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Project Document

BEL-910-G02-H

Global Fund Round 9 - Belize

**Accelerating the Pace: Reaching
Marginalized and Vulnerable
Populations with Critical Services**

Grant Phase 2: 2013-2015



**United Nations Development Programme
Country: Belize
Project Document**

Project Title: “Accelerating the Pace: Reaching Marginalized and Vulnerable Populations with Critical Services”

UNDAF National Priority Area 2: Promoting Economic and Social Well-Being, Citizen Security and Justice
Outcome 2: By 2017, institutional and human capacities in facilitating the goal of universal access to responsive, safe and quality health services across the life cycle are strengthened.

Output 2.1: Vulnerable populations have access to quality universal healthcare services across the lifecycle with emphasis on primary health care including preventative services

Expected CP Outcome: UNDP will increase accessibility of prevention services through outreach initiatives, including youth, MSM and FSW. UNDP will also support pharmacist and laboratory staff salaries to provide pharmacist and laboratory services.

Executing entity: UNDP Belize

Implementing Partners: Government of Belize

Responsible Parties: Ministry of Health, Ministry of Education, Youth and Sports, Ministry of Human Development, Social Transformation and Poverty Alleviation, Belize Red Cross, Belize Family Life Association.

Brief Description:

The overall goal of the project is to “**Halt the spread of HIV with a special emphasis on young people 15-24**” in Belize. It proposes to address key gaps in the national response to HIV/AIDS, and focus specifically on the most at-risk groups.

This project is structured with both, an HIV and a small Health Systems Strengthening (HSS) component. The HIV proposal includes the following four main Objectives: 1) To reduce the sexual transmission of HIV among young people, MSM and FSW; 2) To improve the quality of life of PLWHA and children infected and affected by HIV & AIDS; 3) To improve the coverage and quality of the continuum of care for HIV infected and affected populations through enhanced ART treatment; 4) To enhance the skill sets of the human resources at all levels in the national response to HIV and AIDS.

Programme Period: 1 January 2013 - 31 December 2015

Key Result Area (Strategic Plan): _____

Atlas Award ID: Proposal ID: 00060888

Project ID: 00076868/76870

Start date: 1 January 2013

End date: 31 December 2015

LPAC Meeting Date: May 13, 2014

Total Budget Phase 2: US\$ 2,909,009

Total resources required: US\$ 2,909,009

Total allocated resources: US\$ 2,909,009

• GFATM: US\$ 2,909,009

In-kind Contributions:

Management Arrangements:

Agreed by Implementing Partner: Yvonne Hyde HE Yvonne Hyde, CEO Min. Economic Development

Agreed by UNDP: Roberto Valent Roberto Valent, UNDP Resident Representative

PART 1: SITUATION ANALYSIS

Belize has a total population of 333,200 (mid-year 2009 estimate), of whom 42% are under 25 years old. Although a lower-middle-income country by World Bank classification (<http://data.worldbank.org/country/belize>), the heavily indebted, highly vulnerable to economic and disaster shocks, and weak national capacity of Belize disguises and denies significant rates of poverty, unemployment, chronic malnutrition, drug abuse and violence as well as other specific conditions that drive the HIV epidemic. The country is negatively impacted by a severe “brain drain” problem, losing many professionals, including health care

workers, to other countries. This has serious implications for the provision of adequate health care, which is provided mostly by the Government.

Related to HIV/AIDS epidemic, Belize has the highest HIV prevalence in Central America and the 3rd highest in the Caribbean, with estimated adult prevalence of 2.1%, and more than 4,800 people living with HIV (http://www.unaids.org/documents/20101123_GlobalReport_em.pdf). AIDS is the leading cause of death in the 15-49 population. Young people constitute an important vector to HIV transmission, due to lack of HIV prevention education and Behavioural Change Communication and negative stigma and socio-economic circumstances, causing continued risky sexual behaviour patterns. Their vulnerability is further fuelled by the fact that less than half the relevant population benefits from any form of secondary education; half of whom do not finish their study, and only 5% of whom go on to tertiary education. This leaves a large, unreached and unprotected adolescent and youth cadre on the street exposed to associated risk.

Female Sex Workers (FSW) and Men who have Sex with Men (MSM) are among the highly affected groups due to stigma and discrimination, unsafe sexual practices, and lack of support networks and systems. Approximately 2 out of 5 HIV-positive people in Belize know their status and 40- 50% of those needing ART are currently on ART.

Significant progress in the national response to HIV and AIDS includes the reduction in adult HIV incidence, condom distribution, and the success of the PMTCT program. The nascent Belize Health Information System is expanding and improving management and use of critical data. In spite of achievements made, major challenges remain, hindering a successful scale-up of the national response. Thus, a targeted and boosted response, with more emphasis on the fulfilment of human rights entitlements, forms the rationale of the proposed project.

This project aims to “Halt the spread of HIV with a special emphasis on young people 15-24” in Belize. This initiative is part of the national efforts related to the achievement of the MDG 6 focused on halt and start reversing the spread of HIV/AIDS in the country, and a commitment to make a difference in Belize for its young population. It is aligned with the National Strategic Plan for HIV/AIDS, which applies human rights standards and principles, emphasizes efforts to support most-at-risk groups, and strengthens service providers. It proposes to address key gaps in the national response to HIV/AIDS, and focuses specifically on the most at-risk groups. The project is based on the results from a situational assessment, an additional specific assessment of the situation of children and adolescents, a subsequent analysis of the gaps and major challenges, confronting the national response, and the achievements in Phase 1.

Crucial overarching goals are to greatly enhance access to and effectiveness of the health system, to eradicate barriers in the way of fully integrated HIV services in primary health care, and to more efficiently provide prevention, treatment and care and support services to at-risk target groups.

The 2010 UNDP's Human Development Report shows Belize's HDI value is 0.694—in the high human development category—positioning the country at 78 out of 169 countries and areas. The HDI is not designed to assess progress in human development over a short time period because some of its component indicators do not change rapidly in response to policy changes. This is particularly so for mean years of schooling and life expectancy at birth. It is, however, useful to review HDI progress over the medium to long term. Between 2005 and 2010, Belize's HDI value increased from 0.690 to 0.694, an increase of 1% or average annual increase of about 0.1%. Between 2005 and 2010, Belize's life expectancy at birth increased by over 1 year, mean years of schooling increased by less than 1 year and expected years of schooling remained the same.

Belize's GNI per capita decreased by 6% during the same period (<http://hdrstats.undp.org/images/explanations/BLZ.pdf>).

The Belize Scorecard and Outlook report 2010¹ states that the MDG 6 related to HIV/AIDS is on track to be achieved by 2015, as well as the indicators that reflect the advancement on health issues like child mortality, considered under a slow progress, maternal health not on track but with qualitative improvement and the environmental goals expressed in MDG 7 with respect to which progress is slow. However, the country is not on track to achieve the following 4 of the 8 goals by 2015:

- i) core poverty and indigence reduction goals expressed in MDG 1;
- ii) education goals expressed in MDG 2;
- iii) gender goals expressed in MDG 3;
- iv) debt management goals of MDG 8.

In summary, poverty and indigence have been increasing in Belize, even in the midst of plenty. All of the MDGs are linked through the national efforts to reduce poverty and indigence through development, and Belize must still find and follow the right track to achieve all of the MDGs by 2015. This project will keep this overarching objective as a major milestone and specifically to ensure achievement of MDG 6 by 2015.

PART 2: STRATEGY

In line with the UNDAF outcome to reverse the spread of HIV and AIDS (<http://www.unbelize.org/images/un-home/Downloads/UNDAF%20BELIZE%202007-2011.pdf>), this project serves to focus on education and prevention activities addressed to young people as well as at the Most-At-Risk Populations (MARPs) such as FSW and MSM and to an extent to strengthen national capacity within the country for improved health service delivery.

The intervention strategy is structured with an HIV and a very small Health Systems Strengthening (HSS) component.

The HIV component includes the following four main Objectives:

- 1) To reduce the sexual transmission of HIV among young people, MSM and FSW in Belize through prevention efforts, including BCC efforts, condom distribution, expanded testing and counselling, stigma reduction and building enhanced supportive environments. This is a scaling up of the Phase 1 grant, which also focused on these affected populations.
- 2) To improve the quality of life of PLWHA and children infected and affected by HIV and AIDS in Belize.
- 3) To improve the coverage and quality of the continuum of care for HIV infected and affected populations through enhanced ART treatment and monitoring and the provision of psychosocial care; and
- 4) To enhance the skill sets of the human resources at all levels in the national response to HIV and AIDS, through technical, operational, data collection and management, and project management initiatives.

