

## PROJECT DOCUMENT MODEL FORMAT

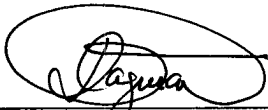
### PEREZ-GUERRERO TRUST FUND FOR ECONOMIC AND TECHNICAL COOPERATION AMONG DEVELOPING COUNTRIES, MEMBERS OF THE GROUP OF 77

Regional/Interregional:	Interregional
Title:	Strengthening of coordination and cooperation among countries for the prevention and control of HIV/AIDS in the Americas Region.
Project Number:	INT/06/K11
Submitted by:	Pan American Health Organization (PAHO)
Sector:	133-Disease prevention and Control
Beneficiaries:	General population and personnel of the HIV/AIDS control and prevention programs in Cuba, Bahamas, Belize, Guyana, Jamaica, Honduras, Guatemala, and Nicaragua.
Duration of the Project:	12 months
Estimated Starting Date:	June 2007
PGTF inputs:	US\$ 35,000.00
Total Cost of the Project:	US\$ 35,000.00

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This project is to be executed by the Government of Cuba under UNDP's National Execution modality as part of a larger initiative co-financed by Pan American Health Organization (PAHO) Regional Office. Funds from PGTF and PAHO will contribute to achievement of the same project objectives and outcomes. PGTF funds will be disbursed through UNDP Country Office in Cuba, once a work plan and disbursement schedule has been agreed on.

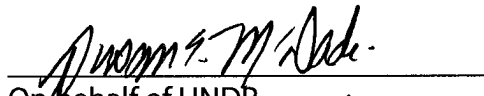
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On behalf of the Government  
Name: *DAGMAR GONZALEZ GRAU*  
Title: *DIRECTORA DEEI*  
*MINVEC*

*7 JUNIO / 2007*

Date



On behalf of UNDP  
Name: *Susan McQuade*  
Title: *Resident Representative*  
*UNDP Cuba*

*11 June 2007*

Date

## PART Ia. Situation Analysis

In the Caribbean the average adult HIV/AIDS prevalence is the second highest in the world, exceeding 2% in five countries (Bahamas, Belize, Guyana, Haiti and Trinidad and Tobago). This rate is surpassed only by Sub-Saharan Africa (7.4%). For the Caribbean, AIDS has become the leading cause of death among adults aged 15-44 years old. Although the prevalence rate for Latin America is among the lowest, it is important to point out that within the Region some countries have serious national or localized epidemics, with rates similar that those reported for the Caribbean. According to WHO, countries with prevalence rates higher than 1% are considered as countries in which the infection is widespread.

Country selected	Adults and children with HIV	Adult Prevalence
Cuba	3,300	0.1
Bahamas	5,600	3.0
Belize	3,600	2.4
Guyana	11,000	2.5
Jamaica	22,000	1.2
Honduras	63,000	1.8
Guatemala	N/A	N/A
Nicaragua	6,400	0.2
<b>Caribbean</b>	<b>440,000</b>	<b>2.3</b>
<b>Latin America</b>	<b>1.7 million</b>	<b>0.6</b>
<b>World</b>	<b>39.4 million</b>	<b>1.1</b>

Source: UNAIDS. *AIDS Epidemic Update: December 2004 and WHO Epidemiology Estimates, 2004.*

The form of HIV transmission varies considerably in the Region of the Americas. For example, in the subregion of Latin America instead of being widespread, it tends to be concentrated in high-risk population groups. In most of the countries the highest levels of infection are among men who have sex with men and among the commercial sex workers.

With respect to the Caribbean, HIV/AIDS transmission is occurring largely through heterosexual intercourse (almost two-thirds of all AIDS cases to date are attributed to this mode of transmission), in such a way that it is estimated that more than 50% of the affected population are women. It is noted also that the Region of the Americas has significant rates of mother-to-child transmission. Many cases are underreported in the Region, due to the stigma associated with the disease and the surveillance systems, and also due to social and political prejudices that lead to avoidance of high-risk population groups.

