development of the interview guide:

Relevance

- To what extent are the program in line with UNDP's and GF mandate, national priorities and the requirements of targeted women and men?
- How did the programs promote UNDP principles of gender equality, human rights and human development?
- To what extent was the Grant selected method of project implementation appropriate to the development context?

Effectiveness

- To what extent have outcomes/targets been achieved or has progress been made towards their achievement as per the agreed performance framework?
- How have corresponding outputs delivered by the Grant affected the outcomes, and in what ways have they not been effective?
- What has been the contribution of partners and other organizations to the outcome, and how effective have the Grant partnerships been in contributing to achieving the outcome?
- What were the positive or negative, intended, or unintended, changes brought about by the Grant implementation?
- To what extent did the outcomes achieve benefit women and men equally?

¹⁰ OECD. <https://www.oecd.org/dac/evaluation/2755284.pdf>

¹¹ OECD. <https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>

Efficiency

- To what extent have the project outputs resulted from economic use of resources?
- To what extent were quality outputs delivered on time?
- Could a different approach have produced better results?
- To what extent were partnership modalities conducive to the delivery of outputs?
- How is the program management structure operating?

Sustainability

- What indications are there that the project outcomes will be sustained, e.g., through requisite capacities (systems, structures, staff, etc.)?
- To what extent has a sustainability strategy, including capacity development of key national stakeholders, been developed, or implemented?
- To what extent are policy and regulatory frameworks in place that will support the end of Project Evaluation of the Grant continuation of benefits?
- To what extent have partners committed to providing continuing support?

In addition to these four areas, other themes explored were the identification of lessons learned and best practices that can be drawn from the project.

The above evaluation questions were agreed upon in consultation with the evaluator and the UNDP STP evaluation team.

Data Collection

In order to respond to the evaluation questions, data collection took place via a review of project and Grant related documentation, and KIIs with key project stakeholders including SRs, UNDP and the GF.

Documents Review

A documents review of several key project documents relating to the GF Grant in STP from 2018-2020 took place. Documents reviewed included the Country Programme Document, the Grant Performance Framework, Budget and Workplan for the period 2018-2020, and the GF Annual Performance Letters and Rating Tools, among others. These documents, provided by UNDP STP, assisted the evaluator to garner a clear understanding of the project's objectives and what was achieved (or not achieved), and assisted in informing on the specific areas to be included in the interview guide. A complete list of documents reviewed can be found in Annex B.

The documents reviewed also assisted the evaluator to identify any additional resource persons or key stakeholders involved in the project, including SRs, Ministry of Health (MOH) officials, Country Coordinating Mechanism (CCM) members, and officials from UN agencies and the GF. These key project stakeholders were invited to take part in a KII, and invited to provide comments and feedback

on the draft final evaluation report during the online/virtual validation meeting, which took place on 10 September 2021.

Key Informant Interviews

Before the KIIs took place an interview guide was developed to answer the evaluation questions related to the *relevance, effectiveness, efficiency* and *sustainability* of the project, as well as to help identify *lessons learned* and *best practices*. The interview guide was available in English and Portuguese (see Annex C), and gathered qualitative data on the above mentioned areas, and administered to selected project stakeholders (as identified by UNDP STP). Final approval of the interview guide was provided by the UNDP STP evaluation team.

UNDP STP provided a list of all key project stakeholders involved in the GF Grant, and these individuals were invited via email to take part in an online KII. The interviews were intended answer the evaluation questions, and to identify best practices and lessons learned between the project period 2018-2020, as well as to provide recommendations for future programming.

Due to COVID-19 travel restrictions, interviews were conducted in English and/or Portuguese via online platforms such as Zoom or Skype with the key selected project stakeholders. All KIIs were recorded once consent was obtained. A total of 23 projects stakeholders, including SRs and officials from UNDP and the GF were invited, and 15 took part in the interviews. A list of interviewees can be found in Annex D.

Data Analysis

All interviews were conducted in English and/or Portuguese. The interviews conducted in Portuguese were transcribed into English in order to facilitate data analysis and report writing. Emerging topics, ideas, concepts, terms, phrases and keywords relating to the evaluation questions (relevance, efficiency, effectiveness and sustainability) were identified. The analysis of the interviews have complemented the findings from the documents review.

Limitations

The following are limitations of this evaluation:

- The interviews were conducted with list of key project stakeholders provided by UNDP STP, who were identified as the main key project stakeholders involved in the GF Grant in SPT. The findings only represents the views of these specific key project stakeholders.
- It should be noted that no representation or contribution was received from ASPF, one of the SRs.
- In terms of generalizability, the results presented in this report only reflect the views of the key project stakeholders who took part in the KIIs. However, they do present a realistic perspective of what was achieved (or not achieved) under the GF Grant in STP during the period 2018-2020.

Findings

The GF is a partnership designed to accelerate the end of AIDS, tuberculosis and malaria as epidemics. As an international organization, the GF mobilizes and invests more than US\$4 billion a year to support programs run by local experts in more than 100 countries. In partnership with governments, civil society, technical agencies, the private sector and people affected by the diseases, they are challenging barriers and embracing innovation.¹²

The core objectives of the GF 2017-2022 Strategy are to: maximize impact against HIV, TB and malaria; build resilient and sustainable systems for health; promote and protect human rights and gender equality; and mobilize increased resources. For the GF to successfully implement this strategy they also depend on two additional and fundamental elements, which are innovating and differentiating along the development continuum, and supporting mutually accountable partnerships.¹³

Through implementation of its 2017-2022 Strategy, the GF fully aligns with partner plans and the Sustainable Development Goals (SDGs) adopted by all member states of the UN in September 2015. Through this strategy, the GF will contribute to the 2030 agenda including the principle of shared responsibility, the approach of inclusive, multi-sectoral participation, and the priorities as outlined in the SDG goals. In particular, financing provided through the GF will be a major contributor to enabling countries to meet Goal 3, and the associated target that seeks to end the epidemics of AIDS, TB, and malaria by 2030.¹⁴

The work of the GF is based upon four principles: (1) partnership, (2) country-ownership, (3) performance-based financing; and (4) transparency. The GF empowers implementers to lead the response to the three diseases, who are supported by a diverse range of partners in the health sector. The GF plays a critically important role, and it is imperative that funding is invested for maximum impact, supporting the implementation of programs in the most effective way possible.¹⁵

In STP, the GF's PR is UNDP. As the UN lead agency on international development, UNDP works in 170 countries and territories to eradicate poverty and reduce inequality. UNDP helps countries to develop policies, leadership skills, partnering abilities, institutional capabilities, and to build resilience to achieve the SDGs, and their work is concentrated in three focus areas: (1) sustainable development; (2) democratic governance and peace building; and (3) climate and disaster resilience.¹⁶ UNDP's approach to health implementation is grounded in its mandate to support countries' achievement of the 2030 Agenda for Sustainable Development. As a development agency, UNDP is uniquely positioned to advance progress towards universal health coverage by tackling the social, economic,

¹² Global Fund. Global Fund Overview. Available at <https://www.theglobalfund.org/en/overview/>

¹³ Global Fund. The Global Fund Strategy 2017-2022 Investing to end epidemics. Available at: https://www.theglobalfund.org/media/2531/core_globalfundstrategy2017-2022_strategy_en.pdf

¹⁴ Ibid.

¹⁵ Ibid.

¹⁶ UNDP. About Us. Available at: <https://www.undp.org/about-us>

and environmental determinants of health. This work is informed by UNDP's broader mission to eradicate poverty, build resilience, and catalyze structural transformations for development.¹⁷

UNDP's Strategic Plan 2018-2021 identifies six 'Signature Solutions' as areas of comparative advantage in which it is best equipped to deliver integrated responses to complex development challenges. They reflect a service offer that spans issues of gender, governance, energy, climate and environment, crisis, and poverty. Each solution contributes to, and benefits from, UNDP's work on HIV and health.¹⁸ UNDP currently provides solutions to strengthen systems for health in some 60 countries. A major component of this work is its partnership with the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF) to help countries implement large-scale health programs in some of the most challenging settings. UNDP combines end-to-end implementation support for health programs with capacity development to strengthen national systems and policy engagement to promote enabling environments for vulnerable and marginalized populations to access quality health services.¹⁹

Since 2005 and until 2020, UNDP was the PR of the GF Grant in STP (STP-Z-UNDP). Under the STP-Z-UNDP Grant, the project's intended outcome as stated in the United Nations Development Framework (UNDAF)/Country Programme Results and Resource Framework was: *strengthening social cohesion through access to quality basic services with a view to reducing inequality and disparity between citizens and communities*. Furthermore, the applicable outputs from the UNDP Strategic Plan were: *countries have strengthening institutions to progressively deliver universal access to basic services, and faster progress is achieved in reducing gender inequality and promoting women's empowerment*.²⁰

Achievements and Non-Achievements

To set the stage of what is presented in this report the following GF Grant project achievements and non-achievements for the reporting period 2018-2020 are shared, and will be further explored in the context of determining the *relevance*, assessing the *effectiveness* and *efficiency*, and identifying *sustainability* of the results. These achievements and non-achievements will also be reflected in the lessons learners and best practices highlighted in this report.

Achievements

Several achievements have been observed during the Grant reporting period 2018-2020. The GF 2020 Performance Letter indicates the following three successes for the reporting period under review. These include UNDP assisting the MOH develop and set up the District Health Information System (DHIS2), UNDP's submission of an Indoor Residual Spraying (IRS) operational plan, and UNDP's submission of a plan detailing the measures to be undertaken to build the capacities of the CNE to

¹⁷ UNDP. Many Paths, One Vision: UNDP Health Implementation Support To Achieve Sustainable Health Outcomes

¹⁸ Ibid.

¹⁹ Ibid.

²⁰ UNDP São Tomé and Príncipe. (2017). Project Document. Investing to achieve elimination for Malaria and impact against TB and HIV in São Tomé and Príncipe.

take over as PR under the program.²¹ Achievements highlighted by the respondents include the creation of the Grant Management Cell (GMC) within the MOH, the successful transition of the PR role from UNDP to the MOH, the capacity development which occurred during the Grant period, and the CCM becoming a national coordination committee for the entire health sector, and not only for the three diseases.

In relation to the three GF programs (malaria, TB and HIV) the GF Grant contributed to a reduction in malaria cases in STP with interventions such as IRS, mosquito nets and awareness campaigns, and it improved malaria testing, diagnostic, epidemiologic surveillance, and case finding. With the assistance of the GF Grant, STP managed to achieve good results in terms of TB treatment success and notification rates, and funds assisted the country in procuring GenXpert machines, which has helped diagnose TB cases in the country. The GF Grant helped achieve many good strides in HIV including improving the lives of people living with HIV (PLHIV), and improving access to prevention of mother-to-child transmission (PMTCT), and therefore reducing the transmission of HIV from mother-to-child. The project was also successful in addressing the needs of key populations, and in fact was able to target sex workers and men who have sex with men (MSM) with specific interventions, and to educate peer educators to raise awareness among key populations and the general public about HIV prevention.

Non-Achievements

Areas that were not achieved or need to be further improved as highlighted in the GF 2020 Performance Letter relate to health product and supply management, and programatic and monitoring and evaluation (M&E), including limited data availability, inadequate data quality, and inadequate program quality and efficiency. From the respondents perspectives, areas that were less well achieved were country ownership in terms of ensuring that the health system is well organized and efficient, difficulties with Grant management in terms of addressing actions raised in performance letters, and weakness in data reporting and the need for the DHIS2 to be fully integrated and functioning, including information on IRS. There is also a weak stock management system where it is difficult to quantify the consumption of products. Other areas mentioned were a lack of communication from UNDP to the CCM, which could have been better, and the re-programming of finances or funds which often affected the momentum of the implementation of activities.

It should be noted that in 2020 Covid-19 impacted the implementation of the project, especially in light of the achievements observed among the three disease in 2018 and 2019. Due to Covid-19 some of the planned activities were not implemented, as the country had to quickly turnaround to address the pandemic. Since STP is a small country, many of the health professionals who would have been providing HIV, TB or malaria services, were required to cope with issues relating to Covid-19. It should also be noted that this has affected some of the targets, as will be further discussed in this report. In terms of the impact of Covid-19 on the three GF focus programs (malaria, TB and HIV) the main issues raised were a slight rise in the number of malaria cases in 2020, a decrease in TB treatment and notification rates, and low notification rates for patients with multi-drug resistant TB (MDR-TB), as TB

²¹ Global Fund. (2020). STP-Z-UNDP Performance Letter

equipment (GenXpert machines) were being used for the Covid-19 response, and gains observed with PTMCT were lost with Covid-19, especially as many people were afraid to leave their homes to seek medical treatment.

