UNITED NATIONS DEVELOPMENT PROGRAMME

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PROJECT DOCUMENT
Belize

Title: Building Resilience Through Innovation and National Accountability for the HIV and TB Response in Belize

Project Number: 00114260 **Output No.** 00112374

Implementing Partner: United Nations Development Programme (UNDP) – Direct Implementation (DIM)

Start Date: 1 Jan. 2019 **End Date**: 31 Dec. 2021 **PAC Meeting date:** 18 Jan. 2019

Brief Description

The current epidemiological situation for HIV and TB in Belize is challenging. Since 2012, Belize has had the highest HIV prevalence rate in Central America and second in the Caribbean. 2016 and 2017 data indicated an estimated 1.8% HIV prevalence rate among adults, with highest rates showing in men who have sex with men (MSM). In 2017, Belize had 4,300 people living with HIV (Ministry of Health Annual HIV Surveillance Report). The estimated TB prevalence is 51 cases per 100,000 persons, while the incidence is 38 cases per 100,000 persons. Epidemiological data from the Ministry of Health consistently reveal that the Belize, Cayo and Stann Creek districts have the highest burdens of TB and HIV.

HIV and TB affect not only the productive sectors of the country in terms of age groups but infect and affect any - and everyone- who displays risky sexual behaviours. The developmental challenge of losing the resources of Belize's productive sector due to spread, while remaining hidden, is realistically affecting the livelihoods of many known and unknown citizens of Belize. Add to this, the prevalent internal and external discrimination faced by those affected by the two diseases continue to stymie the country's best efforts at halting and preventing their transmission.

This project, funded by the Global Fund to Fight Aids, Tuberculosis and Malaria (GFATM), sets up a plan for countering the HIV and TB diseases in Belize over the 2019-2021 period, focusing on vulnerable populations, primarily: MSMs and transgender women, people living with HIV (PLHIV), including vulnerable children, and TB patients. The project will support prevention, treatment and adherence of PLHIV and TB treatments. To do so, it will seek to advance a human rights framework for key populations and will contribute to the strengthening of national institutions called to support these populations, in collaboration with civil society organizations and other partners; for which specific capacity development plans have been tailored.

MSDF (2016-2021) Pillar 2, Outcome: 3 / CPD Outcome: 4

Universal access to quality health care services and systems improved.

Indicative Output(s) CPD with gender marker[2]: GEN 2

Output 4.1. National health systems are responsive to current inequities manifested in the healthcare system.

Output 4.2. Ministry of Health budget targeting HIV-TB programmatic interventions for key populations correlated to need in access/coverage identified through NASA reports

Output 4.3. The use of equity criteria (through equity audits) in national development of health sector budgets and in informing health sector investments successfully piloted.

Output 4.4: National HIV-AIDS/TB programmes are aligned to 90-90-90 World Health Organization targets.

Total resources required:	**USD $1,924,278**	
Total resources allocated:		
	UNDP TRAC:	$ 8,000.00
	Donor:	$1,916,278
	Donor:	
	Government:	
	In-Kind:	
Unfunded:		$0

Agreed by:

Government Ministry of Economic Development	UNDP
Chief Executive Officer, Ministry of Economic Development and Petroleum	
Print Name and Title: Yvonne Hyde	Print Name and Title: Carla Zaccaga, RR. ai
Date: Jan 22, 2019	Date: 22 January. 2019

I. DEVELOPMENT CHALLENGE

Belize is classified as an upper middle-income country, with a population of 385,766 with the highest overall HIV prevalence rate in Latin America of 1.8% among adults 15 to 49 years old. The 2014 Modes of Transmission study projected that by 2020, 68% of newly reported cases of HIV would be among men who have sex with men. The 2016 cascade indicates 56.8% (2,423) of persons who have HIV know their status, 55.9% (1,354) of those who know are on Antiretroviral Therapy (ART) and 37.4% of those on ART are virally supressed. Belize adopted the "treat all policy", which is currently in the process of implementation.

The estimated TB incidence in the country is 38 cases per 100,000 persons which would result in an estimate of 140 patients per year. TB-HIV coinfection is around 25% and has been increasing in recent years. Most TB patients were among adults aged 25 to 64. The male : female ratio was 1.3 in 2017. In 2016 the treatment success rate was only 62%, with a high death rate. Of the patients that died, the majority were HIV positive. The country diagnosed one case of Multi Drug Resistance Tuberculosis (MDR-TB) out of 10 estimated patients in 2017 (according to World Health Organization Estimates). The number of HIV infected persons on latent TB infection (LTBI) treatment and isoniazid preventive treatment (IPT) has increased from 39 to 239 cases in 2015-2017. Belize is increasing collaboration between the National Tuberculosis Program (NTP) and National Aids Program (NAP) and has adopted WHO recommendations for HIV testing and counselling of all presumptive and diagnosed TB cases.

HIV and TB are considered debilitating diseases because they affect the productive sectors of the country. The developmental challenge of losing the resources of Belize's productive sector due to spread while remaining hidden is realistically affecting the livelihoods of many known and unknown citizens of Belize. The loss of resources due to morbidity and mortality has been little studied but what is available shows the toll to all sectors: Health, Human Development, Tourism, Judicial and others of the social systems currently available to Belizeans. Prevalent internal and external discrimination faced by those infected and affected also continue to stymie the country's best efforts at halting and preventing their transmission.

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. This project is on mitigation of not only resultant diseases: HIV/AIDS and TB, but of the social determinants of the diseases. 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. In addition, it seeks to strengthen capacities of national partners, as UNDP will transition eventually as interim Principal Recipient of the Global Fund. A transition readiness assessment encompassing both the TB and HIV program was prepared in 2017 along with an accompanying transition workplans. Only the TB program is due to transition from the GFATM support in this funding cycle; yet a joint transition plan has been developed as a preparatory measure. The GFATM grant is based on the transition readiness assessment and workplan, as well as the updated National Strategic Plans.

