

Our Ref.: LAC/AH/CG/NM/BLZ-C-UNDP Performance Letter Period 1 January 2019 - 31 December 2019

28 May 2020

Mr Ian King
Deputy Resident Representative
United Nations Development Programme
Lawrence Nicholas Office Complex, 3rd Floor
South Ring Road
P.O. Box 53
Belmopan
Belize

Subject: BLZ-C-UNDP - Performance Letter Progress Report with Disbursement Request covering the period 1 January 2019 - 31 December 2019

Dear Mr King,

This letter presents the conclusions of the Global Fund's review of the Progress Report covering the period from 1 January 2019 to 31 December 2019 prepared by the United Nations Development Programme for the BLZ-C-UNDP grant.

This letter is based on the Global Fund's analytical review of the Progress Report and summarizes the relevant findings and actions to be undertaken by the United Nations Development Programme during the next period of implementation. In addition, this letter provides an explanation of the Annual Funding Decision (AFD) for the disbursement for the period from 1 January 2020 to 31 December 2020.

Programmatic Performance

The programmatic performance of the grant during Period 1 of the implementation period (January – December 2019) was satisfactory with an average indicator performance of **81%**, which leads to an indicator rating of **B1**; this result is largely in line with the financial absorption rate of **89%**. We highlight the following during the period that contributed to the performance rating:

- **High HIV prevention and testing coverage among MSM:** Nearly 100% of the coverage target for MSM was achieved. Sub-recipients (SR) BFLA and the CSO Hub met their respective reach and test targets during the year. We note that UNDP is working closely with SRs to improve the quality and effectiveness of these services in order to improve geographic coverage and increase yield (new HIV+ clients); we are hopeful that the 2020 reprogramming will support these outcomes. Additionally, we note that the CSO Hub is planning to engage additional CSO partners to provide community-based prevention service and is planning with the MoH for the next round of HIV testing training to increase the pool of licensed counselors and testers.

- **High TB treatment success rate achievement against targets:** Performance against the target for Indicator TCP-2 was good this period (91%) but masks a decline in treatment success rate from past periods – 63% for the 2018 cohort compared to 71% in the 2017 cohort. We understand that this decline is largely attributed to worse than expected outcomes for HIV/TB patients and reduced support supervision from the MoH due to lack of the TB/HIV Coordinator for much of the period.
- **ART coverage remains low:** We noted that only 32% of estimated PLHIV are currently on ART. We understand that a number of factors contributed to the slower than expected increase in coverage, including: 1.) low number of new HIV diagnoses compared to historical average, particularly in the high burden districts of Belize City and Stann Creek and 2.) severe shortages of ARVs during the last half of 2019.
- **Lower than expected TB case notifications:** Only 91 new and relapse TB cases (all forms) were notified to health authorities during the year out of a target of 120 (achievement of 76%). We acknowledge that performance framework targets are based on WHO estimates of incident cases at time of grant negotiation; the 2019 World TB report estimated lower incidence. We recommend that the PR and MoH engage with PAHO to review WHO estimates and, if justified, submit a formal request to the Global Fund for revision of the case notification targets for Indicators TCP-1 and TB O-5.

We note that there is a continued shift in suspected patients being tested initially with GeneXpert, as per WHO recommendations – 66% compared to 34% by AFB. We understand that the MoH still faces challenges with timely sample transportation from clinics in the south; we recommend that the PR and MoH review the current constraints and consider if a GeneXpert machine should be placed in a clinic located in a southern district (e.g. Dangriga). It is possible that the grant could support such an investment, assuming savings are identified and the MoH can assure long-term maintenance and supply of cartridges after the grant ends.

Regarding the outcome indicators to be reported in 2019 PUDR, we note that for the indicator TB O-5 (M), *number of new and relapse cases notified and treated*, the PR used the denominator from the performance framework which, at the time, included a WHO estimate of 140 incident cases. We recommend using instead the 2018 estimate of 110 incident cases contained in the 2019 World TB report as the denominator.

