

Our ref.: LAC/AH/LP/ES/NF/BOL-809-Go8-M\_IL6

01 May 2015

Ms Katherine Grigsby  
Resident Representative  
United Nations Development Programme  
Calle 14 Esq. Av. Sanchez Bustamante  
CP 9072 Calacoto - La Paz  
Bolivia

**Subject: Program Grant Agreement Number: BOL-809-Go8-M  
Principal Recipient: United Nations Development Programme  
Implementation Letter 6<sup>1</sup>  
11 month extension with additional funding**

**UNOFFICIAL SUMMARY**

This letter extends the implementation period by 11 months with additional funding. The updated Performance Framework and the addendum to the Summary Budget, which contain targets and a budget for this extension period, are enclosed. This letter also amends the Face Sheet and the Annex A of the Grant Agreement.

Dear Ms Grigsby

We are writing this letter to provide you with an 11-month extension to your BOL-809-Go8-M Program Grant Agreement, dated 22 December 2011, by and between the Global Fund and the Principal Recipient (as amended, the "Grant Agreement").

We are modifying the Grant Agreement to change the Implementation Period Dates from 01 October 2011 – 31 March 2015 to 01 October 2011 – 29 February 2016.

We are also increasing the Grant funds for the current implementation period by US\$ 1,170,000.

The purpose of this extension and additional funding is to ensure continued implementation of the Program while a concept note based on the 2014-2016 allocation is submitted to the Global Fund under the new funding model and it is reviewed and approved by the Global Fund. This extension does not mean a new grant has been approved for funding by the Global Fund.

<sup>1</sup> This Grant Agreement was changed before by Implementation letters dated 2 November 2009, 10 August 2012, 13 September 2012, 20 August 2013 and 30 September 2014; by Notification letters dated 29 August 2012 and 7 October 2013; and by the Phase 2 Grant Agreement dated 22 December 2011



encl.: Revised Face Sheet of the Grant Agreement  
Amended and Restated Annex A  
Performance Framework Year 3, 4 & 5: Indicators, Targets and Periods Covered  
Summary Budget Years 6-7 & Extension with cost

Agreed and signed:

For: UNITED NATIONS DEVELOPMENT PROGRAMME

By:   
Authorized Representative: Katherine Grigsby, Resident Representative

Date:  \_\_\_\_\_

cc: Members of the CCM Bolivia  
Dr Omar Flores, Chief of National Program Malaria  
Mr Richard Flores, Project Coordinator Global Fund, UNDP  
Dr Mario Masana, PAHO Bolivia  
Ms Yadira Sánchez, Grupo Jacobs S.A. de C.V., Local Fund Agent  
Mr Carlos Urquieta, Grupo Jacobs S.A. de C.V., Local Fund Agent

Signed by the Global Fund Chief Financial Officer or his/her designated official for the recognition of this agreement by the Global Fund.

 Lena Semenyuk  
Regional Finance Manager  
Asia, Europe, Latin America and the Caribbean

Date: 27 May 2015

Signature: 

**PROGRAM GRANT AGREEMENT**

1. Country: Plurinational State of Bolivia	
2. Principal Recipient Name and Address:  United Nations Development Programme Calle 14 esq Av. Sanchez Bustamante Calacoto, La Paz, Plurinational State of Bolivia	
3. Program Title: Bolivia Free of Malaria	
4. Grant Name: BOL-809-G08-M	4A. GA Number: 109
5. Implementation Period Dates: 01 October 2011 to 29 February 2016	
6. Grant Funds (Current Implementation Period only): Up to the amount of US\$8,085,304.00 (Eight Million Eighty-Five Thousand Three Hundred and Four US Dollars).  Grant Funds as indicated above will be committed by the Global Fund to the Principal Recipient in staggered terms as described in Annex A of this Agreement.	
7. Component/Disease: Malaria	
8. The fiscal year of the Principal Recipient is: 01 January to 31 December	
9. Local Fund Agent:  Grupo Jacobs S.A. de C.V. Av. Juan Pablo II, Res Villa Francesca, Senda Marsella No. 4, Colonia Escalon, San Salvador, El Salvador Tel: +503 2511 3000 Fax: +503 2511 3011 Attention: Mrs. Yadira Sanchez E-mail: yadira.sanchez@grupojacobs.com	
10. Name/Address for Notices to Principal Recipient:  Mr. Claudio Providas UNDP Deputy Representative  Calle 14 esq Av. Sanchez Bustamante Calacoto, La Paz, Plurinational State of Bolivia Tel.: +591 2279 5544 Fax: +591 2279 5820 E-mail: claudio.providas@undp.org	11. Name/Address for Notices to Global Fund:  Mrs. Annelise Hirschmann Regional Manager, Latin America and Caribbean Team  The Global Fund To Fight AIDS, Tuberculosis and Malaria Chemin de Blandonnet 8 1214 Vernier Geneva, Switzerland Tel.: +41 58 791 1700 Fax: +41 58 791 1701
<b>This Agreement consists of this face sheet and the following:</b> Recitals (if applicable) Standard Terms and Conditions Annex A – Program Implementation Description and the attachments thereto (including the Performance Framework and Summary Budget)	