HIV/AIDS is significantly affecting women, mainly in countries where heterosexual sex is a dominant mode of HIV transmission. Adult women are up to 1.3 times more likely to be infected with HIV than their male counterparts, and this likelihood is greatest among young women aged 15-24 years. Despite the fact that women face greater biological vulnerability in relation to the infection, it is their social, economic, and political disadvantages (including domestic violence or sex for economic survival) that mostly increase their vulnerability to HIV.

Countries of the Region with economies highly dependent on tourism are the most severely affected ones.

HIV/AIDS in Latin America, as in other regions of the world, has great impact on economic, social, and public health conditions. Life expectancy in some countries, like Haiti, will be affected with a reduction up to 10 years.

Facing the challenge of inequitable access to health services is one of the more important strategies in the control and prevention of HIV/AIDS, to ensure that people infected with HIV have access to comprehensive prevention, diagnosis, counseling, and treatment services. This would improve their quality of life and help them remain economically active and productive.

Though HIV/AIDS is a significant issue in the Caribbean, there have been some successes in The Bahamas (prevention of mother-to-child transmission), Barbados (laboratory services and coordination through the HIV/AIDS National Commission), Guyana (production of, and full access to antiretrovirals (ARVs)), Jamaica (strategic planning), and Cuba (reduction of prevalence due to high risk population screening and treatment) that can be shared. Almost all PAHO Key Countries (except Bolivia) that have some of the worst health indicators in the Region are involved in the project.

Strengthening inter-country coordination and cooperation in the area of HIV/AIDS would contribute to reaching the Millennium Development Goals and is directly relevant to Goal 3 "Promote gender equality and empower women", Goal 4 "Reduce child mortality", and Goal 6 "Combat HIV/AIDS, malaria, and other diseases".

Multiple partners are working in the HIV/AIDS area and it is necessary to identify themes around which there can be greater coordination and more effective use of the technical and financial resources that have been mobilized, especially at inter-country and sub-regional levels. In this regard, the proposal would promote collaboration between agencies such as UNAIDS, and with other partners, such as national institutes.

## **PART Ib. Strategy**

The objectives of the project are to:

1. Identify the best practices and lessons learned from successful experiences in the participating countries, in the area of prevention and control of HIV/AIDS, specifically in the areas of Mother-to-Child transmission and prevention, Comprehensive Care for People Living with HIV/AIDS, and Voluntary Counseling and Testing.
2. Promote a mechanism of exchange and technical cooperation among the participating countries with regard to prevention and control of HIV/AIDS.
3. Document and disseminate the best practices, the gaps, the sharing of experiences, and the resulting recommendations. This information will be made available to the Region of the Americas and other Regions in order to support the achievement of the HIV/AIDS MDG.

The outputs would be:

- a) Experiences in the 3 priorities areas identified in participating countries by September 2007.
- b) One plenary meeting convened in Cuba by June 2007.
- c) At least 3 interactive fora convened in selected countries for sharing experiences by November 2007.
- d) Final report developed and disseminated with recommendations for collaborative strengthening of HIV/AIDS programs in the countries by December 2007.

The strategy will have the following steps:

### *1. Project Coordination/Workplan*

The activities coordination will be conducted by PAHO HIV/AIDS subregional advisors for the Caribbean and Central America. In parallel, Cuba will identify a Project Coordinator, who will be in charge of the:

- Preparation of guidelines for systematization of the analysis and documentation of experiences (identification of strengths and weaknesses). This will take the form of a small case study under the supervision of Family and Community Health (FCH)/AI at PAHO. It will be done during May 2007.
- Organization of one plenary meeting in Cuba with all participating countries and PAHO (Country Support Unit-CSU and FCH) to present their best practices, including field visit in Cuba to "Pedro Kouri" Institute by June 2007.
- Facilitation of the preparation of the final report of the project on best practices and lessons learned, including the translation and publication.

The CSU and HIV/AIDS regional focal point will facilitate the coordination of both subregional advisors with Cuba.

