

**United Nations Development Programme**  
**Country: Belize**  
**Project Document 2016-2018**

**Project Title: Investing for Impact against TB and HIV in Belize**

**UNDAF Outcome:**

Area 2: Promoting economic and social well-being, citizen security and justice: By 2017, institutional and human capacities in facilitating the goal of universal access to responsive, safe and quality health services across the life cycle are strengthened.

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

**Expected CP Outcomes:**

1. To halt the spread of HIV and HIV/TB coinfections among MSMs and other males at risk in Belize, Cayo and Stann Creek districts.
2. To effectively detect and cure all forms of TB, MDR-TB and TB-HIV coinfections.
3. To increase the percentage of MSMs and other males at risk in Belize, Cayo and Stann Creek districts who have received an HIV test and know their status
4. To improve the quality of treatment and care services to persons with HIV, TB and TB/HIV in Belize.

**Expected Outputs:**

1. To double the rate of MSMs, other males at risk and other vulnerable populations who are tested for HIV and know their status by the end of 2018.
2. To increase to 85% the rate of TB patients tested, diagnosed and treated.

**Executing Entity:** UNDP Belize

**Implementing Partner:** Government of Belize

**Responsible Parties:** Ministry of Health: National AIDS Programme (NAP) and National Tuberculosis Programme (NTP), Belize Family Life Association (BFLA); Hand in Hand Ministries (HnH), National AIDS Commission (NAC) ,other SRs and contractors to be confirmed.

**Brief Description**

*This project document is prepared to reflect the details of the new grant agreement with the Global Fund (GF) for Belize's TB & HIV grant under the New Funding Model. The CCM retained UNDP from the previous grant as Principal Recipient (PR) of the new grant, with the condition of capacity development to local entities for PRship hand-over before expiration of this grant. The Grant Agreement will commence on 1 January 2016 and end 31 December 2018 and will be comprised of an HSS component under the NFM. The grant is intended to address identified bottlenecks in the fight against HIV/AIDS and TB.*

The current epidemiological situation for HIV and TB is challenging. Since 2012, Belize has had the highest overall HIV prevalence rate in Central America at an estimated 1.4% and approximately 3,300 people living with HIV (Global AIDS Report; 2013). The estimated TB prevalence is 51 per 100,000, while the incidence is 40 per 100,000. Available data consistently reveal that the Belize, Cayo and Stann Creek districts have high burdens of TB and HIV thus representing the key affected geographic areas.

Programme Period:	1 January 2016 – 31 Dec 2018
Key Result Area (Strategic Plan):	Goal 3: Countries have strengthened institutions to progressively deliver universal access to basic services
Atlas Award ID:	00084493
Project Modality:	DIM
Start date:	1 January 2016
End Date:	31 Dec 2018
LPAC Meeting Date	24 Nov 2015

Total resources required:	US\$ 3,461,271
Total allocated resources:	US\$ 3,461,271
Donor: GF:	US\$ 3,461,271



Agreed by Implementing Partner: Yvonne Hyde HE Yvonne Hyde, CEO, Min./Econ. Development  
Agreed by UNDP: Christian Salazar Christian Salazar, UNDP Resident Representative

## I. SITUATION ANALYSIS

For the past ten years the HIV epidemic in Belize has had a downward trend, from 189 new reported cases in 2004, increasing to 345 cases in 2009, and gradually decreasing to 221 in 2013. In terms of sex, the number of reported case shows that males have been more affected than females. This was more prominent in 2012 when males represented 60% of the total of reported new cases and 61% in 2013. The average HIV mortality rate over the period 2010-2013 for males is 65% and 35% for females, with an average of 94 deaths per annum. In 2013 there were 89 HIV-related deaths. 72% occurred in the age group 25-49 years. Sixty percent of the deaths were women (NAP 2013).

Epidemiological drivers of TB incidence and mortality in Belize include poverty, HIV/AIDS, chronic non-communicable diseases and poor treatment outcomes with low success rates. Inconsistent and ineffective screening with low case detection has negatively impacted TB control. The burden of TB mortality appears to be substantial; there were 17 deaths in 2013; death as a treatment outcome is as high as 50% in the cohort of HIV/ TB patients, and 18% among all TB patients. Recent detection of three MDR cases has highlighted gaps in current TB control efforts.

WHO estimates TB prevalence in Belize to be at 51/100,000 as of 2012, with males being disproportionately affected. Men represent 65.2% of all cases at a ratio of 1.9 to 1 when compared to females for TB and TB/HIV co-infections. Peak ages of active transmission for both sexes occur between the ages of 20 to 65 years, with men representing the majority of cases across all age cohorts (TB Epi Info). TB incidence is estimated at 40 persons per 100,000 population or around 120 cases per year (range 85 to 164 cases). Estimates in the WHO Global TB Report 2012 reveal that two percent of new cases and 14% of retreatment cases have MDR TB. While this implies that at least two cases of MDR TB are expected to be found annually in Belize, three cases of MDR TB were found in 2013 and placed on treatment. Overall the number of HIV/TB co-infections among males is significantly higher than among females with a ratio of 1.9 to 1 respectively. Consequently, almost 90% of HIV/TB co-infection deaths occurred in males, reflective of higher death rates for men in almost all categories of health.

This grant is one mitigation of not only resultant diseases: HIV/AIDS and TB, but of the social determinants of the diseases. Lack of adequate healthcare and an inability to assess the need for healthcare are two elements that debilitate the Belize society. While males remain predominantly and disproportionately affected, women are the ones who face the consequences of male health-seeking behaviours. With the increased attention to a strengthened health system and human rights as an indispensable right to quality life for all, the HIV and TB grant seeks to scale up the interventions already succeeding in the country.

## II. STRATEGY

The intervention strategy includes HIV and TB disease prevention and management and an HSS component. An interlacing element of the grant is the attention to HR for all populations. As per UNDAF outcome 2 and 3, this project will continue to increase and improve access to healthcare and services to MSMs and other males at risk, trans and other vulnerable populations. In addition, the MoH and a few CSOs will benefit from capacity development in order to strengthen the national healthcare and health referral systems in line with the further creation of an enabling environment for those infected and affected by both diseases. This will be achieved primarily through the Removing Legal barriers module of the grant, which speaks directly to the rights that each person has as a citizen of the country and world.

Under PR obligations, UNDP Belize will seek to reduce the overall risk for the oversight of GF grants, improve the flow of funds into the country and strengthen capacity of national implementing partners for improved health services delivery through enhanced project management capabilities and strengthened national capacities in the National HIV Response and Tb Programme. The UNDP Country office will be responsible for overall grant implementation; financial accountability, M&E and maintaining established standards for all procurement and distribution of health and non-health products.

During the implementation of the project, UNDP will coordinate with the NAC to ensure that the purposes of the project are achieved. Under its oversight leadership role, the NAC will continuously monitor the

implementation of activities financed by the GF grant including approving major changes in implementation plans as necessary.

