



Project Document

BEL-910-G02-H

Global Fund Round 9 - Belize

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

Grant Phase 1: 2010-2012



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 1: Poverty Elimination by investing in people: By 2012, the most vulnerable and excluded populations equitably access (a) quality basic education, (b) health, and (c) civil protection, guided by processes based on democratic governance principles.

Expected Outcome 1.2: Health: Health systems in place that promote and support universal, affordable access of Belize populations to adequate prevention, health care (including Sexual and Reproductive Health), nutrition and a safe, healthy and clean environment.

Expected Outputs: 1.2.1 Enhanced capacity of Ministry of Health (MoH) and partners to strengthen national health system, including adequate collection and disaggregation of data and strengthened surveillance. 1.2.3 Primary health care services improved, expanded and monitored. 1.2.4 Advocacy and public information available at all levels, promoting better health, nutrition, sexual and reproductive health and prevention of diseases.

UNDAF National Priority Area 2: Reverse the Spread of HIV and AIDS: By 2012 all infected and affected persons have universal access to prevention, care, treatment and support services

Expected Outcome: 2.1 HIV and AIDS: Integrated sector-wide approach to combating HIV/STI and TB in place at all levels (national, sub-national, primary health care)

Expected Outputs: 2.1.1 National response strengthened, coordinated and decentralized, including capacities for data collection on HIV/STI/TB, aggregation and dissemination; 2.2.1 Vulnerable groups have access to rights-based age, gender and culturally sensitive prevention information (including SRH info); 2.3.1 Integrated HIV, TB and STI services available and protocols implemented at primary health care level.

Expected CP Outcome: UNDP will make strategic contributions to strengthening the coordination and monitoring capacity of the CCM and the NAC.

Executing entity: UNDP Belize

Implementing Partners: Government of Belize, Ministry of Economic Development

Responsible Parties: Ministry of Health, Ministry of Education, Ministry of Human Development, Belize Red Cross, Belize Life Family Association and Pan-American Social Marketing Organization/Population Services International-Belize.

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 in the two most affected districts, Belize and Stann Creek.

This project is structured with both, an HIV and a 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.

The HSS component will focus on: i) Further development of the BHIS to enhance M&E and project management; ii) enhancing the medical laboratory system; and iii) further improving procurement and supply management systems.

Programme Period: 1 Dec. 2010 - 30 Nov. 2012

Key Result Area (Strategic Plan): _____

Atlas Award ID: Proposal ID: 00060888

Project ID: 00076868/76870

Start date: 1 December 2010

End date: 30 November 2015

PAC Meeting Date: 9/12/2010

Management Arrangements: DIM

Total Budget Phase 1: US\$ 3,178,720

Total resources required: US\$ 3,178,720

Total allocated resources: US\$ 3,178,720

• GFATM: US\$ 3,178,720

In-kind Contributions:

Agreed by UNDP: _____

Roberto Valent, UNDP Resident Representative

17 December, 2010

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 persons constitute an important vector to HIV transmission, due to lack of HIV prevention education and Behavioral Change Communication and negative stigma and socio-economic circumstances, causing continued risky sexual behavior patterns. Their vulnerability is further fueled 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 fulfillment 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 in the two most affected districts, Belize and Stann Creek, which count for 40% of the national population but carry 90% of the HIV burden, as well as broader health system weaknesses. The project is based on the results from a situational assessment, an additional specific assessment of the situation of children and adolescents and a subsequent analysis of the gaps and major challenges, confronting the national response.

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.

From the recently released 2010 UNDP's Human Development Report, 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>).

Belize is about to release the second national MDG report, where a scorecard and outlook analysis is presented¹. 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) the core poverty and indigence reduction goals expressed in MDG 1, ii) the education goals expressed in MDG 2, iii) the gender goals expressed in MDG 3, iv) the 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 strengthen national capacity within the country for improved health service delivery.

The intervention strategy is structured with an HIV and a 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 and Stann Creek Districts through prevention efforts, including BCC efforts, condom distribution, expanded testing and counseling, stigma reduction and building enhanced supportive

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

environments. A previous focus on the general population has led to an unintended exclusion of the affected populations in other Districts particularly Stann Creek District.

2) To improve the quality of life of PLWHA and children infected and affected by HIV and AIDS in Belize and Stann Creek Districts.

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.

The HSS component will focus 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.

The proposed project aims to focus on the Most-At-Risk Populations (15-19 age group, MSM, FSW, OVC and PLWHA) in the most affected districts, Belize and Stann Creek. 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, including advocacy and resource mobilization will be also facilitated.

Directly linked to the UNDAF Outcome 1, this project will contribute in supporting the improved access to primary health care services and sustaining the availability of essential drugs and commodities in health facilities, as well as enhance the capacity of the Ministry of Health to strengthen national health system, including adequate collection and disaggregation of data and strengthened surveillance. 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 2, seeking to reduce the spread of the HIV infection, improve the quality of life of those infected, and mitigate the impact of HIV and AIDS in the Belize.

A more detailed country HIV epidemiological profile and a detailed project intervention strategy is accessible at:

http://www.theglobalfund.org/grantdocuments/9BELH_1796_0_full.pdf

UNDP Belize as the Principal Recipient (PR) of this project will seek to reduce the overall risk for the oversight 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 provide the necessary capacity building support to one or more local entities with the view that they will eventually be re-phased in as PR(s).

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

The Country Coordinating Mechanism (CCM) and the National AIDS Commission (NAC) will continue to perform its 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.

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 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 that 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 on a day-to-day basis and decision-making for the project, ensuring that the project produces the results specified and is 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 all the coordinating mechanisms to be established once the project will start its implementation actions. This position will work closely with the existing focal person/Programme Manager within the 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 to the Government and National Institutions and facilitation of knowledge building and management. 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* will be recruited as part of the PMU staff, in charge of the implementation and effective management of monitoring and evaluation policies and strategies, in addition to the sound facilitation of knowledge building and sharing in the area of monitoring and evaluation.