As mentioned, we have identified the decline or lack of improvement of some PF outcome and coverage indicators. Therefore, we kindly request the PR to develop with the Ministry of Health an action plan to address the main issues that explain these results and that will contribute to improvement in 2020. We understand that the MoH is dealing with a number of human resource constraints, which likely contributes to lower ART coverage, TB treatment success rate and TB case notifications. A continued gap is the TB/HIV Coordinator position, which provides overall coordination between the two disease programs and provides support supervision to facilities. We strongly encourage the Government to adopt this position and hire a qualified candidate as quickly as possible.

Finally, we acknowledge and appreciate that the MoH successfully absorbed staff for several key positions over the last year, such as Biostatistician and Adherence Counselors.

Please refer to **Annex 1** for the Grant Rating

Financial Performance

Overall expenditures for the period were USD \$574,272, resulting in a high burn rate against approved budget for of 86%. This is a major achievement considering this is the first year of a new implementation period, a major new SR (CSO Hub) was added to the grant and there was a change in PR management staff.

A cash balance of USD \$163,889 was reported by the PR for the period ending December 2019. Due to the timing of payments and procurements, no financial commitments or obligations were reported by the PR.

We noted that a minor amount of expenditure was misclassified by cost group, module and implementing partner. This was primarily due to a small reprogramming in late 2019 in order to procure HIV rapid tests and other commodities for the CSO Hub. In this case, actual expenditure as incurred was grouped under existing budget lines. For example, costs for HIV rapid tests were reported under the MDR-TB module. Instead, expenditure should be reported by the associated cost grouping, module, intervention and implementing partner; comments should be added to the PUDR to explain variances.

Please refer to **Annex 2** for the Global Fund validated expenditures.

Status of Grant Requirements and Management Actions

During our review we have identified a few issues which require attention and follow up, listed in Annex 3. This list also includes the follow up on current management actions.

We kindly request that you provide a status update on these management actions by the deadline indicated in Annex 3.

Annual Funding Decision

The Annual Funding Decision covers the period from 1 January 2020 to 31 December 2020 and is based on the review of the Progress Report for the period from 1 January 2019 to 31 December 2019 and the latest implementation letter.

The Annual Funding Decision amount is US\$,602,857.60, which has been calculated based on the following rationale:

<u>US\$748,354</u>	Budget for Jan-Dec 2020
<u>(-) US\$163,889</u>	Cash balance available PR
<u>(-) US\$186,271</u>	Cash in transit
<u>(-) US\$160,974</u>	Cash in transit
<u>(+)US\$365,638</u>	Budget buffer period
US\$ 602,857.60	(=) Total disbursement recommendation

The entire amount of US\$ 602,857.60 will be disbursed in a single instalment as follows:

Cash transfer amount (US\$)	Planned Date	Recipient	Conditions linked to the Disbursement Release
US\$ 237,219.85	09/06/2020	UNDP	N/A
US\$ 211,945.17	04/01/2021	UNDP	N/A
US\$ 153,692.58	01/04/2021	UNDP	Submission of cash balance through PUDR 2020

We hope that the feedback is helpful and look forward to the measures being implemented to accelerate implementation under the grant BLZ-C-UNDP. We are further looking forward to hearing from you with regards to our comments and recommendations and remain available should you wish to receive any additional information.

We take the opportunity to thank UNDP, the Belize NAC, the MOH, civil society organizations, and all of the organizations and stakeholders involved in the grant for your continued efforts to fight HIV and tuberculosis in Belize.

Sincerely



Carmen Gonzalez
Fund Portfolio Manager
Latin America and Caribbean

Annexes: Annex 1 – Grant Rating Tool
 Annex 2 – Financial Expenditures
 Annex 3– Management Actions

Cc: Ms Nyreese Castro, Project Manager, Global Fund Grant, UNDP
 Mr Mark Dibiase, Technical Assistance Partner, UNDP
 Ms Laura Tucker Longsworth, NAC / CCM Chair
 Mr Enrique Romero, Executive Director, NAC / CCM
 Mr Michael Reeves, Cardno Emerging Markets USA Ltd., Local Fund Agent