## Amended and Restated ANNEX A to the PROGRAM GRANT AGREEMENT

### Program Implementation Abstract

<b>Country:</b>	<b>Plurinational State of Bolivia</b>
<b>Program Title:</b>	<b>Bolivia Free of Malaria</b>
<b>Grant Number:</b>	<b>BOL-809-Go8-M</b>
<b>Disease:</b>	<b>Malaria</b>
<b>Principal Recipient:</b>	<b>United Nations Development Programme (UNDP)</b>

#### **A. PROGRAM DESCRIPTION**

##### **1. Background and Summary:**

The Program is aligned with the framework of the Strategic Plan of the 2008 - 2012 National Malaria Control and Surveillance Program, the strategic goal of which is to reduce malaria morbidity in Bolivia by 50% before the end of 2012 and eliminate *P. falciparum* malaria by 2015.

The general objective of the Program is to accelerate the process of reducing malaria mortality in the country, prioritizing the elimination of malaria by *P. falciparum* on a national level.

During phase 1, the Program supported almost exclusively the provision of prevention, treatment and diagnosis services in the Brazilian nut harvest area, one of the two areas with highest malaria incidence rate; additionally the Program supported the only Behavioral Communication Change strategy (COMBI) implemented in the country in response to malaria.

The phase 1 Program contributed to the improvement of the case management and prevention activities, especially with the distribution of Long Lasting Insecticidal Nets (LLINs). Interventions were focused in 36 municipalities (out of 75 with malaria transmission in 2007) where 95% of malaria burden was concentrated; 5 municipalities with API>50 and 14 municipalities with API>10. The other 17 had an API >1 and <10.

During phase 1, the coverage of LLIN has increased, including for the first time pregnant women as a target population and also Brazil nut harvesters; indoor residual spraying (IRS) coverage has increased in the high endemic areas; and diagnosis coverage increased through the use of Rapid Diagnostic Testing (RDT) by volunteer collaborators.

According to the changes observed in the malaria incidence rate, some strategies have been revised to move forward the malaria pre-elimination phase. This is due to the fact that the municipalities with API> 50/1000 inhabitants increased from 5 to 10, while the original 15 municipalities with high endemic (API<50 and >10) was reduced to six; and out of 16 municipalities with API<10/1000 inhabitants, one is now a low endemic municipality and two municipalities do not show any malaria transmission.

According to the WHO guidelines dealing with the malaria elimination phase (HSD/CD/M/002-11) and concerning the areas with low malaria transmission, the phase 2 Program intends to strengthen the laboratories' network and diagnosis capacities, the surveillance system and the follow up to malaria cases.

**2. Goal:**

To reduce malaria morbidity in the country's 36 highly endemic municipalities.

**3. Target Group/Beneficiaries:**

- Women who were pregnant in the previous 12 months;
- Children under 5 years old;
- Brazil nut harvesting population; and
- General population in the medium and high-risk municipalities targeted by the Program.