### *2. Analysis of best practices and gaps in the 3 priority areas*

Three priority areas have been identified: Mother-to-child transmission and prevention, Scaling up Comprehensive Care for People Living with HIV/AIDS, and Voluntary Counseling and Testing. All participating countries have identified the three proposed areas as priority in

their plans, have on-going programmes and services and have not reached more than 60% coverage in any of those services (except Bahamas in Mother-to-Child transmission and prevention).

Therefore, an analysis of best practices and gaps in these three areas will provide the opportunity for sharing experiences. For developing south-to-south cooperation and will be in line with the proposed outcome of the project. Guidelines will be provided to the countries to standardize the analysis and documentation of the experiences. The project coordinator from Cuba would develop the guidelines and countries would present their analysis and draft documents at the meeting convened in Cuba in June 2007. At the end of the meeting in Cuba, participating countries would then discuss possibilities of exchange visits and/or bilateral TCC projects.

### *3. Plenary meeting in Cuba*

Once the experiences analyzed and documented, the project will identify participants from the Ministries of Health of each country to be part of the plenary meeting in Cuba. This will be an opportunity for them to strengthen their technical capacity and to share experiences. A field visit to the "Pedro Kouri" Institute will be organized in Cuba.

In each country, the project will be developed in coordination with HIV/AIDS partners. In the case of the Caribbean, for example, UNAIDS is currently working on a project to document best practices. This constitutes an opportunity for collaboration.

### *4. Final Report*

A final report will be prepared to document the best practices shared for each one of the priorities, the strengths, identified challenges and the proposal for capacity strengthening in each participating country.

The beneficiaries will be the HIV/AIDS program managers, technical staff, persons living with HIV/AIDS and the general population of the participating countries.

## PART II. Results Framework

### PROJECT RESULTS AND RESOURCES FRAMEWORK

<b>Intended Outcome:</b> Increased regional self-reliance for reaching the HIV/AIDS MDG in the Region of the Americas, by effectively exchanging experiences on best practices and gaps in the prevention and control of HIV/AIDS.				
<b>Outcome indicators:</b>				
<ul style="list-style-type: none"> <li>▪ At least 3 identified best practices in the three priority areas of the prevention and control of HIV/AIDS adopted by 50% of participating countries within 2 years.</li> <li>▪ Participating countries develop and implement a TCC project to identify and address identified gaps within a year of the end of this project.</li> </ul>				
<b>Project title and number:</b> Strengthening of inter-country coordination and cooperation for prevention and control of HIV/AIDS in the Region of the Americas.				
Intended Outputs	Activities	Inputs	UNDP Budget Line	Budget (Year)
1. Experiences in the 3 priorities areas identified in participating countries by June 2007.	-Guidelines developed by May 2007. -Identification and selection of practices through the guidelines.	- ToRs for the Project Coordinator - Guidelines	N/A	N/A
2. One plenary meeting convened in Cuba by June 2007 and at least 3 interactive for a convened in selected countries for sharing experiences by November 2007.	- Plenary meeting organized in Cuba - Draft recommendations and areas of inter-country collaboration identified - Interpretation - Evaluation - Exchange of experiences visits	- Air fare and per diem - Facilitator - Meeting costs	71600 72100 72300 74500	US\$ 25,000 (PG Trust Fund)
3. Final report developed and disseminated with recommendations for collaborative strengthening of HIV/AIDS programs in the countries by December 2007.	- Final report produced and disseminated - Editing and printing in 2 languages	- Consultant to produce the final report - Translation, publication costs	74200 74500	US\$ 9,653.47 (PG Trust Fund)
Execution Fee %				1% (US\$ 346.53)
Total in Cash				US\$ 35,000
<b>Grand Total</b>				<b>US\$ 35,000</b>

### **PART III. Management Arrangements**

The Government of Cuba will execute the project under UNDP National Execution modality (NEX). As executing agent for the project, the Government of Cuba will be responsible for the reporting and financial requirements foreseen under the UNDP's national execution procedures and guidelines. Under this modality the Ministry for Foreign Investment and Economic Collaboration (MINVEC) will act as executing entity for this project, as it is the national authority in charge of international cooperation and foreign investment. MINVEC will be responsible for the achievement of project objectives. This is in keeping with Resolution 15/2006.