II. STRATEGY

The intervention strategy includes HIV and TB disease prevention and management with Health Systems Strengthening (HSS), community systems strengthening and Human Rights components. The overarching element of the grant is the attention to the respect and dignity of Human Rights for all populations, including key populations made vulnerable by socio-economic and political predispositions. Research has continued to prove that strategically planned HIV and TB interventions are effective only when the holistic support net of social protections inclusive of legislative reforms, a

welcoming policy environment and increased access to psycho-social and bio-medical services are guaranteed to all, particularly those populations on the fringes of society with most need. Countries across the globe, especially those in Sub-Saharan Africa have progressively gone the way of ramping up rural and hard-to access coverage, selecting and training rural healthcare workers and community champions as well as utilizing more human-centred approaches to fighting the diseases—i.e. opening up the spaces for personal agency and ownership of personal economic, intimate and sexual choices, while providing clear, accurate and responsible education and knowledge at all phases of the education.

In Belize, this is particularly sensitive given the delicate policy environment within which HIV and TB is located. In the last 5 years, the country has had a monumental change in legislation regarding Section 53 of the Constitution governing adult, private consensual sexual behaviours. The Court ruled in favour of personal choice, but the language of sexual and gender orientation became a sticking point amongst some sectors of the population, given the somewhat conservative, somewhat liberal nature of the Belizean moral yardstick. This language has still not been resolved in the Court. Add to this the 13.85% HIV prevalence rate for MSMs and the presence of male and female sex workers and trans-populations who are now fighting for their rights as equal to all and deserving of equity in services, Belize, a country previously immune to such types of internal movements, is trying to find ways to meet the needs of all populations, as it fights too to counter the diseases that are showing mostly in these same populations.

As per the United Nations Multi-Country Sustainable Development Framework (MSDF 2016-2021) outcomes, 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 Ministry of Health (MOH) and Civil Society Organizations (CSOs) that will be members of the CSO hub will benefit from capacity development to strengthen the national healthcare and health referral systems and relevant social systems in line with the creation of an enabling environment for those infected and affected by both diseases. Moreover, this structure of the CSO hub is aimed at institutionalizing and operationalizing a system of innovative and community-based interventions brought together under self-guidance and mentorship for long-term strategic planning and sustainability. The CSO hub will be led and managed by CSOs, and CSOs will provide oversight over its operations—a first in the country of Belize.

As interim Principal Recipient of the Global Fund, UNDP Belize will manage the Global Fund grant, improve the accountability and transparency for the flow of funds into the country and strengthen the capacity of national implementing partners for improved health service delivery through enhanced project management in the National HIV/TB Response.

During the implementation of the project, UNDP will coordinate with the National Aids Commission (NAC) to ensure the purposes of the project are achieved. Under its coordinating role, the NAC will be consulted during the implementation of activities financed by the GFATM grant as well as responsible for approving major changes in implementation plans as necessary.

The project's approach includes:

- Development, strengthening and advancing of a human rights framework for key populations, namely MSM, trans populations, and other men-at-risk.
- Support to sustainable HIV and TB responses by strengthening and building systems and collaborations between government and community through social contracting for the provision of optimum HIV and TB services to all while defending dignity and rights of those affected by the diseases.

Output indicators are as follows:

- KP-1a(M): Percentage of men who have sex with men reached with HIV prevention programs - defined package of services.

- TCS-1(M): Percentage of people living with HIV currently receiving antiretroviral therapy (ART).

- TCP-1(M): Number of notified cases of all forms of TB-(i.e. bacteriologically confirmed + clinically diagnosed), includes new and relapse cases.

- 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.

The selected approach is envisaged as the creation of an ecosystem of support services to populations most infected and affected by HIV and TB and HIV/TB co-infections due to predispositions over which they have no control. This ecosystem subsumes all partners in the HIV/TB Response—MOH, MOEYS, MHDST, Ministry of Labour, and so forth, as well as all public and private healthcare entities. It also subsumes the private sector. Essentially, global UNDP research and findings have shown the need and efficacy of the multi-sectoral and coordinated structure of the Response to the diseases. The diseases have long been determined to be not only a health condition with a toll on healthcare in isolation, but UNAIDS and PEPFAR determined that HIV and TB are national development issues due to the debilitation of the most productive sectors of societies: cripple the workers; cripple the production; and cripple development. It is in response to this then that government, public and private sector with the support of bi-lateral and multi-lateral agencies came together to craft a Response that has changed the underlying conditions that predispose certain groups towards vulnerability, while educating, advocating, making legislative changes, and improving healthcare services to all, with primary focus on those groups most vulnerable. Over different three-year periods, the Response provides numerous types of bio-medical and psycho-social services with additional legal support services to key populations in order to meet the output indicators above.

These differentiated services are provided after an evaluation of the internal and external factors potentially impacting these outputs. Internal factors range from the capacities of the Coordinating mechanism in country to the policy and legal environment and the positive and negative implications upon service delivery mechanisms. External factors are the reduction in financial support, contrary attitudes towards gender orientation and its expansion in the fight against HIV, and other such external shocks which the country cannot anticipate nor control. It is then the recommendation that the country itself works to build its internal ecology to support those most in need as it counters the factors underlying the increased susceptibility by some populations to the disease and the country's attitude towards the diseases and those affected by them.

III. RESULTS AND PARTNERSHIPS

Expected Results and types of intervention

In keeping with the creation and strengthening of the ecology of services for those affected and infected by HIV and TB, the country has planned a number of differentiated services to named key populations such as MSM, trans and men-at-risk in conjunction with the UNAIDS, PEPFAR and WHO recommendations of most vulnerable populations. The planned interventions include:

- Delivery of standardized package of Behavior Change and Risk Reduction outreach activities to men who have sex with men (MSM) and to Transgender people, including HIV testing through certified HIV testing trainees from the civil society organizations (CSOs).