Relevance

Global Fund and UNDP Mandate and National Priorities

The GF Grant project in STP for period 2018 to 2020 was **relevant** in that it addressed the UNDP and GF mandates and national priorities by targeting women and men, by promoting gender equality, human rights and human development, and by ensuring that the program was appropriately implemented to the development context.

Targeting women and men

The project in STP was in line with UNDP and GF mandates and national priorities, and successfully targeted women and men in all interventions implemented between 2018 and 2020. The project clearly articulated the GF's mandate, and was aligned with UNDP mandate because it was about building resilience, and making sure that the country is able to respond to the healthcare needs faced by the population. UNDP focuses on gender, human rights and human development, and the role played by civil society was very much in line with the GF's mandate. As one respondent mentioned, the GF project was aligned to national priorities because the activities are based on the National Strategic Plans (NSPs) of three diseases, which makes no distinction between men and women. Furthermore, the project was aligned to UNDP's Strategic Plan and the concept of prioritization in terms of looking at gender equality, as one respondent shared, all UNDP projects need to associate a gender marker on how gender was included in program, and this was done for the GF project in STP. This specific project has the highest gender marker, because men and women or the gender component was thought through since the inception of program. One respondent felt that the execution of the project was inclusive in that various organizations had the opportunity to participate, and that there was no discrimination. In terms of targeting women and men, a respondent from *Zatona-Adil* felt that both men and women had the right to participate in activities. For example, when they carried out household spraying campaigns at national level, both women and men were part of their the teams, in the first phase they thought women could not use the spraying machines, but with appropriate training, a good part of their teams are female, and can use the spraying machines. This is one example that shows how the project was successful in targeting both women and men.

Gender Equality, Human Rights and Human Development

The project was successful in promoting UNDP's principles of gender equality, human rights and human development. One respondent felt that promoting these principles was one of the main goals of the project, and that all the documents that were shared with the SRs clearly defined how these principles were to be observed, and how they had to be respected in their work and programs. For this respondent, it was not only on paper, but done in actuality. Another respondent felt that the

project was designed to focus on gender equality among all three diseases (malaria, TB and HIV) and that all activities were aligned to respect human rights. One example of how the project promoted human rights was the work done with key populations, in particular MSM and women sex workers. INPG, one of the SRs, worked closely with, and raised awareness among law enforcement and healthcare workers, a group of people who provide services to key populations, and are often those that can discriminate against them. The work of INPG was successful in not only addressing human rights, but also reinforcing that key populations are human beings and deserve respect.

This was also felt by another respondent who mentioned that human rights were respected, since at the start of the project, the biggest difficulty was with key populations. Since STP is a Christian country, it was very difficult for people to talk about or accept sex workers and MSM, and therefore it was hard to involve these key populations in project activities. These groups, along with people who are HIV positive and have TB are stigmatized, therefore generally for this population their human rights were not respected. Law enforcement often do not respect key populations or take into account their rights. However, with the efforts of this GF project, via the the SBs, and the work done over the years with key populations, especially from INPG, key populations' human rights are now starting to be respected.

Project Implementation and Development Context

The selected method of project implementation was appropriate to the development context because the project was aligned to UNDP and GF's mandate and national priorities, and promoted the principles of gender equality, human rights and human development. Moreover, as shared by one respondent the model used by the GF is a standard model where you have a CCM, which is a steering committee for the project, it is inclusive of all constituencies and representative of those affected by the three diseases. In STP, the CCM is a national committee including representatives from government, the private sector, technical partners, civil society and communities living with TB, HIV and malaria. This ensured inclusivity of all those affected by the three diseases, ongoing collaboration and communication, and that all perspectives were taken into account during the implementation of the project.

Effectiveness

The project was **effective** in reaching most targets, and therefore from what has been observed and shared by respondents there was progress made towards the achievement of the agreed performance framework. However, there have been some challenges related to the Covid-19 pandemic which have affected some results obtained, these are also highlighted below.

Project Outcomes/Targets

The project responded to the expectations of the GF, and the country managed to implement in almost its totality all the actions that were planned. There were substantive gains in the

implementation of this program, especially in malaria, with the observed drastic reduction in malaria in the country. It was also noted that in 2020, because of Covid-19, there was some difficulty in implementing some aspects of the project, but this was in the final phase of the project – this report will highlight the areas or activities that were affected by Covid-19. However, in general most of the targets were reached as planned.

The programmatic performance of the Grant period 2018-2020 is shown in Table 1. It shows that in 2018 the Grant achieved an average performance for all indicators of 96%, corresponding to an A2 rating.²² In 2019 the Grant achieved 81% which is a B1 rating,²³ while in 2020 the average programmatic performance was 74% corresponding to a B1 rating.²⁴ When looking at the Grant ratings, the programmatic performance seems to have diminished from 2018 to 2020, while there has been some progress especially in HIV, there were some weak performance in TB and malaria. Both the progress and lack of progress is presented below, and has been highlighted in the 2020 GF Performance Letter. It also seems that much of the weak performance was due to the impact of Covid-19, and as such a section on this impact is presented below.

Table 1: Global Fund Grant Rating 2018-2020

	2018 ²⁵	2019 ²⁶	2020 ²⁷
Grant rating	A2	B1	B1
Percentage	96%	81%	74%
Global Fund Performance Rating²⁸			
		Performance Rating	All Indicator OR Top Indicator Score
		A1	>100%
		A2	90%-100%
		B1	60%-89%
		B2	30%-59%
		C	<30%

Table 2 shows the coverage indicators, which are those that are presented in the GF Grant rating tool for the reporting period 2018-2020. In terms of the coverage indicators for all three diseases, some progress was made in some areas, while some areas performed less well as reflected in the 2020 GF Performance Letter, which is presented below.

²² Global Fund. (2018). STP-Z-UNDP Performance Letter

²³ Global Fund. (2019). STP-Z-UNDP Performance Letter

²⁴ Global Fund. (2020). STP-Z-UNDP Performance Letter

²⁵ Global Fund. (2018). STP-Z-UNDP Performance Letter

²⁶ Global Fund. (2019). STP-Z-UNDP Performance Letter

²⁷ Global Fund. (2020). STP-Z-UNDP Performance Letter

²⁸ Global Fund. (2016). Grant Rating Tool for NFM Grants in Excel. Available from

https://www.theglobalfund.org/media/3229/lfa_granratingtoolnfm_guidancenote_en.pdf

HIV

In terms of HIV the following areas showed good progress:

- **Comprehensive prevention programs for sex workers and their clients**
 - Over the three years, there has been a the satisfactory performance for the indicator related to Key Populations, *KP-1c(M): Percentage of sex workers reached with HIV prevention programs - defined package of services*, as it reached 92.2% of its target with service packages.
- **Treatment, Care and Support**
 - The indicator *TCS-1(M): Percentage of people living with HIV currently receiving antiretroviral therapy* reported an achievement ratio of 92% with 871 PLHIV receiving antiretroviral therapy out of 1,046 (83.3%).
- **PMTCT**
 - The indicator *PMTCT 2.1: Percentage of HIV-positive pregnant women who received ART during pregnancy* obtained an achievement ratio of 94% with 31 HIV-positive pregnant women receiving ART out of an estimated total of 33 HIV-positive pregnant women. We understand from the Principal Recipient that the indicator's performance was impacted by the COVID-19 pandemic.

TB

In terms of TB some indicators have shown weak performance.

- **TB care and prevention:**
 - The indicators for this module continued to demonstrate weak performance. Both indicators: (i) *TCP-1(M): Number of notified cases of all forms of TB (i.e., bacteriologically confirmed + clinically diagnosed), includes new and relapse cases*; and (ii) *TCP-2(M): Treatment success rate – all forms: Percentage of TB cases, all forms bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse cases* showed weaker results of 46% and 78% respectively compared those for 2019 of 71% and 83% respectively.
 - From the TB Global report and country profile, the number of TB incident cases is estimated at 114 per 100,000, suggesting an expected number of 250 incident cases. This implies that with 142 notified TB cases, the treatment coverage remained low at only 57%. Treatment success rate of 70% (down by one percentage point from 2019) remained low compared to global targets of 90%, a reflection of continued gaps in the quality of services offered to TB patients. On a positive note, the PR noted the increased use of GeneXpert.
- **MDR-TB:**
 - The results of the two indicators under this module: (i) *MDR TB-2(M): Number of cases with RR-TB and/or MDR-TB notified*; and (ii) *MDR TB-3 (M): Number of cases with RR-*

TB and/or MDR-TB that began second-line treatment continued to be low. Only one case out of a target of seven was notified and put on treatment, resulting in an achievement rate of 14%.

▪ **TB/HIV:**

- Regarding the indicator TB/HIV-6(M): *Percentage of HIV-positive new and relapse TB patients on ART during TB treatment*, we note that the proportion of TB patients who are HIV positive (4%) is lower compared to historical trends and the 2019 report (16%). This may be due to reduced active case finding at the national level, and the low demand for the passive TB diagnosis services as a result of the COVID-19 pandemic.

Malaria

In terms of malaria, the following indicators performed well and showed progress.

▪ **Case management:**

- The two indicators for malaria case management: (i) *CM 1a(M): Proportion of suspected malaria cases that receive a parasitological test at public sector health facilities*; and (ii) *CM 2a(M): Proportion of confirmed malaria cases that received first-line antimalarial treatment at public sector health facilities*, performed very well achieving 100% respectively.
- While the confirmed malaria cases that received anti-malarial treatment (1,994) is less than the results reported for 2019 (2,457), the Global Fund would like to note that significant gaps still remain in the country's effort to attain elimination by 2025, in particular if the reduction in cases is due to the impact of restrictions resulting from the COVID-19 pandemic.

However, the following indicators performed less:

▪ **Vector control:**

- The two indicators for vector control (i) *VC 3(M): Number of long-lasting insecticidal nets distributed to targeted risk groups through continuous distribution*; and (ii) *VC 5: Proportion of households in targeted areas that received Indoor Residual Spraying during the reporting period* performed unsatisfactorily at 69% and 77% respectively during the period under review.
- Only 11,107 long lasting insecticidal nets (LLINs) were distributed compared to a target of 16,000, while 66% of targeted households were sprayed (15,902/24,289) compared to a target of 85%. The results continue to suggest low acceptance of IRS and poor performance in relation to routine distribution, which was worsened by the COVID-19 pandemic.

Table 2: Coverage Indicators from 2018, 2019 and 2020²⁹

COVERAGE INDICATORS									
	2018 ³⁰			2019 ³¹			2020 ³²		
	Targets	Results	%	Targets	Results	%	Targets	Results	%
KP-1c(M): Percentage of sex workers reached with HIV prevention programs - defined package of services	89	435	120%	No target	101,1%	100%	No target	92.2%	100%
TCS-1(M): Percentage of people living with HIV currently receiving antiretroviral therapy	78,70%	94%	119%	85%	76,6%	90%	90,7%	83.3%	92%
PMTCT-2.1: Percentage of HIV-positive pregnant women who received ART during pregnancy	100%	100%	100%	100%	97,1%	97%	100%	93.9%	94%
TB/HIV-6(M): Percentage of HIV-positive new and relapse TB patients on ART during TB treatment	100%	100%	100%	100%	100%	100%	100%	100%	100%
TCP-1(M): Number of notified cases of all forms of TB-(i.e. bacteriologically confirmed + clinically diagnosed), includes new and relapse cases	195	152	78%	200	142	71%	200	91	46%
TCP-2(M): Treatment success rate- all forms: Percentage of TB cases, all forms, bacteriologically confirmed plus	82,70%	74,8%	90%	85,10%	71,10%	83%	90%	70.4%	78%

²⁹ Indicators extracted from Progress Update/Disbursement Request (PU/DR) 2018, 2019 and 2020

³⁰ Global Fund. (2018). Grant Rating Tool for Grant: STP-Z-UNDP. Global Fund Performance Letter

³¹ Global Fund. (2019). Grant Rating Tool for Grant: STP-Z-UNDP. Global Fund Performance Letter

³² Global Fund. (2020). Grant Rating Tool for Grant: STP-Z-UNDP. Global Fund Performance Letter

clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse cases									
VC-3(M): Number of long-lasting insecticidal nets distributed to targeted risk groups through continuous distribution	15,933	22,490	120%	18,500	16,258	88%	16 000	11,107	69%
VC-5: Proportion of households in targeted areas that received Indoor Residual Spraying during the reporting period	85%	67,4%	79%	85%	69,4%	82%	85%	65.5%	77%
CM-1a(M): Proportion of suspected malaria cases that receive a parasitological test at public sector health facilities	100%	100%	100%	100%	100%	100%	100%	100%	100%
CM-2a(M): Proportion of confirmed malaria cases that received first-line antimalarial treatment at public sector health facilities	100%	100%	100%	100%	100%	100%	100%	100%	100%
VC-1(M): Number of long-lasting insecticidal nets distributed to at-risk populations through mass campaigns	120,660	120,660	100%	N/A	N/A	N/A	N/A	N/A	N/A
MDR TB-2(M): Number of TB cases	7	5	71%	7	2	29%	7	1	14%

with RR-TB and/or MDR-TB notified									
MDR TB-3(M): Number of cases with RR-TB and/or MDR-TB that began second-line treatment	7	5	71%	7	2	29%	7	1	14%

Project Outcomes and Progress

The project's intended outcome as stated in the UNDAF/Country Programme Results and Resource Framework was: *strengthening social cohesion through access to quality basic services with a view to reducing inequality and disparity between citizens and communities.*

Looking closer at the three main Grant outputs (Box 1), it is clear that there has been progress and that these have positively affected the above mentioned outcomes. It should however be noted that some indicators may have not shown as much progress due to Covid-19, which made its appearance in 2020. The impact of Covid-19 on the delivery of outputs/indicators is presented further below (section: The impact of Covid-19 on the delivery of outputs/indicators).

