



United Nations Development Programme
Maldives Country Office

Project Document

Project Title: *"Enhancing the response to HIV/AIDS in the Maldives"*

UNDAF Outcome(s): *UNDAF Outcome 5: Most-at-risk (MARPs) and vulnerable populations have equitable access to drug and HIV prevention, treatment, care and support services*

Expected CP Outcome(s): *Capacity strengthened, at local and central level, for the prevention of HIV/AIDS and STIs*
(Those linked to the project and extracted from the CPAP)

Expected Output(s): *5.1 Access to effective HIV prevention services increased for Most-at-risk populations (MARPs) and Vulnerable Populations*
5.2 MARPs and youth have access to harm reduction interventions and rehabilitation services
5.3 Service providers have enhanced capacities to deliver comprehensive packages for HIV prevention
5.4 Legal barriers to effective HIV and drug abuse prevention identified and addressed
5.5 Monitoring and Evaluation capacity of Government and key stakeholders strengthened.
(Those that will result from the project and extracted from the CPAP)

Implementing Partner(s) / Sub-Recipients:

1. National AIDS Programme, Centre for Community Health and Disease Control (CCHDC) of Ministry of Health and Family
2. Department of Drug Prevention and Rehabilitation Services (DDPRS) of Ministry of Health and Family with Journey (NGO)
3. Society for Health & Education - SHE (NGO)

Responsible Parties: UNDP Maldives

A handwritten signature in blue ink is located at the bottom right of the page, below the text 'UNDP Maldives'.

BRIEF DESCRIPTION

This project builds upon the activities carried out during the Phase I (September 2007 – August 2009) of the round 6 proposal approved for Maldives by the Global Fund to fight AIDS, Tuberculosis and Malaria. The project has now completed the Year 3 and this Project Document is for Year 4 of the project. The goal of the programme is to continue to maintain Maldives as a HIV low prevalence country through appropriate preventive and curative interventions in spite of increasing high risk behaviours among some population groups. The project recognizes the importance of creating a supportive environment, to ensure not only support for HIV/AIDS initiatives but also to reduce the stigma and discrimination often facing people who are at risk of contracting HIV/AIDS in the Maldives.

Major achievements of Year 3:

- Mini Survey conducted among youth to assess their correct understanding of HIV transmission modes.
- Joint mid-term review of the National Strategic Plan on HIV/AIDS (NSP) 2007-2011 with technical assistance from the World Bank, UNAIDS, WHO, UNICEF, UNODC and the National AIDS Programme of the Ministry of Health and an Operational Plan for 2010-2011 was developed
- Peer Outreach Programmes with referral system for DUs and IDUs conducted in Male', Hulhumale', Villingilli.
- National M&E systems assessed and National Monitoring & Evaluation Plan on HIV/AIDS developed and is being implemented
- Mass Media campaign on HIV Prevention "HIV ah huras alhamaa" targeting high risk groups was launched and is being implemented
- Interventions for migrants on HIV prevention conducted in 5 languages (Bengali, Tamil, Nepalese, Singhalese and English). Multilingual Outreach programmes initiated and on-going
- Partnership meeting on creating a supportive environment for implementing HIV prevention interventions for expatriates in the Maldives
- Issue of HIV was addressed in the sermons (nation-wide) of the 2 Friday prayers and 7 sessions on the HIV and the preventative behaviours within the Islamic context was delivered in 7 mosques. A sensitization on HIV was also held for the Islamic scholars in partnership with the Ministry of Islamic Affairs.

The project has also trained numbers of service providers in the area of blood safety and STI case management, as well as trained a number of DU, IDUs and migrants to conduct peer outreach for the prevention of HIV transmission among them. In order to strengthen the programme monitoring a monitoring and evaluation workshop was conducted with technical assistance from HIV Alliance India.

Mapping of Most-At-Risk Populations was initiated during Year 3 with technical assistance from the World Bank. This exercise is funded from mainly from the Global Fund round 6 grant and also from UNAIDS and UNDP.