- Pilot of "social contracting", using grant funds, to implement HIV and TB services.
- Capacity building of the Ministry of Health as a potential future Principal Recipient of Global Fund funding; and of the CSO hub in five functional areas to strengthen and sustain the national response.
- Training of trainer's sessions for key population groups and CSO hub on Human Rights and medical ethics related to HIV and TB and gender-based violence.
- Capacity building for health care workers including CSO hub in HIV treatment and care utilizing the Treat All toolkit.
- Capacity building of health workers in the Standard Operating Procedures for Viral Load testing
- Set up navigation services to support people living with HIV (PLHIV) navigate the health services and support PLHIV to keep them enrolled in treatment services, with adherence counsellors at health facilities, peer navigators for key populations and (NAC) district committees.
- Delivery of nutritional support to children living with HIV and to TB patients in difficult socioeconomic situations.
- Procurement of GeneXpert kits to increase testing in screening of possible cases of MDR-TB.
- Adaptation of the "Creating an Enabling Environment Training Guide" for new key sectors; subsequent training and assessment of the effectiveness of the training.
- Support to the implementation of advocacy plan for enactment of the non-discrimination legislation and other relevant legislation including consultation sessions.
- Training to improve reporting of stigma and discrimination; and collection of data from the human rights observatory, Hand-in-Hand Ministries, Ministry of Health (MoH) complaint mechanisms, CSOs and other sources such as Caribbean Vulnerable Communities Coalition Shared Incidence Database (CVC SID) to identify specific instances of stigma and discrimination; and follow-up with victims to monitor redress.
- Development of human rights agenda by civil society organizations and key populations.
- Institutionalization of annual National AIDS Spending Assessments (NASA) and NHA exercises (including HIV/TB spending).
- Support to the CSO hub to have access to the Belize Health Information System.

Across the globe, and specifically in countries with highest burdens of HIV and TB, it has been proven that these are the interventions that have worked to halt and reduce the spread of the diseases. Likewise, Belize has not only adopted but adapted interventions based on the more than 30 years of working to counter the effects of the diseases. The ecology is prescribed as a comprehensive and holistic response to all aspects of disease fighting and improved wellness, because it breaks the bonds of the diseases by attending to the psychological aspects of stigma and discrimination; builds the confidence and personal agency through knowledge-building and capacity development; opens legislative and policy spaces for an enabling environment to accessing better and more equitable services; and holds the state accountable and responsible for its role in supporting its citizens most in need.

The expected results are as follows:

- Reduce HIV transmission among the key population groups men who have sex with men: New HIV infections among men who have sex with men account for a maximum of 30% of all new infections.

- The clinical management of persons on ART, which includes consistent routine CD4 and Viral Load testing: 80% Of persons living with HIV, who are on ART, remain on ART.

Improve the detection and management of MDR-TB: To promptly find and completely cure 100% of cases of TB disease, including MDR-TB, while assuring that patients -especially persons living with HIV- benefit from broader preventive care.

Resources Required to Achieve the Expected Results

A Project Management Unit (PMU) at UNDP and a Project Steering Committee Structure will be created to ensure sound management of the project. The PMU consists of a full-time Project Manager/M&E officer, a Project Assistant and driver. Added is a Procurement Support Officer at UNDP with 25% committed effort to the project. The PMU is supported further by the UNDP's Operations structure: Operations Manager, the Finance Associate and the Receptionist as well as the Programme Structure: Programme Analyst and UNDP Resident Representative and Officer in Charge. Together, these structures receive financial and programmatic support from UNDP El Salvador Operations staff and the New York, Copenhagen and Regional LAC UNDP-GFATM partnership and UNDP offices respectively. The project is supported through regular office machinery and amenities, which are available through the country office of which it is a part.

The Global Fund is the main financial contributor to this project, through a grant for the 2019-2021 period that will enable to complete the planned activities. UNDP will also provide from its own funds to support the operation of the project (All these costs are listed in the detailed budget annexed to this document). Resources from the Ministry of Health of Belize (both human and in species) are also critical to the success of the project.

Partnerships

The project contemplates working with a variety of partners to achieve its results, at the strategic, technical and implementation levels.

Among the main partners identified are the Ministry of Health, the National Aids Commission (NAC), civil society organizations / CSO hub, the private sector, other UN Agencies such as PAHO and UNICEF. The MOH, as the primary institution to provide care and support to PLHIV and TB, will be responsible for furthering the work to achieve all targets of the indicators of the Performance Framework (except the two indicators directly under the responsibility of the CSO hub members). The MOH is expected to maintain a system of bio-medical interventions to patients to increase physical access and coverage to under- and un-served patients, sufficient supplies of HIV tests and ARVs, GeneXpert kits for TB screening and all other associated non-health products and consumables. The MOH is also expected to collect data as scheduled and produce accurate reports from the data within specific deadlines.

The CSO hub is expected to build its capacity, become certified to conduct TB interventions along with HIV activities and meet the targets of the indicators for which they are responsible. They too will collect data and with the MOH will produce the reports using that data within specific deadlines. The CSO will be comprised of pre-identified civil society organizations that will contribute to reach key populations of the project.

At the strategic level, the NAC is a vital partner in its role to coordinate, facilitate and monitor the national response to HIV/AIDS as well as the National Strategic Plan; so as to reduce the incidence and spread of HIV and provide comprehensive quality support for PLHIV. In addition to have within its members a wide representation of civil society, private sector, other government institutions, PLHIV.

Technical partners:

- Ministry of Health: National AIDS Programme and National TB Programme
- Other bi-lateral and multi-lateral partners: UNFPA, UNICEF and PAHO/WHO, where applicable, in joint efforts to reach key populations and with the provision of analytical data and research.