Box 1: STP-Z-UNDP Grant Outputs

Output 1: 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.

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 $\geq 85\%$ by 2020.

Output 3: 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.

HIV

In terms of Output 1, respondents felt that the project helped reduce morbidity and mortality among PLHIV, for example the country adopted the World Health Organization's (WHO) Universal Test and Treat (UTT) Strategy, which was successful in detecting a large number of patients with HIV who are now on treatment and being followed. The project assisted in improving the quality of life and access to treatment among PLHIV, the country achieved good antiretroviral therapy (ART) coverage, even if the country has a low HIV prevalence compared to rest of Africa, they managed to get close to 90% of HIV positive people on treatment. There have been gains with PMTCT, and the country is on the path of eliminating vertical transmission of HIV from mother-to-child, data shows that there is less than 5% transmission, which is very positive result. Mass communication campaigns, which were part of the Grant program activities have helped reduce HIV stigma towards PLHIV in STP. Another great achievement was the interventions targeted to key populations such as sex workers and MSM, and for the first time the country was able to conduct the Integrated Bio-Behavioural Surveillance (IBSS) Survey, which allowed for a better understanding of the experiences and needs of key populations in

STP. As one respondent from IPNG shared, there was progress because they started working with a small group in 2018, and then were able to reach a larger number of key populations by 2020. For example, they reached more sex workers and MSM, and were able to distribute more prevention kits, as well as provide information and awareness. The HIV prevalence among sex workers reduced from 4.5% when they started working with them, to 1.6% as shown in the IBBS Study.

TB

Progress was also observed in terms of Output 2. STP is a country with a relatively low TB prevalence and limited cases, however with the GF Grant the country managed to achieve good results in terms of treatment success and notification rates, despite a decrease observed in 2020, mainly due to Covid-19. This achievement can be attributed to the country receiving GenXpert machines with the assistance of GF Grant funds. This machine diagnoses TB by detecting the presence of TB bacteria, and was the first machine of its type in STP, which has been transformational for the health system. A GenXpert machine was also delivered to Principe Island. It should however be noted that these machines were also used for the Covid-19 response in the country, which has been a significant contribution for contact tracing.

Malaria

It is perhaps in Output 3 where the most progress was observed, with many respondents mentioning that STP experienced a drastic reduction in malaria cases (although there was small rise in 2020 due to Covid-19). As one respondent shared, *“no one in São Tomé dies from malaria anymore, many years ago, malaria was one of the main causes of death here, but now there are no malaria deaths.”* The GF Grant contributed to reducing malaria cases in the country (and achieved pre-elimination in some areas on Principe island), which is an extraordinary achievement. The GF Grant provided funds for IRS, mosquito nets and awareness campaigns, and also improved malaria testing, diagnostic, epidemiologic surveillance, and case finding. STP is in pre-elimination phase of malaria by 2025, much of which can be attributed to the investment of the GF grants. This achievement can also be attributed to the partnerships that took place during this reporting period, for example the Red Cross (*Cruz Vermelha*) successfully distributed and placed mosquito nets to a large part of the population, and *Zatona-Adil* conducted a campaign to raise malaria awareness and provide IRS to homes in STP. Many respondents felt that the funds provided by the GF, these partnerships and interventions all played a critical role in reducing malaria in STP. Although some excellent progress was observed, malaria cases did increase in 2020, which may be attributed to Covid-19 (this will be highlighted further in this report).

All three outputs as highlighted above have positively affected the outcome of the project, which has been shown via the achievement of most targets, and what was shared by the respondents. It seems that areas that were less effective or where some discrepancies were observed relate to the impact of Covid-19.

Other project areas: Achievements

As detailed in the GF 2020 Performance Letter, the following three Grant requirements have been met, and these are seen as successes for the reporting period under review (2018-2020). They include: (1) UNDP assisting the MOH develop and set up the DHIS2, including a budget and implementation plan; (2) UNDP's submission of an IRS operational plan, which covered proposed actions, time-scales, costs and management structure; and (3) UNDP's submission of a plan detailing the measures to be undertaken to build the capacities of the CNE to take over as PR under the program, including timeline for transferring relevant Grant implementation responsibilities.³³

From the perspective of the respondents, several project achievements were highlighted including the successful transition of the PR role from UNDP to the MOH, the contributing role played by the CCM in terms of coordination, and working with key populations.

Transition of PR role from UNDP to MOH: One of the main project outcomes or achievements was the creation of the Grant Management Cell (GMC)/*Cellula de Gestão* within the MOH, and the MOH becoming the PR of the GF Grant for 2021-2023 and onwards. One respondent shared that this was one of the main objectives since the GF Grant started in STP, and it was achieved in the Grant period 2018-2020. This in itself will ensure the sustainability of the project, and the work being done in STP. In addition to the successful transition of the PR role from UNDP to the MOH, the capacity development which occurred during the Grant period, including the development and implementation of the Capacity Development and Transition Plan is noteworthy. Several UNDP staff members successfully transitioned to the GMC in the MOH, and capacity was built among national institutions such as the CNE, including the PLNP, PLNT and PLNS. As one respondent shared, *"It was the biggest transformation for the health system, even though there are still gaps, it was a significant achievement in this Grant."*

Country Coordination Committee (CCM): A significant achievement was having a national coordination committee (the CCM) that was able to build up civil society. Therefore, having the CCM in STP was a significant achievement, because the CCM became a committee not only for the three GF focus diseases (HIV, TB and malaria), but for other diseases as well. It became a national coordinating committee for the entire health sector, which is a significant achievement in terms of coordination.

Key Populations: There was achievement in terms of the work done with key populations, especially considering that STP is a small country or small island, and that it can be a challenge to establish such a program. During the period under review, the project achieved two successes: (1) to target sex workers and MSM with interventions; and (2) to educate peer educators to raise awareness. INPG trained peer educators to raise awareness among key populations and the general population in several communities, they would provide information on HIV prevention and they would also distribute prevention kits, condoms and lubricants. Moreover, the IBSS Study identified and mapped

³³ Global Fund. (2020). STP-Z-UNDP Performance Letter

places where there are key populations, which has helped with targeting interventions to these groups.

Project areas: Non-Achievement

Although there were significant achievements, some project areas were not achieved and still need improvement. The GF 2020 Performance Letter highlights the following areas that were not addressed in the Grant period 2018-2020, they focus on the following areas: health product and supply management, and programmatic and monitoring and evaluation (M&E).³⁴ Further detail is provided in the Performance Letter itself.

Health Product Management and Supply Chain

- Quality Assurance Plan for 2020 submitted by UNDP is not fully completed.
- A request of analysis for three products with the quality control laboratory (CHMP) was requested, but the results are not available.
- Significant weaknesses are noted with the mechanisms for monitoring stocks in order to minimize risks of stock outs and expiry.
- The logistics management information system (LMIS) was not implemented during the three years of this Grant.

Programmatic and M&E

- *Limited data availability and inadequate data quality*
 - The data management systems for the three programs are inadequate in spite of the roll out of DHIS2, which is evident in the incoherence in the number of active cohorts of PLHIV, as well as difficulty in determining the rate of retention for HIV and TB patients on treatment.
 - The denominators used for reporting indicators for key populations is not accurate.
- *Inadequate program quality and efficiency*
 - TB:
 - The proportion of TB cases tested with GenXpert, in line with WHO recommendations, is low.
 - TB treatment success rate is low compared to the global target of 90%.
 - The PR notes that an operational plan for active detection of TB cases was developed in July 2020, however this plan does not include considerations regarding the involvement of community systems.
 - HIV

³⁴ Global Fund. (2020). STP-Z-UNDP Performance Letter

- There is the need for the quality of treatment and care for HIV patients to be improved significantly.
- The quality of PMTCT needs to be improved to ensure active follow up of mother-child pair and optimal access to Early Infant Diagnosis.
- Malaria
 - IRS acceptability in targeted households is still low compared to results reported in 2018 (67%). However, the involvement of local authorities and leaders has made a difference in two districts.

The following are areas the respondents felt that were not achieved or need to be improved as the country enters the next Grant period (2021-2023), which supports and complements what has been highlighted in the GF 2020 Performance Letter.

GF focus programs: Malaria/TB/HIV

- Although the country was able to significantly reduce the number of malaria cases in 2018 and 2019, there was a slight rise in the number of cases in 2020, which can be attributed to Covid-19 and the country having to deal with an additional health crisis. Mapping of all malaria cases was not done successfully, the focus was only on registered cases, and one reason is the difficulty in finding people who have experience with Global Positioning System (GPS)/Geographic Information System (GIS) mapping in health issues in STP. One respondent felt that not enough mosquito nets were distributed for the entire population, with an average of 1.8 mosquito nets per family, which is not enough, as São Tomean families are larger with around four or five people per household, and therefore two mosquito nets was insufficient to cover all the requirements. While another respondent felt that there was a need to have more involvement of the population in this process, including a better acceptance or adherence to IRS. Although the country is set to eliminate malaria by 2025, there are still gaps in terms of malaria surveillance, tracing of active case detection is not timely done, and there is still weak acceptance of IRS, as mentioned above. As one respondent shared, *"...at some point malaria reduced in the country, so people felt tired of interventions, so we need good solid communication strategy to address this."*
- Although STP managed to achieve good results in terms of TB treatment success and notification rates, a decrease was observed in 2020, mainly due to Covid-19. The results show low notification rate for patients with MDR-TB. One respondent shared that this was due to TB equipment being used for the Covid-19 response, and that there was no community outreach for TB case detection, as most healthcare professionals had to turn their attention to dealing with Covid-19.
- The number of HIV positive people increased during the reporting period, however it should be noted that this coincided with STP adopting the WHO UTT Strategy. Previously, HIV prevalence was low because of the stigma around HIV treatment. The country was slow in implementing prevention interventions for key populations such as MSM, sex workers and their clients, detainees, and injecting drugs users, and this is an area that can be improved. The 2018 IBBS Study showed that the HIV prevalence among key populations is higher than

that of the general population, and therefore more focus is needed on these groups and clients. Also, there is still some stigma and discrimination in the country around MSM, but INPG have taken the lead in addressing some of these issues, although more work is still needed. Gains observed with PTMCT were lost with Covid-19, especially as many people were afraid to leave their homes to seek medical treatment. In terms of quality of care and HIV services, in STP there is good coverage of ART, but the country is not close to achieving the third 90% relating to viral load detection. In the past three years there has been a challenge in accessing viral loads, especially for the size of country. As one respondent shared, *“when we look at different sources of information every person in STP can access health facility within 30 minutes walking, the challenge is why people don’t access viral load, while there was no stock out of regents, it’s a problem of organization and transport.”* Moreover, there is a high loss to follow up for size of the country, and the community aspect seems to have been missing in implementation.