A *Finance Associate* will assist with effective, accurate financial resources management and oversight and will ensure the successful implementation of operations strategies and procedures. In addition, the position manages the project budget and will organize an optimal cost-recovery system and will 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.

A *Procurement Associate* will ensure the provision of effective and efficient PSM activities under the Global Fund grant and ensures full compliance of procurement activities with UN/UNDP rules, regulations, policies and strategies. 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.

In addition, there is a UNDP staff that will supervise the PMU, such as the Assistant and Deputy Resident Representatives.

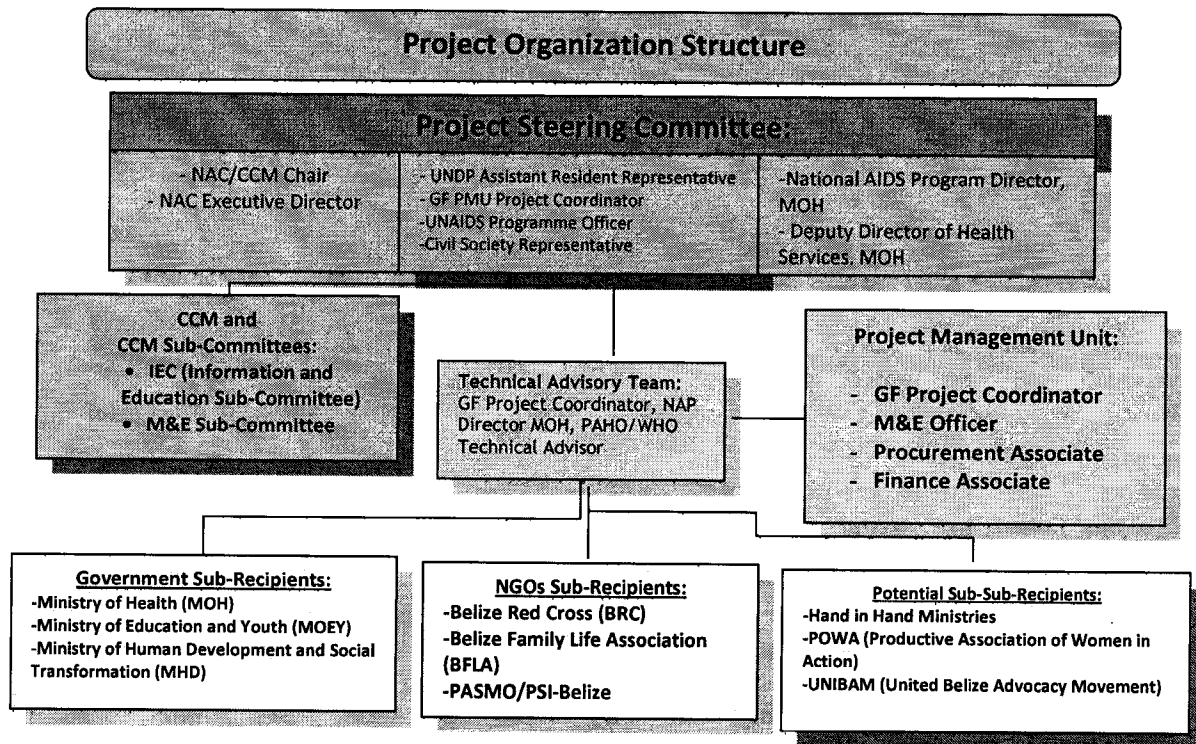


Figure 1: Global Fund Project Organization Structure

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 NAC 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 specific Terms of Reference for every entity will be developed, discussed and agreed during the project start up process. The PMU will be in charge of the supervision of the SRs performance, and will report to the PSC and CCM accordingly.

The PMU will establish 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 will be 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 the Direct Payments to the different suppliers on behalf of SRs and at the request of SRs and SSRs. In order to mitigate financial risk and speed up processes of

liquidation/validation of expenses incurred by SRs and SSRs, 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 SSRs and also facilitate On the Job Training and support on financial management as part of the Capacity Development process in 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 equipments and relevant supplies will be conducted by UNDP with key implementing partners:

- Procurement of pharmaceuticals will be carried out by UNDP via its partnership agreement with UNICEF Supply Division. UNICEF 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.

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 the selection of drugs, technical specifications, quantification and forecasting of ARVs, Logistics Management Information System from the Belize Health Information System (BHIS), and rational drug use. The Chief Pharmacist for the arrangement of quality testing procedures, certification and control of pharmaceuticals is a key person within the MOH as well. The storage and distribution of health products is a responsibility of the Central Medical Store (CMS) from the MOH, with a direct 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 Sub-recipients the Ministry of Health (MOH), Ministry of Education and Youth (MOEY), Ministry of Human Development and Social Transformation (MHD), Belize Red Cross (BRC), Belize Family and Life Association (BFLA) and Pan American Social Marketing Organization/Population Services International (PASMO/PSI).

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

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 first year of the project implementation it will be developed an exit strategy with the aim to seek for a potential Principal Recipient institution and develop the managerial, financial, procurement and monitoring and evaluation capacities for a smooth PR transition.

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.

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 Local Fund Agent (LFA) will undertake reviews of program implementation on a quarterly basis, on the basis of the Disbursement Requests and Progress Updates submitted by the UNDP Country Office. The objectives of these reviews are mainly for the verification of the information from which the quarterly report is compiled.

Annual Audit:

UNDP's Office of Audit and Investigations requires completing an annual audit of the Global Fund programs in compliance with the Grant Agreement signed with the Global Fund.