**Performance Framework : Expected project results 2016-2018**

No.	Impact Indicators	Targets Dec 2016	Targets Dec 2017	Targets Dec 2018	Comments
1	HIV I-4: AIDS related mortality per 100,000 population	21	19	17	Baseline: HIV/TB Statistical Report 2014 Measurement method: Patients Registers & Vital Statistics Death Certificates via the BHIS Death Module
2	HIV I-9a: Percentage of men who have sex with men who are living with HIV	TBD	n/a	n/a	Baseline: 2012 IBBS. Measurement method: Modified PLACE study planned to commence in the first quarter of 2016. This method was selected due to the particular context of Belize (small population and high stigma and discrimination towards MSM). Finally please note that study results are not necessarily comparable to the IBBS results and have many limitations in use. For greater detail please refer to the M&E plan. Definition of MSM: Men aged 19-49 years that self-reported that engage in anal or oral sex with another man in the last twelve months.
3	HIV I-3b: Percentage of men who have sex with men with active syphilis	TBD	n/a	n/a	Baseline: 2012 IBBS. Measurement method: Modified PLACE study planned to commence in the first quarter of 2016. This method was selected due to the particular context of Belize (small population and high stigma and discrimination towards MSM). Finally please note that study results are not necessarily comparable to IBBS results and have many limitations in use. For greater detail please refer to the M&E plan. Definition of MSM: Men aged 19-49 years that self-reported that engage in anal or oral sex with another man in the last twelve months.
4	TB/HIV I-1: TB/HIV mortality rate, per 100,000 population	0.9	0.77	0.5	Baseline: WHO 2013 Country TB Profile Report Measurement method: WHO annual Country TB Profile Report
5	TB I-2: TB incidence rate (per 100,000	26	28	24	Baseline: : WHO 2013 Country TB Profile Report Measurement method: WHO annual

	population)				Country TB Profile Report
6	TB I-3: TB mortality rate (per 100,000 population)	2.12	1.8	1.51	Baseline: HIV/TB Statistical Report 2014 Measurement method: Patient Registers & Vital Statistics Death Certificates via the BHIS Death Module
No.	Outcome Indicators	Targets Dec 2016	Targets Dec 2017	Targets Dec 2018	Comments
1	HIV O-1: Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	55%	65%	75%	Baseline: HIV/TB Statistical Report 2014, this data reported in 2015, is for the 2013 cohort at the end of a twelve month period, or as of the end of 2014. Measurement method: Patient Registers & BHIS
2	HIV O-4a: Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	TBD	n/a	n/a	Baseline: 2012 IBBS. Measurement method: Modified PLACE study planned to commence in the last quarter of 2015. This method was selected due to the particular context of Belize (small population and high stigma and discrimination towards MSM). Finally please note that study results are not necessarily comparable to the IBBS results and have many limitations in use. For greater detail please refer to the M&E plan. Definition of MSM: Men aged 19-49 years that self-reported that engage in anal or oral sex with another man in the last twelve months.
3	TB O-1a: Case notification rate of all forms of TB per 100,000 population - bacteriologically confirmed plus clinically diagnosed, new and relapse cases	26	28	24	Baseline: HIV/TB Statistical Report 2014 Measurement method: Patient Registers & with the creation of a TB/HIV Patient Management Tool by 2017.
4	TB O-2a: Treatment success rate - all forms of TB	60%	70%	85%	Baseline: HIV/TB Statistical Report 2014 Measurement method: Patient Registers & with the creation of a TB/HIV Patient Management Tool by 2017. Results reported will represent achievement from the previous year, i.e.



No.	Core Output Indicators	Targets Dec 2016	Targets Dec 2017	Targets Dec 2018	Comments
					2016 is the 2015 cohort.
1.0	KP-3a: Percentage of MSM that have received an HIV test during the reporting period and know their results	18.1%	21.6%	26.7%	<p>Baseline source: 2014 PR programmatic Report.</p> <p>Size estimates (denominators): 5% of the male population aged 19-49 in SC, BZ and CY districts.</p> <p>Measurement method: Persons will be identified with a unique identifier code (UIC) and have received a defined HIV prevention package that includes an HIV test. For measurement purposes, only the provision of an HIV tested (as traced by the UIC) will be used to measure this intervention. Individuals that received an HIV at least once during the calendar year will be counted in the numerator. Denominator as seen in the PF will then be used to determine the coverage.</p> <p>Definition of prevention package: For a person to be considered reached, they will need to receive 3 BCC interventions, 1 HIV test and condoms and/or lube.</p> <p>Definition of MSM: Men aged 19-49 years that self-reported that they engaged in anal or oral sex with another man in the last twelve months.</p>
2.0	KP-3e: Percentage of other vulnerable populations that have received an HIV test during the reporting period and know their results	17.1%	22.9%	26.7%	<p>Baseline source: HIV/TB Statistical Report 2014</p> <p>Size estimates (denominators): SIB projections of males aged 19-49 years old in SC, CY and BZ districts.</p> <p>Measurement method: Reported data (numerators) will be males 19-49 receiving an HIV test in the SC, CY and BZ districts as reported from the BHIS. Denominator as seen in the PF will then be used to determine the coverage.</p>
3.0	TCS-1: Percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV	42%	45%	48%	<p>Baseline: HIV/TB Statistical Report 2014</p> <p>Denominator: 2014 spectrum estimates of PLHIV in Belize</p> <p>Measurement method: Reported data (numerators) will be number of people living with HIV registered with the MoH in the given year receiving ART according to national guidelines (CD4 &lt;350cells/mm<sup>3</sup>). It should be noted that special consideration for the initiation of ART for those patients with a CD4 count of under 500 should be made on an individual bases. (Page 24, National HIV Treatment Guidelines)</p> <p>Denominators, are the total number of</p>

					people living with HIV based on incidence modelling using SPECTRUM. Denominators as seen in the PF will be used to calculate the percent achieved.
4.1	DOTS-1a: Number of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses	49	54	49	Baseline: HIV/TB Statistical Report 2014 Measurement method: Data (numerators) will be reported from the TB patient Registers in 2016 and in 2017 and 2018 from the TB/HIV patient management tool. The management tool will be developed by the end of 2016. 2013 TB definitions are in use so reported data will reflect confirmed positive by smear microscopy, culture, GeneXpert (planned to start in year 2) and those clinically diagnosed.
4.2	DOTS-1b: Number of notified cases of bacteriologically confirmed TB, new and relapses	32	41	41	Baseline: HIV/TB Statistical Report 2014 Measurement method: Data (numerators) will be reported from TB patient registrar in 2016 and in 2017 and 2018 from the TB/HIV Patient Management tool. 2013 TB definitions are in use so reported data will include those confirmed positive by smear microscopy, culture and GeneXpert (planned to start in year 2).
4.3	DOTS-2a: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all new TB cases registered for treatment during a specified period	60%	70%	86%	Baseline: HIV/TB Statistical Report 2014 Measurement method: Data will be reported from TB patient registrar in 2016 and in 2017 and 2018 from the TB/HIV Patient Management tool. 2013 definitions are in use so numerators will reflect the sum of those categorized as [cured] and [treatment completed] confirmed positive by smear microscopy, culture and GeneXpert; and those clinically diagnosed. Denominators represent the total number of all forms of TB cases registered for treatment in the same period. The PR will report numerator, denominator and % achieved. Results reported will represent achievement from the previous year, i.e. 2016 is the 2015 cohort.
4.4	DOTS-2b: Percentage of bacteriologically confirmed TB cases successfully treated (cured plus completed treatment) among the bacteriologically	55%	70%	85%	Baseline: HIV/TB Statistical Report 2014 Measurement method: Data will be reported from TB patient registrar & eventually via a TB/HIV Patient Management Tool to be completed by end of 2016.. 2013 definitions are in use so numerators will reflect the sum of those categorized as [cured] and [treatment completed] confirmed positive by smear microscopy, culture and

	confirmed TB cases registered during a specified period				GeneXpert Denominators reflect the total number of bacteriological confirmed cases registered for treatment in the same period . The PR will report numerator, denominator and % achieved. Results reported will represent achievement from the previous year, i.e. 2016 is the 2015 cohort.
5.1	MDR TB-1: Percentage of previously treated TB patients receiving DST (bacteriologically positive cases only)	25%	50%	75%	Baseline: HIV/TB Statistical Report 2014 Measurement method: Reported data will represent the 12 month cohort of the same year for those that are eligible. Numerators, denominators and % achieved will need to be reported by the PR. Numerator will represent positive results for both isoniazid and rifampicin resistance. Results reported will represent achievement from the previous year, i.e. 2016 is the 2015 cohort.
5.2	MDR TB-2: Number of bacteriologically confirmed, drug resistant TB cases (RR-TB and/or MDR-TB) notified	2	3	5	Baseline: HIV/TB Statistical Report 2014 Measurement method: Reported data (numerators) in year 1 will represent annual cases that are RR TB as determined by GeneXpert. In year 2 and 3, reported data will represent both annual RR and MDR TB cases as determined by culture, DST, and GeneXpert.
6.0	TB/HIV-3: Percentage of HIV-positive patients who were screened for TB in HIV care or treatment settings	n/a	Baseline	TBD	Baseline: No currently available baseline Measurement method: Baseline will be established in 2017 and reported data will come from the BHIS patient management tool. Once the baseline is established, the information under the measurement method will be updated to reflect the definition of TB suspects and to clarify the data source. Numerators, denominators and % achieved will need to be reported by the PR

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### III. MANAGEMENT ARRANGEMENTS

The project will be executed by the UNDP Belize in line with UNDP's DIM (Direct Implementation Modality) procedures and guidelines.