Country ownership: The country is still behind in terms of country ownership, especially for a country the size of STP. For the population and size of the country, they could have done better in terms of health systems and getting the country to own it. For example, they must lead the process of making sure health systems are well organized and efficient, therefore allowing the health system to operate at an optimal level.

Grant Management: In terms of Grant management, there was a lack of follow up on actions that were not implemented in performance letters, and too often during the Grant reporting period Grant management actions were carried over from performance letter to performance letter.

Data Reporting and Management: Some respondents felt there was a weakness in data reporting, especially with the size of the country, there should have been a fully functioning integrated electronic system (DHIS2) for integrating the three diseases, including IRS. It seems that IRS information has not happened. There is also a weak stock management system where it is difficult to quantify the consumption of products, especially with products expiring and stocking out. Due to the size of the country, it could have managed things better.

Communication: One respondent felt that was a lack of communication from UNDP to the CCM. One of the roles of the CMM is to accompany the activities of the Grant, but it was felt at times that the CCM would only learn about things once they happened. A reason provided could be that there was no formal coordinating committee structure or permanent secretariat when UNDP first became PR, so this lack of communication could have come from the past. Although there was communication from UNDP, it could have been better.

Re-Programming: Several respondents felt that the re-programming of finances or funds affected the implementation of activities, where in some instances it felt like there was a loss momentum. Some respondents also felt that funds were reduced, which also reduce the number of activities implemented. Therefore, with less funding, there were less activities. However, some mentioned that they were still able to work with the funds they were given.

The Impact of Covid-19 on the Delivery of Outputs/Indicators

In 2020, the world faced a new challenge with the appearance of Covid-19, and the disruption it caused globally. STP was not immune to this ordeal, and as many respondents shared the implementation of several activities related to the GF Grant were affected.

In STP, Covid-19 had an impact on the implementation of several activities. At the initial phase of the pandemic, borders were closed and the State had to intervene and find assistance from international organizations to facilitate the entry of products and medical supplies. With help of the WHO and the GF, direct flights were organized so that products could enter the country, notwithstanding that STP is an island and access or entry is only via air or sea. There were some small delays especially with malaria medication, but the situation was appropriately handled.

Furthermore, because of Covid-19 some of the planned activities in the field were not implemented, as the country had to quickly turnaround to address needs of the pandemic. Since STP is a small country, many of the health professionals who would have been providing HIV, TB or malaria services, were now trying to cope with issues relating to Covid-19. It should also be noted that this has affected some of the targets, as described above.

Due to Covid-19, some services were closed, and the number of healthcare professionals was diminished, cases detection and access to medication was reduced. In many cases, patients were scared to leave their homes, which impacted the progress made in addressing malaria, HIV and TB in STP. The supply of medications was affected by transport, where suppliers had difficulty sending goods and supplies, the laboratories could not produce results, but as one respondent mentioned a plan was made to ensure that patients would not suffer without services or medications. As one respondent shared, *"It was stressful, the borders were closed in March 2020, land and air, we only opened for humanitarian flights, so via humanitarian flights we were able to buy stock and received stock."* It was also mentioned that laboratories that were used for HIV and TB testing, were now being used for Covid-19 testing.

The 2020 Performance Letter also revealed how certain indicators were impacted by Covid-19. For example there were some setbacks in previous gains in relation to PMTCT, some respondents mentioned that TB equipment was used for the Covid-19 response, and that there was no community outreach for TB case detection. As one respondents shared, *"...with the lessons learned from Covid the role of community outreach or community activities can be expanded, for TB, HIV malaria and the entire health system."* The 2020 Performance Letter also highlighted that some of the weak performance observed in terms of TB such as reduced active case finding at the national level and the low demand for the passive TB diagnosis services were a result of the Covid-19 pandemic.

In terms of malaria, the distribution of long lasting insecticidal nets (LLINs) distributed were below the target, which as mentioned by the GF continues to suggest low acceptance of IRS and poor performance in relation to routine distribution, which was worsened by the Covid-19 pandemic. Although there was some positive progress during the three years, the GF has noted that that

significant gaps still remain in the country's effort to attain elimination by 2025, in particular if the reduction in cases is due to the impact of restrictions resulting from the COVID-19 pandemic.

Project Outcomes Benefitting Women and Men Equally

The outcomes achieved from the Grant implementation for the period 2018-2020, as highlighted above, benefited women and men equally. Generally there was participation or implication of women and men in the project, and gender issues were always in the forefront. As stated above, the project activities for this period were in line with both UNDP and GF's mandate to target women and men as reflected in all project interventions. This was reaffirmed, by a key stakeholder from INPG who shared that in the work they conducted, both women (i.e., sex workers) and men (i.e., MSM) were targeted and benefitted from the project. Furthermore, as one respondent shared, positive changes were observed with the fact that key populations like MSM could access prevention and treatment, that children and women who are the most affected by malaria were prioritized to receive prevention and treatment, and that there was reduction in death among pregnant and children under 5 years, all these are seen as positive outcomes. Another respondent mentioned that STP's Constitution clearly states that women and men benefit equally, that services or access to HIV, malaria and TB services are offered free and available for everyone, and that everyone has the same right. Moreover, the GF urges the SRs to ensure that all activities benefit both women and men, and they are implemented in an equal way, where everyone has access. One of the successes of this project was that there was no discrimination to access, therefore allowing women and men to access services in an equal way.

Partnerships

The contribution of partners during the period under review was successful in contributing to the achieved outcomes, including achievements observed with the three focus diseases, Grant management and the transition of UNDP as PR to the MOH.

In terms of partnerships, the Grant agreement clearly states that *"Ongoing collaboration and communication between UNDP and in-country partners (the Global Fund, CCM, MOH, key technical partners, other donors and SRs) is critical to program success."* Moreover, it states that UNDP as PR is responsible for partnership management, including, but not limited to, mapping key partners and holding regular consultations with key partners.³⁵ It was clear from what was shared by the respondents, that partnerships formed did in fact help achieve the results observed, with some highlighting areas that worked well, while others sharing some areas they felt could be improved.

This project involved many partners, and all of them had their own roles, which facilitated project achievements. One respondent shared that partnerships among SRs and international donors worked very well. There was good participation and partnerships formed at the local level with some non-governmental organizations (NGOs) who registered with the national federation of NGOs, and these partnerships contributed to the successful implantation of activities.

³⁵ UNDP São Tomé and Príncipe. (2017). Project Document. Investing to achieve elimination for Malaria and impact against TB and HIV in São Tomé and Príncipe.

There are also examples of SRs forming partnerships with each other. For example, Zatona-Adil and FNM formed a close partnership, which led to several successful spraying campaigns. FNM was responsible to keep the insecticides and equipment for household spraying stored in their warehouse, and Zatona-Adil work closely with FNM to ensure they had the stock they need for their campaigns. As one respondent said, this is an example of a good collaboration between the technical staff of both organizations. There was a good relationship between both organizations, and everything was well organized, which led to effective communication and the achievement of good results.

Zatona-Adil also shared that they had a successful partnership with PLNP. For example, before starting a spraying campaign they needed capacity building among their spraying agents, and because spraying is seasonal activity and people are recruited for two months per campaign, when the campaign ends until the next one starts, the agents go for other opportunities and are less available for the next campaign. Therefore, for the new cycle they need to capacitate new agents, and they collaborate closely with the PLNP and their technical staff who conduct training on malaria and specifically on household spraying. This is another excellent example of a partnership formed between Zatona-Adil and PLNP during this reporting period.

Partnerships were also mentioned by a respondent from IPNG as very important, as without partners very little could be reached or attained. One important partnership is with the GF, as well as with other SRs such as PLNS, ASPF, *Cruz Vermelha* and youth associations. They also formed partnerships with the *Cabinete de Mulheres, Família e Equidade de Género* in Principe, and worked with police commanders/law enforcement, hospitals, districts and municipalities, all these partners have played a role in helping them implement planned programmatic activities.

In addition to the partnerships that existed at the start of the Grant period, several new partnerships were formed, and these are worth mentioning. The project generated several partnerships in different directions that brought additional resources to UNDP. For example, they managed to mobilize at headquarter the SDG Fund to bring in additional funding for DHIS2 (to strengthen the health management information system). A project with UNDP funds took place with a psychologist from the *Associação dos Psicólogos de São Tomé e Príncipe* (APSTP), which was a project on mental health. Through this partnership, a free hotline was created with psychologists to support the population to understand Covid-19.

Other partnerships that were formed during this reporting period, that has an impact on the GF Grant include:

- An agreement with the University of California for \$500,000 (USD) to tackle malaria by looking at genetically modified mosquitos.
- An agreement with the *Agence Française de Développement* (French Development Agency) and the Canadian Development Agency to provide to UNDP with \$400,000 dollar to engage specialists (10 UN Volunteers) in different positions to support the government.

- \$500,000 with the SDG Fund to develop DHIS2 in collaboration with the WHO, the United Nations Children’s Fund (UNICEF) and the International Labour Organization (ILO) (as mentioned above).

All these partnerships, including extra funds and agreements will help support the MOH in the next Grant cycle. It should be stated that all these additional partnerships have impacted the GF project during this reporting period, and therefore the GF project was able to create partnerships at different levels, which have contributed to the achievement of project outcomes.

Efficiency

The project was **efficient** in that outputs resulted from economic use of resources, which were delivered on time, and partnership modalities and the program management structure were both conducive to the delivery of project outputs.

This is supported by the findings of the audit of the GF Grant conducted by the UNDP Office of the Audit and Investigations (OAI) in May 2021. The aim of the audit was to assess the adequacy and effectiveness of the governance, risk management and control process relating to governance and strategic management, program management, SR management, procurement and financial management of the GF Grant. The OAI assessed UNDP STP’s management of the Global Fund Grant as **fully satisfactory**, which means *“The assessed governance arrangements, risk management practices and controls were adequately established and functioning well”*.³⁶

Economic Resources

The total approved budget for the GF Grant in STP for the cumulative period of 1 January 2018 until 31 December 2020 was €5,088,901.³⁷ An extension was granted for 1 January 2021 to 30 June 2021 with an additional budget of €910,612, mainly to assist with programming related to Covid-19, and a no-cost extension was further granted by the GF until 30 September 2021.

The country’s financial performance from 2018 to 2020 is shown in Table 3. It shows that in 2018 the absorption rate is 85% over the period with €1,774,724.04 of validated expenditures against a budget period of €2,078,390.99.³⁸ In 2019, the total expenditure was €1,648,851 compared to an approved budget of EUR 1,933,081, which shows the absorption rate of 85.3%.³⁹ For 2020, the total expenditure was €2,101,054 compared to an approved budget of €2,575,938, which represents an absorption rate of 81.6%.⁴⁰

³⁶ UNDP Office of Audit and Investigations. (27 May 2021). Audit of UNDP São Tomé and Príncipe Grants from Global Fund. Report No. 2297.

³⁷ UNDP São Tomé and Príncipe. (2017). Project Document. Investing to achieve elimination for Malaria and impact against TB and HIV in São Tomé and Príncipe.

³⁸ Global Fund. (2018). STP-Z-UNDP Performance Letter.

³⁹ Global Fund. (2019). STP-Z-UNDP Performance Letter.

⁴⁰ Global Fund. (2020). STP-Z-UNDP Performance Letter.

Table 3: Global Fund Grant Financial Performance from 2018 to 2020

Year	Reporting Period Budget (Euros)	GF Validated Expenditure Reporting Period Expenditure (Euros)	Absorption Rate
2018	2,078,390.99	1,933,081	85%
2019	1,933,081	1,648,851	85.3%
2020	2,575,938	2,101,054	81.6%

The project outputs resulted in economic use of resources, most of which were delivered on time. The respondents provided some insight into financial issues relating to the Grant. Firstly, as part of the Grant requirement, UNDP was responsible for the implementation of the funds under the supervision of the CCM. More specifically, they were responsible for the financial and operational management of UNDP’s implementation of the GF program, including grant making and implementation, sub-recipient management and grant reporting.⁴¹

Respondents confirmed that funds from the GF were monitored with rigor by the CCM and within GF standards, they also supervised how the Grant was being implemented on the ground. One respondent shared that the program had a good financial delivery that matched the program delivery. Another respondent said that UNDP always made sure that funds were available to complete all activities as required or detailed in the workplan. While another shared that there were some delays in receiving funds that influenced some of the program implementation. As another respondent shared, *“Even from the Global Fund to the Principal Recipient and to the Sub-Recipients money flow takes time...it takes time to get money to the sub recipients...maybe money more available faster this would help get things moving faster...but with time people were more aware of this delay.”*

Some delays were also caused by the late submission of reports, but as one respondents shared they often were waiting for community agents to submit their reports in order for the main report to be compiled, and if one report was late then this delayed the main report, and the disbursement of funds. This same respondent shared that all their staff members had been trained on how to compile the reports, but not their community agents (but they did they receive this information). Therefore, perhaps more comprehensive capacity building is needed for all those involved in programming, including all community agents, so that they are aware of the importance of delivering reports on time, which would help to avoid delays in receiving funds.