Sub Recipients (As named in the final grant document with the Global Fund):

- Ministry of Health: National AIDS Programme (NAP) and National Tuberculosis Programme (NTP);
- Belize Family Life Association (BFLA);
- Hand in Hand Ministries (HnH),
- CSO hub
- The National AIDS Commission (NAC) remains the Coordinating mechanism and operates as the CCM in Belize.

Other SRs will be decided. Within the structure of the CSO hub, several CSOs, will serve as Sub-Sub-Recipients (SSRs), i.e. implementing strategically planned and detailed, time-bound activities with budgets directly managed by the proposed CSO hub Coordinator, Go Belize. Among them: Tia Belize, CNET+i(Collaborative Network of persons living with HIV/AIDS; Petal, Transcolor, UNIBAM, EYBM, Our Circle.

Risks and Assumptions

Key risks that will be monitored throughout the project cycle include:

1. Due to a global economic downturn, the government may not be able to meet its joint financing commitment towards the HIV and TB responses, resulting in insufficient funding to both programmes. Limitations to timely record and report its contributions may also hinder grant disbursements and implementation.
2. Delays in the systematic implementation of the 'treat all' strategy adversely affect the numbers and % of PLHIV retained on treatment.
3. Unavailability of anti-retrovirals in country may adversely affect the numbers and % of PLHIV retained on treatment.
4. Viral load testing of PHLIV, especially those enrolled on ART, is not routinely performed due to cost and other complexities. This may adversely affect the numbers and % of PLHIV retained on treatment.
5. Perceived and actual stigma and discrimination in the health system creates a barrier to key and vulnerable populations accessing HIV and TB services.
6. Low availability of subject matter experts to advise and review project deliverables affect timely project implementation.

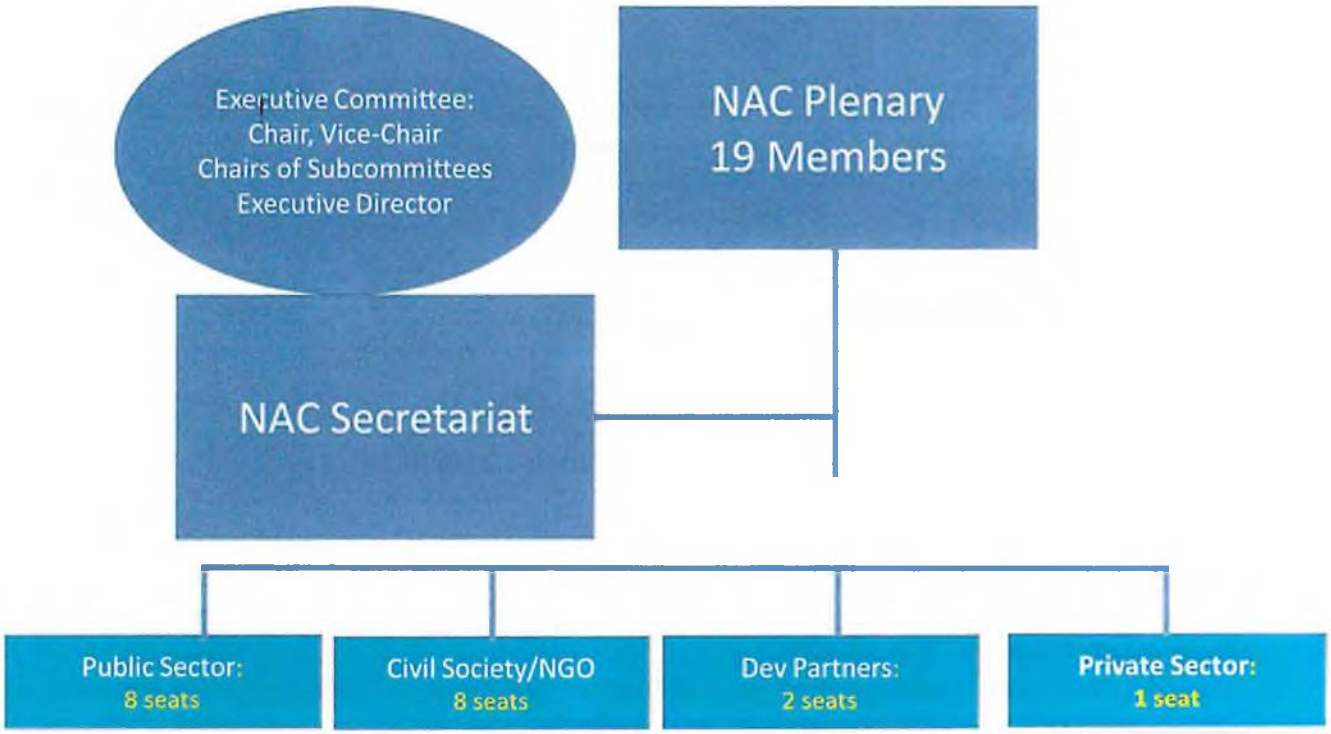
These risks will be mitigated through collective actions and closely monitored as described in the Risk Log and Social and Environmental Screening Checklist attached to this project document.

Stakeholder Engagement

The National Response to HIV and TB in Belize is a multi-sectoral and coordinated response known as the Country Coordinating Mechanism that is convened quarterly by the NAC. Each constituent including targeted groups (PLHIV, MSM, trans-women) and other potentially affected groups are represented. See diagram of NAC-CCM below. These groups table all grant issues for resolution at the meetings.

Outside of this, UNDP-GFATM has written specific budget lines into the detailed budget for quarterly update meetings with all partners. These meetings will ensure implementation is as agreed through the grant agreement and this document. In addition, as part of the governance mechanism of this project, a Project Board will be created to oversee project implementation, where beneficiary representatives are part of it.