UNDP Belize, in its capacity as PR, will have the overall responsibility for managing the grant, including procurement and supplies management, ensuring in-time financing and implementation of all the activities in accordance with the approved Work Plan and internationally accepted procedures. UNDP will work in close collaboration with the NAC and the specific Global Fund Programme Management Unit (PMU).

This arrangement is time-bound and as PR, the UNDP Country Office will provide the necessary capacity development support to the relevant party/ies.

While UNDP Belize is directly responsible for the project's success, it will be carried out in close collaboration with a variety of partners:

- Technical partners:
  - MoH: National AIDS Programme and National TB Programme
  - Other bi-lateral and multi-lateral partners include: UNAIDS, USAID-PEPFAR, UNFPA, UNICEF and PAHO/WHO.
- Sub Recipients already named in the final grant document: Ministry of Health: National AIDS Programme (NAP) and National Tuberculosis Programme (NTP), Belize Family Life Association (BFLA); Hand in Hand Ministries (HnH), National AIDS Commission (NAC). Other SRs will be decided.

#### Project Management Structure

UNDP Belize has established a GF Programme Management Unit (PMU) to manage the operations of the Global Fund grants, provide general guidance on GF policies and procedures and ensure the responsibility for procurement of the health products under this grant are met. The PMU consists of a Project Manager-Allison Green, M& E officer-Asad Magana and Project Assistant-Leslie Perera.

The PMU comprises locally recruited personnel that assist the Project Manager with the delivery of project activities. The Project Manager coordinates with all the partners and ensures that project activities are efficiently and effectively carried out. She also oversees the implementation of all Global Fund grants in addition to providing support to the implementation of the Capacity Development Plan. Furthermore, the Project Manager ensures facilitation of knowledge building and sharing within the PMU as well as partnership strengthening and coordination. She reports to the DRR.

The following national posts compose the UNDP PMU to support the GF project in Belize across the two diseases (HIV and TB) and an HSS component with robust focus on access to Human Rights: Project Manager; M& E Officer and Project Assistant.

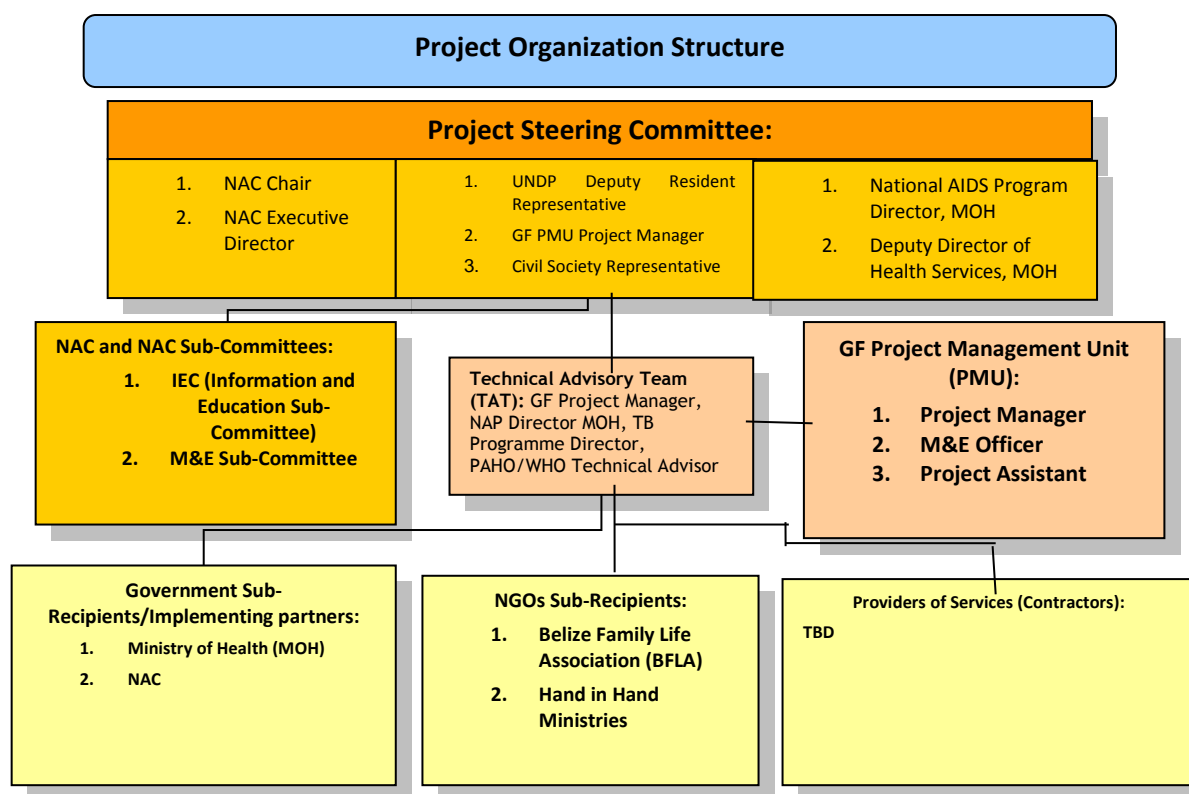
- **Project Manager** – Reporting to the DRR, the Project Manager oversees and manages the implementation of the TB and HIV Global Fund Grant, including programme planning, monitoring and evaluation, financial management and reporting, risk assessment and mitigation. In addition, she will support the implementation of a capacity building plan; ensure facilitation of knowledge building and knowledge sharing in the UNDP focusing on organization of trainings for SRs, sharing of best practices and lessons learned with local and international stakeholders, etc.; ensure partnership and coordination with in-country organizations, development partners and national stakeholders, maintain regular communication with UNDP-GF Partnership, Global Fund Secretariat and Local Fund Agent.
- **Monitoring and Evaluation Officer** – He is responsible for the implementation and effective management of monitoring and evaluation policies and strategies. The M&E officer is expected to develop monitoring and evaluation tools, policies and procedures that not only enable UNDP to closely monitor project performance, but also to build monitoring and evaluation capacities within SRs. This will enhance data quality and reporting as well as decision making. The M& E officer will report directly to the GF Project Manager.



- **Project Assistant** – She will provide project support services ensuring timeliness in implementations of SR activities with high quality, accuracy and consistency of work. In particular, the PA will assist in the formulation of project strategies, support PM with reporting to the GF as well as assist the M&E officer with documentation SR activities for us in standard reporting templates. The PA will report directly to the GF PM and coordinate with the M& E officer.

The PMU will be supervised by the DRR, Belize. The unit is supported by (1) Procurement associate (2) Financial associate and (3) Driver.

### Project Organization Structure



**Figure 1: Project Organization Structure**

### Project Management Structure

#### Project Steering Committee (PSC)

The policy management will lie with the Project Steering Committee. This committee will be chaired by the DRR, Belize with the NAC Chairperson as co-chair. The main role of the PSC will be to reinforce the NAC’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 comprise three roles:

- Executive, representing the project ownership to chair the group, which will be held by UNDP (Deputy Resident Representative) and co-chaired by the NAC Chairperson;
- Senior Supplier, to provide guidance regarding the technical feasibility of the project, by UNDP Deputy 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 NAC Chairperson, the NAC Executive Director, the National AIDS Programme Director from the MoH, the Deputy Director of Health Services from the MOH, the UNDP Deputy Resident Representative and the GF Project Manager (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 as the need arises.

The Technical Advisory Team will be composed of a GF Project Manager, the National AIDS Programme Director from the MOH, the TB Programme Director, the PAHO/WHO HIV/AIDS Technical Advisor, and ad hoc technical experts who will be consulted on a needs basis.