Public private partnerships were established to conduct outreach sensitized on HIV/AIDS workplace education to pave way for formulating a constructive workplace HIV policy and built good rapport with the Ministry of Islamic Affairs

Main areas of focus for Year 4 includes preventative interventions for IDUs and DUs, migrant workers, mobile workers, resort workers, youth; strengthening of the National monitoring & evaluation systems including the National Surveillance reporting; strengthening health system including blood safety programme; VCT services etc. The total budget allocated for Phase II (September 2009 – August 2012) of the project is USD 2,289,244.18.

Programme Period: **September 2009-August 2012**

Key Result Area (Strategic Plan): **Mitigating the impact of AIDS on human development**

Atlas Award ID: **00047982**

Start date: **October 1, 2010**
 End Date: **September 30, 2011**

Management Arrangements: **Direct Implementation (DIM)**

2010 AWP budget:
 Total resources required **USD 1,040,585.19**

Total allocated resources:

- Regular **USD 50,000**
- Other:
 - GFATM **USD 935,398.19**
 - PAF - UNAIDS **USD 55,187.00**
 - Donor **Nil**
 - Government **Nil**

Unfunded budget: **Nil**

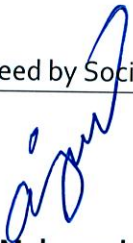
In-kind Contributions **Nil**

Agreed by Department of Drug Prevention and Rehabilitation Services:



Ms. Aminath Zeeniya
Director General

Agreed by Society for Health Education:



Mr. Mohamed Ajmal
Chief Executive Officer



Agreed by Centre for Community Health and Disease Control:

Dr. Ahmed Jamsheed Mohamed
Director General



Agreed by UNDP:



Mr. Andrew Cox
Resident Representative

I. ANNUAL WORK PLAN

Year: 2010

EXPECTED OUTPUTS		PLANNED ACTIVITIES	TIMEFRAME				RESPONSIBLE PARTY	Funding Source	PLANNED BUDGET	
And baseline, associated indicators and annual targets (Please note that the numbering of the indicators, baselines and targets are taken from the Performance Framework for Phase II)		List activity results and associated actions	Q1	Q2	Q3	Q4		Budget Description	Amount	
<p>Output 1 - Prevent HIV transmission among young people who inject drugs or are at risk of injecting drugs.</p> <p>Related CP outcome: - No of people from the Most-At-Risk Populations (DUs/IDUs) and vulnerable population (migrant workers) reached through HIV programme</p>	<p>Indicator 1.1: #Number of law enforcement officers trained on IDU and HIV concerns Baseline: 105 law enforcement officers trained</p>	<p>265 law enforcement officers trained on IDU and HIV concerns</p>		X	X	X	Drug Prevention and Rehabilitation Services (DDPRS) with Journey (NGO)	GFATM	71405 - Service Contract - Individual	91,022.64
									72145 - Svc Co-Training and Educ Serv	601.62
									71610 - Travel tickets - Local	4,159.70
									71635 - Travel - Other	1,839.76
									71620 - DSA - Local	4,874.00
									72515 - Print Media	3,888.28
									74525 - Sundry	2,107.80
									73405 - Rental & Maint - other ofc eq	470.64
				X					73105 - Rent	1,541.16
									72220 - Furniture	5,462.40
									73120 - Utilities	941.16
									72425 - Mobile Telephone charges	1,411.92
									72502 - Stationaries and Other Office Supply	717.66
				X	X	X	X		72205 - Office Machinery	2,174.51
									72350 - Medical Kits	39.22
								72705 - Hospitality Special Event	15,767.93	
								73125 - Common Services	470.64	