On this same issue, one respondent shared that Covid-19 caused some delays, but there was always value for money as procurement was done through a mechanism in Copenhagen (as little procurement is done locally), which is good and bad. One positive thing is that by using the Copenhagen hub, because of the quantities, UNDP was receiving better deals with suppliers and achieving better prices, therefore providing value for money. That is how medicines, laboratory

⁴¹ UNDP São Tomé and Príncipe. (2017). Project Document. Investing to achieve elimination for Malaria and impact against TB and HIV in São Tomé and Príncipe.

equipment, and rapid test were procured. Items were procured through this mechanism, although it is important to procure locally, the local market is limited, which is not value for money. However, the way that it was done for the GF Grant was a good use of economic resources.

Some respondents felt that the funds received did not cover all the organization's expenses, and that funds should be distributed more equally for the level of effort provided by each SR, and what they have achieved, as some SRs received less than others, yet their effort or achievement is greater. Several respondents did feel grateful and that the financial assistance received from the GF Grant helped achieve many of the successful results observed during the Grant period.

Partnership Modalities

Partnership modalities were conducive to the delivery of outputs during the Grant period 2018-2020. It was clear that UNDP, as the PR, played a central role in a country-driven engagement with the SRs of the project. UNDP's role was to support improvements in health services for the reduction of HIV prevalence and TB and the elimination of malaria, by ensuring that interventions focused on strengthening the health system in three areas: (1) health information; (2) medicines and purchases of medical products; and (3) community system. UNDP's role was to assist government in coordinating partners, decentralizing management response and assisting community participation by vulnerable women and men, which is the key element of UNDP's strategy for transition of the national management of the GF Program.⁴²

Most respondents felt that UNDP as the PR was successful in leading and implementing the GF Grant, and ensuring that SRs were able to complete and implement most of the programmatic activities. UNDP worked in close partnership with the SRs and were always available to support them with what was necessary, from importing material and equipment, making available finances for the execution of activities on the ground and providing feedback on what needed to be improved. Many respondents who are SRs felt that there was a very good relationship between them and UNDP. One respondent shared that UNDP during their various years as PR were able to accumulate experience, and were able to help SRs with capacity building, which then also assisted the beneficiaries of the project. Coordinating Meetings organized by UNDP were also raised as crucial in bringing people together to discuss and resolve issues in one common space. Another respondent felt that UNDP's management and supervision was well done. While another mentioned: *"when we speak to partners we hear positive feedback by partners, and UNDP is seen as a trusted partner."*

On the other hand, some respondents shared some issues that were more difficult, although these related to financial aspects of the project. Some respondents felt that flexibility or additional funds were required to complete some activities, although they were aware this was not directly caused by UNDP, but the allocations of the GF Grant, however it was frustrating for some. One respondent felt that although the project had good success with coverage, what could have been done better was country ownership, for things to move from central to peripheral to ensure there was impact.

⁴² UNDP São Tomé and Príncipe. (2017). Project Document. Investing to achieve elimination for Malaria and impact against TB and HIV in São Tomé and Príncipe.

Programme Management

As per the Grant agreement, the following governance and management arrangements were agreed to, including roles and responsibilities as follows. The donor of the project is GF, and therefore all management arrangements are in line with GF guidelines. The CCM provides the overall governance and strategic monitoring of the Grant, it is a national committee which includes representatives from government, the private sector, technical partners, civil society and communities living with the diseases. The PR of the Grant for the period 2018-2020 is UNDP, as nominated by the CCM and they are responsible for the implementation of the funds under the supervision of the CCM. With regards to the implementation of the workplan, UNDP disburses funds to the SRs.⁴³

The majority of the respondents felt that in principle, the program management structure operated well, especially in terms of program coordination, financial management, procurement, monitoring and evaluation, SRs management and risk management. Many felt that program management was facilitated or helped with the Coordination Meetings organized by UNDP and CNE. These regular meetings helped address and resolve any issues, obstacles or difficulties that were raised by the SRs. One respondent felt that these coordination meetings were successful in allowing SRs to discuss the implementation of the project activities.

Respondents felt positive about the support, supervision and follow up they received from the UNDP team in terms of M&E and financial management, and were readily available to provide capacity building in some of these areas as needed. As highlighted by a respondent, *“we tried hard to make sure that all the activities were implemented in the best way, we would present the reports on time and provide financial justification...the financial admin from UNDP would come here and observe us, and if anything wasn't right they would help us fix”*.

Although there was a general feeling that program management worked well, respondents did share areas where things worked less well. Some respondents felt that some of the donor requirements in terms of reporting and monitoring were demanding, and that there was limited human resources and program management resources available, which did at times over stretch a limited team. One respondent felt that a lack of digital follow up or technologies posed difficulties in terms of program management, it was felt that the country was still not equipped or not able to fully use technologies that can actually bring people closer together in a digital way. Looking at impact in various ways in terms of program management, one respondent felt that it was satisfactory, but it could have been much better in terms of building capacity and building systems to push the country to think around what systems could help them get the right impact.

⁴³ UNDP São Tomé and Príncipe. (2017). Project Document. Investing to achieve elimination for Malaria and impact against TB and HIV in São Tomé and Príncipe.

Sustainability

The **sustainability** of the project is guaranteed via the creation of the GMC/ *Cellula de Gestão*, the development and implementation of the Capacity Development and Transition Plan, the capacity building which took place among the staff members who have transitioned to the new PR (MOH) and the SRs during the reporting period, as well as the commitment shown by partners to ensure that all achievements are sustained in the next Grant reporting period.

Sustainability of the project and implemented activities was clearly described in the UNDP 2017 Project Document, where UNDP's support would be the key element of the strategy for the transition of national management of the GF program. It further states that *"the modality of implementation will ensure gradual withdrawal from UNDP and progressive ownership of the Government."* To ensure a successful transition, several activities were planned over the three years of this current Grant. From January to December 2018, activities included financial management of the new Grant, purchases of health products and non-medical products, implementation of the capacity building plan, support for the contracting SRs, strengthening existing management systems within the MOH and progressive transfer of PR responsibilities to the Ministry. From January to December 2019 activities included the support to the financial management of grants, transfer of UNDP contracts and obligations to the MOH, transfer of responsibility for the stock of medicines and their insurance to the MOH, transfer of ownership of equipment purchased by UNDP to the MOH and inventories of project assets. Finally, in the last year, from January to December 2020, activities included transfer of skills through the placement of some members of the UNDP team on the MOH, final closure of UNDP activities and documentation, communication and dissemination of the results of the project.⁴⁴ It was evident in the successful transition that all these activities took place successfully, which have therefore ensure the sustainability of the project outcomes.

Moreover, the official creation of the GMC was a step in ensuring project sustainability. The MOH was designated by the CCM at a General Assembly meeting held on 22 April 2020 as the new PR of the GF Grant for the period January 2021 to December 2023. The MOH will assume this role through a GMC which will have administrative and financial autonomy created through a decree *Decreto-Lei no 13/2020 (Anexo 17)* so that they are able to manage funds received. The GMC will oversee the management of the GF grants, and work with GAVI, UNFPA and other partners and will delegate all administrative and financial responsibilities, acquisitions, disbursements, monitoring and evaluation of results, reports and communication related to the Grant.

This is also supported by the respondents, and from their perspective there are two main reasons why the project outcomes will be sustained, the first is the creation of the GMC, and second is the related Capacity Development and Transition Plan, which will be described further in this report. From the perspective of one respondent, the creation of the GMC within the MOH was one of the main objective since the beginning of the GF Grant in STP, and it was achieved in the Grant period 2018-2020, *"This in itself will ensure the sustainability of the project and work being done in São Tomé...additionally, the*

⁴⁴ UNDP São Tomé and Príncipe. (2017). Project Document. Investing to achieve elimination for Malaria and impact against TB and HIV in São Tomé and Príncipe.

capacity development which occurred during the Grant period, including the development and implementation of the Capacity Development and Transition Plan.” The Capacity Development and Transition Plan has ensured that all current MOH staff (who were formers UNDP staff members) working on the GF and other grants have appropriate knowledge and experience required for Grant management, which will ensure sustainability of the project.

As mentioned capacity building will play an important role in sustainability, not only related the transition, but also capacity building that occurred among the SRs and they own staff members. One respondent felt that project outcomes will be sustained because they have a well-trained team that are now better able to implement program activities. While another respondent felt that the capacity building received will help with sustainability, in terms of report writing and general program management.

Several respondents felt that with the achievements observed, the country will now start investing more into the three diseases (HIV, TB and malaria), and that the GF helped create structures so that the country, key stakeholders and partner can better address and manage the needs of these three focus diseases. Therefore, the good results achieved will also be sustained, especially those highlighted above relating to HIV, TB and malaria. As one respondent shared, the achievements of the malaria program will be sustain, and a number of lessons learned will continue and help achieve the elimination phase, *“Our actions for distribution and placement of the mosquito nets in people’s houses and what was done to have continuity or sustainability was to provide information and awareness to people on how to use the mosquito nets so they preserve them to last longer.”*

Moving forward, one respondent shared that the MOH is doing an exercise on sustainability to better understand how they will sustain the activities once the GF’s funds diminish, and one initiative is to generate domestic resources and funds from the private sector, to avoid bottlenecks which could prevent good results or achievements that have been observed in the last few years.

Several respondents felt confident in the sustainability of the programmatic activities (as highlighted above), but some felt that financial sustainability is a concern and needs to be strengthened. For example, one respondent felt concerned about financial management, making sure that activities are implemented on time, making sure that everyone is involved, which requires a lot of coordination. The programs are well capacitated, but for the MOH to manage the funds might be a challenge, especially for an institution that does not even yet have a financial system, therefore this needs to be strengthened.

Moving forward, one respondent shared that to ensure sustainability UNDP will remain part of the process, and provide technical assistance to the MOH, which will help with the transition and also bring new ideas on how the GF Grant management can be done differently, and address some of the areas that are still not fully achieved (as per the 2020 Performance Letter). This will make sure that capacity can be built of the next two to three years, and that transfer of knowledge takes place among the MOH, so that the country can build on what did not work well, and even perhaps do things differently.

Capacity Development

A sustainability strategy, which includes capacity development of key national stakeholders was not only developed during the period 2018-2020, but implemented. As stated in the UNDP Project Document 2017, “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.”⁴⁵

The transition of UNDP as the PR to the MOH, as described earlier in this report required a sustainability strategy, which included the capacity development of key project stakeholders. UNDP remained engaged in the process of strengthening the MOH, and developed a Capacity Building and Transition Plan, which created the conditions for a gradual transfer of the role of PR to the MOH during the period 2018-2020. Capacity building interventions aim to contribute to the resilience and sustainability of national health systems were also developed and implemented.⁴⁶

As described in the Capacity Development and Transition Plan to Strengthen the Health System/ *Plano de Desenvolvimento de Capacidade e de Transição para Fortalecimento do Sistema de Saúde* within the scope of this Grant, UNDP is called upon to prepare a Capacity Building and Transitional Plan in the context of the transition of the role of the PR to the MOH, namely the CNE. Therefore, UNDP, is committed to contributing to the capacity development of national partners, intends to prepare a plan with activities to be developed for the Capacity Building of the future PR, duly detailed. To assume the role of PR, the Institution, in addition to having technical expertise, must have the necessary functional capabilities, program management system, financial, procurement, stock management, monitoring and evaluation capabilities.⁴⁷

Several respondents felt that capacity development that occurred during the GF Grant period 2018-2020 will played an important role in the sustainability of the project, because many of the staff members of the current GMC are former UNDP staff members, who were able to gain valuable insight and experience of GF Grant management. Moreover, these same respondents were confident that the SRs are now capacitated, and therefore have the knowledge and experience required to successfully continue the work required for the next GF Grant cycle (2021-2023).