Annex 1 – Grant Rating Tool

Coverage Indicator Name	Target			Result			Achievement %
	N#	D#	%	N#	D#	%	
KP-1a(M): Percentage of men who have sex with men reached with HIV prevention programs - defined package of services	1,058.00	3,689.00	29.00	1,040.00	3,689.00	28.20	97.00
TCS-1(M): Percentage of people living with HIV currently receiving antiretroviral therapy	2,550.00	4,671.00	54.60	1,530.00	4,671.00	32.80	60.00
TCP-1(M): Number of notified cases of all forms of TB-(i.e. bacteriologically confirmed + clinically diagnosed), includes new and relapse cases	120.00			91.00			76.00
TCP-2(M): Treatment success rate- all forms: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse cases			70.00	63.00	99.00	63.60	91.00

AVG Performance All Indicators	81.00
ALL Indicator Rating	B1
Quantitative Indicator Rating	B1

Annex 2 – Financial Expenditures – 1 January 2019 - 31 December 2019

Costing Dimension (Cost Grouping)	Reporting Period Budget	GF Validated Expenditure Reporting Period Expenditure	Cumulative period Budget	GF Validated Cumulative Expenditure
Travel related costs (TRC)	70,303.00	87,004.93	70,303.00	87,004.93
Human Resources (HR)	308,774.85	275,107.16	308,774.85	275,107.16
External Professional services (EPS)	97,038.00	44,534.84	97,038.00	44,534.84
Living support to client/ target population (LSCTP)	108,880.00	98,431.65	108,880.00	98,431.65
Procurement and Supply-Chain Management costs (PSM)	1,870.00	1,175.00	1,870.00	1,175.00
Health Products - Non-Pharmaceuticals (HPNP)	19,125.00	17,248.15	19,125.00	17,248.15
Indirect and Overhead Costs	56,864.46	50,049.01	56,864.46	50,049.01
Non-health equipment (NHP)	780.00	721.42	780.00	721.42
Communication Material and Publications (CMP)	750.00	0.00	750.00	0.00
Health Products - Pharmaceutical Products (HPPP)	0.00	0.00	0.00	0.00
Infrastructure (INF)	0.00	0.00	0.00	0.00
Payment for Results	0.00	0.00	0.00	0.00
Health Products - Equipment (HPE)	0.00	0.00	0.00	0.00
Grand Total	664,385.30	574,272.16	664,385.30	574,272.16

Annex 3 – Management Actions

Issue	Global Fund Recommendation	Deadline
<p>The PR did not provide an update on the <u>small grants</u> (under the intervention Community-based monitoring of legal rights) We kindly request the PR to provide an update on the small grants.</p>	Met.	n/a
<p>By 30 October 2018, the CSO hub is requested to update the request of Global Fund CRG (Community, Rights and Gender) technical assistance, including the support to verify and propose mitigation measures to potential legislative barriers to the provision of services by the CSO hub under <u>social contracting mechanisms</u>. <i>Previously updated management action:</i> The PR is kindly requested to provide an update on the next steps following the workshops with the consultants on the conclusions of the assessment on the legal barriers; the expectation is to move forward in the development and implementation of the road map.</p>	As per the information received, the validation workshop did not result in agreement on the entity who would assume the coordination role. The final version of the report resulting from the external TA is expected to be delivered in May 2020. To continue advancing on this issue, we request the PR to engage with the NAC and coordinate discussions with key stakeholders in country and submit a roadmap with next steps towards the implementation of the social contracting mechanism in Belize, including an agreement on the coordination entity.	31 July 2020
<p>NGOs providing ART to patients are not required to submit regular reports to the MoH. There is not a holistic, integrated reporting system for ART in the country. We kindly request the PR works with MOH to ensure <u>all NGOs providing ART treatment provide the ART reports to MOH</u> using the approved MOH forms according to MOH guidelines.</p>	Met	n/a
<p>By 31 December 2018, <u>the capacity development plan 2019-2021</u> should include the following activities: o MOH setting up its Global Fund specific bank account o MOH performing its own financial transactions, o MOH managing Sub-sub Recipients such as the CSO hub from a certain moment in the grant</p>	It is our understanding that during latest conversations hold between UNDP Belize with the CEO MOH, DDHS, and the Director of the PMU MOH on 27 January 2020, MoH expressed again its willingness to become PR for the next grant as well as some operational concerns. To support the conversation move forward, the PR is kindly requested to arrange a discussion between the stakeholders above and the Global Fund so a decision can be taken on PRship and next steps, including the need for a new capacity assessment and/or update of the capacity development plan.	30 June 2020