<p>Output 2- Prevention HIV transmission among population at risk such as migrant, seafarers and resorts workers.</p> <p>Related CP outcome: No of people from the Most-At-Risk Populations (DUs/IDUs) and vulnerable population (migrant workers) reached through HIV</p>	<p>Indicator 2.1: Number of peer educators trained on HIV/ AIDS risks and outreach to migrants Baseline: Nil</p> <p>Indicator 2.2: Number of migrants and resort workers reached by HIV/AIDS prevention programme Baseline: 22,766 migrants and resort workers reached by HIV/AIDS prevention programme</p> <p>Indicator 3: Number of HIV education sessions held in large enterprises / companies Baseline: 21 sessions held</p>	<p>25 peer educators trained on HIV/ AIDS risks and outreach to migrants</p> <p>41,000 migrants and resort workers reached by HIV/AIDS prevention programme</p> <p>42 HIV education sessions held in large enterprises / companies</p> <p>Media, Outreach and Operational costs</p>	<p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p>	<p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p>	<p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p>	<p>Society for Health Education (SHE)</p>	<p>GFATM</p>	<p>71405 - Service Contract - Individual</p>	47,915.58
								72342 - Contraceptives - Condoms	4,420.00
								72420 - Land telephone charges	1,200.00
								71635 - Travel - Other	1,900.04
								72515 - Print Media	1,050.00
								74225 - Other Media cost	15,018.14
								73105 - Rent	3,187.50
								73405 - Rental & Maint - other ofc eq	624.00
								72502 - Stationaries and Other Office Supply	150.00
								72425 - Mobile Telephone charges	754.80
								72705 - Hospitality Special Event	5,495.00
								71310 - Local Consult.-Sht Term-Supp	11,666.67
								71620 - DSA - Local	1,760.00
71610 - Travel tickets - Local	941.16								
<p>Output 3: Strengthen health service capacity to provide quality care in the HIV prevention to care continuum and strengthening of strategic information system.</p> <p>Related CP outcome: Capacity building for HIV service providers</p>							<p>GFATM</p>	<p>National AIDS Programme / Center for Community Health and Disease Control</p>	



3.1: Expand access and coverage of quality HIV testing and counselling	<p>Indicator 4.1: Number of people who received testing and counselling services for HIV and received their results Baseline: 391 people counseled, tested and provided with their test results</p>	1450 received testing and counselling services for HIV and received their results	X	X	X	X	X				71405 - Service Contract - Individual	98,415.17
											71305 - Local Consult.-Sht Term-Tech	5,510.76
3.2: Strengthen the prevention and control of STIs	<p>Indicator 5.1: Number of Health Care Providers trained in diagnosis and clinical management of STIs Baseline: 196 Health Care Providers trained</p>	341 Health Care Providers trained in diagnosis and clinical management of STIs									72335 - Pharmaceutical Products	43,451.00
											71610 - Travel tickets - Local	3,600.00
3.3: Strengthen health service capacity to provide quality care, support and treatment for people living with HIV/AIDS	<p>Indicator 5.2: Number of STI cases treated at health care facilities Baseline: 1,199 cases treated</p>	2,202 STI cases treated at health care facilities	X	X	X	X	X	X			73405 - Rental & Maint - other ofc eq	600.00
											71635 - Travel - Other	6,344.72
											71620 - DSA - Local	26,004.00
											72515 - Print Media	1,550.00
											71110 - Medical Insurance	1,140.00
											72420 - Land telephone charges	4,411.80
											72705 - Hospitality Special Event	29,650.89
73105 - Rent	16,082.00											
72502 - Stationaries and Other Office Supply	1,260.00											
											73120 - Utilities	2,400.00

												72420 - Land telephone charges	1,200.00		
												54010 - GMS	75,246.00		
TOTAL													985,398.19		
Output 5 - BBS Survey in Prison															
5.1: Carry out a situational analysis of HIV amongst prisoners in Maafushi Jail in Maldives and to conduct a Biological and Behavioural Survey amongst the Jail inmates.	Implement situational analysis and BBS survey among prison inmates	X	X								UNDP	PAF - UNAIDS	72125 - Svc Co-Studies & Research Serv	44,601.00	
5.2: Identify and train 15 inmates (IDU) on HIV related issues and VCT services in the country. They could act as peer educators for fellow inmates while in prison and as potential peer educators for the drug users when out of prison.	Train Peer educators and conduct peer outreach for prison inmates	X	X										71310 - Local Consult.-Sht Term-Supp	2,100.00	
													71620 - DSA - Local	1,008.00	
														71635 - Travel - Other	1,870.00
														74525 - Sundry	1,545.00
														72160 - Svc Co-Education & Health Serv	200.00
TOTAL													3,863.00		
GRAND TOTAL													55,187.00		
													1,040,585.19		

II. MANAGEMENT ARRANGEMENTS

MANAGEMENT ARRANGEMENTS

UNDP acts as the Principle Recipient (PR) for this project. As PR, UNDP is responsible for the financial and programmatic management of the GFATM grant as well as for the procurement of health and non-health products. In all areas of implementation, it provides capacity development services to sub-recipients (SR) and implementing partners.