Mid Term and Final Project Evaluations/Reviews:

A Mid Term and Final project evaluations/reviews will be done during the end of Phase 1 (year 2) and 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/reviews 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 15 -24 on delayed (in-school population) and safe sexual practices (out-of-school)	Start Date: 1 December 2010 End Date: 31 December 2015
(Atlas Activity ID): ACTIVITY1:	BCC Campaigns-Youth-MOEY	
Purpose:	To engage young people 15-24 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.: Design one BCC mass-media and one edutainment campaign 1.1.2.: Delivery of edutainment sessions to young people 15-24 1.1.3.: Production of BCC radio messages on delaying sexual activity and safer sexual practices 1.1.4.: Airing of BCC radio messages on delaying sexual activity and safer sexual practices 1.1.5.: Production of TV messages on delaying sexual activity and safer sexual practices 1.1.6.: Airing of TV messages on delaying sexual activity and safer sexual practices 1.1.7.: Development and reproduction of BCC materials	

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 1.1.2.: Number of young people reached by edutainment sessions 1.1.3./1.1.4.: Number of radio messages produced and aired 1.1.5./1.1.6.: Number of TV messages produced and aired 1.1.7.: Units of BCC materials produced	1.1.1.: Consultants Final report and MOEY validation report 1.1.2. Number of people attended, attendance sheets, MOEY activity reports 1.1.3./1.1.4.: Reports from the radio stations 1.1.5/1.1.6.: Reports from the TV companies 1.1.7.: Number of BCC materials produced and distributed	Quarterly
Activity Result 1.2:	Formal LSB HIV education (HFLE) curriculum at 52 high schools	Start Date: 1 December 2010 End Date: 31 December 2015
(Atlas Activity ID): ACTIVITY12:	HFLE-High Schools-MOEY	
Purpose:	To provide support to the Ministry of Education 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% counselors are trained to deliver Life Skills Based HIV education.	
Description:	1.2.1.: HFLE secondary education curriculum development 1.2.2.: Reproduction of curriculum 1.2.3.: Procurement of HFLE Text Books 1.2.4.: Monitoring and support	
Quality Criteria	Quality Method	Date of Assessment
Indicator 1.1: Number of High School Students 13 - 17 reached by life skills-based HIV education in high schools	MOEY program reports	Quarterly
Activity Result 1.3:	Standardized TWC-based Peer Education programme for high school students 13-17 yrs; 3rd Form)	Start Date: 1 December 2010 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. During Round 3 of the Global Fund, the MOE entered into a strategic partnership with Belize Red Cross, who was contracted to implement peer education in secondary schools. Under Round 9, BRC will implement the Peer Education Program in high schools as Sub-recipient.	

Description:	1.3.1.: Procurement of TWC packages for peer education and counselor training 1.3.2.: Procurement of TWC Activity Kits for peers 1.3.3.: Training of Peer Educators 1.3.4.: Training of adult counselors 1.3.5.: Monitoring and support visits to schools	
Quality Criteria	Quality Method	Date of Assessment
Indicator 1.1: Number of secondary school students 13-17 (Peers) reached through peer-education programmes	BRC program reports and M&E reports	Quarterly
Activity Result 1.4:	Low literacy Peer Education programme for out of school youth	Start Date: 1 December 2010 End Date: 31 December 2015
(Atlas Activity ID): ACTIVITY14:	Out of School Youth-MOEY	
Purpose:	To implement a low literacy peer education programme in Belize and Stann Creek Districts implemented by a combination of community based organizations and government departments (YFF from MOEY) 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:	1.4.1.: Adaptation of module and materials 1.4.2.: Training of 10 BCC master trainers/monitors 1.4.3.: Stipend for master trainers/monitors 1.4.4.: Reproduction of pre-tested kits 1.4.5.: Training of Peer Educators 1.4.6.: Provide stipends to out-of-school peer educators	
Quality Criteria	Quality Method	Date of Assessment
Indicator 1.2: Number of young people 15-24 out-of-school in BLD and SCD reached by HIV/AIDS education in out-of-school settings	MOEY quarterly program reports	Quarterly
Activity Result 1.5:	Providers of services to MARPs with sufficient stocks of free-distribution condoms	Start Date: 1 December 2010 End Date: 31 December 2015
(Atlas Activity ID): ACTIVITY15:	Condoms-PR-UNDP	
Purpose:	In Round 9, 1,169,000 condoms will be distributed for free to MARPS. Condom distribution will only be linked to interventions elaborated in this project. 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 MARPs in BZ and SC districts	
Quality Criteria	Quality Method	Date of Assessment
Indicator 1.5: Number of free male condoms distributed to end-	Stock reports from CMS and VCT Centers through BHIS including BFLA centers and PASMO/PSI-Belize.	Quarterly

users in the last 12 months		
Activity Result 1.6:	BCC programmes for MSM and FSW	Start Date: 1 December 2010 End Date: 31 December 2015
(Atlas Activity ID): ACTIVITY16:	MSM-FSW-Outreach activities-PASMO/PSI	
Purpose:	To scale up interventions for both MSM and FSWs, focused behavior 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 behavior change.	
Description:	1.5.1.: Outreach interventions with MSM 1.5.2.: Outreach interventions with FSW 1.5.3.: Training of Outreach Officers 1.5.4.: Stipend for outreach officers interacting with MSM / FSW 1.5.5.: Procurement of computers to support outreach 1.5.6.: Design and reproduce materials for outreach to MSM and FSW 1.5.7.: Programme Management Support	
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	PASMO/PSI quarterly program reports and monitoring visits.	Quarterly
Activity Result 1.7:	Expanded testing opportunities established in community settings	Start Date: 1 December 2010 End Date: 31 December 2015
(Atlas Activity ID): ACTIVITY17:	Testing and Counseling-MOH	
Purpose:	The MOH will continue undertaking an aggressive 'Know Your Status' campaign. Currently the MOH only has one mobile van equipped to conduct testing.	
Description:	1.7.1 Mobile community outreach facility for HIV/STI testing remote communities 1.7.2 Preparation of MOH' s Know Your Status campaign: research to inform design 1.7.3.: Preparation of MOH' s Know Your Status campaign: design of the campaign 1.7.4 Preparation of MOH' s Know Your Status campaign: production and testing of printed & promo materials in different languages 1.7.5.: Preparation of MOH' s Know Your Status campaign: production and testing of radio public service announcements in different languages 1.7.6.: Preparation of MOH' s Know Your Status campaign: production and testing of TV public service announcements in different languages 1.7.7.: Health care personnel in primary care facilities to perform HIV testing and counseling	
Quality Criteria	Quality Method	Date of Assessment
Indicator 1.6: Number of HIV testing and counseling services provided (including pre and post-test counseling).	BHIS quarterly aggregated reports	Quarterly