¹ *Belize, Scorecard and Outlook Report 2010, UNDP, Belmopan, Belize; ISBN 978-99923-55-39-8*

The proposed project aims to focus on the Most-At-Risk Populations (11-24 age groups, MSM, FSW, OVC and PLWHA) in Belize. A number of activities have a national scope and will therefore produce a benefit for the response to HIV and AIDS at national level. Management and coordination of the HIV and AIDS national response in the context of the three ones: one agreed aid action framework that provides the basis for coordinating the work of all partners, strategic plan; one national aids coordinating authority; and one agreed country level monitoring and evaluation system, including advocacy and resource mobilization will be also facilitated.

Directly linked to the UNDAF Outcome 2, this project will contribute to supporting outreach services for the most at risk populations, improved access to primary health care services, as well as enhance the capacity of the Ministry of Health to strengthen the national health system. Advocacy and public information available at all levels, promoting better health and prevention of HIV will be also supported.

Secondly this project will contribute to the UNDAF Outcome 3, seeking to mitigate the impact of HIV and AIDS in Belize through the provision of cash transfers to Orphans and Vulnerable Children who attend school.

The National HIV strategy can be accessed at www.menengage.org/index.php?option=com_docman&task=doc and a detailed project intervention strategy is accessible at: <http://www.theglobalfund.org>.

UNDP Belize as the Principal Recipient (PR) of this project will seek to strengthen project management capabilities and reduce the overall risk through oversight on use of grant funds, improve the flow of funds into the country and strengthen the national capacity within the country for improved health services and the effective management of the national HIV/AIDS response. This arrangement is time-bound and as PR, UNDP Belize will enable the necessary capacity building support to one or more local entities with the view that they can effectively implement project activities and manage funds under the new funding mechanism proposed by the Global Fund.

The UNDP Country Office will be responsible for overall grant implementation; financial accountability, M&E and utilization of established standards for all procurement and distribution of health and non-health products. Under these PR obligations, UNDP Belize will manage the overall risk for the oversight of Global Fund Round 9 grant, improvement of the flow of funds into the country and strengthen capacity of national implementing partners for improved health and HIV risk reduction services.

The Country Coordinating Mechanism (CCM) and the National AIDS Commission (NAC) will continue to perform oversight role on the overall project performance. UNDP will coordinate with the NAC/CCM to assure that the purposes of the project are achieved. Under this oversight leadership role the NAC/CCM will continuously monitor the implementation of activities financed by the Global Fund Round 9 grant including approving major changes in implementation plans if necessary.

UNDP Belize will work closely with the NAC/CCM to ensure efficient programme implementation and timely adherence to Global Fund policies. UNDP will continue to provide regular updates to the NAC/CCM at the CCM meetings and CCM sub-committee meetings.

PART 3: MANAGEMENT ARRANGEMENTS

The project will be executed by UNDP in line with UNDP's DIM (**Direct Implementation Modality**) procedures and guidelines. UNDP Country Office in Belize in accordance with standard operational and financial guidelines and procedures will be responsible for achieving the projects results and will remain accountable for the delivery of project outputs as per agreed project work plans, the financial management, and ensuring the overall cost-effectiveness of planned activities. UNDP BELIZE as the Executing Entity entrusted with the implementation of the project and which assumes full responsibility and accountability for the effective use of the resources and delivery of the project outputs.

3.1 Global Fund Project Management Unit (PMU):

To coordinate the implementation of the project and for the overall management, UNDP Country Office will establish the **Project Management Unit (PMU)** that besides coordinating the implementation of the Grant will provide general guidance on Global Fund policies and procedures to all Sub-Recipients (SRs) participating in the implementation of the Grant. The Project Management Unit of the project presented below in Figure 1, will be as follows:

A *GF Project Coordinator* will be an international post for the first 18 months of Phase 2, handing over to a National Officer in the second 18 months. This arrangement will be reviewed after one year and based the need of the programme the decision will be made. –The Project Coordinator will work as part of the PMU and will oversee the implementation of the Global Fund grant in addition to providing support to the implementation of the Capacity Development Plan. She/he will be in charge of the project implementation responsibilities on a day-to-day basis and decision-making for the project, ensuring that the project produces the results specified. The Project Coordinator will also ensure that the results are attached to the required corporate standards and within the specified constraints of time and cost. The GF Project Coordinator will coordinate the PMU team and support all the coordinating mechanisms established once the project start implementation of its actions. This position will work closely with the existing focal persons within each SR to enhance grant performance and management through strengthened coordination in the programme. In addition, she/he will collaborate with the UNDP Country Office staff, Programme Officers in UN Agencies, Government Officials, technical advisors and experts, multi-lateral and bi-lateral donors and civil society ensuring successful UNDP programme implementation. Finally, she/he will ensure top quality policy advisory services on HIV/AIDS programming to the Government and National Institutions and facilitate knowledge building and management among responsible entities. Furthermore, the GF Project Coordinator will ensure facilitation of knowledge building and sharing within UNDP Global Fund PMU. The position will also focus on partnership strengthening and coordination. The GF Project Coordinator will report directly to the Assistant Resident Representative.

| A *Monitoring and Evaluation Officer* is an essential part of the PMU team. He/she –is responsible for the implementation and effective management of monitoring and evaluation policies and strategies. The M&E Officer is expected to develop monitoring & evaluation tools, policies and procedures that not only enable UNDP to closely monitor programme performance, but also to build monitoring and evaluation capacities within SRs. This will enhance data quality and reporting as well as decision making. _The M&E Officer will report directly to the GF Project Coordinator.

A *Finance Associate* (FO) will be recruited for the first 2 years of the Phase 2 grant to assist with effective, accurate financial resources management and oversight and will ensure the successful implementation of operations strategies and procedures. In addition, the position will manage the project budget and will organize an optimal cost-recovery system to ensure proper control of project accounts and project cash management. Finally, the Finance Associate will be closely monitoring the financial activity of the Sub-recipients and other implementing partners. This position will also support Progress Update/Disbursement Requests (PUDR) and all other financial reporting responsibilities by the PR to the Global Fund. The FO will report to the Operations Analyst and closely coordinate with the GF Project Coordinator.

The *Procurement Associate* (PA) will provide 50% level on effort in ensuring the provision of effective and efficient Procurement Supply Management (PSM) activities under the Global Fund grant and ensure full compliance of procurement activities with UN/UNDP rules, regulations, policies and strategies and grant agreement with Global Fund. Furthermore, the Procurement Associate will take the lead on developing a strategy for appropriate integration of UNDP/Global Fund procurement activities with those of other agencies (including PAHO/WHO, UNICEF, UNFPA, etc.), and towards strengthening Governmental/Ministry of Health procurement capacities. The PA will report to the Operations Analyst and closely coordinate with the GF Coordinator.

The *Programme Assistant* will provide programme support services ensuring timeliness in implementation of SR activities with high quality, accuracy and consistency of work. In particular the Programme Assistant will assist with the formulation of programme strategies, support Project Coordinator with internal reporting including to the Global Fund and as well assist the M and E officer with documenting SR activities for use in standard reporting templates. The PA will report directly with the GF Project Coordinator and closely coordinate with the M&E Officer.

In addition, the PMU will be supervised by the Assistant and Deputy Resident Representatives.