The program components will be implemented by the three implementing partners (i.e. sub recipients (SRs)). The day to day management of the program activities will be the responsibility of the three sub-recipients namely, National AIDS Programme, Centre for Community Health and Disease Control (CCHDC) of Ministry of Health and Family, Department of Drug Prevention and Rehabilitation Services (DDPRS) of Ministry of Health and Family with Journey (NGO) and Society for Health & Education - SHE (NGO). They are expected to do quarterly reporting to the PR on implementation progress.

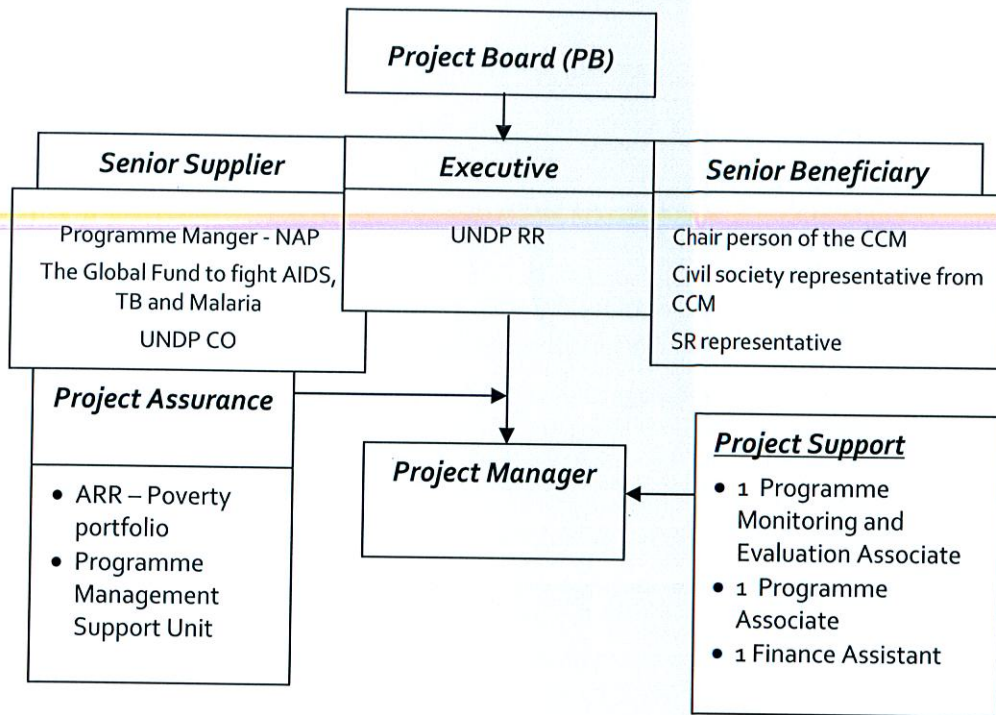
Country coordinating mechanism (CCM) is responsible for the overall oversight of the approved project. The CCM includes representation from different constituencies, including the government departments, UN agencies, private sector organization, religious based organizations, and non-government organizations. The terms of reference adopted by the CCM are:

- Oversight of the development of proposal for submission and approve the final proposal for submission to the Global Fund;
- Ensure effective implementation and monitoring of project progress including approving major changes in implementation plans as necessary;
- Ensure effective partnership coordination throughout implementation and management of Global Fund approved financing; and
- Ensure transparency in the account and management of Global Fund approved financing and timely reporting to the office of Global Fund as well as to the Government of Maldives.