Activity Result 1.8:	STI Treatment for MSM & FSW	Start Date: 1 December 2010 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 1875 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:	1.8.1.: Referral provision to professional health care for diagnosis and treatment of STIs.	
Quality Criteria	Quality Method	Date of Assessment
Indicator 1.7: Number of cases of sexually transmitted infections treated amongst MSM and FSW	BFLA program reports.	Quarterly
Activity Result 1.9:	Advocacy initiatives on the rights, including right to privacy & confidentiality in care settings, of sexual minorities and PLWHAs	Start Date: 1 December 2010 End Date: 31 December 2015
(Atlas Activity ID): ACTIVITY19:	Stigma Reduction Campaigns-PR-UNDP	
Purpose:	To design a "Know Your Rights/Laws" social change campaign to promote increased awareness of the rights of PLWHAs and sexual minorities. Several civil society organizations such as UNIBAM, BFLA, PASMO and AAA will work to address specific target groups (PLWHA, MSM and FSW). Messages will be aired on radio and television and through interpersonal channels.	
Description:	1.9.1.: Design and testing of "Know your rights and laws" with PLWHA, MSM and FSW as target groups 1.9.2.: Production of posters for "Know your rights and laws" campaign 1.9.3.: Production of full color brochures (for MSM, FSW and PLWHA) on "Know your rights and laws" campaign 1.9.4.: Radio spots production & broadcast 1.9.5.: TV spots production & broadcast	
Quality Criteria	Quality Method	Date of Assessment
Indicator 1.8: Number of population reached by campaigns	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 Stann Creek Districts and the provision of psychosocial care.		
Activity Result 2.1:	Psycho-social assistance provided to PLWHA	Start Date: 1 December 2010 End Date: 31 December 2015
(Atlas Activity ID): ACTIVITY21:	Support to PLWHA-MHD	
Purpose:	To ensure basic psychosocial support to PLWHA, a community based approach will be developed that will seek to provide 180 social workers, psychiatric nurses, faith based practitioners, and community members with basic counseling skills in order to provide appropriate psychosocial support to persons with HIV. A variety of approaches including counseling support groups and chaplain services to PLWHA will be utilized. It is expected that these 180 counselors, trained over 5 years will reach at least 3,600 persons with HIV, with multiple contacts over 5 years. In the first 2 years this initiative will focus primarily in Belize and Stann Creek Districts with plans to scale up to other districts over 5 years. For the first	

	time, a psychosocial coordinator will be employed who will 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 psychosocial 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 to coordination capacity for psycho-social assistance programme 2.1.2.: Support to institutional mobility 2.1.3.: Design of community-based service provision scheme, including a preparatory needs assessment, and design of training module 2.1.4.: Reproduction of training module for social workers 2.1.5.: Training of 180 community social workers and volunteers in psycho-social care for PLWHA 2.1.6.: Stipends for social workers and volunteers to meet additional expenses	
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 December 2010 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 piloting the provision of a package of services to vulnerable children in Belize and Stann Creek Districts. A community care point will be established in Dangriga Town utilizing a community building donated by the Town Council.	
Description:	2.2.1.: Employ coordinator to support CCT programme for OVC 2.2.2.: Ongoing national Conditional Cash Transfer schemes incorporate HIV/AIDS affected OVC and their households in cash assistance and service provision 2.3.1.: Refurbishing and furnishing building for community care point 2.3.2.: Equipment of care point 2.3.3.: Hiring 2 community caretakers for the care point 2.3.4.: Administrative costs	
Quality Criteria	Quality Method	Date of Assessment
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)	MHD program reports.	Quarterly

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:	ARVs available at all treatment points for PLWHA in need of ART	Start Date: 1 December 2010 End Date: 31 December 2012
(Atlas Activity ID): ACTIVITY31:	ARV Treatment-MOH	
Purpose:	The project will support the scale up of ARV therapy to an additional 200 persons over the next 2 years. After 2 years ARV's for these 200 persons will be absorbed by the MOH. In addition to the procurement of ARV's, viral load tests will be offered to persons living with HIV.	
Description:	3.1.1.: Procurement of ARVs 3.2.1.: Routine viral load testing for patients on ART 3.2.2.: Case managers / adherence counselors (1 BZ & 1SC) Nurse-level; social worker level 3.2.3.: Transportation (2 vehicles)	
Quality Criteria	Quality Method	Date of Assessment
Indicator 3.1.: Number of adults and children	BHIS reports and MOH program	Quarterly