As noted, UNDP staff transitioning into the MOH was a strategy to ensure sustainability, as many of the technical staff working at UNDP during the Grant period under review were able to gain experience, and are knowledgeable regarding all the requirements for the management of GF Grant, which helps moving forward. This experience will not only help with the GF grants, but any other

⁴⁵ UNDP São Tomé and Príncipe. (2017). Project Document. Investing to achieve elimination for Malaria and impact against TB and HIV in São Tomé and Príncipe.

⁴⁶ Ministério da Saúde and UNDP. (2018). Plano de Desenvolvimento de Capacidade e de Transição para Fortalecimento do Sistema de Saúde. S. Tomé e Príncipe.

⁴⁷ Ibid.

grants or funding that is received by the MOH in the future, therefore once again ensuring or reinforcing sustainability.

In addition to the capacity building that took place related to the transition of UNDP staff members to the MOH, there was also capacity building among SRs, which will also ensure project sustainability. Capacity building that occurred among the SRs will contribute to sustainability, as many learned the GF Grant requirements, and more specifically some gained insight into report writing, and financial management and reporting. All respondents felt that the SRs have benefited from the capacity building received during the Grant period under review.

One great example of how capacity building was beneficial among SRs was provided by the Red Cross (*Cruz Vermelha*), who shared that they had received management training for their technical staff on how to manage GF funds, and that their Red Cross volunteers also took part in training or capacity building on what is malaria, and how to use/install the mosquito nets. This example shows that capacity at both levels, among technical staff members and volunteers can ensure that the knowledge and experience gained will be sustained. A similar feeling was shared by a respondent from Zaton-Adil who also felt that capacity building received allowed them to work more efficiently, and that the quality of their work had also improved, and allowed their staff members to perform better.

Policy and Regulatory Frameworks

No formal policies or regulatory frameworks were developed to support the continuation of the project, however the following Capacity Building Plan and GMC proposal were developed to support the continuation of the Grant's benefits. Other relevant policy documents that are worth mentioning as they relate to the GF Grant are the National Health Development Plan 2017-2021 and the Study on Health Financing in São Tomé and Príncipe.

Capacity Development and Transition Plan to Strengthen the Health System (*Plano de Desenvolvimento de Capacidade e de Transição para Fortalecimento do Sistema de Saúde*).⁴⁸

The sustainable transition from UNDP's PR role to national entities is one of the objectives of the capacity building process that UNDP develops as a PR. Capacity building activities are a priority in all countries where UNDP acts as a PR, as it tends to ensure that national entities have the capacity to implement GF grants and help define a transition plan from the current PR to the future PR. The Transition Plan will be supported by a Capacity Building Plan (*Plano de Reforço de Capacidade*).

Main objective:

- The Capacity Development and Transition Plan aims to transfer skills for the implementation and management of the GF Grant, with a view to strengthening national health sector structures and systems, as a critical success factor to ensure the sustainability of national programs and ensure continued gains in health impact.

⁴⁸ Ministério da Saúde and UNDP. (2018). Plano de Desenvolvimento de Capacidade e de Transição para Fortalecimento do Sistema de Saúde. S. Tomé e Príncipe.

Specific objective:

- Define, prioritize and implement interventions to strengthen national systems
- Focus activities in all areas critical for the effective implementation of national responses and within the requirements of the GF, namely:
 1. Program Management and SR management
 2. Financial Management and Risk Management
 3. Acquisition Management
 4. Stock Management
 5. Monitoring and Evaluation
- Predict and ensure activities for closing the Grant
- Define control and monitoring mechanisms for the implementation of the Capacity Building Plan activities
- Establish measures that help ensure transition and sustainable program management

Proposal for the Creation of The Ministry of Health Grant Management Cell (*Proposta de Criação da Célula de Gestão de Subvenções do Ministério da Saúde*).⁴⁹

The proposal for the creation of the GMC is a document that intended to inform the MOH, the CCM and all respective national and international partners about the necessary characteristics required for the legal and operational creation of the GMC. The creation of the GMC is institutionalized in order to meet the requirements for the Grant management of the GF and whose demonstration of good management practices and coordination of all administrative, fiduciary, bidding and monitoring and evaluation aspects can enable other financing agreements earmarked for the MOH to be managed through the same GMC.

National Health Development Plan 2017-2021 (*Plano Nacional Do Desenvolvimento Da Saúde 2017-2021*).⁵⁰

The National Health Development Plan 2017-2021 is an auxiliary document of the entire Health Policy in STP. This document reflects an ambitious and guiding vision of health policies, with clear objectives and missions within the scope of the 2030 transformation agenda, outlined by the XVI Constitutional Government for the sustainable development of the country. However, this plan although written and endorsed by the MOH, was never implemented, and the risk for the GF Grant is that there is no framework to ensure that the GF projects are aligned to the National Health Development Plan.

Study on Health Financing in São Tomé and Príncipe (*Estudo sobre o financiamento da saúde em São Tomé e Príncipe*).⁵¹

⁴⁹ Ministério da Saúde and UNDP. (2020). Proposta de Criação da Célula de Gestão de Subvenções do Ministério da Saúde República Democrática de São Tomé e Príncipe.

⁵⁰ Ministério da Saúde. Plano Nacional Do Desenvolvimento Da Saúde 2017-2021.

⁵¹ Ministério da Saúde. Estudo sobre o financiamento da saúde em São Tomé e Príncipe.

The study on health financing was a first stage of a process aimed at defining a health financing strategy, with a view to providing STP with a coherent, efficient, durable and equitable health financing system. The study concluded that the national health system depends heavily on foreign capital, more specifically on public development assistance, provided by the country's development partners, and that the participation of the private sector is beginning to develop, although it does not always have adequate working conditions and means, it does provide considerable support to the efforts of the public sector, especially in the areas of basic healthcare and health promotion. The study also revealed that the management of financial resources for the public health sector is still deficient, as the resources provided by external cooperation are managed autonomously, and are not properly controlled by the central structures. Moreover, there is an excessive centralization of internal resources at the level of the central structures, reducing the health districts to mere recipients of goods and services, taking into account the existing weaknesses in management and financial control.

To improve the financing of the national health system, the study proposes a set of measures, which range from the de facto improvement of services at the central and local levels, decentralization and deconcentration of certain services, to the strengthening of institutional capacities of the different central administration bodies linked to the health sector.

Partner's Commitment

In terms of providing continuing support in the next GF Grant, all respondents felt confident that partners are well capacitated and committed to ensuring that activities will be implemented accordingly. One respondent felt that the SRs have credibility and there is confidence in them, hence why the MOH will continue to endorse these SRs for the next GF Grant, and they have successfully transitioned from the 2018-2020 Grant to the 2021-2023 Grant. Another respondent shared that all the SRs will continue with the work they have been doing, and provide support to the MOH because they have experience on the ground, and because of the capacity building which took place, especially the one related to the GF Grant management. A further respondent has re-emphasized, *"Sub-Recipients are prepared and well trained to be able to continue the work that was achieved."*

Lessons Learned and Best Practices

Various lessons learned and best practices have emerged during the Grant period 2018-2020, many of which have contributed to the success and sustainability of this project.

Lessons Learned

Lessons learned document the experience gained during a project, and in this particular case, several key lessons were learnt as shared by the respondents.

Small countries can achieve big results: The project showed that a small country such as STP has the potential to achieve significant results such as the pre-elimination of malaria, as well as what was

achieved in terms of PMTCT and among key populations. The awareness of malaria among the population is remarkable, people are now more aware and accepting of certain activities such as IRS and the community even works together in the fight against malaria.

Strong organizational skills needed for Grant implementation: The implementation of a GF Grant requires partners to be prepared, and for things to run smoothly you need to be organized and disciplined in terms Grant and fund management. This helps implement project activities without delay. Capacity building provided in this regard has also helped SRs develop these skills, so that they are also able to report on activities in a timely manner.

Working in partnership achieves results: The role of partnerships was critical in achieving the successful results of this project, from the GF, to the CMM, to UNDP (as PR), all the way to the SRs. To have success you need the combination of synergies, and everyone involved in this type of project has to give their part or contribute, so that the end result can be achieved, therefore showing the importance of partnerships.

Important to have a mitigation plan: In relation to Covid-19, most programs were not prepared and there was no mitigation plan in place as part of programming. The GF gave the countries the flexibility to re-program and adapt implementation, and provided additional resources. In the case of STP the program was not ready, there was no plan B on how to deal with the situation. It is important to reflect on how things could have been done differently. It is important to document the lessons learned in terms of how the country and project adapted in the face of Covid-19, and how these lessons can be drawn upon for future re-programming on how to cope with Covid-19 or any other pandemic.

Link between PR and SRs key to successful project implementation: It is important to have a good relationship and communication between the PR and SRs, by organizing meetings where both parties can come together to discuss and clarify issues or obstacles. It is also crucial to provide capacity building to SRs, so that they are aware of what is expected of them and how they can provide adequate Grant implementation. The positive link between the PR (UNDP) and the SRs will, in this specific case, allow the SRs to work more closely and effectively with the new PR (MOH). This will ensure a smooth transition and sustainability of implemented activities.

Addressing human rights, by addressing needs of vulnerable groups: In order for a project to successfully address human rights, it needs to look closely at the needs of vulnerable groups, such as key populations. This project has shown that there is a necessity to consider and understand the needs of key populations. For example, research such as the IBSS Study have allowed for a better understanding of the experiences and needs of key populations, which in return facilitates the design and implementation of programs to address their needs. In this case, IPNG provided not only prevention programs for key populations, but was also able to target healthcare workers and law enforcement sensitizing them to the needs of key populations.

Financial Sustainability Plan: To ensure sustainability of the progress made in the country, a financial sustainability plan should be developed and implemented, that focuses on how funding should be generating internally, and therefore creating less dependency on external funding sources.

Best practices

Best practice can be defined as accumulating and applying knowledge about what is working and not working in different situations and contexts, it is both the lessons learned and the continuing process of learning, feedback, reflection and analysis (what works, how and why, etc.).⁵² The following best practices were highlighted by the respondents.

Capacity Building Development and Transition Plan: The Capacity Building Development and Transition Plan provided a good model to assist the transition of one PR to another, in this case UNDP to the MOH. The model showed what capacity building is needed, and how the transition between UNDP and the MOH could take place, and how both entities can collaborate in a meaningful way to ensure continuing of the GF in STP. Since this has been well documented, it can easily be replicated in other countries.

Communication and good relationship between PR and SRs: Establishing effective communication and good relationship between the PR and SRs is very important, and in this case several meetings between UNDP, CNE and the SRs took place. UNDP worked closely with the SRs, therefore creating a close relationship and providing them with not only support, but supervision and mentoring. As shared by one respondent, meetings or retreats took place where the PR and SRs discussed issues and even were able to re-program certain activities, *“ if there was an issue we had these funds and these funds could be used for activities and we didn't have to go back to the Global Fund, as long as this was approved or justifiable.”*

Partnerships: Creating partnerships at all levels played a significant role in the achievement of project results, and this model can be easily replicated. Firstly, the CCM played an important role in the overall governance and strategic monitoring of the Grant, UNDP played a key role in program management and worked closely with SRs, and the SRs were able to implement all activities as required. CCM was able to build partnerships involving the private sector and other sectors across the health sector. It is a best practice to work closely in partnership with civil society and having them involve in the decision making process.

Ethical way of working with key populations: The project showed that it is crucial to work closely with key populations, and developing close communication and creating an environment of confidence with them and working in an ethical way. The work done by INPG with sex workers is a good practice to be shared, allowing them to feel comfortable, to be able to approach them and allow them to work together. An income generating activity for sex workers who were positive, this was a supported partnership between an NGO and INPG, and showed good results with some women quitting sex work and finding alternative work or means to sustain their livelihood.

⁵² UNAIDS. (2000). *Summary Booklet of Best Practices*. Available at https://www.who.int/hiv/topics/vct/sw_toolkit/summary_best_practices_africa.pdf?ua=1

Indoor Residual Spraying/Mass Campaigns: The achievements observed in terms of the reduction of malaria and the close achievement of pre-elimination can be attributed to the combination of IRS and mass distribution and information campaigns. In STP the combination of both methods and universal coverage in terms of access to treatment has yielded good results, as well as the strong involvement of community health workers and a good cooperation between partners. This best practice can be replicated and shared with other countries.