**4. Strategies:**

- Strengthening of early diagnosis, including the use of rapid diagnostic tests (RDTs) and the improvement of the laboratories' network.
- Intensifying malaria prevention and control actions, through indoor residual spraying activities and distribution of Long Lasting Insecticidal Nets (LLINs) in area of high and medium risk of malaria
- Promoting sustainable behaviour changes

**5. Planned Activities:**

- Provision of diagnostic supplies and RDTs;
- Implementation of the Behavioural Communication Change Strategy through activities framed within the COMBI plans;
- Conducting quality control of microscopic diagnosis;
- Distribution of specific and timely treatment in accordance with national guidelines;
- Strengthening the laboratories' network, including rehabilitation of infrastructure and provision of equipment to the centres not benefited in phase 1;
- Training malaria technicians in microscopic diagnosis;
- Assessment of Logistical Management and Health Information Systems, with training of health personnel on these issues;

- Strengthening the surveillance and monitoring system and information network;
- Conducting free distribution of LLINs, including pregnant women who undergo prenatal care in healthcare facilities, Brazilian nut harvesters and people living in areas of high and medium risk of malaria; and
- Scale up of the diagnosis, treatment and prevention services in the Brazil nut harvesting area.

## **6. Term of the Grant:**

For purposes of this Agreement, the following terms shall be defined as follows:

- a. Program Starting Date: 1 October 2009
- b. Program Ending Date: 29 February 2016
- c. Proposal Completion Date: 29 February 2016

## **B. SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT**

The parties acknowledge that as of the date of the signature of this Agreement, the Global Fund has not approved the plan for the procurement, use and supply management of Health Products for 2016 (the "PSM Plan") consistent with Article 18 of the Standard Terms and Conditions of this Agreement (the "STCs"). Pursuant to the STCs, the use by the Principal Recipient of Grant funds for the procurement of Health Products is conditional upon the approval by the Global Fund of the PSM Plan.

## **D. FORMS APPLICABLE TO THIS AGREEMENT**

For the purposes of Article 13(b)(1) of the Standard Terms and Conditions of this Agreement entitled "Periodic Reports," the Principal Recipient shall use the "On-going Progress Update and Disbursement Request", available from the Global Fund upon request."

## **E. ANTICIPATED DISBURSEMENT SCHEDULE**

For the purposes of Article 6(a) of the Standard Terms and Conditions of this Agreement, the anticipated disbursement schedule for the Program shall be as indicated in the Performance Framework attached to this Annex A.

## **F. PROGRAM BUDGET**

The Summary Budget attached to this Annex A sets forth anticipated expenditures for the Program term.

## **G. PERFORMANCE FRAMEWORK**

The Performance Framework attached to this Annex A sets forth the main objectives of the Program, key indicators, intended results, targets and reporting periods of the Program.

**H. GLOBAL FUND STAGGERED FUNDING COMMITMENT POLICY**

At the time of each commitment decision by the Global Fund, the Global Fund shall set aside (“commit”) funds up to the amount of the commitment decision amount, subject to the terms and conditions of this Agreement. Grant funds shall be committed in a manner consistent with the Global Fund’s discretion and authority as described in Article 6 of the Standard Terms and Conditions of this Agreement, taking into account, among other things, the availability of Global Fund funding and the reasonable cash flow needs of the Principal Recipient. If a commitment of Grant funds is made, such commitment decision will be communicated to the Principal Recipient through a written notice from the Global Fund. The Principal Recipient further acknowledges and understands that the Global Fund may decommit Grant funds, in its sole discretion, after the Program End Date.

Performance Framework Years 3, 4 & 5: Indicators, Targets, and Periods Covered

Country: Multi-national State of India  
 State: Madhya Pradesh  
 District: Sehore  
 Program: Urban National Development Programme

Period Covered: From	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
1-Jun-11	1-Jun-12	1-Jun-13	1-Jun-14	1-Jun-15	1-Jun-16	1-Jun-17	1-Jun-18
31-Dec-11	31-Dec-12	31-Dec-13	31-Dec-14	31-Dec-15	31-Dec-16	31-Dec-17	31-Dec-18
14-Feb-12	14-Feb-13	14-Feb-14	14-Feb-15	14-Feb-16	14-Feb-17	14-Feb-18	14-Feb-19
Y	Y	Y	Y	Y	Y	Y	Y

Annual Understatement & Commitment Decision  
 2016 (April 2016 - February 2016)  
 In: Transfer (Apr 2016): 11  
 Income (Apr - Feb 16)

Year 3	Year 4	Year 5
30-Jun-14	30-Jun-15	30-Jun-16

Goal: Contribute to reducing malaria incidence in the country's 253 highly endemic municipalities.