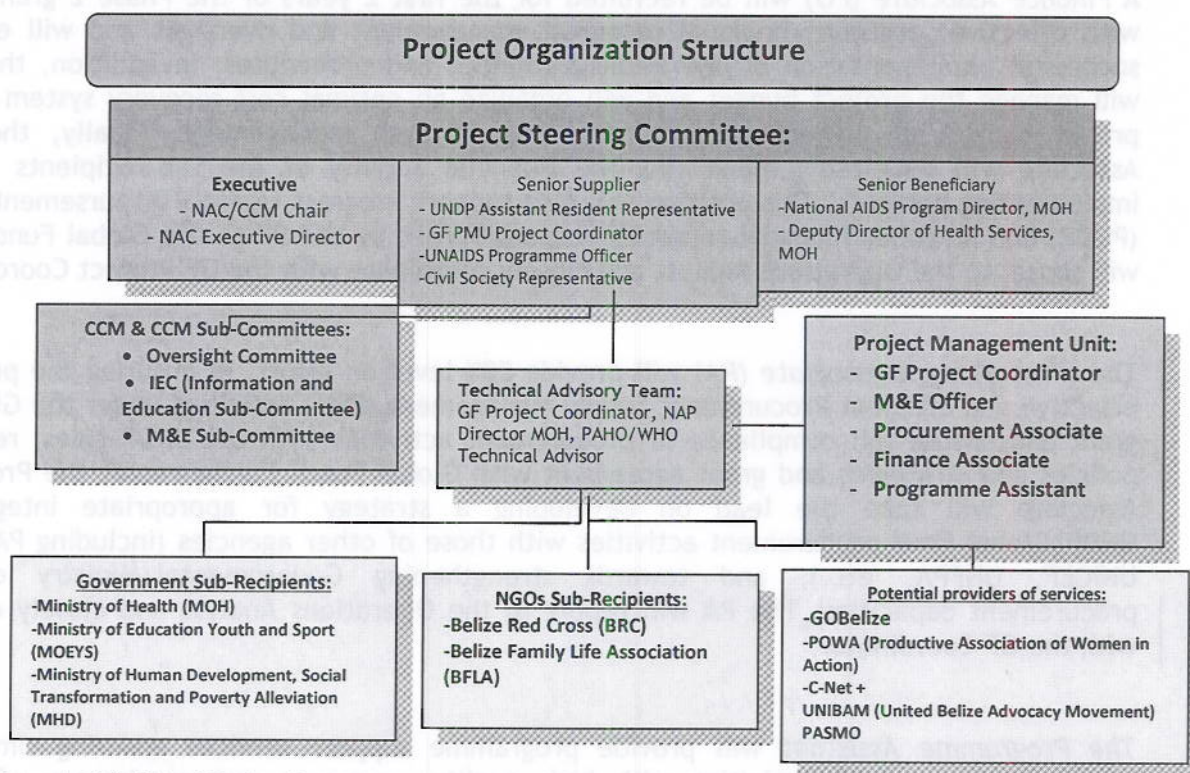


Figure 1: Global Fund Project Organization Structure

3.2 Project Management Structure:

Project Steering Committee (PSC):

Policy management will be vested with the Project Steering Committee. This Committee will be chaired by the Assistant Resident Representative with the NAC Chairperson as the co-chair. The main role of the PSC will be to reinforce the CCM's role in the oversight of and accountability for the project. The PSC will be responsible for making all policy decisions for the project and shall meet quarterly to review the overall progress and outcomes of the project with the aim of proposing changes to the methodology or providing solutions to problems when necessary. These decisions will relate to the scope, extension, expansion, reduction or continuation of the Programme.

The Project Steering Committee will contain three roles:

- Executive, representing the project ownership to chair the group, which will be held by UNDP (Assistant Resident Representative) and co-chaired by the NAC/CCM Chairperson;
- Senior Supplier, to provide guidance regarding the technical feasibility of the project, by UNDP Assistant Resident Representative; and
- Senior Beneficiaries, to ensure the realization of project benefits from the perspective of project beneficiaries, from the National AIDS Commission and the Ministry of Health perspective. This role will be assumed by the NAP and MOH.

The Project Steering Committee will be composed of a CCM Chairperson, the NAC Executive Director, the National AIDS Programme Director from the MOH, the Deputy Director of Health

services from the MOH, the UNAIDS Programme Officer, the UNDP Assistant Resident Representative and the GF Project Coordinator (see Figure 1).

Technical Advisory Team:

A Technical Advisory Team (TAT) will be established to strengthen the national process ensuring that the project is in full alignment with local development priorities and the principles of sustainable development. Additional international and local expertise will be hired in support of the different project's activities.

The Technical Advisory Team will be composed of a GF Project Coordinator, the National AIDS Programme Director from the MOH, the PAHO/WHO HIV/AIDS Technical Advisor, and the ad hoc technical experts that will be hired during the project implementation process.

Project coordination:

The project coordination role will be under the responsibility of the PMU. The PMU and the TAT will be at the same time reporting on a quarterly basis to the PSC, and the PSC will be reporting to the CCM on a quarterly basis as well.

The PMU will be in charge of the supervision of the SRs performance, and will report to the PSC and CCM accordingly. SRs will be expected to complete annual work plans using the stage plans format of UNDP, these will include quarterly projection of activities and expenditures as well as monitoring and evaluation reporting targets.

The PMU has established a communication policy and ways of sharing lessons of implementing a project within a dynamic environment. All the communication materials and mass media campaigns designed are submitted by the SRs to the approval of the Information, Education and Communication (IEC) Sub-Committee of the CCM before releasing the final products (i.e. brochures, booklets, radio and TV spots, etc.). The IEC Sub-Committee will harmonize the communication products released from the project and the PMU will be in close interaction with this structure. The UNDP Communications Officer will be part of the IEC Sub-Committee as well. Gender issues will be considered and taken into account in every communication material, making an explicit reference in each Terms of Reference.

3.3 Financial arrangements and funding structure:

In order to maintain an optimum level of financial performance, UNDP will implement the project activities through, Cash Advances, Cost Reimbursement or Direct Payment to the different suppliers on behalf of SRs and at the request of SRs. Cash Advances may only be considered to those SR's that have been favourably assessed for their capacities and capabilities in this area and who by virtue of their SR Agreements are successfully implementing activities in line with the special conditions of the Agreement. In order to mitigate financial risk and speed up processes of liquidation/validation of expenses incurred by SRs, they will submit financial reports monthly in addition to quarterly and annual reports.

To ensure full compliance, UNDP will provide reporting procedures and guidelines to SRs and also regularly facilitate On the Job Training and support on financial management as part of the Capacity Development process of this project.

3.4 Procurement of Goods and Services:

Under the project's Direct Implementation Modality arrangement (DIM), the strategy for the procurement of pharmaceuticals, health equipment and relevant supplies will be conducted by UNDP as follows:

- Procurement of condoms will be carried out by UNDP via its partnership agreement with UNFPA. UNFPA procures through their Long Term Agreements (LTA), which are based on a competitive process mostly directly with manufacturers, in which adherence to stringent quality assurance was the main criterion.
- Procurement of health equipment and supplies will be carried out by UNDP/PSO/Global Procurement Unit (GPU) through their LTAs which are based on a competitive process as well, in which adherence to strict technical specifications coupled with after-sales services are the main criterion.
- Procurement of services by SRs will be conducted in direct collaboration with UNDP and in compliance with standard UNDP procurement procedures.

The Procurement and Supply Management (PSM) activities will be conducted by UNDP with the support of the Ministry of Health as the national agency responsible for technical specifications. The storage and distribution of health products is a responsibility of the Central Medical Store (CMS) from the MOH, with a direct assistance and monitoring from the Procurement Associate and the M&E Officer.

3.5 Audits:

The audit of the project will be conducted as per Article 7 of the UNDP-Global Fund Grant Agreement for the project in consultation with the Office of Audit and Investigation (OAI) UNDP Headquarters. UNDP Country Office will arrange for an audit of UNDP's support provided to the SRs.

PART 4: IMPLEMENTATION AND INSTITUTIONAL ARRANGEMENTS

During the implementation of the project, UNDP Country Office will coordinate closely with Government, bi-lateral development partners and civil society to harmonize and coordinate the response in supporting the implementation of Global Fund grant.

Moreover, UNDP Country Office will work with all the stakeholders to strengthen national capacity in the implementation of the project activities. Bi-lateral partners include USAID (CDC, PEPFAR) and UN Agencies (UNFPA, PAHO/WHO, UNICEF and UNAIDS).

UNDP will engage as SRs the Ministry of Health (MOH), Ministry of Education, Youth and Sports (MOEYS), Ministry of Human Development, Poverty Alleviation and Social Transformation (MHD), Belize Red Cross (BRC) and Belize Family and Life Association (BFLA). In addition, UNDP will also consider the use of other civil society organizations specifically, GOBelize, -POWA (Productive Association of Women in Action), C-Net +, UNIBAM (United Belize Advocacy Movement), PASMO. The support of service providers will be to support direct service provision to people living with HIV/AIDS, OVCs, FSWs, MSMs, and youth.

The National AIDS Program (NAP) within the MOH will be responsible for the implementation of the programmatic activities related to epidemiological surveillance. Central Medical Stores (CMS) also within the MOH, will be the implementing institution for storage and distribution of condoms for free distribution, without having to replicate or have parallel structure to support UNDP's role as PR in Belize.

For the general oversight of the grant performance, the CCM will continue to perform the oversight role and will approve all major changes in implementation plans as necessary.

During the grant UNDP will assess how it may work with SRs, service providers and other stakeholders to ensure the sustainability of the National HIV response after the grant has ended. UNDP will work with National entities to develop their managerial, financial, procurement and monitoring and evaluation capacities.

External Audit:

UNDP's Office of Audit and Investigations (OAI) requires completing an internal audit of the Global Fund programs in compliance with UNDP's risk based approach and the Grant Agreement signed with the Global Fund. The audit will take place based on the OAI risk criteria and supported by UNDP. The SRs are also to be audited as per UNDP HAN/NGO threshold, but not necessarily annual.