### **Project Coordination**

The project coordination role will be under the responsibility of the PMU. The PMU and the TAT will simultaneously report on a quarterly basis to the PSC, and the PSC will report to the NAC on a quarterly basis as well.

The PMU will supervise the SRs performance and will report to the PSC and NAC accordingly. SRs will complete annual work plans using the stage plans format of UNDP. These will include quarterly projections of activities and expenditures as well as M&E reporting targets.

A communication policy and ways of sharing project implementation lessons within a dynamic environment will be formalized by the PMU. All the communication materials and mass media campaigns designed will be submitted by the SRs for the approval of the Information, Education and Communication (IEC) Sub-Committee of the NAC before releasing the final products (i.e. brochures, booklets, radio and TV spots, etc.). The IEC Sub-Committee will collate 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 TOR.

### **Financial arrangements and funding structure**

In order to maintain an optimum level of financial performance, UNDP will implement the project activities through: Cash advances; cost reimbursements and Direct Payments to the different suppliers on behalf of SRs and at the request of SRs. Cash advances will only be considered to those SRs that have been favourably assessed for their capacities and capabilities. In order to mitigate financial risk and speed up processes of liquidation/validation of expenses incurred by SRs, they will submit financial reports monthly in addition to quarterly and annual reports.

To ensure full compliance, UNDP will provide reporting procedures and guidelines to SRs and also facilitate on-the-job training and support on financial management as part of the Capacity Development process in this project.

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### **Procurement of goods and services**

Under the project's Direct Implementation Modality arrangement (DIM), the procurement of pharmaceuticals, diagnostic equipment and relevant supplies will be conducted by UNDP. Procurement in GF-financed projects is governed by the same regulations, rules and procedures applicable to other procurement activities by UNDP, following the procedures in the UNDP Procurement Manual. The procurement practices place utmost importance on Quality Assurance (QA) and Quality Control (QC).

UNDP procurement standards emphasize the procurement of goods and services through international competitive bidding processes, using formats with clear rules for the purchaser and supplier, and clear technical specifications with no brand suggestion (unless written justification is provided).

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

For those items that cannot be procured through the above-mentioned agencies, UNDP will conduct a competitive tender and bidding process.

UNDP, as Principal Recipient, is responsible for supervising compliance with both national and international laws regarding patents and intellectual property rights and for compliance with requirements set forth by the national authorities, and the GF quality policy criteria for products purchased under Global Fund grants. 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.

The project will also depend on the UNDP Human Resource and Operations unit for hiring of all personnel and other related operational tasks.

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#### **Audits**

The audit of the project will be conducted as per UNDP audit procedures, which are described in the UNDP Programming Manual rules, in consultation with the Office of Audit and Investigation (OAI) UNDP headquarters. The PR, UNDP, will ensure that the SR expenditure statements are audited as per the procedures, and the SR shall submit the audited statement to the PR.

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## **IV. 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 harmonise and coordinate the response in support of the implementation of the GF grant. Moreover, UNDP Country Office will work with these stakeholders to strengthen national capacity in the implementation of project activities. Bi-lateral partners include USAID-PEPFAR and UN agencies (UNICEF, PAHO/WHO).

SRs, such as: Ministry of Health: National AIDS Programme (NAP) and National Tuberculosis Programme (NTP), Belize Family Life Association (BFLA); Hand in Hand Ministries (HnH), National AIDS Commission (NAC) have been named in the final grant document from GF and will perform activities as per workplan provide in this document. Other SRs or contractors will be contracted as the need arises. The NAC will continue to perform its oversight role and will approve all major changes in implementation plans as necessary. **In addition, the UNDP Country Office will be a non-voting member of the NAC.**

By 31 March 2017 as a Special condition of the grant, a detailed sustainability plan will be developed by MOH and NAC with UNDP support in preparation for a smooth PR transition.

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## **V. MONITORING FRAMEWORK AND EVALUATION**

Project monitoring and evaluation will be conducted in accordance with established UNDP and GF policies and procedures. The indicators presented in the performance framework of the grant agreement will form the basis on which the project's Monitoring and Evaluation system will be built. Routine monitoring will be based on measurement of output indicators, whilst evaluation will be based on the measurement of outcome and impact indicators.

The UNDP monitoring system will be grounded on a performance based assessment that comprises of nine criteria. These criteria are:

1. Quality of programmatic reporting
2. Monitoring visit findings consistent with data
3. Programmatic performance
4. Fund utilization in accordance with the request for funding
5. Unauthorized use of funds
6. Audit findings
7. Inventory and asset management by the SR
8. Capacity fulfillment of capacity assessment recommendations
9. Fulfillment of the management actions/ capacity assessment recommendations

Each criterion has parameters that it will measure, and these in turn have determined standards for the level of accomplishment/performance by the SR viz a viz, good, satisfactory, not satisfactory, not evaluated. A final rating is then computed based on the level of performance of all nine criteria.

The SR Agreements signed with the PR will include a Work Plan and an M&E Framework with agreed output targets that they will be implementing and the indicators they would be reporting on. Similarly, SRs work plans will include major milestones or Workplan Tracking Measures that will be assessed during the monitoring period.

### **Frequency of Reporting**

#### **Sub Recipients (SRs):**

On a quarterly basis, the SRs will be required to report on their progress in the implementation of the project, challenges, constraints and lessons learnt. Reports will become due 15 days after the end of each quarter.

The second and fourth quarter reports will be considered semester reports, and consolidate the achievement of the entire semesters, i.e. Q1+Q2 and Q3+Q4. The result for these semesters will be accompanied by an On Site Data Verification (OSDV) visit by the PR's M&E Officer.

Progress towards the completion of key results will be updated in ATLAS.

### **NAC Meeting and Local Funding Agent (LFA) Reviews**

The NAC will meet, on a quarterly basis, with all implementing partners to discuss progress in the implementation of the project, challenges, constraints and lessons learnt. The date for these meetings will be after the PR has received and consolidated all progress updates, which would be approximately 30 days after the end of each quarter.

### **The Local Fund Agent**

The Local Fund Agent (LFA) will undertake reviews of program implementation on a yearly basis, on the basis of the Disbursement Requests and Progress Updates submitted by the UNDP Country Office. The objective of these reviews is mainly to verify the information from which the PUDR Report is compiled.

### **Audits and Evaluations**

#### **Annual Audit:**

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



SR audits are conducted following that once in a lifetime (OIL) criteria and, in other instances, if the PR perceives a high level of risk and exposure with a specific SR, then a specific audit is done for that organization.

**Final Project Evaluations/Reviews:**

A Final project evaluation/review will be done at the end of the project implementation (year 3) with all the actors involved in the implementation of the grant. The purpose of the evaluation/review is to assess and evaluate if the project has achieved its goals, objectives and targets and recommend corrective measures if necessary.