with advanced HIV infection currently receiving antiretroviral therapy	reports.	
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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 December 2010 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:	<p>4.1.1.: Capacity building for service providers in designing edutainment products</p> <p>4.1.2.: Training of high school counselors</p> <p>4.1.3.: Training programme for health care personnel in primary care facilities on PITC</p> <p>4.1.4.: Design and delivery of training of health workers on stigma and discrimination, patient rights, human rights, including information on universal precautions</p> <p>4.1.5.: Training of 50 service providers in BCC</p> <p>4.2.1.: Capacity development programme for enhanced capabilities in standards and practices for financial recordkeeping and reporting</p> <p>4.2.2.: Formal training in the areas of monitoring and evaluation, data management, leadership in and advocacy for M&E for enhanced capabilities in M&E operations</p> <p>4.2.3.: In-house training, mentorship and coaching of service delivery staff responsible for M&E</p> <p>4.2.4.: Capacity development programme for enhanced capabilities in multi-sectoral strategic planning</p> <p>4.2.5.: Capacity development programme for enhanced human-rights based approaches to planning for service delivery</p> <p>4.2.6.: Capacity Development Programme for SRs based on the identified gaps during the SR assessment</p> <p>4.3.1.: Conduct KAP baseline (Year 1) and repeat study MSM and FSW (Year 3)</p> <p>4.3.2.: Sentinel Study HIV infection young people 15-24; Baseline Y1 and repeat in Y4</p> <p>4.3.3.: Population-based surveys: multiple partners; repeat survey Y3</p> <p>4.3.4.: Population-based surveys: early sexual activity; repeat survey Y3</p> <p>4.3.5.: Population-based surveys: acceptance of PLWHA; repeat survey Y3</p> <p>4.3.6.: Population-based surveys: condom use during last sexual intercourse; repeat survey Y3</p>	
Quality Criteria	Quality Method	Date of Assessment
Indicator 4.1.:Number of professional service providers reached with skill-improvement training events	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:	Health Information System Strengthened	Start Date: 1 December 2010 End Date: 31 December 2015
(Atlas Activity ID): ACTIVITY 51:	BHIS-MOH	
Purpose:	To achieve full roll-out of the BHIS and to strengthen the M&E systems, this activity	

	will focus on enhancing Information and Communication Technology (ICT) infrastructure and data management capability as well as to undertake capacity building actions.	
Description:	5.1.1. Implement HIS advocacy plan 5.1.2.: Procure, install and configure security equipment to create national virtual health system data network 5.1,3: Develop Meta Data Dictionary 5.1,4.: Design national data repository and database systems 5.1,5.: Construct national data repository and database systems 5.1,6.: Deploy national data repository and database systems 5.1.7.: Train HIS staff at national, regional and health facility levels in reporting and use of health information 5.1.8.: Train personnel on use of data repository	
Quality Criteria	Quality Method	Date of Assessment
Indicator 5.1.:Percentage of public health facilities reporting core indicators within 30 days of end of quarter	Summary reports will be generated monthly from the BHIS.	Monthly
Activity Result 5.2:	Improving Medical Laboratory Services	Start Date: 1 December 2010 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.:Recruit biomedical technician for CML 5.2.2.: Recruit lab. technologist for STI/HIV/AIDS services 5.2.3.: Recruit lab. technologist for Southern Region 5.2.4.:Procure & install equipment for CML 5.2.5.: Procure & install equipment for regional laboratories 5.2.6.: Procure & install serology equipment for central blood bank 5.2.7.: Expand regional laboratories (Belmopan, Corozal, Punta Gorda)	
Quality Criteria	Quality Method	Date of Assessment
Indicator 5.2.:Laboratory turn around time for CD4 count (days) Indicator 5.3.:Average outpatient wait time at Central Medical Laboratory (minutes)	BHIS, Patient records, Health facility surveys. Twice yearly review of patient records. Twice yearly survey of patient records to include arrival time and check-out time at the lab.	Quarterly and twice yearly conducting surveys and review of patients records.
Activity Result 5.3:	Strengthening Procurement and Supply Chain Management	Start Date: 1 December 2010 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.: Improve physical state of the National Pharmacy in Central Region 5.3.2.: Procure and install cold stores at CMS 5.3.3.: Procure delivery truck and forklift for distribution of ARVs and other supplies 5.3.4.: Recruit Pharmacy Technicians for health facilities 5.3.5.: Recruit Pharmacist for CMS 5.3.6.: Conduct training on drug quantification and use of SOPs 5.3.7.: Conduct evaluation of the JIT process for PSM	
Quality Criteria	Quality Method	Date of Assessment
Indicator 5.4.: Number of key staff trained in drug quantification and use of SOPs	Training records will be updated annually and training results will be reported under the M&E Program Plan.	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: 2010-2012

UNDAF National Priority Area 1: Poverty Elimination by investing in people: By 2012, the most vulnerable and excluded populations equitably access (a) quality basic education, (b) health, and (c) civil protection, guided by processes based on democratic governance principles.

Expected Outcome 1.2: Health: Health systems in place that promote and support universal, affordable access of Belize populations to adequate prevention, health care (including Sexual and Reproductive Health), nutrition and a safe, healthy and clean environment.

Expected Outputs: 1.2.1 Enhanced capacity of

Ministry of Health (MOH) and partners to strengthen national health system, including adequate collection and disaggregation of data and strengthened surveillance. 1.2.3 Primary health care services improved, expanded and monitored. 1.2.4 Advocacy and public information available at all levels, promoting better health, nutrition, sexual and reproductive health and prevention of diseases.

UNDAF National Priority Area 2: Reverse the Spread of HIV and AIDS: By 2012 all infected and affected persons have universal access to prevention, care, treatment and support services

Expected Outcome: 2.1 HIV and AIDS: Integrated sector-wide approach to combating HIV/STI and TB in place at all levels (national, sub-national, primary health care)

Expected Outputs: 2.1.1 National response strengthened, coordinated and decentralized, including capacities for data collection on HIV/STI/TB, aggregation and dissemination; 2.2.1 Vulnerable groups have access to rights-based age, gender and culturally sensitive prevention information (including SRH info); 2.3.1 Integrated HIV, TB and STI services available and protocols implemented at primary health care level.

Expected CP Outcome: UNDP will make strategic contributions to strengthening the coordination and monitoring capacity of the CCM and the NAC.

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

1. Percentage of young women and men aged 15-24 who are HIV infected, Baseline: 0.77%, Annual targets: 2011: 0.76%, 2012: 0.75%, 2013: 0.74%, 2014: 0.73%, 2015: 0.73%

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: 2011: 76%, 2012: 77%, 2013: 78%, 2014: 79%, 2015: 80%

3. % 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 2011: 10.3%

4. % 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 2011: 7.6%

5. % 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 2011: 10%

6. % 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 2011: 74%

7. % of female sex workers reporting the use of a condom with their most recent client, Baseline: TBD, Annual target 2011: TBD

8. % of men reporting the use of condom the last time they had anal sex with a male partner, Baseline: TBD, Annual target 2011: TBD

9. % 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 2011: 38.5%

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 and youth (MOEY), Ministry of Human Development and Social Transformation (MHD), Belize Red Cross (BRC), Belize Life Family Association (BFLA) and Pan-American Social Marketing Organization/Population Services International-Belize (PASMO/PSI-Belize).