<p>By 31 December 2018, a <u>protocol for peer educators</u> for TB and HIV at the CSO hub, <u>peer navigators</u> through the NAC and <u>adherence counsellors</u> from the MOH will be developed; with coordination mechanisms.</p>	<p>The information shared showed several important challenges on the peer navigator program during 2019, including the coordination with health facilities. Positive changes were also indicated during Q4 2019.</p> <p>PR should provide the GF with an update on progress of the Peer Navigator program, indicating the progress achieved, challenges faced and strategies agreed with country stakeholders to face those challenges. The update should be developed taking as a reference the protocol as well as the role of peer navigators within the plan to improve the HIV cascade.</p>	<p>30 September 2020</p>
<p>By the 30 April 2019, the Principal Recipient (PR) together with the National Aids Commission of Belize (NAC), Ministry of Health (MOH) and CSO hub, is kindly requested to a) develop the <u>differentiated strategy to reach transgender women</u> with prevention packages, and the definition of the prevention packages for transgender women; b) develop a <u>harmonized referral protocol</u> for key populations from community level to health facilities for HIV and for TB, including developing standardized forms and registers.</p>	<p>PR should provide the GF with the revised differentiated strategy to reach TG women with prevention package.</p> <p>We acknowledge that the referral protocol was developed in 2019, which is a positive development. We note that the protocol lacks inclusion of peer navigators and their roles. We request the PR to update the referral protocol to include guidance on how Peer Navigators are included within the referral process</p>	<p>31 July 2020</p> <p>30 September 2020</p>
<p>Together with the funding request, the country had submitted the final draft of the “<u>The National HIV guidelines/ Clinical management guidelines for HIV/AIDS</u>” which included the implementation of Test and Treat in Belize. We would like to receive the confirmation that these guidelines have been finalized and adopted</p>	<p>Met. We have received information on the finalization of the guidelines and they are sent to print. Through the cascade analysis and the new management action included below we are expecting to receive updated information on the adoption of the guidelines.</p>	<p>n/a</p>
<p>By 15 December 2018, the Principal Recipient (PR) together with the National Aids Commission (NAC) and the Ministry of Health (MOH), will update the HIV/ TB <u>monitoring and evaluation plan</u>. This plan will include updated indicators and targets aligned with the upcoming Implementation Period 2 of the grant BLZ-C-UNDP, updated costs, expected improvements in the Belize Health Information System (HIV profile, reports of aggregated data) and quality assurance mechanisms. This action has been extended to the 30 June 2019, when the PR is expected, together with the MOH and NAC, to</p>	<p>The PR is working on the finalization of the M&E plan, which should be sent to the GF by mid-2020 latest.</p>	<p>30 June 2020</p>