## Quality Management for Project Activity Results

<b>OUTPUT 1: Prevention Program for MSM &amp; Trans</b>		
<b>Activity Result 1.1 (Atlas Activity ID)</b>	1.1 Behavioural change as part of programs for MSM & TGs	Start Date: Jan 2016 End Date: Dec 2018
<b>Purpose</b>	HIV prevention program targeting MSM and TGs in Belize, Cayo and Stann Creek Districts that will impact their sexual behaviour in engaging in safer sexual practices	
<b>Description</b>	<p><i>Planned actions to produce the activity result.</i></p> <p>1.1.1: BL1-Consultancy to develop standardized target group-sensitive prevention package. This includes risk reduction messages and social marketing &amp; communication strategy. The Prevention package will target key affected populations in BZ, SC and CY districts</p> <p>1.1.2: Sensitization of response actors at district level in the elements of the district social marketing and communication strategy</p> <p>1.1.3: BL4-Printing of the outreach materials -manuals</p> <p>1.1.4: BL5-Technical training for the outreach persons (SR officers; CHWs at community level in BZ, SC and CY districts) in the content and use of the standardized package developed in Budget Line 1 above</p> <p>1.1.5: BL6-Delivery of standardized package of HIV Testing &amp; Risk Reduction outreach activities to MSM. The activity includes the cost of transport and communication of outreach workers.</p>	
<b>Quality Criteria</b> <i>how/with what indicators the quality of the activity result will be measured?</i>	<b>Quality Method</b> <i>Means of verification. what method will be used to determine if quality criteria has been met?</i>	<b>Date of Assessment</b> <i>When will the assessment of quality be performed?</i>
1.1.1 Developed standardized target group-sensitive prevention package 1.1.2 Number of sensitization sessions conducted 1.1.3 Number of outreach materials-manuals printed 1.1.4 Number of SR Officers and CHW trained 1.1.5 Number of MSM reached with package of services	1.1.1 Consultant's final deliverable approved by the NAC 1.1.2 Sensitization Report and signing sheet 1.1.3 Procurement Purchase Order and Invoice of Goods Receipt 1.1.4 Training Report and Signing Sheet 1.1.5 SR Report and Field Visit Sheet	Quarterly
<b>Activity Result 1.2 (Atlas Activity ID)</b>	1.2 HIV testing and Counselling as part of programs for MSM and TGs	Start Date: Jan 2016 End Date: Dec 2018
<b>Purpose</b>	Provision of testing and counselling services targeted to MSM and TGs in Belize, Cayo and Stann Creek Districts with the aim of empowering them to get tested and build their self-esteem to allow them to take better decision in their sex life.	
<b>Description</b>	<p><i>Planned actions to produce the activity result.</i></p> <p>1.2.1: BL7-Delivery of standardized package of HIV Testing &amp; Risk Reduction outreach activities to MSM. The activity covers the cost of testing and STI services provided by the sub-recipient when an MSM is referred to the sub-recipient.</p> <p>1.2.2: BL8-Delivery of standardized package of HIV Testing &amp; Risk Reduction outreach activities to MSM. This budget line activity refers to the contribution paid by UNDP to Sub-Recipient salaries as part of the overall outreach strategies for MSM.</p> <p>1.2.3: BL9-Training for health Providers on the PAHO blueprint to improve the training of providers in MSM themes.</p> <p>1.2.4: BL10-1 National Consultant hired to adapt, design and facilitate the training for health Providers on the PAHO blueprint</p> <p>1.2.5: BL11-Self-empowerment and counselling sessions in the BZ, SC and CY districts</p>	

	1.2.6: BL12-Enabling of existing health facilities to provide KAP friendly spaces in BZ, SC and CY district. 1.2.7: BL89-Study on barriers to early testing	
<b>Quality Criteria</b> <i>how/with what indicators the quality of the activity result will be measured?</i>	<b>Quality Method</b> <i>Means of verification. what method will be used to determine if quality criteria has been met?</i>	<b>Date of Assessment</b> <i>When will the assessment of quality be performed?</i>
1.2.1: Number of MSM tested and reached with BCC activities 1.2.2: Number of staff whose salary supported by the grant 1.2.3: Number of health providers trained 1.2.4: Number of training sessions conducted by consultant 1.2.5: Number of MSM & TGs reached with counselling sessions 1.2.6: Number of KAP friendly spaces enabled in BZ, CY and SC 1.2.7: Study on barriers to early testing completed 1.2.8: Percentage of MSM that have received an HIV test during the reporting period and know their results	1.2.1: SR Report and Field Visit Sheets 1.2.2: SR Report and Invoice for Services 1.2.3: Training Report and Signing Sheets 1.2.4: Training Report and Signing Sheets 1.2.5: Counsellors Report and Counselling Notes 1.2.6: Physical Inspection 1.2.7 Consultant's final deliverable approved by the NAC 1.2.8 SR Report and Field Visit Sheet	Quarterly
<b>Activity Result 1.3 (Atlas Activity ID)</b>	Condoms as part of programs for MSM and TGs	Start Date: Jan 2016 End Date: Dec 2018
<b>Purpose</b>	Provision of lube as a complementary items to MSM and TGs as part of the package of HIV preventions services with the aim of reducing the risk of contracting HIV	
<b>Description</b>	<i>Planned actions to produce the activity result.</i> 1.3.1 BL88 & 91 –Lubricants	
<b>Quality Criteria</b> <i>how/with what indicators the quality of the activity result will be measured?</i>	<b>Quality Method</b> <i>Means of verification. what method will be used to determine if quality criteria has been met?</i>	<b>Date of Assessment</b> <i>When will the assessment of quality be performed?</i>
1.3.1: Number of lube sachets distributed to MSM and TGs	1.3.1: SR Reports and Field/Outreach Visit Sheet	Quarterly
<b>Activity Result 1.4 (Atlas Activity ID)</b>	1.4 Other interventions for MSM and TGs	Start Date: Jan 2016 End Date: Dec 2018
<b>Purpose</b>	Strengthening of the institutions that support prevention work MSM and TG's in Belize	
<b>Description</b>	Planned actions to produce the activity result. 1.4.1: BL13-Coordinator Cost to improve the National Prevention Programme interventions in BZ, SC and CY districts, including management of database related to testing of key affected populations 1.4.2: BL14-Coordinator Lap top, docking station and printer 1.4.3:BL15-Institutional strengthening for 2 selected SRs -details in Assumptions other	
<b>Quality Criteria</b> <i>how/with what indicators the quality of the activity result will be measured?</i>	<b>Quality Method</b> <i>Means of verification. what method will be used to determine if quality criteria has been met?</i>	<b>Date of Assessment</b> <i>When will the assessment of quality be performed?</i>

1.4.1: Coordinator for the National Prevention Programme is hired 1.4.2: Number of laptop and printers purchased 1.4.3 Number of SR strengthened	1.4.1: SR Report and Procurement Report 1.4.2: SR Inventory Report and Invoice of Good Receipts 1.4.3: SR Report	Quarterly
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<b>OUTPUT 2: Prevention Program for other vulnerable population</b>		
<b>Activity Result 2.1 (Atlas Activity ID)</b>	2.1: Behavioural change as part of programs for other vulnerable population	Start Date: Jan 2016 End Date: Dec 2018
<b>Purpose</b>	Advocacy to improve health seeking behaviour and risk reduction- including HIV testing targeting vulnerable males at risk	
<b>Description</b>	<i>Planned actions to produce the activity result.</i> 2.1.1: BL3-Airing of district-tailored social communication products targeting vulnerable males at risk	
<b>Quality Criteria</b> <i>how/with what indicators the quality of the activity result will be measured?</i>	<b>Quality Method</b> <i>Means of verification. what method will be used to determine if quality criteria has been met?</i>	<b>Date of Assessment</b> <i>When will the assessment of quality be performed?</i>
2.1.1: Number of communication ads aired 2.1.2: Percentage of other vulnerable populations that have received an HIV test during the reporting period and know their results	2.1.1: TV stations Report 2.1.2: SR Report and Field Visit Sheets	Quarterly

<b>OUTPUT 3: HIV treatment, care and support</b>		
<b>Activity Result 3.1 (Atlas Activity ID)</b>	Treatment Adherence	Start Date: Jan 2016 End Date: Dec 2018
<b>Purpose</b>	To improve the rate of retention for persons on ARVs	
<b>Description</b>	<i>Planned actions to produce the activity result.</i> 3.1.1: BL26-Develop the national HIV Treatment Adherence Strategy 3.1.2: BL27-Printing of the National Adherence Guidelines-pocket book for health workers 3.1.3: BL28-Socialization & Sensitization of service providers on the Adherence strategy 3.1.4: BL29-Recruitment of One HIV adherence/case manager for each district BZ, SC and CY, one case manager for HnH 3.1.5: BL30-Provision of Nutritional Support packages 3.1.6: BL75-Study on Barriers to Adherence	
<b>Quality Criteria</b> <i>how/with what indicators the quality of the activity result will be measured?</i>	<b>Quality Method</b> <i>Means of verification. what method will be used to determine if quality criteria has been met?</i>	<b>Date of Assessment</b> <i>When will the assessment of quality be performed?</i>
3.1.1: Adherence strategy completed 3.1.2: Number of pocket books printed 3.1.3: Number of sensitization session conducted 3.1.4: Number of adherence/case managers hired	3.1.1: Consultant's final deliverable approved by the NAC 3.1.2: Invoice Goods Receipt 3.1.3: Sensitization Report and Signing Sheets 3.1.4: SR Report and Procurement	Quarterly