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: SLV10, Award ID: 00060888, Project ID: 00076868/6870

EXPECTED OUTPUTS And baseline, associated	PLANNED ACTIVITIES List activity results and	TIMEFRAME Year 2011	RESPONSIBLE PARTIES	PLANNED BUDGET
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<i>indicators and annual targets</i>	<i>associated actions</i>	Q1	Q2	Q3	Q4		Funding Source	Budget Description	Amount (USD)	
<p>Output 1: To reduce the sexual transmission of HIV among young people, MSM and FSW in Belize and Stann Creek Districts through prevention efforts, including BCC efforts, condom distribution, expanded testing and counseling, stigma reduction and building enhanced supportive environments. A previous focus on the general population has led to an unintended exclusion of the affected populations in other Districts particularly Stann Creek District.</p> <p>Output Indicators:</p> <p>1.1.: Number of young people aged 13-18 years reached with HIV education Baseline: N/A Targets: P1: 0, P2: 600, P3: 6600, P4: 4600, P5: 2500</p> <p>1.2.: Number of young people 15-24 out-of-school reached by HIV/AIDS education in out-of-school settings Baseline: 39 (2009) Targets: P1: 0, P2: 0, P3: 600, P4: 600, P5: 600</p> <p>1.3.: Number of MSM contacts reached with HIV/AIDS prevention programme Baseline: TBD</p>	1. BCC campaigns for young people 15 -24 on delayed (in-school population) and safe sexual practices (out-of-school)					MOEY	GFATM Resources	71200 71300 74200 75100	11,675 4,025 1,800 1,225	
	2. Formal LSB HIV education (HFLE) curriculum at 52 high schools					MOEY	GFATM Resources	71300 74200 75100	15000 4500 1365	
	3. Standardized TWC-based Peer Education programme for high school students 13-17 yrs; 3rd Form					BRC		71200 72100 74200	4250 8700 44050 3990	
	4. Low literacy Peer Education programme for out of school youth					MOEY	GFATM Resources	71300 72100 74200 75100	7,500 1,500 22,500 2,205	
	5. Providers of services to MARPs with sufficient					PR-UNDP	GFATM Resources	72300	13,640	
										60,990

<p>Targets: P1: 300, P2: 300, P3: 300, P4: 300, P5: 300 1.4.: Number of FSW contacts reached with HIV/AIDS prevention programme Baseline: TBD Targets: P1: 150, P2: 150, P3: 150, P4: 150, P5: 150</p>	<p>stocks of free-distribution condoms</p>							<p>GFATM Resources 74700 75100</p>	<p>409 983</p>
<p>1.5.: Number of free male condoms distributed to end-users in the last 12 months Baseline: 427,421 (2009) Targets: P1: 194,850; P2: 389,700; P3: 194,850; P4: 389,700; P5: 194,850</p>	<p>6. BCC programmes for MSM and FSW</p>						<p>PASMO/PSI</p>	<p>GFATM Resources 71200 71300 74200 75100</p>	<p>11,675 4,025 1,800 1,225</p>
<p>1.6.: Number of HIV testing and counseling services provided (including pre and post-test counseling) Baseline: 11,723 (2009) Targets: P1: 5,000; P2: 12,000; P3: 5,000; P4: 11,000; P5: 5,500</p>	<p>7. Expanded testing opportunities established in community settings</p>						<p>MOH</p>	<p>GFATM Resources 71300 72800 73100 74100 74200 74700 75100</p>	<p>10,000 38,047 1,250 21,615 29,850 1,608 7,166</p>
<p>1.7.: Number of cases of sexually transmitted infections treated amongst MSM and FSW Baseline: N/A Targets: P1: 169; P2: 538; P3: 449; P4: 909; P5: 340</p>	<p>8. STI Treatment for MSM & FSW</p>						<p>BFLA</p>	<p>GFATM Resources 73500 75100</p>	<p>16,140 1,130</p>
<p>Output 2: To improve the quality of life of PLWHA and children infected and affected by HIV and AIDS in Belize and Stann Creek Districts and the provision of</p>	<p>9. 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 71300 74200 75100</p>	<p>7,500 29,400 2,583</p>
<p>2.1. Psycho-social assistance provided to PLWHA</p>	<p>2.1. Psycho-social assistance provided to PLWHA</p>						<p>MHD</p>	<p>GFATM Resources 71300 72100 72800 73100 74100 74700 75100</p>	<p>7,500 12,000 18,000 900 14,794 700 3,773</p>

<p>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 Baseline: 698 (2009) Targets: P1: 0; P2: 0; P3: 1,500; P4: 2,000; P5: 500</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: 0 Targets: P1: 0; P2: 100; P3: 200; P4: 200; P5: 300</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>72200 73500 74100 74700 75100</p>	<p>83,550 13,000 19,188 707 8,151</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>Output Indicator:</p> <p>Indicator 3.1.: Number of adults and children with advanced HIV infection currently receiving antiretroviral therapy Baseline: 883 (July 2010) Targets: P1: 895; P2: 957; P3: 999; P4: 1,054; P5: 1,103</p>	<p>3-1: ARVs available at all treatment points for PLWHA in need of ART</p>		<p>MOH</p>	<p>GFATM Resources</p>	<p>72100 72200 72300 73100 74100 74700 75100</p>	<p>45,000 28,124 103,279 1,000 25,584 3,942 14,485</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.</p> <p>Output Indicator: Indicator 4.1: Number of professional service providers reached with skill-improvement training events. Baseline: N/A Targets: P1: 10; P2: 270; P3: 497; P4: 977; P5: 400</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>71300 72100 74100 75100</p>	<p>46126 27190 71711 10152</p>
<p>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)</p>	<p>5.1: Health Information System Strengthened 5.2: Improving Medical Laboratory Services</p>		<p>MOH MOH</p>	<p>GFATM Resources GFATM Resources</p>	<p>71200 72100 72800 74200 74700 75100</p>	<p>36,000 2,259 140,100 2,700 4,203 12,968 0</p>