submit the Monitoring and Evaluation plan(s) which meets the Global Fund requirements.		
By 30 June 2019, the PR together with the MOH, is kindly requested to develop a <u>protocol to integrate services addressing gender-based violence</u> within the HIV/TB program.	PR should provide the GF with an update on progress on finding alternative sources of funding	30 September 2020
By 31 December 2019, the PR, together with the MOH, is kindly requested to a) report on the advances in the integration of data relating to the CSO hub and BFLA activities into the Belize Health Information System; and b) provide an update on the inclusion of comprehensive key population disaggregated data in the Belize Health Information System, which will enable the country to obtain data on the pillars of the HIV care of cascade by key populations.	The lack of BFLA participation in BHIS reporting is a concern as it hampers national reporting and analysis of HIV prevention activities. We request UNDP to follow closely with BFLA and inform the Global Fund on the progress of these discussions.	31 July 2020
Together with the yearly Progress Updates, the PR is kindly requested to provide a summary of the assessment of progress against a) activities in the transition workplan, b) activities in the Plan to improve the HIV cascade in Belize (cf. Issue II, annex III of the applicant response form) and c) in relation to the enactment of the anti-discrimination law; as defined during the quarterly meetings of the NAC managed “HIV-TB sustainable response monitor team”.	<p>We acknowledge and thank for the submission of the requested documents, which help the CT to get a better understanding of the situation in the country. In order to support the country in monitoring the progress and take appropriate and timely action as well as to support preparation of the next funding request, we are asking the PR to submit an updated assessment of the progress on the 3 elements: transition plan, HIV cascade improvement plan and anti-discrimination law.</p> <p>Regarding the transition plan, in addition to the update on the activities, it is expected that the assessment provides information on the progress towards the expected results, challenges and revised strategies to be put in place to overcome those challenges.</p> <p>Regarding the HIV cascade plan, the report indicates that the referral coordination system and protocol has not been effectively used by COS. The updated assessment should provide more details of the reasons to explain this situation as well as updated actions to deal with the referred problems.</p>	30 September 2020
By 31 March 2020, the PR, together with the NAC and Ministry of Health (MOH), will provide an assessment of the CSO hub in terms of the outcomes of the capacity building received by the CSO hub and effectiveness of the HIV/TB service delivery interventions to be implemented by the CSO; together with appropriate recommendations to address potential findings.	Deadline to provide the assessment has been extended.	30 June 2020

<p>In order to meet the Core Co-Financing Requirements, by 30 April of the second and third year of the Implementation Period, Belize should deliver evidence of the scaling up of the government of Belize's funding for:</p> <p>a. HIV and TB testing, treatment and care, broken down by beneficiaries including key populations, through the National AIDS Spending Assessment (NASA) of the previous calendar year; and</p> <p>b. Support for Civil Society Organizations through provision of capacity building using technical assistance from the Ministry of Health, and commodities such as condoms, lubricants and rapid diagnostic tests.</p>	<p>NASA report was sent by the PR and is under UNAIDS review. Information on point b has not been received yet. The PR should send the requested information to the Global Fund..</p>	<p>30 July 2020</p>
<p>By 30 June 2020, the PR together with the MOH, is kindly requested to inform the Global Fund of</p> <p>a) the advances in the absorption process of the 2 additional adherence counsellors, and b) the financial incentives to TB patients; and provide subsequent regular updates.</p>	<p>In addition to the indicated action, the PR together with the MoH, is kindly requested to inform about the advances in the absorption process of the HIV/TB Coordinator. Until absorption is completed, information should be provided regularly.</p>	<p>30 June 2020 and subsequent regular updates if needed (30 Sept, 15 Dec 2020)</p>
<p>MID term review HIV NSP</p>	<p>Situational report is being finalized by PAHO. No further action by the PR at this moment.</p>	
<p>New: Decline or lack of improvement of several PF outcome and coverage indicators</p>	<p>The PR together with the MoH should deliver to the GF an action plan to address the main issues that explain the lower ART coverage, TB treatment success rate and TB case notifications in comparison with previous years.</p>	<p>31 July 2020</p>
<p>New: Adjustments in Performance Framework to</p> <p>a) reflect changes on WHO estimates of incidence cases and b) to fill the gap regarding targets on the HIV O-12 outcome indicator on percentage of PLHIV and on ART who are virologically suppressed</p>	<p>PR and MoH should engage with PAHO to review WHO estimates and, if justified, submit a formal request to the Global Fund for revision of the case notification targets for Indicators TCP-1 and TB O-5.</p> <p>PR and MoH should engage with technical partners and send proposed targets for 2020 and 2021 to the Global Fund on HIV O-12 indicator, along with the necessary justification.</p>	<p>31 July 2020</p>
<p>New: Update progress on spot-check recommendations implementation</p>	<p>The PR should send to the Global Fund a report on the progress made on the implementation of the spot-check recommendations</p>	<p>31 July 2020</p>
<p>New: The ARV resistance study – approved in the most recent reprogramming has been conditioned to the submission of a protocol to be developed jointly with PAHO.</p>	<p>The PR should collaborate with MoH and PAHO for the submission of the protocol for the ARV resistance study.</p>	<p>30 June 2020</p>