Openness to use new technologies in the fight against malaria: The country was receptive to innovative ways and new technologies or approaches to address malaria, of note is the partnership with the University of California who will implement a pilot project looking at how genetically modified mosquitos can help in the fight against.

Conclusion

The purpose of this evaluation was to assess the level of achievement of all the GF Grant requirements, as well as the *relevance*, *effectiveness* and *efficiency* of the Grant by understanding what key factors have contributed to achieving or not achieving the intended results. It also sought to determine the extent to which the Grant contributed to forging partnerships at different levels, and the *sustainability* of the Grant for continued realization of results generated, as well as lessons learned and best practices, and to make recommendations for future programming of projects of similar nature.

The presented findings have provided important insight into what was achieved and not achieved in STP during the GF Grant period 2018-2020. The GF project was *relevant* in that it addressed the UNDP and GF mandates and national priorities by targeting women and men, by promoting gender equality, human rights and human development, and by ensuring that the program was appropriately implemented to the development context. The project was *effective* in reaching most targets, and therefore from what has been observed and shared by respondents there was progress made towards the achievement of the agreed performance framework. However, there have been some challenges related to the Covid-19 pandemic which have affected some results obtained as highlighted in this report.

Key achievements observed include UNDP assisting the MOH develop and set up the DHIS2, UNDP's submission of an IRS operational plan, and UNDP's submission of a plan detailing the measures to be undertaken to build the capacities of the CNE to take over as PR under the program. Other achievements include the creation of the GMC within the MOH, the successful transition of the PR role from UNDP to the MOH, the capacity development which occurred during the Grant period, and the CCM becoming a national coordination committee for the entire health sector.

In relation to the three GF programs (malaria, TB and HIV) the GF Grant contributed to a reduction in malaria cases in STP with interventions such as IRS, mosquito nets and awareness campaigns, and it improved malaria testing, diagnostic, epidemiologic surveillance, and case finding. With the assistance

of the GF Grant, STP managed to achieve good results in terms of TB treatment success and notification rates, and funds assisted the country in procuring GenXpert machines, which has helped diagnose TB cases in the country. The GF Grant helped achieve many good strides in HIV including improving the lives of PLHIV, and improving access to PMTCT. The project was also successful in addressing the needs of key populations, and in fact was able to target sex workers and MSM with specific interventions, and to educate peer educators to raise awareness among key populations and the general public about HIV prevention.

Areas that were not achieved or need to be further improved relate to health product and supply management, and programmatic and M&E, including limited data availability, inadequate data quality, and inadequate program quality and efficiency. Other areas that were less well achieved were country ownership in terms of ensuring that the health system is well organized and efficient, difficulties with Grant management in terms of addressing actions raised in performance letters, and weakness in data reporting and the need for the DHIS2 to be fully integrated and functioning. There is also a weak stock management system where it is difficult to quantify the consumption of products.

It should be noted that in 2020 Covid-19 impacted the implementation of the project, especially in light of the achievements observed among the three disease in 2018 and 2019. Due to Covid-19 some of the planned activities were not implemented, as the country had to quickly turnaround to address the pandemic. In terms of the impact of Covid-19 on the three GF focus programs (malaria, TB and HIV) the main issues raised were a slight rise in the number of malaria cases in 2020, a decrease in TB treatment and notification rates, and low notification rates for patients with MDR-TB, as TB equipment (GenXpert machines) were being used for the Covid-19 response, and gains observed with PTMCT were lost with Covid-19, especially as many people were afraid to leave their homes to seek medical treatment.

The project was *efficient* in that outputs resulted from economic use of resources, which were delivered on time, and partnership modalities and the program management structure were both conducive to the delivery of project outputs. The *sustainability* of the project is guaranteed via the creation of the GMC, the development and implementation of the Capacity Development and Transition Plan, the capacity building which took place among the staff members who have transitioned to the new PR (MOH) and the SRs during the reporting period, as well as the commitment shown by partners to ensure that all achievements are sustained in the next Grant reporting period.

Lessons learned include that small countries can achieve big results (as observed with achievements in malaria, PMTCT and key populations), strong organizational skills are needed for Grant implementation, working in partnership achieves results (as observed among the SRs), it is important to have a mitigation plan (in the response to Covid-19), the link between the PR and SRs is key to successful project implementation, you address human rights by addressing the needs of vulnerable groups (key populations), and a financial sustainability plan is required to ensure less dependency on external funds. The best practices emanating from the project that can be shared or replicated by others include, the development and implementation of the Capacity Building Development and Transition Plan, the importance of good communication and relationship between PR and SRs, the power of partnerships, the ethical way of working with key populations, the combination of IRS and

mass campaigns to help address malaria challenges, and the openness to use new technologies and partnerships in the fight against malaria.

In conclusion, the GF Grant in STP did achieve many successes, the main one was the drastic reduction in malaria cases and the work achieved in PMTCT and among key populations, as well as the successful transition of UNDP as the PR to the MOH. However, the project also faced several challenges, several due to Covid-19, as highlighted in this report. The country has benefited greatly from the GF Grant during the period 2018-2020, and is also well equipped and capacitated to move to the next Grant period 2021-2023, with the MOH as the new PR.

Recommendations

The following recommendations have emerged from this evaluation, and are suggested to assist the MOH, as the new PR, with programmatic implementation in the next Grant reporting period 2021-2023. Recommendations will be presented in two fold, those emanating from the GF Performance Letter 2020 and from the voices of the respondents. Both sets of recommendations aim to improve future programming of the GF Grant in STP.

Recommendations Emerging from the 2020 Performance Letter

The following recommendations are detailed in the GF 2020 Performance Letter.⁵³

Health Product Management and Supply Chain

In terms of Health Product Management and Supply Chain, the GF recommends the following:

- UNDP to transfer all information related to quality control laboratory (CHMP) to the MOH during the closure period.
- The MOH to revise the tool for monitoring stock and ensure a fully functional eLMIS system.
- The MOH to work with all stakeholders to ensure that all the three diseases are fully integrated in the LMIS.

Programmatic and M&E

In terms of Programmatic and M&E, the GF recommends the following:

- To address limited data availability and inadequate data quality it is recommended that:

⁵³ Global Fund. (2020). STP-Z-UNDP Performance Letter

- The MOH to continue collaborating with UNDP in order to finalize the implementation of the patient's tracker module for HIV patients, and ensure all the three diseases are fully integrated into DHIS2 by 31 December 2021.
- To address inadequate program quality and efficiency it is recommended that:

HIV:

- UNDP should work with the PNLs to ensure improved HIV treatment and care.
- In relation to PMTCT, the MOH to work with the PNLs to set up a mechanism to ensure active follow up of Mother-Child Pair until the exposed children are 18 months, and maximize optimal access to Early Infant Diagnosis at 6 weeks for all infants born to HIV positive mothers.
- The MOH, the INPG, community-based organizations (CBOs) and other stakeholders to work together to put in place measures to ensure all key populations are reached with defined package of services as required and avoid service disruption, especially in the context of the COVID-19 pandemic.
- More attention is needed to ensure viral load detection and less loss to follow up among PLHIV, and one strategy may be to improve the role of the community in helping address this gap.
- More awareness is needed to reduce stigma and discrimination among key populations.
- The MOH and the PNLs to provide an update on the status of implementation of the actions noted in the previous performance letter dated 1 July 2020 which required the Principal Recipient and PNLs to ensure that: (i) the actual number of patients on ART is accurate in all health facilities in the country; (ii) all patient data is captured in a single database including clinical data, drugs/ART protocols and patients' treatment monitoring; (iii) access to viral load is optimized with at least one viral load assessment per year for each patient on ART; (iv) an assessment of patients with virological failure is carried out and appropriate management measures are adopted; and (v) patient care and treatment package includes a rigorous therapeutic education associated with active search for patients lost to follow up.

TB:

- UNDP and the PNLs should develop and implement a plan to strengthen community systems in order to improve TB case finding and patients' adherence to treatment.
- The MOH to work with UNDP to finalize the new version of the TB operational plan which is currently under development.
- The MOH and PNLs to ensure optimal use of GeneXpert for all suspected TB cases, strengthen community systems to ensure patients' follow up in the community and minimize the number of TB patients lost to follow up, and strengthen healthcare workers capacities through formative supervisions.
- The MOH and the PNLs to finalize the documentation related to the recruitment of technical assistance in response to the recommendation (Issue 7) from the Technical Review Panel (TRP) to ensure impact of the TB program.

- The MOH and the PNLT to develop and implement a plan to ensure intensified active search at the national level, ensure optimal use of GeneXpert for all suspected TB cases, strengthen community systems to ensure follow up of patients in the community; and strengthen healthcare workers capacities through formative supervisions.
- The MOH, the PNLs and the PNLT to work together to ensure full integration of TB/HIV services, avoid service disruption, especially in the context of the COVID-19 pandemic, and thereby improve the performance of this indicator.

Malaria:

- The MOH and the PNLP to ensure an improvement in IRS coverage by developing a plan to strengthen community awareness and implement a comprehensive communication strategy.
- The MOH and PNLP to submit an update on the status of implementation the recommendations from the WHO following the midterm review of the National Strategic Plan (NSP) and outbreak investigations conducted in 2019.
- The MOH and the PNLP to improve the performance of these indicators by developing a plan to strengthen community awareness and implement a comprehensive communication strategy.

Recommendations Emerging from the Respondents

Several recommendations were suggested by the respondents to improve GF Grant management in the next Grant cycle.

Transfer of knowledge and skills: When a there is a transition from one PR to another, as was the case in this project, there needs to be transfer of knowledge to ensure sustainability, and the entire transition needs to be well documented. The exiting PR needs to play a bridging role so that all Grant procedures, including financial systems are in place and well understood, and they must play a supportive role for the new PR.

Communication and accessibility: There is a need for communication and accessibility between the PR and the SRs, and other key stakeholders such as the CCM. This dialogue helps implementation and reduces problems or issues as everyone can work together to resolve them or find solutions.

Acknowledgment: Achievement needs to be acknowledged, is it important for the SRs to receive feedback from the GF when they are doing good work or achieved what is required. This can be during a meeting, where SRs receive a “shout out” because it is important for the SRs to hear or receive feedback from the GF on work well done or achievements, this will provide encouragement and shows they have an interest in the work being done by the SRs.

Participative Partnership: Strengthening partnerships among the CCM, PR and SRs, so that all work together in the same direction to achieve the required project results. This will ensure that all partners are held accountable for the role in the project, including implementation and reporting. Organizing

regular meetings among key stakeholders and partners is crucial to identify areas that are working well and those that are not. It also provides an opportunity to re-evaluate what has been done and what still needs to be done in the Grant reporting period. Participative partnerships mean that all partners are involved and contribute equally to the project.

Capacity building: Strategies to continue capacity building among the PR and SRs are necessary in light of the transition taking place between UNDP and MOH as the new PR, this will ensure continuity and sustainability of what has been achieved.

Community Participation: Changing the strategy or way things have been done in the project. Since activities are for the community, there is now more than ever a need to involve the community in programs so that different results can be achieved. Community participation means listening to what the community has to say, and involving them in program implementation.

Documentation: It is important to document all the evidence emanating from this project, including all research, reports, meetings and programmatic implementation, this includes all lessons learned and best practices as they occur during the lifespan of the project or during the Grant period. These can then be easily replicated or shared among other GF grant recipients.

National Health Development Plan: Moving into the next grant period, more attention is needed by the MOH to endorse the National Health Development Plan to ensure that there is a framework to ensure that the GF projects are aligned to the National Health Development Plan, and adequately addressing the health needs of the population.

Financial Sustainability Plan: To ensure sustainability of the progress made in the country and to improve the financing of the national health system, a financial sustainability plan should be developed and implemented, that focuses on how funding should be generating domestically or with the private sector, and therefore creating less dependency on external funding sources.

Working with all key populations: There is a need to focus on a wider group of key populations (transgender people, people who use drugs and people in prisons), and more importantly to conduct research to find out where they are, what are the needs and experiences and what interventions could assist them. Once this is known, it is crucial to develop and implement activities to address their needs.

Behaviour Change Communication: There is a need to invest in behavior communication change interventions. For example, there a need to have an interactive process with communities and have tailored messages are approaches to help them develop positive behaviors, especially as they relate to the three diseases. This will assist in getting a long term impact on the work being done among the population, and funds for these types of interventions should be available in the next GF Grant period.