<p>enhancing the medical laboratory system; and iii) further improving procurement and supply management systems.</p> <p>Output Indicators: Indicator 5.1: Percentage of public health facilities reporting core indicators within 30 days of end of quarter. Baseline: 0 Targets: P1: 5%(1/23); P2: 10%(2/23); P3: 30%(7/23); P4: 40%(9/23); P5: 48%(11/23)</p> <p>Indicator 5.2: Laboratory turn around time for CD4 count (days) Baseline: 10 days (2008) Targets: P1: 10; P2: 10; P3: 9; P4: 8; P5: 7</p> <p>Indicator 5.3: Average outpatient wait time at Central Medical Laboratory (minutes) Baseline: 60 min (2008) Targets: P1: 55; P2: 50; P3: 45; P4: 40; P5: 35</p> <p>Indicator 5.4: Number of key staff trained in drug quantification and use of SOPs Baseline: 0 Targets: P1: 0; P2: 0; P3: 15; P4: 30; P5: 15</p>	<p>5.3: Strengthening Procurement and Supply Chain Management</p>		<p>MOH</p>	<p>GFATM Resources</p>	<p>72200 72600 74100 75100</p>	<p>11,373 3,240 16,578 2,183</p>
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Output 6: Program Management Unit-Principal Recipient: UNDP	6.1: PMU					PR-UNDP	GFATM Resources	61300 62300 63300 71400 71600 72100 72200 73100 74100 75100	89,330.35 34,357.83 26,249.38 49,428 4,500 3,800 6,000 617 8,862 15,620
TOTAL Y1 (USD):							GFATM:	\$ 1,419,089	
							TOTAL	\$ 1,419,089	

EXPECTED OUTPUTS And baseline, associated indicators and annual targets	PLANNED ACTIVITIES List activity results and associated actions	TIMEFRAME Year 2012				RESPONSIBLE PARTIES	PLANNED BUDGET		
		Q1	Q2	Q3	Q4		Funding Source	Budget Description	Amount (USD)
Output 1: To reduce the sexual transmission of HIV among young people, MSM and FSW in Belize and Stann Creek Districts through prevention efforts, including BCC efforts, condom distribution, expanded testing and counseling, stigma reduction and building enhanced supportive environments. A previous focus on the	1. BCC campaigns for young people 15 -24 on delayed (in-school population) and safe sexual practices (out-of-school)					MOEY	GFATM Resources	74200	111,390
							GFATM Resources	75100	7,797
							MOEY	GFATM Resources	71600
	2. Formal LSB HIV education (HFLE) curriculum at 52 high schools					MOEY	GFATM Resources	74200	21,375
	3. Standardized TWC-based Peer Education					BRC	GFATM Resources	75100	1,736
							GFATM Resources	71600	2,400
							GFATM Resources	72100	3,600

<p>general population has led to an unintended exclusion of the affected populations in other Districts particularly Stann Creek District.</p> <p>Output Indicators: 1.1.: Number of young people aged 13-18 years reached with HIV education Baseline: N/A Targets: P1: 0, P2: 600, P3: 6600, P4: 4600, P5: 2500</p>	<p>programme for high school students 13-17 yrs; 3rd Form</p>				75100	420
<p>1.2: Number of young people 15-24 out-of-school reached by HIV/AIDS education in out-of-school settings Baseline: 39 (2009) Targets: P1: 0, P2: 0, P3: 600, P4: 600, P5: 600</p>	<p>4. Low literacy Peer Education programme for out of school youth</p>		MOEY	GFATM Resources	71600 72100 74100 75100	12,000 5,400 24,000 2,898
<p>1.3: Number of MSM contacts reached with HIV/AIDS prevention programme Baseline: TBD Targets: P1: 300, P2: 300, P3: 300, P4: 300, P5: 300</p>	<p>5. Providers of services to MARPs with sufficient stocks of free-distribution condoms</p>		PR-UNDP	GFATM Resources	72300 74700 75100	13,640 390 982
<p>1.4: Number of FSW contacts reached with HIV/AIDS prevention programme Baseline: TBD Targets: P1: 150, P2: 150, P3: 150, P4: 150, P5: 150</p>	<p>6. BCC programmes for MSM and FSW</p>		PASMO/PSI	GFATM Resources	72100 73100 74100 74200 75100	18,090 9,000 10,000 15,200 3,660
<p>1.5: Number of free male condoms distributed to end-users in the last 12 months Baseline: 427,421 (2009) Targets: P1: 194,850; P2:</p>	<p>7. Expanded testing opportunities established in community settings</p>		MOH	GFATM Resources	73100 74100 75100	1,125 36,240 2,616
	<p>8. STI Treatment for MSM & FSW</p>		BFLA	GFATM Resources	73500 75100	27,270 1,909

<p>389,700; P3: 194,850; P4: 389,700; P5: 194,850</p> <p>1.6: Number of HIV testing and counseling services provided (including pre and post-test counseling) Baseline: 11,723 (2009) Targets: P1: 5,000; P2: 12,000; P3: 5,000; P4: 11,000; P5: 5,500</p> <p>1.7: Number of cases of sexually transmitted infections treated amongst MSM and FSW Baseline: N/A Targets: P1: 169; P2: 538; P3: 449; P4: 909; P5: 340</p>	<p>9. 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 75100</p> <p>25,952 1,817</p>
<p>Output 2: To improve the quality of life of PLWHA and children infected and affected by HIV and AIDS in Belize and Stann Creek</p>	<p>2.1. Psycho-social assistance provided to PLWHA</p>			<p>MHD</p>	<p>GFATM Resources</p>	<p>72100 73100 74100 75100</p> <p>6,500 810 21,144 1,992</p>	