Final Project Evaluation/Review:

A final project evaluation will be done at the end of the project implementation (year 5) with all the actors involved in the implementation of the grant. The purpose of the evaluation is to assess and evaluate if the project has achieved its goal, objectives and targets and recommend corrective measures if necessary.

Quality Management for Project Activity Results:

OUTPUT 1: To reduce the sexual transmission of HIV among young people, MSM and FSW	
Activity 1.1: BCC campaigns for young people (in-school population) and safe sexual practices (out-of-school)	Start Date: 1 January 2012 End Date: 31 December 2012
ACTIVITY 1.1: BCC Campaigns-Youth-ROBETS	
Purpose:	To engage young people (15-24) in addressing environment activities and to be exposed to BCC activities and prevention messages that will impact on delaying sexual initiation and increase safe sexual practices (condom use, reducing multiple partners, etc.)
Description:	1.1.1: Aiming of TV messages on delaying sexual activity and safe sexual practices 1.1.2: Aiming of BCC radio messages on delaying sexual activity and safe sexual practices 1.1.3: Production of BCC radio messages on delaying sexual activity and safe sexual practices 1.1.4: Delivery of environment messages to young people (15-24)

PART 5: MONITORING FRAMEWORK AND EVALUATION

Project monitoring and evaluation will be conducted in accordance with established UNDP and Global Fund policies and procedures. The indicators set in the Performance Framework of the Grant Agreement will form the basis on which the project's Monitoring and evaluation system will be built. The performance of the project will be measured based on the achievement of the targets set for each indicator of the performance framework. Risks will be managed to avoid and or mitigate any negative impacts they may have on the Project.

Quarterly:

On a quarterly basis Project Steering Committees and Joint Review Meetings with all implementing partners will be held to discuss progress in the implementation of the project, challenges, constraints and lessons learnt. Progress towards the completion of key results, will be updated in ATLAS. The monitoring of project activities will also be linked to stage plans developed by SRs.

The Local Fund Agent (LFA) will undertake reviews of program implementation on a half-yearly basis, on the basis of the Disbursement Requests and Progress Updates submitted by the UNDP Country Office.

External Audit:

UNDP's Office of Audit and Investigations (OAI) requires completing an internal audit of the Global Fund programs in compliance with UNDP's risk based approach and the Grant Agreement signed with the Global Fund. The audit will take place based on the OAI risk criteria and supported by UNDP. The SRs are also to be audited as per UNDP NIM/NGO threshold, but not necessarily annual.

Final Project Evaluations/Reviews:

A Final project evaluation will be done at the end of the project implementation (year 5) with all the actors involved in the implementation of the grant. The purpose of the evaluations is to assess and evaluate if the project has achieved its goal, objectives and targets and recommend corrective measures if necessary.

Quality Management for Project Activity Results:

OUTPUT 1: To reduce the sexual transmission of HIV among young people, MSM and FSW.		
Activity Result 1.1:	BCC campaigns for young people 11 -24 on delayed (in-school population) and safe sexual practices (out-of-school)	Start Date: 1 January 2013 End Date: 31 December 2013
(Atlas Activity ID): ACTIVITY1:	BCC Campaigns-Youth-MOEYS	
Purpose:	To engage young people 11-24 in attending edutainment activities and to be exposed to BCC activities and prevention messages that will impact on delaying sexual initiation and increase safe sexual practices (condom use, reducing multiple partners relations).	
Description:	1.1.1.: Delivery of edutainment sessions to young people 11-24 1.1.2.: Production of BCC radio messages on delaying sexual activity and safer sexual practices 1.1.3: Airing of BCC radio messages on delaying sexual activity and safer sexual practices 1.1.4.: Airing of TV messages on delaying sexual activity and safer sexual practices	

Quality Criteria How/with what indicators the quality of the activity result will be measured?	Quality Method Means of verification. What method will be used to determine if quality criteria has been met?	Date of Assessment When will the assessment of quality be performed?
1.1.1.: Number of BCC and edutainment campaigns designed 1.1.1.: Number of young people reached by edutainment sessions 1.1.2./1.1.3.: Number of radio messages produced and aired 1.1.4./1.1.: Number of TV aired	1.1.1.: BFLA validation report, Reports from TV station 1.1.2./1.1.3.: Reports from the radio stations	Quarterly

Activity Result 1.2:	Standardized TWC-based Peer Education programme for high school students;)	Start Date: 1 January 2013 End Date: 31 December 2015
(Atlas Activity ID): ACTIVITY13:	TWC-Peer Education Program-BRC	
Purpose:	Life skills based HFLE will be complemented by peer education programmes to provide young people with the skills to resist peer pressure to engage in sexual activity. Peer education is a proven BCC strategy for prevention of HIV and provides a platform for meaningful involvement of young people in the response to HIV and AIDS. Under the Round 3 HIV Grant, the MOEYS entered into a strategic partnership with Belize Red Cross, who was contracted to implement peer education in secondary schools. This Round 9 Phase 2, will build on the success of the Phase 1, and BRC will continue to implement the Peer Education Program in high schools as Sub-recipient.	
Description:	1.2.1.: Procurement of TWC packages for peer education and counsellor training 1.2.2.: Training of Peer Educators 1.2.3.: Training of adult counsellors 1.2.4.: Monitoring and support visits to schools	
Quality Criteria	Quality Method	Date of Assessment
Indicator 1.1: Number of secondary school students (Peers) 11-20 reached through peer-education programmes	BRC program reports and M&E reports	Quarterly

Activity Result 1.3:	Low literacy Peer Education programme for out of school youth	Start Date: 1 January 2013 End Date: 31 December 2015
(Atlas Activity ID): ACTIVITY14:	Out of School Youth-MOEYS & GOBelize	
Purpose:	To implement a low literacy peer education programme implemented by a combination of community based organizations and government departments (YFF from MOEYS) as responsible institution. The peer education programme will address safer sexual practices among young people out of school with specific emphasis on partner reduction and condom use.	

Description:	1.3.1.: Training of peers	
Quality Criteria	Quality Method	Date of Assessment
Indicator 1.2: Number of young people 11-24 out-of-school in reached with HIV/AIDS education in out-of-school settings	MOEYS & GOBelize quarterly program reports	Quarterly

Activity Result 1.3:	Formal LSB HIV education (HFLE) curriculum in high schools	Start Date: 1 January 2013 End Date: 31 December 2015
(Atlas Activity ID): ACTIVITY12:	HFLE-High Schools-MOEYS	
Purpose:	To provide support to the Ministry of Education, Youth and Sport to introduce HFLE in 100% of secondary schools. Currently, there is no standardized life skills based HIV prevention programme in secondary schools. The introduction of HFLE will ensure that a standardized Curriculum is applied in secondary schools and that 100% counsellors are trained to deliver Life Skills Based HIV education.	
Description:	1.3.2.: Training of MOEYS Staff 1.3.2.: Training of Counsellors 1.3.2.: Monitoring Visits 1.3.3.: Printing of counsellor guides and materials 1.3.4.: Training of counsellors in interim phase 1.3.5.: Printing of TWC materials for use in interim Phase	
Quality Criteria	Quality Method	Date of Assessment
Indicator 1.1: Number of High School Students 11-20 reached by life skills-based HIV education in high schools	MOEYS program reports	Quarterly

Activity Result 1.4:	BCC programmes for MSM and FSW	Start Date: 1 January 2013 End Date: 31 December 2015
(Atlas Activity ID): ACTIVITY16:	MSM-FSW-Outreach activities-BFLA (with support from PASMO)	
Purpose:	To scale up interventions for both MSM and FSWs, focused behaviour change communications (BCC) activities that promote sustained use of HIV prevention products and services, will be utilized. This approach will use targeted communication messages to build and reinforce correct knowledge while simultaneously engaging individuals at a personal level to enhance their risk perception and motivation for behaviour change.	
Description:	1.4.1.: Training of Outreach Officers 1.4.2.: Outreach interventions with MSM 1.4.3.: Outreach interventions with FSW 1.4.4.: Stipend for outreach officers interacting with MSM / FSW 1.4.5.: Reproduce materials for outreach to MSM and FSW 1.4.6.: Procurement of computers to support outreach	

	1.4.7.: Programme Management Support - Human Resource 1.4.8.: Programme Management Support- Overheads	
Quality Criteria	Quality Method	Date of Assessment
Indicator 1.3: Number of MSM contacts reached with HIV/AIDS prevention programmes Indicator 1.4: Number of FSW contacts reached with HIV/AIDS prevention programme	BFLA quarterly program reports and monitoring visits.	Quarterly