NAC Structure



South-South and Triangular Cooperation (SSC/TrC)

The project will liaise with the UNDP-GFATM Partnership team for SSC opportunities for experiential exchanges and knowledge-building. Three such events have been mentioned: the programme and Finance workshop (annual, if approved), the Procurement workshop (annual, if approved) and the social contracting meeting (2020). Other SSC would be technical assistance through the Regional hub for specific activities in the grant or capacity development for the PMU-GFATM.

Knowledge

Locally, media products such as fact sheets, pamphlets, user-friendly one-pagers, PSA and media blasts will be produced. UNDP maintains a database of all products produced during the grant.

Sustainability and Scaling Up

There are two specific activities incorporated into the detailed budget to achieve these results—the annual NASA and NHA sessions and the UNDP Capacity Development Plan 2019-21. The NASA and NHA looks at how the Government increases its annual budget to comply with GFATM's condition of commitment to pay throughout the grant. Through this commitment, GFATM enforces a 15% increase in investment to HIV and TB interventions over the course of the grant, which avails the last 15% of grant funds for use by the country. Should the government fail to comply, the country will only be allowed to execute 85% of the grant funds.

Additionally, the Capacity Development Plan 2019-21 includes a robust and extensive list of capacity building exercises/activities through the grant cycle. UNDP will direct the exercises and the beneficiaries are the MOH and CSO hub mostly, with the NAC also participating. The types of activities cover all aspects of grant management, like: project/programme management, M&E, financial management, procurement, SR/SSR management, and the like. A budget has been allocated for the activities of the plan and the total budget was approved for implementation.

IV. PROJECT MANAGEMENT

Cost Efficiency and Project Management

With available resources from the GFATM and UNDP, the project will be implemented directly by UNDP Belize, as interim Principal Recipient of the Global Fund, in line with UNDP's procedures and guidelines. UNDP Belize is in the capital city of Belmopan. This implementation modality has been used for over the past 8 years in Belize and other countries where UNDP acts as interim Principal Recipient for the GFATM. UNDP will work in close collaboration with the NAC and the specific Global Fund Portfolio Management Unit, in Geneva to ensure qualitative grant and project management.

UNDP Belize will have the overall responsibility for managing the grant, through a dedicated project management unit (PMU). UNDP will also provide 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. The PMU comprises of locally recruited personnel (3 positions) that already exist from the previous grant cycle also managed by UNDP. These 3 positions will transition with the same staff to this new project: Project Manager/ M&E Officer, Project Assistant and Driver.

The PMU will be supervised by the UNDP Officer in Charge of Belize. The unit is supported by one Procurement associate, and from the larger UNDP operations and programme teams.

This arrangement is time-bound until the end of the project and the UNDP Country Office will provide the necessary capacity development support to other relevant parties, such as the Ministry of Health, to enable it to become principal recipient of the Global Fund in a future phase.

Audit arrangements: audits for the project will be conducted under UNDPs rules and regulations; following the procedures applicable for UNDP projects under direct implementation and for GFATM sub-recipients.

Cost Recovery: The project will contribute with direct and indirect costs to support UNDP's operation. A seven percent general management fee (GMS) has been contemplated as indirect cost for the project, as established in the exchange of letters between UNDP and the Global Fund. Direct project costs are also reflected in the budget for the provision of procurement and other operational services.

V. RESULTS FRAMEWORK[1] (SEE ATTACHED RESULTS FRAMEWORK FROM GFATM GRANT)

[1] UNDP publishes its project information (indicators, baselines, targets and results) to meet the International Aid Transparency Initiative (IATI) standards. Make sure that indicators are S.M.A.R.T. (Specific, Measurable, Attainable, Relevant and Time-bound), provide accurate baselines and targets underpinned by reliable evidence and data, and avoid acronyms so that external audience clearly understand the results of the project.

VI. MONITORING AND EVALUATION

In accordance with UNDP's programming policies and procedures, the project will be monitored through the following monitoring and evaluation plans: *[Note: monitoring and evaluation plans should be adapted to project context, as needed]*

Monitoring Plan

Monitoring Activity	Purpose	Frequency	Expected Action	Partners (if joint)	Cost (if any)
Track results progress	Progress data against the results indicators in the RRF will be collected and analysed to assess the progress of the project in achieving the agreed outputs.	Quarterly, or in the frequency required for each indicator.	Slower than expected progress will be addressed by project management.	**Partners (if joint)**	**Cost (if any)**
Monitor and Manage Risk	Identify specific risks that may threaten achievement of intended results. Identify and monitor risk management actions using a risk log. This includes monitoring measures and plans that may have been required as per UNDP's Social and Environmental Standards. Audits will be conducted in accordance with UNDP's audit policy to manage financial risk.	Quarterly	Risks are identified by project management and actions are taken to manage risk. The risk log is actively maintained to keep track of identified risks and actions taken.	UNDP	Within project budget
Learn	Knowledge, good practices and lessons will be captured regularly, as well as actively sourced from other projects and partners and integrated back into the project.	At least annually	Relevant lessons are captured by the project team and used to inform management decisions.	NAC	Within project budget
Annual Project Quality Assurance	The quality of the project will be assessed against UNDP's quality standards to identify project strengths and weaknesses and to inform management decision making to improve the project.	Annually	Areas of strength and weakness will be reviewed by project management and used to inform decisions to improve project performance.	UNDP	Within project budget