In this manner, the CCM will regularly review implementation progress, while ensuring appropriate monitoring and reporting systems are in place. There will be periodic meetings of the CCM to monitor progress. UNDP will ensure that programme and financial reporting systems are established, and provide regular reports to enable the CCM to fulfil its oversight role in this respect.

The UNDP will directly execute the project. A Project Management Unit (PMU) consisting of a Project Manager and a team of national professionals will carry out day-to-day management of the project. The Project Manager will work under the overall guidance and direct supervision of the UNDP Resident Representative. The PMU will have the following national professional staff: i) 1 Programme Monitoring and Evaluation Associate ii) 1 Programme Associate iii) 1 Logistic and Procurement Assistant iv) 1 Finance Assistant. The terms of reference of the PMU staffs are attached as annexes.

The Management Arrangement follows the UNDP's new Results Management Guide (RMG). UNDP Direct Implementing Modality (DIM) will be used in executing the project.



The following are the main elements of the management structure of the HIV/AIDS project:

Project Board (PB): PB will provide the policy guidance, oversight and coordination of the overall Project and will make strategic decisions to influence the direction and impact of the Project. PB will be convened at the beginning of each calendar year to endorse the annual work plan and review progress of the preceding year and provide direction and recommendations to ensure that agreed deliverables are produced satisfactorily according to plans. Quarterly meetings of PB will be convened for monitoring progress and strategic advice and also to assess and decide on project changes through revisions. Additional meetings will be organized as needed.

PB will be chaired by the Project Executive/ UNDP Resident Representative. Representatives of NAP, and the Chair of the CCM and ARR/Programme will represent as the suppliers. GO/NGO/CBO partners will constitute as beneficiaries. The Project Manager (PM) of the project will act as the Secretariat to the PB.

Project Manager (PM): PM will plan activities of the project, monitors its progress and financial resources. PM is responsible for preparing and submitting Financial Reports to UNDP on a quarterly basis. PM submits regular Progress Reports and Annual Review Reports to the Project Board.

III. MONITORING FRAMEWORK AND EVALUATION

The HIV/AIDS Project Management Unit (PMU) team will conduct regular monitoring visits to the field. The M&E programme Associate will constantly monitor the project activities and report to the PMU. The Project Manger will prepare annual field monitoring plans for approval by the Project Board. The Project Manger/PMU will also facilitate field visits by the officials of CCM members, MOHF/NAP, donors and other relevant stakeholders. Each field visit will be reported using a standardised field visit report formats. The format will be developed by the Project Manager and ensure that project activities and progress towards achieving outputs are recorded in a timely manner and follow-up as necessary.

All monitoring activities will be reported quarterly by the Project Manager to the Project Board and UNDP Project Assurance (PO) in accordance with standardized formats. This will include:

- Quarterly progress reports (output level) (for GFATM)
- Quarterly progress report (for UNDP)
- Annual report
- Risk Log: Record risks identified to monitor throughout implementation
- Issues Log: Record any implementation issues for tracking, resolution and follow-up
- Lessons Learned Log: Record any lessons (good or bad) learned from the project.

A Mid-Term Evaluation of this project will be carried out in March 2011.

IV. LEGAL CONTEXT

This document shall be the instrument referred to the Standard Basic Assistance Agreement (SBAA) signed on January 25, 1978. The host country implementing agency shall, for the purpose of SBAA, refer to the government cooperating agent described in that Agreement.

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

- Revisions in, addition of, any of the annexes of the document
- Revisions which do not involve significant changes in the immediate objectives, outputs, or activities of the programme, but caused by the rearrangement of inputs already agreed to by cost increases due to inflation; and,
- Mandatory annual revisions, which re-phase the delivery of agreed inputs or additional expert or other costs due to inflation or taking into account agency expenditure flexibility.

ANNEXES

Annex 1: Grant Agreement with GFATM and UNDP

Annex 2: Terms of Reference of Project Personnel

Annex 3: Performance frame work year 3-5

Annex 4: Risk log

Annex 5: Guidelines and Requirements for Country Coordinating Mechanisms