Activity Result 1.5:	Providers of services to MARPs with sufficient stocks of free-distribution condoms	Start Date: 1 January 2013 End Date: 30 June 2013
(Atlas Activity ID): ACTIVITY15:	Condoms-PR-UNDP	
Purpose:	In Round 9 Phase 2, 400,320 condoms will be distributed for free to MARPS. Condom distribution will be through Public Health Facilities via Central Medical Stores. This will be complemented by other outlets for free condom distribution available in the country such as BFLA, a local affiliate of IPPF and UNFPA, who are currently supporting the Ministry of Health in providing buffer stock of free male and female condoms.	
Description:	1.5.1.: Distribution of free male condoms to Public Health Facilities	
Quality Criteria	Quality Method	Date of Assessment
	Stock reports from Central Medical Stores and additional reports from Public Health Facilities	Quarterly

Activity Result 1.6:	STI Treatment for MSM & FSW	Start Date: 1 January 2013 End Date: 31 December 2015
(Atlas Activity ID): ACTIVITY18:	STI Diagnosis and Treatment for MSM and FSW-BFLA	
Purpose:	To provide subsidized STI diagnosis and treatment to FSW and MSM over the next 5 years. Each person will be offered two free screening and treatment during the five years. The MSM and FSW targeted will be from among those who are reached by the BCC interventions in objective 1. Through these interventions, the services will be promoted and persons will be offered a referral card to access these free services. This will ensure that these marginalized populations are receiving treatment for STIs at an affordable cost.	
Description:	1.6.1.: Referral provision to professional health care for diagnosis and treatment of STIs.	
Quality Criteria	Quality Method	Date of Assessment
	BFLA program reports.	Quarterly

Activity Result 1.7:	Advocacy initiatives on the rights, including right to privacy & confidentiality in care settings, of sexual	Start Date: 1 January 2013 End Date: 31 December 2015
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	minorities and PLWHAs	
(Atlas Activity ID): ACTIVITY19:	Stigma Reduction Campaigns-PR-UNDP	
Purpose:	To air a "Know Your Rights/Laws" social change campaign to promote increased awareness of the rights of PLWHAs and sexual minorities. Messages will be aired on radio and television and through interpersonal channels.	
Description:	1.7.1.: Radio spots broadcast 1.7.2.: TV spots broadcast	
Quality Criteria	Quality Method	Date of Assessment
	M&E Program reports	Quarterly

OUTPUT 2: To improve the quality of life of PLWHA and children infected and affected by HIV and AIDS in Belize and the to provide psychosocial care.

Activity Result 2.1:	Psycho-social assistance provided to PLWHA	Start Date: 1 January 2013 End Date: 31 December 2015
(Atlas Activity ID): ACTIVITY21:	Support to PLWHA-MHD with support from C-NET+	
Purpose:	To ensure basic psychosocial support to PLWHA, a community based approach will be developed that will seek to enable two counsellors to reach. A variety of approaches including counselling support groups and chaplain services to PLWHA will be utilized. The Counsellors have specific responsibility for conducting an assessment of the psychosocial needs of PLWHA, designing the community level intervention and coordinating and monitoring the provision of this service to PLWHA. The Counselling Center coordinator will also ensure that links are provided to other services for PLWHA such as nutrition support provided through the Ministry of Human Development's cash transfers to poor households.	
Description:	2.1.1.: Support for salaries for counsellors 2.1.2.: Basic hygiene and nutrition packs 2.1.3.: Development of training manual and training for social workers.	
Quality Criteria	Quality Method	Date of Assessment
Indicator 2.1: Number of adults and children living with HIV who receive care and support services outside health facilities during the reporting period	MHD program reports.	Quarterly

Activity Result 2.2:	Ongoing national Conditional Cash Transfer schemes incorporate HIV/AIDS affected OVC and their households in cash assistance and service provision	Start Date: 1 January 2013 End Date: 31 December 2015
(Atlas Activity ID): ACTIVITY22:	Support to OVCs-MHD	
Purpose:	To accelerate implementation of some components of the National Plan of Action and policy on OVC by continuing the piloting of the provision of a package of services to vulnerable children. A community care centre will be inaugurated in Dangriga Town and the utilities and some running costs will be funded under the grant.	
Description:	2.2.1.: Employ 3 community development officers to support CCT programme for OVC 2.2.2.: On-going national Conditional Cash Transfer schemes incorporate HIV/AIDS affected OVC and their households in cash assistance and service provision 2.3.1.: Stipends for Dangriga care centre volunteers 2.3.4.: Administrative costs of the Dangriga care centre with POWA	
Quality Criteria	Quality Method	Date of Assessment
Indicator 2.2.: Number of orphans and vulnerable children 0-17 years whose	MHD program reports. POWA Program reports	Quarterly

households received free basic external support in caring for the child (cash transfer)		
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OUTPUT 3: To improve the coverage and quality of the continuum of care for HIV infected and affected populations through enhanced ART treatment and monitoring.		
Activity Result 3.1:	Improved quality of service for PLWHA in need of ART	Start Date: 1 January 2013 End Date: 31 December 2015
(Atlas Activity ID): ACTIVITY31:	ARV Treatment-MOH	
Purpose:	To ensure standardized treatment for PLHWA in need of ART, including viral load testing for persons living with HIV.	
Description:	3.1.1.: Case managers / adherence counsellors (1 BZ & 1SC) Nurse-level; social worker level 3.1.2.: Insurance for 2 vehicles	
Quality Criteria	Quality Method	Date of Assessment
Indicator 3.1.: Number of adults and children with advanced HIV infection currently receiving antiretroviral therapy	BHIS reports and MOH program reports.	Quarterly

OUTPUT 4: To enhance the skill sets of the human resources at all levels in the national response to HIV and AIDS, through technical, operational, data collection and management, and project management initiatives.		
Activity Result 4.1:	Capacity development programme for enhanced technical capabilities of providers of services to target groups and in all operational components of project management practice. Data collection and analysis activities for improved data management	Start Date: 1 January 2013 End Date: 31 December 2015
(Atlas Activity ID): ACTIVITY4:	CAP. DEV.-PR-UNDP	
Purpose:	To ensure that human resources are strategically positioned to support delivery of services to the target populations, and technical capacity of SR's is enhanced. To strengthen SR's capacities in four areas: financial management, strategic planning, monitoring and evaluation, and Human Rights based approach to planning and service delivery. To address data collection and management gaps in the national response.	
Description:	4.1.1.: Monitoring and mentoring visits for SRs 4.1.2.: Training for MOH strategies 4.3.1.: Sentinel Study HIV infection young people 15-24 in Y4 4.3.2.: Population-based surveys: Sexual Behaviour in Y4	
Quality Criteria	Quality Method	Date of Assessment
	M&E Program reports.	Quarterly

Output 5: The Health System Strengthening component is focused on: i) Further development of the BHIS to enhance monitoring and evaluation systems and project management; ii) enhancing the medical laboratory system; and iii) further improving procurement and supply management systems.		
Activity Result 5.1:	MARPS reprogramming	Expected Start Date: July 2013 End Date: 31 December 2015
(Atlas Activity ID): ACTIVITY 51:	MARPS reprogramming	
Purpose:	This will be determined by 30 June 2013 based on the situational diagnosis for MARPS and the mid-term review of the strategic plan.	
Description:	5.1.1. To be determined	

Quality Criteria	Quality Method	Date of Assessment
To be determined	To be determined	Monthly
Activity Result 5.2:	Improving Medical Laboratory Services	Start Date: 1 January 2013 End Date: 31 December 2015
(Atlas Activity ID): ACTIVITY 52:	CML-MOH	
Purpose:	To support the integration of HIV/AIDS care into the Primary Health Care, and to enhance the integrity of the referral system, medical laboratory services will be substantially improved.	
Description:	5.2.1.: Salary for biomedical technician for CML 5.2.2.: Salary for 2 laboratory technologists 5.2.3.: Procure & install equipment for CML Carried over from Phase 1: Rehabilitation of viral load laboratory Carried over from Phase 1: Training of pharmacist assistants	
Quality Criteria	Quality Method	Date of Assessment
	CML Program Reports	Quarterly
Activity Result 5.3:	Strengthening Procurement and Supply Chain Management	Start Date: 1 January 2013 End Date: 31 December 2015
(Atlas Activity ID): ACTIVITY 53:	CMS-MOH	
Purpose:	To increase the reliability of PSM system, and to increase the availability of medical commodities required for treatment of HIV/AIDS at the service delivery point, resulting in lower morbidity and mortality rates.	
Description:	5.3.1.: Insurance for refrigerated truck at CMS.	
Quality Criteria	Quality Method	Date of Assessment
	CMS Program Report	Quarterly

PART 6: LEGAL CONTEXT

This project document together with the CPAP signed by the Government of Belize and UNDP which is incorporated by reference constitute together a Project Document as referred to in the SBAA and all CPAP provisions apply to this document. Consistent with the Article III of the Standard Basic Assistance Agreement, the responsibility for the safety and security of the implementing partner and its personnel and property, and of UNDP's property in the implementing partner's custody, rests with the implementing partner.