3.1.5: Number of PLHIV receiving nutritional packages 3.1.6: Study on barriers to adherence completed 3.1.7: Percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV	Report 3.1.5: SR Report and Food Voucher Receipt 3.1.6: Consultant's final deliverable approved by the NAC 3.1.7 SR/MOH Report	
<b>Activity Result 3.2 (Atlas Activity ID)</b>	3.2: Other intervention for treatment	Start Date: Jan 2016 End Date: Dec 2016
<b>Purpose</b>	To improve the continuum care of services for PLHIV	
<b>Description</b>	<i>Planned actions to produce the activity result.</i> 3.2.1: BL39-Revision of the national HIV/AIDS treatment guidelines	
<b>Quality Criteria</b> <i>how/with what indicators the quality of the activity result will be measured?</i>	<b>Quality Method</b> <i>Means of verification. what method will be used to determine if quality criteria has been met?</i>	<b>Date of Assessment</b> <i>When will the assessment of quality be performed?</i>
3.2.1: HIV/AIDS treatment guidelines revised	3.2.1: Consultant final deliverable approved by the NAC	Quarterly

<b>OUTPUT 4: TB Care and Prevention</b>		
<b>Activity Result 4.1 (Atlas Activity ID)</b>	Case Detection and Diagnosis	Start Date: Jan 2016 End Date: Dec 2018
<b>Purpose</b>	To better equip the CML and Regional Labs for improved case detection and diagnosis of TB patients	
<b>Description</b>	<i>Planned actions to produce the activity result</i> 4.1.1: BL48-Butane gas cylinders with pressure reducers; 4.1.2: BL55-Hiring of one Program Assistant to support the consolidation and expansion of the current MOH TB & TB/HIV response 4.1.3: BL56-Lap top with docking station & printer 4.1.4: BL57-Basic fuchsin powder 100g bottle; Methylene blue powder 100g bottle; Phenol crystals; Ethyl Alcohol 5 gallon bottle; 4.1.5: BL58-Beaker, PP 1L; Disposable lab gowns; Cylinder, measuring glass, 0.5 L; Cylinder, measuring glass, 0.25 L; Glassware brush; Lens Cleaning Tissue; Test tube brushes 10.5inches; Spigots; Wash bottles, LSDE 250ml; Optical Lens cleaner; Slides; Phenol crystals; Chemical Splash Goggles; Economical Brushes for Test tubes; Brushes for Flasks; 4.1.6: BL59-LED Microscopy; Binocular Light Microscope; Teaching Microscopes; 4.1.7: BL60-Forceps ; Slide Stand (Staining rack); Distiller; Magnetic stirrer (heat and magnetic); Rectangular Carboys with spigots; Microscope slide box; Microslide Storage Cabinet and base with legs; Timer (with alarm); Analytical balance with draft shield; Stirring rod, 8 x 50 mm; Ice coolers; 4.1.8: BL61-Procurement of laboratory supplies PSM costs	
<b>Quality Criteria</b> <i>how/with what indicators the quality of the activity result will be measured?</i>	<b>Quality Method</b> <i>Means of verification. what method will be used to determine if quality criteria has been met?</i>	<b>Date of Assessment</b> <i>When will the assessment of quality be performed?</i>
4.1.1, 4.1.3-4.1.8: Equipment and supplies purchased	4.1.1, 4.1.3-4.1.8: SR Report and Invoice of Goods Receipt	Quarterly

<p>4.1.2: Program Assistant hired</p> <p>4.1.9a Number of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses</p> <p>4.1.9b Number of notified cases of bacteriologically confirmed TB, new and relapses</p> <p>4.1.10a Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all new TB cases registered for treatment during a specified period</p> <p>4.1.10b Percentage of bacteriologically confirmed TB cases successfully treated (cured plus completed treatment) among the bacteriologically confirmed TB cases registered during a specified period</p>	<p>4.1.1: SR Report and Procurement Report</p> <p>4.1.9-4.1.10: SR/MOH Report</p>	
<p><b>Activity Result 4.2 (Atlas Activity ID)</b></p>	<p>4.2: Treatment</p>	<p>Start Date: Jan 2016 End Date: Dec 2018</p>
<p><b>Purpose</b></p>	<p>To strengthen the capacities of the National TB Program to be better able to provide improved treatment and care services for TB patients</p>	
<p><b>Description</b></p>	<p><i>Planned actions to produce the activity result.</i></p> <p>4.2.1: BL53-Procurement of 2 vehicles for TB TB/HIV &amp; MDRTB, contact tracing &amp; lost2follow-up &amp; retreatment program's community outreach for community training &amp; supervision</p> <p>4.2.2: BL54-Recruitment of 2 TB Adherence &amp; Compliance monitors</p>	
<p><b>Quality Criteria</b> <i>how/with what indicators the quality of the activity result will be measured?</i></p>	<p><b>Quality Method</b> <i>Means of verification. what method will be used to determine if quality criteria has been met?</i></p>	<p><b>Date of Assessment</b> <i>When will the assessment of quality be performed?</i></p>
<p>4.2.1: Number of vehicles procured</p> <p>4.2.2: Number of TB Adherence &amp; Compliance Monitors hired</p>	<p>4.2.1: SR Report and Invoice of Goods Receipt</p> <p>4.2.2: SR Report and Procurement Report</p>	<p>Quarterly</p>
<p><b>Activity Result 4.3 (Atlas Activity ID)</b></p>	<p>4.3 Community TB Care Delivery</p>	<p>Start Date: Jan 2016 End Date: Dec 2018</p>
<p><b>Purpose</b></p>	<p>To strengthen the community management of dots and improve the completion cure rate of patients</p>	
<p><b>Description</b></p>	<p><i>Planned actions to produce the activity result.</i></p> <p>4.3.1: BL62-Mobility for CHW (Bicycle)</p> <p>4.3.2: BL63-Stipends to support Community Management of DOTS. Stipends provided to 25 community health workers who are working with TB patients.</p> <p>4.3.3: BL64-Conditional Cash Transfer tied to DOTs encounters</p>	
<p><b>Quality Criteria</b> <i>how/with what indicators the quality of the activity result will be measured?</i></p>	<p><b>Quality Method</b> <i>Means of verification. what method will be used to determine if quality criteria has been met?</i></p>	<p><b>Date of Assessment</b> <i>When will the assessment of quality be performed?</i></p>
<p>4.3.1: Number of bicycles procured</p> <p>4.3.2: Number of CHW receiving stipends</p> <p>4.3.3 Number of patients receiving CCT</p>	<p>4.3.1: SR Report and Invoice of Goods Receipt</p> <p>4.3.2: SR Report</p> <p>4.3.3: SR Report and Cash Receipt Vouchers</p>	<p>Quarterly</p>