Review and Make Course Corrections	Internal review of data and evidence from all monitoring actions to inform decision making.	At least annually	Performance data, risks, lessons and quality will be discussed by the project board and used to make course corrections.	UNDP	Within project budget
Project Report	A progress report will be presented to the Project Board and key stakeholders, consisting of progress data showing the results achieved against pre-defined annual targets at the output level, the annual project quality rating summary, an updated risk log with mitigation measures, and any evaluation or review reports prepared over the period.	Annually, and at the end of the project (final report)		Project Board	Within project budget Within project budget
Project Review (Project Board)	The project's governance mechanism (i.e., project board) will hold regular project reviews to assess the performance of the project and review the Multi-Year Work Plan to ensure realistic budgeting over the life of the project. In the project's final year, the Project Board shall hold an end-of project review to capture lessons learned and discuss opportunities for scaling up and to socialize project results and lessons learned with relevant audiences.	Quarterly	Any quality concerns or slower than expected progress should be discussed by the project board and management actions agreed to address the issues identified.	Project Board NAC	Within project budget
				Project Board	Within project budget

VII. Multi-Year Work Plan [23] (Attached for easy reference. Based on reprogrammed bdget IP2-GFATM Activities by module)

EXPECTED OUTPUTS	PLANNED ACTIVITIES (Grant Modules)	Planned Budget by Year			RESPONSIBLE PARTY	PLANNED BUDGET		
		Y1	Y2	Y3		Funding Source	Budget Description	Amount
Output 1: Building Resilience Through Innovation and National Accountability Gender Marker 2	Actions to reduce human rights-related barriers to HIV services	19,940	14,010	13,060	UNDP	GFATM	Trainings, meetings and advocacy actions; printing materials; data collection on stigma & discrimination; technical assistance	$47,010
	Enhancing community outreach and response systems for HIV Prevention	56,409	$9,985	$4,360	UNDP	GFATM	Mini-grants to CSOs for institutional strengthening and outreach activities including trainings, family consultations, transportation costs	$70,754
	Improving health management and information systems and M&E	$8,630	$3,590	$3,590	UNDP	GFATM	Institutionalization of NASA and NHA, technical assistance, training on M&E, cost analysisi and development of M&E tools	$15,810
	Supporting collaborative TB/HIV interventions	$27,178	$12,760	$12,500	UNDP	GFATM	Salary of TB/HIV Coordinator, outreach workers, trainings and capacity building on DOTS, peer navigator stipends	$52,438
	Strengthening human resources for health (HRH), including community health workers	$116,992	$102,483	$40,139	UNDP	GFATM	Capacity building for health care workers, trainings, printing material SOP for VL testing, adherence counsellors salaries	$259,614
	Delivering comprehensive prevention programs for target groups (TGs)	$8,360	$8,360	$8,360	UNDP	GFATM	Delivery of standardized package of HIV/TB testing & screening, outreach activities to TGs; periodic workshops with TG	$25,080
	Acquisition of MDR-TB health products	$20,995	$20,995	0	UNDP	GFATM	GeneXpert Kits, transportation and other procurement costs	$41,990
	Supporting national health strategies	$600	0	0	UNDP	GFATM	Engaging in national dialogue for NAC enhancement to include NCDs that have co-morbidities with HIV and/ or TB	$600
	Implementing comprehensive prevention programs for MSM	$74,013	$98,106	$125,518	UNDP	GFATM	Delivery of standardized package of HIV/TB testing and screening; outreach activities to MSM and young men at risk; salaries, M&E visits	$297,637
	TB care and prevention	$76,000	$25,840		UNDP	GFATM	Conditional Cash Transfers tied to DOTs encounters; meetings, salaries for TB personnel at MOH	$101,840
	Treatment, care and support (HIV)	$38,416	$64,166	$47,166	UNDP	GFATM	Procurement of viral load kits, nutritional packages, trainings to student nurses	$149,748
	Project Management	$196,156	$232,116	$300,121	UNDP	GFATM	Salaries and office running costs for PR and SRs, evaluations, capacity development plan, audit fees	$728,393
	Subtotal 1	**$643,689**	**$592,411**	**$554,814**	**UNDP**	**GFATM**		**$1,790,914**
	GMS	$45,058	$41,469	$38,837	UNDP	GFATM		$125,364
	TOTAL GFATM	$688,747	$633,880	$593,651	UNDP	GFATM		**$1,916,278**
	UNDP Contribution (TRAC) to Project Mgmt Unit	$8,000	$0	$0	UNDP	UNDP		$8,000
	PROJECT TOTAL	**$696,747**	**$633,880**	**$593,651**				**$1,924,278**