The implementing partner shall put in place an appropriate security plan and maintain the security plan, taking into account the security situation in the country where the project is being carried; and assume all risks and liabilities related to the implementing partner's security, and the full implementation of the security plan.

UNDP reserves the right to verify whether such a plan is in place, and to suggest modifications to the plan when necessary. Failure to maintain and implement an appropriate security plan as required hereunder shall be deemed a breach of this agreement. The implementing partner agrees to undertake all reasonable efforts to ensure that none of the UNDP funds received pursuant to the Project Document are

used to provide support to individuals or entities associated with terrorism and that the recipients of any amounts provided by UNDP hereunder do not appear on the list maintained by the Security Council Committee established pursuant to resolution 1267 (1999). The list can be accessed via <http://www.un.org/Docs/sc/committees/1267/1267ListEng.htm>. This provision must be included in all sub-contracts or sub-agreements entered into under this Project Document.

The following types of revisions may be made to this project document with the signature of the UNDP Resident Representative only, provided he/she is assured that the other signatories of the project documents have no objections to the proposed changes:

- a) Revision in or addition of any of the Annexes to this project document.
- b) Mandatory annual revisions which re-phase the delivery of agreed project input or increased expenses or other costs due to inflation, taking into account agency expenditure flexibility.

ANNEX I: ANNUAL WORK PLAN

Years: 2013-2015

UNDAF National Priority Area 2: Promoting Economic and Social Well-Being, Citizen Security and Justice

Expected Outcome 2: By 2017, institutional and human capacities in facilitating the goal of universal access to responsive, safe and quality health services across the life cycle are strengthened.

Expected Output 2.1: Vulnerable populations have access to quality universal healthcare services across the lifecycle with emphasis on primary health care including preventative services

Expected CP Outcome: UNDP will increase accessibility of prevention services through outreach initiatives, including youth, MSM and FSW. UNDP will also support pharmacist and laboratory staff salaries to provide pharmacist and laboratory services.

Impact and Outcome Indicators reflected in the Performance Framework, including baselines and annual targets:

Impact Indicators:

1. Percentage of young women and men aged 15-24 who are HIV infected, Baseline: 0.77%, Annual targets: 2013: 0.63%, 2014: 0.62%, 2015: 0.61%
2. Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy, Baseline: 75.6%, Annual targets: 2013: 78%, 2014: 79%, 2015: 80%

Outcome Indicators:

1. % of women and men aged 15-24 who have had sexual intercourse with more than one partner in the last 12 months, Baseline: Total: 10.4%, Male: 18.0%, Female: 4.8%, Annual target 2014: 9.9%, Male: 15%, Female 10%
2. % of young women and men aged 15-24 who have had sexual intercourse before the age of 15, Baseline: Total: 7.8%, Male: 10.8%, Female: 5.3%, Annual target 2014: 7.2%, Male 9%, Female 5%
3. % of women and men aged 15-49 expressing accepting attitudes towards people with HIV, Baseline: Total: 8.1%, Male: 7.5%, Female: 8.6%, Annual target 2014: 14%, Male 12%, Female 25%
4. % of women and men aged 15-24 who have had more than one sexual partner in the past 12 months reporting the use of a condom during their last sexual intercourse, Baseline: Total: 72.4%, Male: 73.8%, Female: 68%, Annual target 2014: 76%, Male 76%, Female 70%
5. % of female sex workers reporting the use of a condom with their most recent client, Baseline: 81.6%, Annual target 2013: 84%
6. % of men reporting the use of condom the last time they had anal sex with a male partner, Baseline: 82.3% Annual target 2014: 85%
7. % of women and men aged 15-49 years who received an HIV test in the last 12 months and who know their results, Baseline: Total: 36.5%, Male: 30.1%, Female: 41.7%, Annual target 2014: 42.5%, Male 35%, Female 45%
8. No. of adults & children with advanced HIV infection currently receiving antiretroviral therapy, Baseline: 907 Annual target 2013 1,516 2014 1,960 2015 2,200

Association Strategy:

Executing entity: UNDP Belize

National Implementing Entity: Government of Belize, Ministry of Economic Development

Responsible Partners (SRs): Ministry of Health (MOH), Ministry of Education, Youth and Sport (MOEYS), Ministry of Human Development, Social Transformation and Poverty Alleviation (MHD), Belize Red Cross (BRC), Belize Family Life Association (BFLA) and along with service providers: GOBelize, PASMO; C-NET+, UNIBAM, POWA And related stakeholders.

Multilateral Cooperation: Global Fund to fight AIDS, TB and Malaria (GFATM)

Project Title and Atlas ID: "Accelerating the Pace: Reaching Marginalized and Vulnerable Populations with Critical services" BU: BLZ10, Award ID: 00060888; Project ID: 00076868/76870

EXPECTED OUTPUTS <i>And baseline, associated indicators and annual targets</i>	PLANNED ACTIVITIES <i>List activity results and associated actions</i>	TIMEFRAME Year 2013				RESPONSIBLE PARTIES	PLANNED BUDGET		
		Q1	Q2	Q3	Q4		Funding Source	Budget Description	Amount (USD)
<p>Output 1: To reduce the sexual transmission of HIV among MARPS, young people, MSM and FSW in Belize through prevention efforts, including BCC efforts, condom distribution, expanded testing and counseling, stigma reduction and building enhanced supportive environments.</p> <p>Output Indicators:</p> <p>1.1.: Number of young people aged 11-20 years reached with life skills-based HIV education in secondary schools setting</p> <p>Baseline: 3,343 (2012 Quarterly program report) Targets: P5: 600, P6: 3100, P7: 3100, P8: 4600, P9: 4900, P10: 5600</p> <p>1.2.: Number of young people 11-24 out-of-school reached by HIV/AIDS education in out-of-school settings</p> <p>Baseline: 294 (2012) Targets: P5: 600, P6: 600, P7: 600, P8: 600, P9: 600, P10: 600.</p> <p>1.3.: Number of MSM reached with a defined package of HIV prevention services</p>	<p>1. BCC campaigns for young people 15-24 on delayed (in-school population) and safe sexual practices (out-of-school)</p>					UNDP	GFATM Resources	74200	32,393
	<p>2. Formal LSB HIV education (HFLE) curriculum at high schools</p>					MOEY	GFATM Resources	71300	320
	<p>3. Standardized TWC-based Peer Education programme for high school students 13-17 yrs; 3rd Form</p>					BRC	GFATM Resources	74200	31,250
								72100	11,040

<p>4. Basic HIV Peer Education programme for out of school youth</p>		<p>MOEY/DSY</p>	<p>GFATM Resources</p>	<p>72100</p>	<p>10,665</p>
<p>5. Providers of services to MARPs with sufficient stocks of free-distribution condoms</p>		<p>PR-UNDP</p>	<p>GFATM Resources</p>	<p>72300</p>	<p>2,500</p>
<p>6. BCC programmes for MSM and FSW</p>		<p>BFLA</p>	<p>GFATM Resources</p>	<p>74100 72100 73100 74200</p>	<p>8,475 22,397 3,028 15,050</p>
<p>7. STI Treatment for MSM & FSW</p>		<p>BFLA</p>	<p>GFATM Resources</p>	<p>73500</p>	<p>22,440</p>
<p>8. Advocacy initiatives on the rights, including right to privacy & confidentiality in care settings, of sexual minorities and PLWHAS</p>		<p>PR-UNDP</p>	<p>GFATM Resources</p>	<p>74200</p>	<p>9,572</p>

Baseline: 151 (2012)
 Targets: P5: 75, P6: 75, P7: 75, P8: 75, P9: 75, P10: 75

1.4.: Number of FSW contacts reached with HIV/AIDS prevention programme

Baseline: 81 (2012)