Annex A: Brief Profile of the Sub-Recipients

Governmental (Ministry of Health):

- Fundo Nacional de Medicamentos (FNM)
 - The FNM is an institution of the MOH dedicated to supplying the STP market with medicines and hospital consumables of all kinds and types, through a process of purchase and sale.⁵⁴
- Centro Nacional de Endemias (CNE)
 - The CNE is the MOH Institution that aims to organize and coordinate the surveillance, prevention and fight against endemic and high-risk epidemic diseases, as well as fighting infectious diseases and other diseases with impact on public health.⁵⁵ It includes:
 - Programa Nacional de Luta Contra o Paludismo (PNLP)
 - Programa Nacional de Luta Contra o SIDA (PNLS)
 - Programa Nacional De Luta Contra Tuberculose (PNLT)

Governmental (Other Governmental):

- Instituto Nacional Para Promoção da Igualdade e Genero (INPG)
 - INPG is headquartered in the city of São Tomé, and its role is to ensure the promotion and execution of the Government's policy on the promotion of Women and Gender Equality and Equity in São Tomé and Príncipe.⁵⁶

Community Sector - Local Non-governmental Organization (NGO)

- Associação Santomense Para a Promoção de Planeamento Familiar (ASPF)
 - Dissemination of activities within the framework of Sexual and Reproductive Health Law, family planning, HIV/AIDS, gender-based violence, etc.⁵⁷
- Cruz Vermelha
 - Humanitarian Organization, created on 13 January 1976 - Foundation of the Red Cross of São Tomé and Príncipe Decree No. 6/67 was established on the basis of the Geneva Conventions of 1949 and its additional protocols of 1977.⁵⁸
- Zatona Adil

⁵⁴ Ministério da Saúde de São Tomé e Príncipe. Fundo Nacional de Medicamentos (FNM). Available at <http://ms.gov.st/?p=57>

⁵⁵ Ministério da Saúde de São Tomé e Príncipe. Centro Nacional de Endemias (CNE). Available at <http://ms.gov.st/?p=54>

⁵⁶ Instituto Nacional Para Promoção da Igualdade e Genero (IPNG). Available at https://www.facebook.com/Instituto-Nacional-para-Promo%C3%A7%C3%A3o-da-Igualdade-e-Equidade-de-G%C3%A9nero-STP-216091491829859/about/?ref=page_internal

⁵⁷ Associação Santomense Para a Promoção de Planeamento Familiar (ASPF). Available at https://www.facebook.com/MAJaspf-ippf-441551226031849/?ref=page_internal

⁵⁸ Cruz Vermelha. Available at https://www.facebook.com/CruzVermelhaSTP/about/?ref=page_internal

Annex B: List of Documents Consulted

The following documents were sent by UNDP STP and reviewed:

- Country Programme Document (CPD) and United Nations Development Framework (UNDAF)
- The Grant performance framework, budget and workplan for the period 2018, 2019 and 2020
- Global Fund projects annual reports – STP-Z-UNDP Performance Letters 2018, 2019 and 2020
- Grant Agreement, proposals, progress reports
- Field monitoring reports
- Global Fund Grant rating for the period 2018, 2019 and 2020
- M&E plan for the three diseases
- Progress Update/Disbursement Request (PU/DR) 2018, 2019 and 2020
- Global Fund Allocation Letter (15 December 2016)
- UNDP Project Document: Investing to achieve elimination for Malaria and impact against TB and HIV in São Tomé and Príncipe. Project Number: 0107541/00107827
- Audit of UNDP São Tomé and Príncipe Grants from Global Fund (27 May 2021)
- Management Letters from UNDP to SRs (December 2019 and April 2021)
- Plano de desenvolvimento de capacidade e de transição para fortalecimento do sistema de saúde. S. Tomé e Príncipe (2018)
- STP Plano de Reforço de Capacidades (April 2020)
- Proposta de criação da célula de gestão de subvenções do Ministério da Saúde República Democrática de São Tomé e Príncipe (Fevereiro de 2020)

Annex C: Interview Guide (English and Portuguese)

FINAL EVALUATION OF THE PROJECT GLOBAL FUND GRANT STP-Z-UNDP 2018-2020

Interview/Discussion Guide – ENGLISH/PORTUGUESE

NAME OF INTERVIEWEE:	
ORGANISATION:	
POSITION:	
PLACE:	
DATE:	
TIME:	

- Good day/Good morning. My name is Josianne, a consultant commissioned by UNDP to conduct the final evaluation of the Global Fund Grant Project in STP from 2018-2020. In particular, I would like to discuss certain aspects of the project, including what was achieved or not achieved, and some lessons learned that can be used elsewhere.
- Interview will be 30-45 minutes.
- Before we start, can I record the interview? This will assist with data analysis – no names will be used in the report.
- Is this OK with you?
- Do you have any questions before we start?

- Bom dia. Meu nome é Josianne, sou uma consultora comissionada pelo PNUD para conduzir a avaliação final do Projeto de Fundo Global em STP entre 2018-2020.
- Em particular, gostaria de discutir certos aspectos do projeto, incluindo o que foi alcançado ou não alcançado, e algumas lições aprendidas que podem ser usadas em outros lugares.
- A entrevista terá duração entre 30-45 minutos.
- Antes de começar, quero pedir se posso gravar a entrevista? Isso ajudará na análise de dados - nenhum nome será usado no relatório.
- Está tudo bem para você?
- Antes de começar, você tem alguma pergunta?

Introductory Question/ Perguntas introdutórias

Q1. Please briefly describe your role and that of your organization in the Global Fund Project in São Tomé e Príncipe.

Q.1 Descreva brevemente a sua função e a da sua organização no Projeto do Fundo Global em São Tomé e Príncipe.

Q2. When you think of the Global Fund Project, what have been the main accomplishments or achievements or successes?

Q2. Quando você pensa no Projeto do Fundo Global, quais foram as principais realizações ou sucessos?

Q3. What do you feel was not achieved or unsuccessful?

Q3. O que você acha que não foi alcançado ou não teve sucesso?

Result Area 1: Relevance/ Relevância

Q4. Thinking of the Global Fund Project, was it in line with UNDP and the Global Fund's mandate and national priorities of targeting women and men? How did the project target women and men?

Q4. Acha que o Projeto do Fundo Global, estava de acordo com o mandato do PNUD e do Fundo Global e as prioridades nacionais dirigidas as mulheres e aos homens? Como é que o projeto foi dirigido as mulheres e aos homens?

Q5. Thinking of the Global Fund Project how did it promote UNDP principles of gender equality, human rights and human development?

Q.5 Pensando no Projeto do Fundo Global, como é que promoveu os princípios do PNUD de igualdade de gênero, direitos humanos e desenvolvimento humano?

Q6. Thinking of how the Global Fund Project was implemented (or carried out), how was the method used appropriate to the development context?

Q.6 Pensando em como o Projeto do Fundo Global foi implementado (ou realizado), pensa que o método utilizado foi adequado ao contexto de desenvolvimento?

Result Area 2: Effectiveness/ Eficácia

Q7. In terms of project outcomes/targets how have these been achieved (or not achieved), was any progress made in STP from 2018-2020? How have the outputs affected the outcomes of the grant?

Q7. Em termos de resultados do projeto, como foram alcançados (ou não), houve algum progresso em STP de 2018-2020?

Q8. How did the Global Fund Project contribute to creating partnerships at different levels? How effective was it? What worked well and not so well? Did partnerships play a role in achieving the project outcomes?

Q8. Como é que o Projeto do Fundo Global contribuiu para a criação de parcerias em diferentes níveis? O que funcionou bem e não tão bem? As parcerias ajudaram na obtenção dos resultados do projeto?

Q9. What were the positive or negative changes that took place by this project? How did this benefit women and men equality?

Q9. Quais foram as mudanças positivas ou negativas que ocorreram neste projeto? Como é que beneficiou as mulheres e os homens de maneira igual?

Result Area 3: Efficiency/ Eficiência

Q10. How have the project outputs resulted in economic use of resources? Were the outputs delivered on time? Could anything have been done to produce better results?

Q.10 Como os resultados do projeto resultaram no uso econômico dos recursos? As saídas foram entregues no prazo? Alguma coisa poderia ter sido feita para produzir melhores resultados?

Q11. In terms of partnership modalities (country-driven engagement by UNDP), how did this help with delivering the outputs of the project? Thinking of UNDP's role as PR, how was this successful (or not successful)?

Q11. Em termos de modalidades de parceria (engajamento conduzido pelo país pelo PNUD), como isso ajudou a entregar os resultados do projeto? Pensando no papel do PNUD como Recipient Principal, como foi bem-sucedido (ou malsucedido)?

Q12. In terms of program management (program coordination, financial management, procurement, monitoring and evaluation, SRs management and risk management) what worked well and not so well?

Q.12 Em termos de gestão de programas (coordenação de programas, gestão financeira, aquisições, monitoramento e avaliação, gestão de sub-recipients e gestão de riscos), o que funcionou bem e não tão bem?

Result Area 4: Sustainability/ Sustentabilidade

Q13. Please share how the project outcomes (what was achieved) will be sustained (or continue) moving forward (probe: systems, structures, staff, etc.).

Q.13 Compartilhe como os resultados do projeto (o que foi alcançado) serão sustentados (ou continuarão) no futuro (sondagem: sistemas, estruturas, equipe, etc.).

Q14. Please describe what capacity development occurred (developed or implemented) during the Global Fund Project. What role will this play in sustainability?

Q.14 Descreva qual desenvolvimento de capacidade ocorreu (desenvolvido ou implementado) durante o Projeto do Fundo Global. Qual será o papel disso na sustentabilidade?

Q15. Please describe what policy and regulatory frameworks (if any) were developed and are in place to support the continuation of the benefits of this project.

Q.15 Descreva quais políticas e estruturas regulatórias (se houver) foram desenvolvidas e estão em vigor para apoiar a continuação dos benefícios deste projeto.

Q16. How have the project partners (SRs) committed to providing continuing support for what was achieved during the project?

Q.16 Como os parceiros do projeto (sub-recipients) se comprometeram a fornecer suporte contínuo para o que foi alcançado durante o projeto?

Concluding Questions/ Perguntas Finais

Q17. What have been the lessons learned from this Global Fund project?

Q.17 Quais foram as lições aprendidas com este projeto do Fundo Global?

Q18. What best practices have emerged from this Global Fund project?

Q.18 Quais são as boas práticas que emergiram deste projeto do Fundo Global?

Q19. Moving forward how can we improve future programming for similar projects? What are your recommendations?

Q.19 Seguindo em frente, como podemos melhorar a programação futura de projetos semelhantes? Quais são suas recomendações?

Q20. Finally, is there anything else you would like to share about the Global Fund Project?

Q.20 Finalmente, há mais alguma coisa que você gostaria de compartilhar sobre o Projeto do Fundo Global?

Annex D: List of Key Informants

	Name	Position	Organization	Took part in interview
1	Carlos Bandeira Almeida	Director	CNE	Yes
2	Bonifacio Sousa	Coordinator	PNLT / PNLS	No
3	Herodes Rompao	Coordinator	PNLP	No
4	Jessica Veiga	Epidemiologist	CNE	Yes
5	Leonel Carvalho	Executive Secretary	CCM	Yes
6	Lucio Gomes	Admin/Finance	CCM	Yes
7	Neurice Ramos	Director	FNM	Yes
8	Edley Lopes	Administrator	FNM	Yes
9	Ernestina Menezes Neves	Executive Director	INPG	Yes
10	Jailça Lima	Focal Point	INPG	Yes
11	Dionisio Amado	Executive Director	Zatona-Adil	Yes
12	António Amado Vaz	Executive Director	ASPF	No
13	Arlindo Ruyvo	Administrator	ASPF	No
14	Justino Lima	Director	Cruz Vermelha	No
15	Alzira Rosario	Technical Health	Cruz Vermelha	Yes
16	Monica Takyi	Portfolio Manager	Global Fund	Yes
17	Luis Segura	LFA Coordinator for STP		No
18	Angela de Tommasi	Programme Specialist	UNDP	Yes
19	Swazilane Sousa	Program Support	PNLS/PNLT	No
20	Kasia Wawiernia	Resident Representative	UNDP	Yes
21	Luis Abello	Consultant	UNDP	Yes
22	Agostinho Sousa	Former M&E Officer	UNDP	Yes
23	Celso Fernandes	Director	Associação Apoio a Vida – HIV/SIDA	No