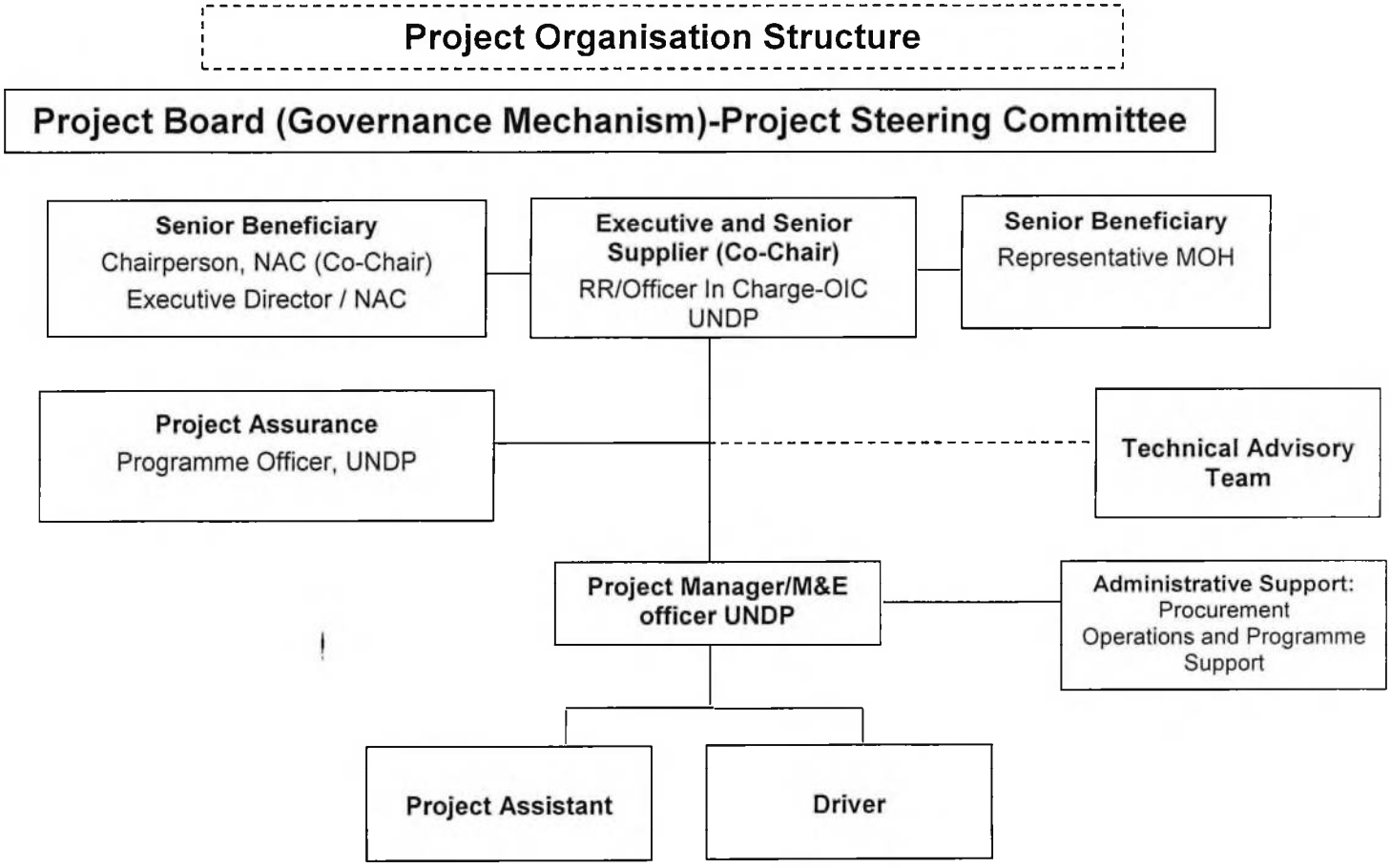
[2] Cost definitions and classifications for programme and development effectiveness costs to be charged to the project are defined in the Executive Board decision DP/2010/32

[3] Changes to a project budget affecting the scope (outputs), completion date, or total estimated project costs require a formal budget revision that must be signed by the project board. In other cases, the UNDP programme manager alone may sign the revision provided the other signatories have no objection. This procedure may be applied for example when the purpose of the revision is only to re-phase activities among years.

VIII. Governance and Management Arrangements

Explain the roles and responsibilities of the parties involved in governing and managing the project. While an example diagram is below, it is not required to follow this diagram exactly. A project can be jointly governed with other projects, for example, through a national steering sub-committee linked to Results Groups under the UNDG Standard Operating Procedures for countries adopting the Delivering as One approach.

Minimum requirements for a project's governance arrangements include stakeholder representation (i.e., UNDP, national partners, beneficiary representatives, donors, etc.) with authority to make decisions regarding the project. Describe how target groups will be engaged in decision making for the project, to ensure their voice and participation. The project's management arrangements must include, at minimum, a project manager and project assurance that advises the project governance mechanism. This section should specify the minimum frequency the governance mechanism will convene (i.e., at least annually.)



Project Board (also called Project Steering Committee - PSC)

The strategic management of the project will lie with the Project Board or Steering Committee. This committee will be co- chaired by the UNDP Representative or Officer in Charge in Belize and the NAC Chairperson. The PSC will be responsible for making, by consensus, management decisions for the

project and shall meet at least annually (preferably quarterly) to review the overall progress and outcomes of the project. It will provide guidance to the Project Manager, including recommendation for UNDP as Implementing Partner, propose changes in the strategic direction of the project; approval of project plans and revisions. These decisions will relate to the scope, extension, expansion, reduction or continuation of the Project.

In addition, the Project Board plays a critical role in UNDP commissioned project evaluations by quality assuring the evaluation process and products, and using evaluations for performance improvement, accountability and learning. Project reviews by this group are made at designated decision points during the running of the project, or as necessary when raised by the Project Manager. This group is consulted by the Project Manager for decisions when Project Manager's tolerances (normally in terms of time and budget) have been exceeded (flexibility). Based on the approved multi-year or annual work plan (AWP), the Project Board may review and approve project annual / quarterly plans when required and authorizes any major deviation from these agreed plans. It is the authority that signs off the completion of each work plan as well as authorizes the start of the next annual/quarterly plan.

This group contains four roles:

a) **Executive:** The Executive is ultimately responsible for project implementation, supported by the Senior Beneficiary and Senior Supplier. The Executive's role is to ensure that the project is focused throughout its life cycle on achieving its objectives and delivering outputs that will contribute to higher level outcomes. The Executive has to ensure that the project gives value for money, ensuring a cost-conscious approach to the project, balancing the demands of beneficiary and supplier.

b) **Supplier:** represents the interests of the parties which provide technical expertise to the project (designing, developing, facilitating, procuring, implementing). The Senior Supplier's primary function within the Board is to provide guidance regarding the technical feasibility of the project. This role will be assumed by the UNDP Representative / Officer in Charge.

c) **Beneficiary:** responsible for validating the needs and for monitoring that the solution will meet those needs within the constraints of the project. The role represents the interests of all those who will benefit from the project, or those for whom the deliverables resulting from activities will achieve specific output - targets. The primary function within the Board is to ensure the realization of project results from the perspective of project beneficiaries.