<p>Districts 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 Baseline: 698 (2009) Targets: P1: 0; P2: 0; P3: 1,500; P4: 2,000; P5: 500</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: 0 Targets: P1: 0; P2: 100; P3: 200; P4: 200; P5: 300</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>73100 73500 74100 75100</p>	<p>4,160 52,000 21,350 5,426</p>
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<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><u>Output Indicator:</u></p> <p>Indicator 3.1.: Number of adults and children with advanced HIV infection currently receiving antiretroviral therapy Baseline: 883 (July 2010) Targets: P1: 895; P2: 957; P3: 999; P4: 1,054; P5: 1,103</p>	<p>3.1.: ARVs available at all treatment points for PLWHA in need of ART</p>		<p>MOH</p>	<p>GFATM Resources</p>	<p>72100 72300 73100 74100 74700 75100</p>	<p>56,250 103,279 900 26,688 3,098 13,315</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.</p> <p><u>Output Indicator:</u></p> <p>Indicator 4.1: Number of professional service providers reached with skill-improvement training events. Baseline: N/A Targets: P1: 10; P2: 270; P3: 497; P4: 977; P5: 400</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>71300 72100 75100</p>	<p>39,705 26,700 4,648</p>
<p>Output 5: The Health System Strengthening component is focused on: i)</p>	<p>5.1: Health Information System Strengthened</p>		<p>MOH</p>	<p>GFATM Resources</p>	<p>71200 72100 74200 75100</p>	<p>155,925 2,372 2,835 11,279</p>

<p>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.</p> <p>Output Indicators: Indicator 5.1: Percentage of public health facilities reporting core indicators within 30 days of end of quarter. Baseline: 0 Targets: P1: 5%(1/23); P2: 10%(2/23); P3: 30%(7/23); P4: 40%(9/23); P5: 48%(11/23)</p>	<p>5.2: Improving Medical Laboratory Services</p>	<p>MOH</p>	<p>GFATM Resources</p>	<p>72200 72600 74100 74700 75100 72100 72200 73100 74100 74700 75100</p>	<p>349,530 24,000 23,626 4,663 28,127 2,753 76,815 1,000 49,235 3,035 9,299</p>
<p>Indicator 5.2: Laboratory turn around time for CD4 count (days) Baseline: 10 days (2008) Targets: P1: 10; P2: 10; P3: 9; P4: 8; P5: 7</p> <p>Indicator 5.3: Average outpatient wait time at Central Medical Laboratory (minutes) Baseline: 60 min (2008) Targets: P1: 55; P2: 50; P3: 45; P4: 40; P5: 35</p> <p>Indicator 5.4: Number of key staff trained in drug quantification and use of SOPs Baseline: 0 Targets: P1: 0; P2: 0; P3: 15; P4: 30; P5: 15</p>	<p>5.3: Strengthening Procurement and Supply Chain Management</p>	<p>MOH</p>	<p>GFATM Resources</p>		

Output 6: Program Management Unit-Principal Recipient: UNDP	6.1: PMU	MOH	GFATM Resources	61300	89,330.35
				62300	34,357.83
				63300	26,249.38
				71400	51,350
				71600	9,500
				72100	11,000
				72200	2,862
				73100	3,000
				74100	18,000
				75100	17,195
TOTAL Y2 (USD):				GFATM:	\$ 1,759,630
				TOTAL	\$ 1,759,630

TOTAL OBJECTIVES Year 1:		1,082,707
PMU PR (UNDP):		243,544
7% GMS PR (UNDP):		92,838
GRAND TOTAL Year 1:		1,419,089
TOTAL OBJECTIVES Year 2:		1,398,866
PMU PR (UNDP):		245,649
7% GMS PR (UNDP):		115,116
GRAND TOTAL Year 2:		1,759,630
GRAND TOTAL Phase 1 (Y1-2):		3,178,720
		USD

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 December 2010	
#	Description	Date Identified	Type	Impact and Probability	Countermeasures/Mngt response	Owner	Submitted	Last update	Status
1	National counterparts/Development Partners have a general concern about UNDP's internal capacity for implementing Global Fund grants.	May 2010	Strategic	P=1 I=3	Regular meetings to be held with national counterparts/development partners, including UN agencies	UNDP senior management	Project formulation	Permanent	Reducing
2	SRs and SSRs are not using Management Tools that ensure robust accountability framework	August/Sept 2010	Financial	P=3 I=3	SRs and SSRs will be trained on financial Management issues and will implement base don Direct Payments Requests	PMU	Project formulation	November 2010	No change
3	Existing structure of UNDP CO not prepared to support GF grants volume of activity	November 2010	Organizational	P=3 I=3	Proposed structure for PMU includes additional staff for finance and procurement. However, meetings should be held with Operations Unit to clarify workflow with PMU and expected process lead times	UNDP senior management PMU and Operations Unit	Project formulation	December 2010	No change
4	Weak Disease Technical Capacity within UNDP	Sept. 2010	Organizational	P=3 I=3	Recruit Public Health Consultants to equip PMU team with adequate capacity to manage technical aspects of HIV/AIDS National Health Programme	UNDP CO-PMU	Project formulation	November 2010	Reducing
5	Limited M&E experience within the PMU and the SRs	Sept. 2010	Organizational	P=3 I=3	Recruit and 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.	PMU	Project formulation	December 2010	Reducing

6	Limited procurement skills and experience, inadequate for contracting volume within the country context	Sept. 2010	Organizational	P=3 I= 3	Procurement associate working closely with the SRs and specifically with the MOH for developing further capacities within the national institutions.	PMU	Project formulation	December 2010	Reducing
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