Targets: P5: 38, P6: 38, P7: 38, P8: 38, P9: 38, P10: 38

<p>Output 2: To improve the quality of life of PLWHA and children infected and affected by HIV and AIDS in Belize and the provision of psychosocial care.</p> <p>Output Indicators:</p> <p>Indicator 2.1.: Number of adults and children living with HIV who receive care and support services outside health facilities during the reporting period</p> <p>Baseline: 504 (2012)</p> <p>Targets: P5: 250; P6: 550; P7: 300; P8: 600; P9: 325; P10: 650</p>	<p>2.1. Psycho-social assistance provided to PLWHA</p>	<p>MHD</p>	<p>GFATM Resources</p>	<p>72300</p> <p>72400</p> <p>71300</p> <p>73500</p> <p>71300</p>	<p>22,891</p> <p>15,000</p> <p>27,884</p> <p>48,000</p> <p>26,694</p>
<p>Indicator 2.2.: Number of orphans and vulnerable children 0-17 years whose households received free basic external support in caring for the child (cash transfer)</p> <p>Baseline: 94 (2012)</p> <p>Targets: P5: 150; P6: 150; P7: 200; P8: 200; P9: 250; P10: 250</p>	<p>2.2 Ongoing national Conditional Cash Transfer schemes incorporate HIV/AIDS affected OVC and their households in cash assistance and service provision</p>	<p>MHD</p>	<p>GFATM Resources</p>	<p>74100</p> <p>73100</p>	<p>5,200</p> <p>5,200</p>
<p>Output 3: To improve the coverage and quality of the continuum of care for HIV infected and affected populations through enhanced ART treatment and monitoring.</p> <p>Outcome Indicator:</p> <p>Indicator 8.: Number of adults and children with advanced HIV infection currently receiving antiretroviral therapy</p>	<p>2.3 To provide financial support for running costs of a care centre where OVC can access support services</p>	<p>UNDP (POWA)</p>	<p>GFATM Resources</p>	<p>73100</p>	<p>5,200</p>
<p>3.1: Support for adherence counselors to improve PLWHA's adherence to treatment regimes</p>	<p>MOH</p>	<p>GFATM Resources</p>	<p>73100</p>	<p>730</p>	<p>25,584</p>

<p>Baseline: 907 (2012) Targets: P7: 1,516; P9: 1,960; P10 2,200.</p>							
<p>Output 4: Strengthening of civil society and institutional capacity building</p>	<p>4.1: Capacity development programme for enhanced technical capabilities of providers of services to target groups and in all operational components of project management practice.</p>	<p>MOH PR-UNDP</p>	<p>GFATM Resources</p>	<p>72700</p>	<p>3,500</p>		
		MOH	GFATM Resources	71600	6,720		
		MOH	GFATM Resources	72700	10,000		
<p>Output 5: To be determined</p>	<p>5.1: Earmarked for MARPS</p>	<p>To be determined (UNDP - PR)</p>	<p>GFATM Resources</p>	<p>74500</p>	<p>427,025</p>		
	<p>5.2: Improving Medical Laboratory Services</p>	MOH	GFATM Resources	72200	132,134		
				74100	26,746		
				74700	4,560		

<p>Output 6: Program Management Unit- Principal Recipient: UNDP</p>	6.1: PMU	PR-UNDP	GFATM Resources	61100	256,711
				71600	15,401
				74200	15,000
				73100	9,045
				75100	97,205
				75700	5,000
TOTAL Y3 (USD):			GFATM:		\$1,485,850
			TOTAL		\$1,485,850

<p>6.1: PMU</p>	PR-UNDP	GFATM Resources	61100	256,711
			71600	15,401
			74200	15,000
			73100	9,045
			75100	97,205
			75700	5,000
TOTAL Y3 (USD):			GFATM:	\$1,485,850
			TOTAL	\$1,485,850

EXPECTED OUTPUTS <i>And baseline, associated indicators and annual targets</i>	PLANNED ACTIVITIES <i>List activity results and associated actions</i>	TIMEFRAME Year 2014				RESPONSIBLE PARTIES	PLANNED BUDGET		
		Q1	Q2	Q3	Q4		Funding Source	Budget Description	Amount (USD)
<p>Output 1: To reduce the sexual transmission of HIV among MARPS, young people, MSM and FSW in Belize through prevention efforts, including BCC efforts, condom distribution, expanded testing and counseling, stigma reduction and building enhanced supportive environments.</p> <p>Output Indicators:</p> <p>1.1.: Number of young people aged 11-20 years reached with life skills-based HIV education in secondary schools setting</p> <p>Baseline: 3,343 (2012 Quarterly program report)</p> <p>Targets: P5: 600, P6: 3100, P7: 3100, P8: 4600, P9: 4900, P10: 5600</p> <p>1.2.: Number of young people 11-24 out-of-school reached by HIV/AIDS education in out-of-school settings</p> <p>Baseline: 294 (2012)</p> <p>Targets: P5: 600, P6: 600, P7: 600, P8: 600, P9: 600, P10: 600.</p> <p>1.3.: Number of MSM reached with a defined package of HIV prevention services</p> <p>Baseline: 151 (2012)</p> <p>Targets: P5: 75, P6: 75, P7: 75, P8: 75, P9: 75, P10: 75</p>	<p>1. Formal LSB HIV education (HFLE) curriculum at high schools</p> <p>2. Standardized TWC-based Peer Education programme for high school students 11-20 yrs; 3rd Form</p> <p>3. Basic HIV Peer Education programme for out of school youth</p> <p>4. BCC programmes for MSM and FSW</p>					MOEYS	GFATM Resources	71300	160
								72100	5,370
								71600	9,000
								74210	47,200
						BRC	GFATM Resources	71600	5,250
								72100	5,840
						MOEY/DSY	GFATM Resources	72100	19,552
								72100	23,098
						BFLA	GFATM Resources	74100	8,475

<p>1.4.: Number of FSW contacts reached with HIV/AIDS prevention programme</p> <p>Baseline: 81 (2012)</p> <p>Targets: P5: 38, P6: 38, P7: 38, P8: 38, P9: 38, P10: 38</p>							<p>72100</p> <p>73100</p> <p>74200</p> <p>22,397</p> <p>3,028</p> <p>15,050</p>
<p>5. STI Treatment for MSM & FSW</p>		BFLA	GFATM Resources				25,300
<p>Output 2: To improve the quality of life of PLWHA and children infected and affected by HIV and AIDS in Belize and the provision of psychosocial care.</p>		MHD	GFATM Resources				13,500
<p><u>Output Indicators:</u></p> <p>Indicator 2.1.: Number of adults and children living with HIV who receive care and support services outside health facilities during the reporting period</p> <p>Baseline: 504 (2012)</p> <p>Targets: P5: 250; P6: 550; P7: 300; P8: 600; P9: 325; P10: 650</p>		MHD	GFATM Resources				28,992
<p>Indicator 2.2.: Number of orphans and vulnerable children 0-17 years whose households received free basic external support in caring for the child (cash transfer)</p> <p>Baseline: 94 (2012)</p>		UNDP (POWA)	GFATM Resources				48,000
<p>2.2 Ongoing national Conditional Cash Transfer schemes incorporate HIV/AIDS affected OVC and their households in cash assistance and service provision</p>							27,918
<p>2.3 To provide financial support for running costs of a care centre where OVC can access support services</p>							5,200
							5,200

<p>Targets: P5: 150; P6: 150; P7: 200; P8: 200; P9: 250; P10: 250</p>	<p>Output 3: To improve the coverage and quality of the continuum of care for HIV infected and affected populations through enhanced ART treatment and monitoring.</p> <p>Outcome Indicator:</p> <p>Indicator 8.: Number of adults and children with advanced HIV infection currently receiving antiretroviral therapy</p> <p>Baseline: 907 (2012)</p> <p>Targets: P7: 1,516; P9: 1,960; P10 2,200.</p>	<p>3.1: Support for adherence counselors to improve PLWHA's adherence to treatment regimes</p>	<p>MOH</p>	<p>GFATM Resources</p>	<p>73100</p> <p>71300</p> <p>26,688</p>	<p>730</p> <p>26,688</p>
<p>Targets: P5: 150; P6: 150; P7: 200; P8: 200; P9: 250; P10: 250</p>	<p>Output 4: To enhance the skill sets of the human resources at all levels in the national response to HIV and AIDS, through technical, operational, data collection and management, and project management initiatives and facilitate the accurate and timely reporting of data.</p>	<p>4.1: Capacity development programme for enhanced technical capabilities of providers of services to target groups and in all operational components of project management practice. Data collection and analysis activities for improved data management</p>	<p>PR-UNDP</p>	<p>GFATM Resources</p>	<p>72700</p> <p>71600</p> <p>74100</p>	<p>13,800</p> <p>2,520</p> <p>127,900</p>