The project's financial execution will be conducted under Direct Payment Request (DPR) modality by the UNDP Office and shall require the authorized signatures from Ministry of Health, as Project Coordinator, and from MINVEC as executing entity.

At country level, Cuba will designate a Project Coordinator whose contribution will be at no cost for the project. The Project Coordinator will be supported by the PAHO Country Office in each participating countries. The Project Coordinator will be in charge of developing the guidelines for standardization of experiences, organizing the plenary meeting in Cuba, and facilitating the preparation of the project's final report. PAHO HIV/AIDS sub-regional advisors for the Caribbean and Central America will coordinate the implementation of project activities. FCH/AI at the regional level will be the focal point, in collaboration with the CSU.

In each participating country, the project will be implemented by the Ministry of Health, with PAHO/WHO's technical cooperation.

#### *Project Work Plans*

A work plan prepared by the implementing institution is attached as Annex 1 to the project document.

#### *Monitoring and Evaluation; lessons learned*

The monitoring of the project will be done by the sub-regional Coordinators, in collaboration with all participating countries. The plenary meeting and each exchange visit will include an evaluation form for each participant to complete. PAHO/WHO will support the development of the evaluation forms and the analysis of the results, to ensure that monitoring and evaluation are included in all steps of the project activities. However, any staff from the UNDP or Perez-Guerrero Trust Fund may undertake monitoring activities in line with the managerial roles above.

Progress monitoring will be done by the Executing Agent. However, any staff from the UNDP or Perez-Guerrero Trust Fund may undertake monitoring activities in line with managerial roles above.

#### *Risk Analysis*

This project's risk level is considered low. There could be a slight risk that the additional funds from PAHO Regional Office were not secured, which would compromise the achievement of the overall project objectives. There is also a modest risk of delays in the availability of these funds, which would delay the planned activities and therefore reduce the effectiveness of the project's results.

### *Progress and Final Reports*

All PGTF Projects are required to submit progress reports to the UNDP Country office six months after the commencement of the project and every six months thereafter for duration of this project, for transmission to the SU/SSC and G-77 Office.

### **PART IV. Legal Context**

This project document shall be the instrument referred to as “the project document” in the Article 1 of the Standard Basic Assistance Agreement (SBAA), between the Government of Cuba and UNDP, signed on 17 May 1975.



## Project Budget

Main Source of Funds: Perez-Guerrero Trust Fund

Description of expenses covered by PGTF:

<b>Description</b>	<b>Total (US\$)</b>	<b>Year 2007 (US\$)</b>
<b>Personnel</b>		
International consultants		
Official Travel		
Missions (international travel)		
Meeting costs	25,000.00	25,000.00
<b>Miscellaneous</b>		
Final Report Costs	9,653.47	9,653.47
<b>Execution Fee</b>		
Execution Fee 1%	346.53	346.53
<b>BUDGET TOTAL</b>	<b>35,000.00</b>	<b>35,000.00</b>

## ANNEX 1. WORK PLAN

Work Plan for the next 12 months

**INT/06/K11**

Outcome	Output	Activities and Management Actions	mo/yr	mo/yr	mo/yr	mo/yr	mo/yr	mo/yr
T01	01	<b>Activity 1: Best practices identification</b> <b>Action 1:</b> -ToRs of Coordinator developed -Guidelines for standardization of experiences Responsibility: PAHO and Countries <b>Action 2:</b> -Identification and selection of experiences through guidelines Responsibility: Project coordinators	May07	May07	Jun07			
T02	02	<b>Activity 2: Exchange of experience visits</b> <b>Action 1:</b> -Plenary meeting in Cuba, including field visit Responsibility: Countries <b>Action 2:</b> -Exchange of experience visits Responsibility: Project coordinators			Jun07	Sep07	Nov07	
T03	03	<b>Activity 3: Report on best practices</b> <b>Action1:</b> -Final report produced and published Responsibility: Consultant and Project coordinator in Cuba						Dec07