Indicator	Baseline			Current results			Report date (FY)	Year	Report date (FY)	Comments
	Value	Year	Source	Value	Year	Source				
1 Incidence of confirmed malaria cases of Plasmodium falciparum and vivax in the 20 priority areas	14,201	2007	HHS	12,692	2010	HHS	31-Mar-15	3,000	31-Mar-16	Numerator: Number of confirmed malaria cases using either microscopy or RDT cases with malaria, with cases reported by community workers per year. Denominator: Population of the 20 priority areas for Year 1, with API 5.4 (2007) and 5.4 (2010) for RDT tests, for Phase 2 the denominator is population of confirmed cases using either microscopy or RDT.
2 Incidence of confirmed malaria cases of Plasmodium falciparum in the 20 priority areas	1022 / 22181	2007	HHS	810	2009	HHS	31-Mar-15	70	31-Mar-16	The denominator is the population of the 20 priority areas as reported in the 2007 census. The numerator is the number of confirmed malaria cases of Plasmodium falciparum in the 20 priority areas for Year 1, with API 5.4 (2007) and 5.4 (2010) for RDT tests, for Phase 2 the denominator is population of confirmed cases using either microscopy or RDT.

Indicator	Baseline			Current results			Report date (FY)	Year	Report date (FY)	Comments
	Value	Year	Source	Value	Year	Source				
1 % of US children with fever receiving appropriate treatment within 24 hours (community health facility according to national guidelines)	50%	2007	HHS	23.00%	2009	HHS	30-Sep-15	70%	30-Sep-15	The focus is on the population of the 20 municipalities prioritized in this program.
2 % of pregnant women who slept under an ITN in the previous night	0	2010	Other survey (KAP)	0	2010	Other survey (KAP)	30-Sep-14	80%	30-Sep-14	The strategy of identifying LLINs in program areas is to provide for the program areas. Information will be collected on the use of LLINs in the program areas. The strategy of identifying LLINs in program areas is to provide for the program areas. Information will be collected on the use of LLINs in the program areas.
3 % of households with at least one ITN	65.9% (1,184 / 2,100)	2012	Other survey (KAP)	61%	2010	Other survey (KAP)	30-Sep-14	80%	30-Sep-14	Phase 1 baseline data (15% of 2,817) was used to estimate the number of ITNs in the program areas. The target for Phase 2 is 80%.
4 % of households who slept under an ITN in the previous night	67.27% (6,270 / 9,319)	2012	Other survey (KAP)	67%	2010	Other survey (KAP)	30-Sep-14	80%	30-Sep-14	Phase 1 baseline data was collected with the survey conducted by PAHO in Year 2. The target for Phase 2 is 80%.
5 % of health care providers who slept under an ITN in the previous night	25% (71 / 280)	2010	Other survey (KAP)	25%	2010	Other survey (KAP)	30-Sep-14	80%	30-Sep-14	The target measurements will be done using the IIS methodology.

\* Please see survey measures for indicator in case (FY) to baseline survey.





**SUMMARY BUDGET Year 6-7 & EXTENSION WITH COST**

Country	Plurinational State of Bolivia
Grant No.	BOL-809-G08-M
PR	United Nations Development Programme
Currency	USD
Grant Cycle phase	Phase 2

Period Covered: from	P23	P24	P25	P26
Period Covered: to	1-Apr-15	1-Jul-15	1-Oct-15	1-Jan-16
	30-Jun-15	30-Sep-15	31-Dec-15	29-Feb-16