<p>Output 5: The Health System Strengthening component is focused on enhancing the medical laboratory system.</p> <p>Output Indicators: Indicator 5.5: Number of HIV testing and counseling services provided (including pre and post- test counseling) Baseline: 7,244 (P3 2012) Targets: P5: 7,000; P6: 12,100; P7: 7,000; P8: 12,100; P9: 7,000; P10 12,300</p>	<p>5.2: Improving Medical Laboratory Services</p>	<p>MOH</p>	<p>GFATM Resources</p>	<p>73100 71300</p>	<p>1,530 30,007</p>
<p>Output 6: Program Management Unit- Principal Recipient: UNDP</p>	<p>6.1: PMU</p>	<p>PR-UNDP</p>	<p>GFATM Resources</p>	<p>61100 71600 74100 73100 75115 75700</p>	<p>211,309 15,401 15,000 9,045 54,422 5,000</p>
<p>TOTAL Y4 (USD):</p>				<p>GFATM: TOTAL</p>	<p>\$831,882 \$831,882</p>

<p>Output 5: The Health System Strengthening component is focused on enhancing the medical laboratory system.</p>	<p>5.2: Improving Medical Laboratory Services</p>	<p>MOH</p>	<p>GFATM Resources</p>	<p>73100 71300</p>	<p>1,530 30,007</p>
<p>Output 6: Program Management Unit- Principal Recipient: UNDP</p>	<p>6.1: PMU</p>	<p>PR-UNDP</p>	<p>GFATM Resources</p>	<p>61100 71600 74100 73100 75115 75700</p>	<p>211,309 15,401 15,000 9,045 54,422 5,000</p>
<p>TOTAL Y4 (USD):</p>				<p>GFATM: TOTAL</p>	<p>\$831,882 \$831,882</p>

<p>1.4.: Number of FSW contacts reached with HIV/AIDS prevention programme Baseline: 81 (2012) Targets: P5: 38, P6: 38, P7: 38, P8: 38, P9: 38, P10: 38</p>					<p>74200 73100</p>	<p>15,050 3,028</p>
<p>Output 2: To improve the quality of life of PLWHA and children infected and affected by HIV and AIDS in Belize and the provision of psychosocial care. Output Indicators:</p>	<p>5. STI Treatment for MSM & FSW</p>	<p>BFLA</p>	<p>GFATM Resources</p>	<p>73500</p>	<p>23,320</p>	
<p>Indicator 2.1.: Number of adults and children living with HIV who receive care and support services outside health facilities during the reporting period Baseline: 504 (2012) Targets: P5: 250; P6: 550; P7: 300; P8: 600; P9: 325; P10: 650</p>	<p>2.1. Psycho-social assistance provided to PLWHA</p>	<p>MHD</p>	<p>GFATM Resources</p>	<p>71300 72300</p>	<p>30,096 16042</p>	
<p>Indicator 2.2.: Number of orphans and vulnerable children 0-17 years whose households received free basic external support in caring for the child (cash transfer) Baseline: 94 (2012) Targets: P5: 150; P6: 150; P7: 200; P8: 200; P9: 250; P10: 250</p>	<p>2.2 Ongoing national Conditional Cash Transfer schemes incorporate HIV/AIDS affected OVC and their households in cash assistance and service provision</p>	<p>MHD</p>	<p>GFATM Resources</p>	<p>73500 71300</p>	<p>60,000 29,142</p>	
<p>Indicator 2.3.: Number of orphans and vulnerable children 0-17 years whose households received free basic external support in caring for the child (cash transfer) Baseline: 94 (2012) Targets: P5: 150; P6: 150; P7: 200; P8: 200; P9: 250; P10: 250</p>	<p>2.3 To provide financial support for running costs of a care centre where OVC can access support services</p>	<p>UNDP (POWA)</p>	<p>GFATM Resources</p>	<p>74100 73100</p>	<p>5,200 5,200</p>	

<p>Output 3: To improve the coverage and quality of the continuum of care for HIV infected and affected populations through enhanced ART treatment and monitoring.</p> <p>Outcome Indicator:</p> <p>Indicator 8: Number of adults and children with advanced HIV infection currently receiving antiretroviral therapy</p> <p>Baseline: 907 (2012)</p> <p>Targets: P7: 1,516; P9: 1,960; P10 2,200.</p>	<p>3.1: Support for adherence counselors to improve PLWHA's adherence to treatment regimes</p>	<p>MOH</p> <p>GFATM Resources</p>	<p>73100</p> <p>71300</p> <p>27,792</p>	<p>730</p> <p>27,792</p>
<p>Output 4: To enhance the skill sets of the human resources at all levels in the national response to HIV and AIDS, through technical, operational, data collection and management, and project management initiatives and facilitate the accurate and timely reporting of data.</p>	<p>4.1: Capacity development programme for enhanced technical capabilities of providers of services to target groups and in all operational components of project management practice. Data collection and analysis activities for improved data management</p>	<p>PR-UNDP</p> <p>GFATM Resources</p>	<p>71600</p> <p>72700</p> <p>2,520</p> <p>7,200</p>	<p>2,520</p> <p>7,200</p>
<p>Output 5: The Health System Strengthening component is focused on enhancing the medical laboratory system.</p>	<p>5.2: Improving Medical Laboratory Services</p>	<p>MOH</p> <p>GFATM Resources</p>	<p>73100</p> <p>814</p>	<p>814</p>

ANNEX 2. RISK ANALYSIS

Some potential risks reflected in the table below could impact project performance. Additional risks to take into account are the ones generated from natural disasters, like hurricanes, affecting project facilities and also the PRs implementation capacity as well as supplier's capacity, with negative consequences on project overall performance.

Project title: Accelerating the Pace: "Reaching Marginalized and Vulnerable Populations with Critical services".							Award ID: 00060888		Start date: 1 January 2013	
#	Description	Date Identified	Type	Impact and Probability	Countermeasures/Mingt response	Owner	Submitted	Last update	Status	
1	SRs are not consistently reporting accurate data	Sept 2010 & Feb 2013	Organizational	P = 3 I = 3	SRs and SSRs will be trained on financial Management issues and will implement based on Direct Payments Requests	PMU	Project formulation	March 2013	No change	
2	Difficult to attract and retain highly skilled staff within the PMU	March 2013	Organizational	P = 3 I = 3	Proposed structure for PMU includes additional staff for finance. Meetings will be held with Operations Unit to clarify workflow with PMU and expected process lead times	UNDP senior management PMU and Operations Unit	Project formulation	March 2013	Increasing	
3	Weak Disease Technical Capacity within UNDP	Sept. 2010	Organizational	P = 3 I = 3	Recruit HIV and Health Advisor to assist PMU team to manage technical aspects of HIV/AIDS National Health Programme	UNDP CO-PMU	Project formulation	March 2013	No change	
4	Limited M&E experience within the PMU and the SRs	Sept. 2010	Organizational	P=2 I= 2	Retain M&E Officer for the PMU that will enable the M&E Plan implementation and support the M&E capacity development activities addressed to the SRs. Establish standardized reporting templates for SRs. Increase monitoring and supervision of SRs, standardizing working practices within SRs and JMU	PMU	Project formulation	March 2013	Reducing	
5	Limited procurement skills and experience, inadequate for contracting volume within the country context	Sept. 2010	Organizational	P=1 I= 2	Procurement associate working closely with the SRs and specifically with the MOH for developing further capacities within the national institutions.	PMU	Project formulation	March 2013	Reducing	

6	Global Fund may not approve the reprogrammed funds of \$427,025 towards MARP & system strengthening activities	March 2013	Financial	P=1 I=3	UNDP to work with technical agencies as well as CCM members to ensure that the Situational Diagnosis and associated action plan is technically sound	PMU	Project formulation	April 2013	Ongoing
7	The Phase 2 implementation strategy as shared with the Global Fund may not be operationalized in time for results to be reflected in 2013.	April 2013	Operational	P=2 I=2	PMU staff to develop milestones for implementation of the strategy and monitor progress against achievement of key milestones	PMU	Project formulation		No change
8	The HFLE component is delayed and targets for reaching in school youth are not met	April 2013	Operational	P=2 I=2	PMU to work with MOEYS to develop milestones for monitoring progress for these activities. PMU to monitor progress against milestones and provide regular feedback to CCM	PMU	Project formulation		Reducing
9	General Sales Tax is not reclaimed and/or made available to the programme	April 2013	Financial	P=2 I=2	PMU to work with operations unit to establish procedures for reclaiming GST. PMU unit to develop estimate of GST to be reclaimed and budget for activities to be funded.	PMU	Project formulation		Reduced
10	Relationship with CCM members and oversight committee is sub-optimal	April 2013	Operational	P=3 I=2	PMU to provide monthly feedback to CCM oversight committee as well as ad-hoc briefings as the need arises. PMU to seek approval/endorsement from CCM before 'reprogramming funds' or changing implementation modalities. PMU to encourage CCM members to take advantage of the CCM training proposed by the Global Fund to be provided through Grant Management Solutions.	PMU	Project formulation		No change