<b>Activity Result 4.4 (Atlas Activity ID)</b>	4.4: Engaging all care providers	Start Date: Jan 2016 End Date: Dec 2018
<b>Purpose</b>	Capacity building at Local, District and National level of the TB national response	
<b>Description</b>	<i>Planned actions to produce the activity result.</i> 4.4.1: BL66-Revision of the National TB guidelines and Development of SOPs 4.4.2: BL67-Printing of the revised norms, SOPs and procedures relevant to TB 4.4.3: BL68-Tuberculosis Training of Trainers (ToT)Program 4.4.4: BL69-Training of Health Care workers-regional training 4.4.5: BL70-TB Training for Rural Health Nurses 4.4.6: BL71-TB Training for Community Health Workers (CHWs) 4.4.7: BL72-TB Training of Laboratory Technicians (Training of Trainers) 4.4.8: BL73-TB Training of Laboratory Technologist (Sputum Microscopy) 4.4.9: BL74-TB Training of laboratory Technicians (Gene Expert)	
<b>Quality Criteria</b> <i>how/with what indicators the quality of the activity result will be measured?</i>	<b>Quality Method</b> <i>Means of verification. what method will be used to determine if quality criteria has been met?</i>	<b>Date of Assessment</b> <i>When will the assessment of quality be performed?</i>
4.4.1: National TB Guidelines and SOP developed 4.4.2: Number of revised norms, SOPs and TB procedures 4.4.3-4.4.9 Number of persons trained (Tots, RHCW, RHN, CHW and Labs Technicians)	4.4.1: Consultant final deliverable approved by MoH 4.4.2: SR Reports 4.4.3: Training Reports and signing sheets	Quarterly
<b>Activity Result 4.5 (Atlas Activity ID)</b>	4.5 Key Affected Population	Start Date: Jan 2016 End Date: Dec 2018
<b>Purpose</b>	What is the purpose of the activity? Establish new/innovative strategies for TB diagnosis and treatment for migrant workers	
<b>Description</b>	Planned actions to produce the activity result. 4.5.1: BL65-Consultancy to develop new / innovative strategies for TB diagnosis and treatment for migrant workers	
<b>Quality Criteria</b> <i>how/with what indicators the quality of the activity result will be measured?</i>	<b>Quality Method</b> <i>Means of verification. what method will be used to determine if quality criteria has been met?</i>	<b>Date of Assessment</b> <i>When will the assessment of quality be performed?</i>
4.5.1: Strategy for TB Diagnosis and Treatment for migrant workers completed	5.1: Consultant's final deliverable approved by the MoH	Quarterly

<b>OUTPUT 5: TB/HIV</b>		
<b>Activity Result 5.1 (Atlas Activity ID)</b>	5.1 Engaging all TB/HIV care providers	Start Date: Jan 2016 End Date: Dec 2018
<b>Purpose</b>	To better equip the CML for improved case detection and diagnosis of TB patients	
<b>Description</b>	<i>Planned actions to produce the activity result.</i> 5.1.1: BL50-Gene Expert Warranty	
<b>Quality Criteria</b> <i>how/with what indicators the quality of the activity result will be measured?</i>	<b>Quality Method</b> <i>Means of verification. what method will be used to determine if quality criteria has been met?</i>	<b>Date of Assessment</b> <i>When will the assessment of quality be performed?</i>

5.1.1: BL50 Gene Expert procured 5.1.2: Percentage of HIV-positive patients who were screened for TB in HIV care or treatment settings	5.1.1: SR Report and Invoice of Good Receipt 5.1.2: SR/MOH Report	Quarterly
<b>Activity Result 5.2 (Atlas Activity ID)</b>	5.2: TB/HIV Collaborative Intervention	Start Date: Jan 2016 End Date: Dec 2018
<b>Purpose</b>	Strengthen the capacities of the national TB Response for improved management of TB	
<b>Description</b>	<i>Planned actions to produce the activity result.</i> 5.2.1: BL51-Review Nat'l Infection Control Manual to include TB infection control measures 5.2.2: BL52-Gene Xpert Technical Assistance	
<b>Quality Criteria</b> <i>how/with what indicators the quality of the activity result will be measured?</i>	<b>Quality Method</b> <i>Means of verification. what method will be used to determine if quality criteria has been met?</i>	<b>Date of Assessment</b> <i>When will the assessment of quality be performed?</i>
5.2.1: Review of NIC Manual completed 5.2.2: Number of technician trained	5.2.1: Consultant's final deliverable approved by MoH 5.2.2: Training Report and Signing Sheet	Quarterly

<b>OUTPUT 6: MDR-TB</b>		
<b>Activity Result 6.1 (Atlas Activity ID)</b>	6.1 Case Detection and Diagnosis –MDR TB	Start Date: Jan 2016 End Date: Dec 2018
<b>Purpose</b>	<i>What is the purpose of the activity?</i> To better equip the CML for improved case detection and diagnosis of MDR-TB patients	
<b>Description</b>	<i>Planned actions to produce the activity result.</i> 6.1.1: BL46-GeneXpert 4 module; Xpert Calibration Kit*; Xpert MTB/RIF Assay; 6.1.2: BL47-N95 Mask; 6.1.3: BL49-Gene expert freight and insurance costs (Health products)	
<b>Quality Criteria</b> <i>how/with what indicators the quality of the activity result will be measured?</i>	<b>Quality Method</b> <i>Means of verification. what method will be used to determine if quality criteria has been met?</i>	<b>Date of Assessment</b> <i>When will the assessment of quality be performed?</i>
6.1.1-6.1.3: GeneXpert procured and installed 6.1.4: Percentage of previously treated TB patients receiving DST (bacteriologically positive cases only) 6.1.5: Number of bacteriologically confirmed, drug resistant TB cases (RR-TB and/or MDR-TB) notified	6.1.1: SR Report and Invoice Goods Receipt 6.1.4-6.1.5 SR/MOH Report	Quarterly

<b>OUTPUT 7: Removing Legal Barriers to Access</b>		
<b>Activity Result 7.1 (Atlas Activity ID)</b>	7.1 Training on Rights for Official, Health Workers and Police	Start Date: Jan 2016 End Date: Dec 2018
<b>Purpose</b>	<i>What is the purpose of the activity?</i> Sensitization of targeted professionals in key sectors in HR issues	
<b>Description</b>	<i>Planned actions to produce the activity result.</i>	



	7.1.1: BL16-Deliver training (using RSDU-PANCAP toolkits) to targeted professionals in key sectors (incl facility & community based health sector) that are relevant to key target populations 7.1.2: BL19-Consultancy to pass PANCAP anti-discrimination legislation	
<b>Quality Criteria</b> how/with what indicators the quality of the activity result will be measured?	<b>Quality Method</b> <i>Means of verification. what method will be used to determine if quality criteria has been met?</i>	<b>Date of Assessment</b> <i>When will the assessment of quality be performed?</i>
7.1.1: Number of professionals trained 7.1.2 Document to support passing of PANCAP anti-discrimination legislation completed	7.1.1 SR Report, Training Report and Signing Sheets 7.1.2 Consultancy Final Deliverable approved by NAC	Quarterly
<b>Activity Result 7.2 (Atlas Activity ID)</b>	7.2 Community-based Monitoring of Legal Rights	Start Date: Jan 2016 End Date: Dec 2018
<b>Purpose</b>	What is the purpose of the activity? Institutional strengthening for improved management of S&D cases for KAP	
<b>Description</b>	Planned actions to produce the activity result. 7.2.1: BL17-Institutional strengthening for a selected entity to set up and manage National System for monitoring of and reporting on discrimination cases for onward sharing with Ombudsman and relevant UN bodies. 7.2.2: BL22-Innovative community-led advocacy and communication projects	
<b>Quality Criteria</b> <i>how/with what indicators the quality of the activity result will be measured?</i>	<b>Quality Method</b> <i>Means of verification. what method will be used to determine if quality criteria has been met?</i>	<b>Date of Assessment</b> <i>When will the assessment of quality be performed?</i>
7.2.1: National System for monitoring of and reporting on discrimination cases established 7.2.2: Number of community-led advocacy and communication projects	7.2.1: NAC Report 7.2.2: National System Reports	Quarterly
<b>Activity Result 7.3 (Atlas Activity ID)</b>	7.3 Policy advocacy on legal rights	Start Date: Jan 2016 End Date: Dec 2018
<b>Purpose</b>	What is the purpose of the activity? To build national capacities in policy advocacy on legal rights	
<b>Description</b>	Planned actions to produce the activity result. 7.3.1: BL20-Advocacy session for key target audiences to pass the model anti-discrimination legislation and monitor anti-stigma & discrimination policies implementation 7.3.2: BL21-Capacity building support to Trans In Action (TIA) to increase among the key Trans front persons and wider Trans community the knowledge about the fundamental rights of TG and public advocacy skills/ -BL24-International visit for exchange on experiences with legal bottlenecks for key populations 7.3.3: BL25-Stigma Index Survey	
<b>Quality Criteria</b> <i>how/with what indicators the quality of the activity result will be measured?</i>	<b>Quality Method</b> <i>Means of verification. what method will be used to determine if quality criteria has been met?</i>	<b>Date of Assessment</b> <i>When will the assessment of quality be performed?</i>
7.3.1: Number of advocacy session conducted 7.3.2: Number of TGs trained 7.3.3: Stigma Index Survey conducted	7.3.1: SR Report, Advocacy Session Report 7.3.2: Training Report, Signing Sheet 7.3.3: Consultant final deliverable approved by the NAC	Quarterly
<b>Activity Result 7.4</b>	7.4 Legal and Policy Environment assessment and law	Start Date: Jan 2016