**A- SUMMARY BUDGET BREAKDOWN BY EXPENDITURE CATEGORY**

#	Category	Year 6			Year 7			Total Project Ext	%
		P23	P24	P25	P26	P25	P26		
1	Human Resources	99,027	99,027	99,027	82,490			379,571	32%
2	Technical Assistance	20,839	20,839	20,839	17,162			79,678	7%
3	Training	0	0	0	0			0	
4	Health Products and Health Equipment	10,425	0	268,061	0			278,486	24%
5	Medicines and Pharmaceutical Products	0	0	0	0			0	
6	Procurement and Supply Management Costs	63,686	2,574	19,645	27,564			113,469	10%
7	Infrastructure and Other Equipment	39,027	22,618	17,164	533			79,342	7%
8	Communication Materials	0	0	0	0			0	
9	Monitoring and Evaluation	35,550	20,734	35,550	18,914			110,748	9%
10	Living Support to Clients/Target Population	0	0	0	0			0	
11	Planning and Administration	15,492	12,551	15,492	8,629			52,164	4%
12	Overheads	19,883	12,484	33,304	10,870			76,541	7%
13	Other	0	0	0	0			0	
	<b>TOTAL*</b>	<b>303,929</b>	<b>190,827</b>	<b>509,082</b>	<b>166,162</b>			<b>1,170,000</b>	<b>100%</b>

**B. SUMMARY BUDGET BREAKDOWN BY PROGRAM ACTIVITY**

#	Macro-category	Objectives	Service Delivery Area	Year 6			Year 7			Total Project Ext	%
				P23	P24	P25	P26	P25	P26		
1	Mal: Treatment	1	Mal: Treatment	8,843	8,843	8,843	8,843			35,372	3%
2	Mal: Treatment	1	Treatment: Diagnosis	0	0	22,514	0			22,514	2%
4	Mal: Treatment	4	Treatment: Home based management of malaria	9,080	9,080	15,924	26,029			60,113	5%
5	Mal: Prevention	2	Mal: Prevention	0	0	136,490	6,933			143,423	12%
6	Mal: Prevention	2	Prevention: Insecticide-treated nets (ITNs)	0	0	108,846	5,430			114,276	10%
8	Mal: Prevention	2	Prevention: Vector control (other than ITNs)	34,446	24,021	24,021	16,015			98,503	8%
9	Mal: Prevention	3	Prevention: BCC - Mass media	39,430	0	0	0			39,430	3%
10	Mal: Prevention	4	Prevention: BCC - community outreach	126	2,700	126	126			3,078	0%
11	Mal: Prevention	4	Prevention: Insecticide-treated nets (ITNs)	0	0	13,012	6,821			19,833	2%
12	HSS: Health Systems Strengthening (HSS)	1	HSS: Human resources	7,284	7,284	7,284	4,856			26,708	2%
13	HSS: Health Systems Strengthening (HSS)	1	HSS: Information system & Operational research	21,924	5,515	5,515	5,515			38,469	3%
14	HSS: Health Systems Strengthening (HSS)	1	HSS: Service delivery	0	0	0	3,377			3,377	0%
15	HSS: Health Systems Strengthening (HSS)	2	HSS: Health Systems Strengthening (HSS)	53,373	38,557	47,919	15,813			155,662	13%
18	HSS: Health Systems Strengthening (HSS)	4	HSS: Health Systems Strengthening (HSS)	291	291	291	291			1,164	0%
19	HSS: Health Systems Strengthening (HSS)	4	HSS: Information system & Operational research	35,730	32,789	35,730	22,079			126,328	11%
23	HSS: Supportive Environment	4	Supportive environment: Program management and administration	11,239	11,239	11,239	7,493			41,210	4%
24	HSS: Supportive Environment	1,2,3,4	Supportive environment: Program management and administration	82,163	50,508	71,328	36,541			240,540	21%
	<b>TOTAL*</b>			<b>303,929</b>	<b>190,827</b>	<b>509,082</b>	<b>166,162</b>			<b>1,170,000</b>	<b>100%</b>

**C. SUMMARY BUDGET BREAKDOWN BY IMPLEMENTING ENTITY**

#	PR/ISR	Name	Type of Implementing Entity	Year 6			Year 7			Total Project Ext	%
				P23	P24	P25	P26	P25	P26		
1	SR	MSD	Ministry of Health (MoH)	180,713	75,377	352,589	57,939			666,618	57%
2	SR	ADRA	NGO/CBO/Academic	46,882	46,515	66,738	56,450			216,585	19%
5	SR	OPS	Other Multilateral Organisation	20,839	20,839	20,839	17,162			79,679	7%
6	PR	UNDP	UNDP	55,495	48,096	68,916	34,611			207,118	18%
	<b>TOTAL*</b>			<b>303,929</b>	<b>190,827</b>	<b>509,082</b>	<b>166,162</b>			<b>1,170,000</b>	<b>100%</b>