<b>(Atlas Activity ID)</b>	reform	End Date: Dec 2018
<b>Purpose</b>	What is the purpose of the activity? Legal review and law reform on access to SRH services	
<b>Description</b>	Planned actions to produce the activity result. 7.4.1: BL23-Policy analysis on the regulatory framework provisions that penalize health-care providers for working with underage youth(younger than 18)	
<b>Quality Criteria</b> <i>how/with what indicators the quality of the activity result will be measured?</i>	<b>Quality Method</b> <i>Means of verification. what method will be used to determine if quality criteria has been met?</i>	<b>Date of Assessment</b> <i>When will the assessment of quality be performed?</i>
7.4.1: Legal review conducted	7.4.1 Consultant's final deliverable approved by the NAC	Quarterly
<b>Activity Result 7.5 (Atlas Activity ID)</b>	7.5 Other	Start Date: Jan 2016 End Date: Dec 2018
<b>Purpose</b>	What is the purpose of the activity? Advocacy on Human Rights	
<b>Description</b>	Planned actions to produce the activity result. 7.5.1: BL18-Roll out of anti-S&D campaign materials developed by GF Round 9 project: airing of Radio and TV Spots	
<b>Quality Criteria</b> <i>how/with what indicators the quality of the activity result will be measured?</i>	<b>Quality Method</b> <i>Means of verification. what method will be used to determine if quality criteria has been met?</i>	<b>Date of Assessment</b> <i>When will the assessment of quality be performed?</i>
7.5.1: Number of radio and tv spots aired	7.4.1 TV and radio stations report	Quarterly

<b>OUTPUT 8: HSS and M&amp;E</b>		
<b>Activity Result 8.1 (Atlas Activity ID)</b>	8.1 Routine Reporting	Start Date: Jan 2016 End Date: Dec 2018
<b>Purpose</b>	Strengthening of the M&E system of the MOH National HIV and TB Program	
<b>Description</b>	<i>Planned actions to produce the activity result.</i> 8.1.1: BL31-Technical assistance to design and operationalize the framework for monitoring of the HIV prevention strategy 8.1.2: BL34-Technical assistance to strengthen M& E and reporting capacities of TB and HIV (Epi) Program 8.1.3: BL36-1 International PAHO Consultant recruited to configure the TB data query tool in the BHIS 8.1.4: BL37-Train personnel on the new TB reporting tool 8.1.5: BL38-Procurement of IT equipment in hospitals to operate TB queries in BHIS-Cost of procurement of IT equipment in hospitals to operate TB queries in BHIS	
<b>Quality Criteria</b> <i>how/with what indicators the quality of the activity result will be measured?</i>	<b>Quality Method</b> <i>Means of verification. what method will be used to determine if quality criteria has been met?</i>	<b>Date of Assessment</b> <i>When will the assessment of quality be performed?</i>
8.1.1: M&E framework for HIV prevention strategy 8.1.2: -8.1.5 M&E system for the TB	8.1.1 Consultants final deliverable approved by MoH 8.1.2 TB and HIV epidemiology	Quarterly

and HIV program		reports automated	
<b>Activity Result 8.2 (Atlas Activity ID)</b>	8.2 Analysis, review and transparency		Start Date: Jan 2016 End Date: Dec 2018
<b>Purpose</b>	Improve the quality of strategic information that inform policy for MoH NAP and NAC		
<b>Description</b>	Planned actions to produce the activity result. 8.2.1: BL32-Institutional strengthening to set up and manage systems for monitoring of and reporting on quality of service & compliance via client exit surveys 8.2.2: BL35-Evaluation of TB and TB/HIV surveillance system 8.2.3: BL42-HIV Study, national scope, on feasibility of HIV self- testing in Belize 8.2.4: BL43-HIV NSP Review 8.2.5: BL44-Size estimate and Profiling and mapping exercise of key target populations in BZ, SC and CY Districts to increase knowledge of key target groups 8.2.6: BL45-Conduct a Situation Analysis of TG population		
<b>Quality Criteria</b> <i>how/with what indicators the quality of the activity result will be measured?</i>	<b>Quality Method</b> <i>Means of verification. what method will be used to determine if quality criteria has been met?</i>	<b>Date of Assessment</b> <i>When will the assessment of quality be performed?</i>	
8.2.1: Client Exit Survey 8.2.2: Evaluation Report 8.2.3: Self-testing study 8.2.4: Revised NSP 8.2.5: Programmatic study 8.2.6: TG Study	8.21-8.2.6: Consultants final deliverables approved by MoH and NAC	Quarterly	
<b>Activity Result 8.3 (Atlas Activity ID)</b>	8.3 Administrative and Finance Data Sources		Start Date: Jan 2016 End Date: Dec 2018
<b>Purpose</b>	Improve administrative and finance national data on HIV		
<b>Description</b>	Planned actions to produce the activity result. 8.3.1: BL40-National AIDS Spending Assessment (NASA) as component of the M&E Plan to the Nat'l HIV Strategic Plan 8.3.2: BL41-Support to NHA to strengthen capacity for management and reporting of HIV and TB-related detailed and aggregated financial data		
<b>Quality Criteria</b> <i>how/with what indicators the quality of the activity result will be measured?</i>	<b>Quality Method</b> <i>Means of verification. what method will be used to determine if quality criteria has been met?</i>	<b>Quality Criteria</b> <i>how/with what indicators the quality of the activity result will be measured?</i>	
8.3.1: NASA Report 8.3.2: NHA	8.3.1: Consultant final deliverable approved by NAC 8.3.2: Consultant final deliverable approved by MoH	Quarterly	
<b>Activity Result 8.4 (Atlas Activity ID)</b>	8.4 Surveys		Start Date: Jan 2016 End Date: Dec 2018
<b>Purpose</b>	Improve NAC M&E Reporting System		
<b>Description</b>	Planned actions to produce the activity result.		

	8.4.1: BL33-HIV NSP M&E Plan: Study on Cost Analysis of treatment as prevention	
<b>Quality Criteria</b> <i>how/with what indicators the quality of the activity result will be measured?</i>	<b>Quality Method</b> <i>Means of verification. what method will be used to determine if quality criteria has been met?</i>	<b>Quality Criteria</b> <i>how/with what indicators the quality of the activity result will be measured?</i>
8.4.1: NSP M&E Plan	8.4.1: Consultant's final deliverable approved by NAC	Quarterly

<b>OUTPUT 9: HSS PSCM</b>		
<b>Activity Result 9.1 (Atlas Activity ID)</b>	9.1: Operationalization of PSCM System	Start Date: Jan 2016 End Date: Dec 2018
<b>Purpose</b>	Improve the PSCM system of the MoH	
<i>Description</i>	<i>Planned actions to produce the activity result.</i> <i>9.1.1: A situational analysis of existing Supply Chain Management practices and identify gaps and potential bottlenecks leading to recurrent stock outs including budgetary issues and to develop the appropriated procurement strategy</i>	
<b>Quality Criteria</b> <i>how/with what indicators the quality of the activity result will be measured?</i>	<b>Quality Method</b> <i>Means of verification. what method will be used to determine if quality criteria has been met?</i>	<b>Quality Criteria</b> <i>how/with what indicators the quality of the activity result will be measured?</i>
9.1.1: PSCM Situational analysis	9.1.1 Consultant's final deliverable approved by MoH	Quarterly

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## **VI. 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 out 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.

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## **VII. ANNEX**

### **Annex 1 Work plan of HIV/TB grant 2016-18**