   This role will be assumed by Representatives of the National Aids Commission (NAC): Chairperson and Executive Director; and from the Ministry Of Health: Deputy Director of Health Services/Focal point for GF grants.

d) **Project Assurance:** Project Assurance is the responsibility of each Project Board member; however, the role can be delegated. The project assurance role supports the Project Board by carrying out objective and independent project oversight and monitoring functions. This role ensures appropriate project management milestones are managed and completed. Project Assurance has to be independent of the Project Manager; therefore, the Project Board cannot delegate any of its assurance responsibilities to the Project Manager. A UNDP Programme Officer, or M&E Officer, typically holds the Project Assurance role on behalf of UNDP.

The Project Steering Committee will be **Co-chaired** by the UNDP Representative and the NAC Chairperson.

Project Manager: The Project Manager has the authority to run the project on a day-to-day basis on behalf of the Implementing Partner within the constraints laid down by the Board. The Project Manager

is responsible for day-to-day management and decision-making for the project. The Project Manager's prime responsibility is to ensure that the project produces the results (outputs) specified in the project document-, to the required standard of quality and within the specified constraints of time and cost. The Implementing Partner (UNDP) appoints the Project Manager, who should be different from the Implementing Partner's representative in the Project Board. Prior to the approval of the project, the Project Developer role is the UNDP staff member responsible for project management functions during formulation until the Project Manager from the Implementing Partner is in place.

Project Assistant – will assist in the formulation of project strategies, support the project manager with reporting to the GFATM as well as assist with M&E documentation. Will provide support services ensuring timeliness in implementations of SR activities with high quality, accuracy and consistency of work. The PA will report directly to the GF PM and coordinate with the M& E officer.

Driver: Assist the project for M&E visits and daily errands.

Other Project Support: UNDP Belize will provide additional support for project administration, procurement, financial, human resources management, programmatic support and quality assurance.

Sub-Recipients: these are entities to which UNDP as Principal Recipient provides funding to carry out programmatic activities contemplated under the GFATM Agreement. For this grant, the following entities have been identified as Sub-Recipients:

1. Ministry of Health (MOH)
2. National Aids Commission (NAC)
3. Belize Family Life Association (BFLA)
4. Hand in Hand Ministries
5. CSO hub-GoBelize and SSRs.

The Project Manager 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.

Ways of sharing project implementation lessons within a dynamic environment will be formalized by the PMU. All 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 and UNDP 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 PA 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 for SRs

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 favorably 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.

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 may be hired in support of the different project's activities as the need arises and there is financial viability to do so.

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

IX. LEGAL CONTEXT

This project document shall be the instrument referred to as such in Article 1 of the Standard Basic Assistance Agreement between the Government of Belize and UNDP, signed on 22 September 1982. All references in the SBAA to "Executing Agency" shall be deemed to refer to "Implementing Partner."

The Implementing Partner shall ensure best value for money, fairness, integrity, transparency, and effective international competition in the financial governance applied to implementing the project. This project will be implemented by UNDP in accordance with its financial regulations, rules, practices and procedures only to the extent that they do not contravene the principles of the Financial Regulations and Rules of UNDP. In all other cases, UNDP's Financial Regulations and Rules and governance procedures shall be followed.

X. RISK MANAGEMENT

UNDP (DIM)

1. UNDP as the Implementing Partner will comply with the policies, procedures and practices of the United Nations Security Management System (UNSMS.)

2. UNDP as the Implementing Partner will undertake all reasonable efforts to ensure that none of the [project funds][4] [UNDP funds received pursuant to the Project Document][5] 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/sc/committees/1267/aq_sanctions_list.shtml. This provision must be included in all sub-contracts or sub-agreements entered into under this Project Document.

3. Social and environmental sustainability will be enhanced through application of the UNDP Social and Environmental Standards (http://www.undp.org/ses) and related Accountability Mechanism (http://www.undp.org/secu-srm).

4. UNDP as the Implementing Partner will: (a) conduct project and programme-related activities in a manner consistent with the UNDP Social and Environmental Standards, (b) implement any management or mitigation plan prepared for the project or programme to comply with such standards, and (c) engage in a constructive and timely manner to address any concerns and complaints raised through the Accountability Mechanism. UNDP will seek to ensure that communities and other project stakeholders are informed of and have access to the Accountability Mechanism.

5. All signatories to the Project Document shall cooperate in good faith with any exercise to evaluate any programme or project-related commitments or compliance with the UNDP Social and Environmental Standards. This includes providing access to project sites, relevant personnel, information, and documentation.

6. UNDP as the Implementing Partner will ensure that the following obligations are binding on each responsible party, subcontractor and sub-recipient:

    a. Consistent with the Article III of the SBAA, the responsibility for the safety and security of each responsible party, subcontractor and sub-recipient and its personnel and property, and of UNDP's property in such responsible party's, subcontractor's and sub-recipient's custody, rests with such responsible party, subcontractor and sub-recipient. To this end, each responsible party, subcontractor and sub-recipient shall:

[4] To be used where UNDP is the Implementing Partner

[5] To be used where the UN, a UN fund/programme or a specialized agency is the Implementing Partner

i. 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;

ii. assume all risks and liabilities related to such responsible party's, subcontractor's and sub-recipient's security, and the full implementation of the security plan.

b. 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 the responsible party's, subcontractor's and sub-recipient's obligations under this Project Document.

c. Each responsible party, subcontractor and sub-recipient will take appropriate steps to prevent misuse of funds, fraud or corruption, by its officials, consultants, subcontractors and sub-recipients in implementing the project or programme or using the UNDP funds. It will ensure that its financial management, anti-corruption and anti-fraud policies are in place and enforced for all funding received from or through UNDP.

d. The requirements of the following documents, then in force at the time of signature of the Project Document, apply to each responsible party, subcontractor and sub-recipient: (a) UNDP Policy on Fraud and other Corrupt Practices and (b) UNDP Office of Audit and Investigations Investigation Guidelines. Each responsible party, subcontractor and sub-recipient agrees to the requirements of the above documents, which are an integral part of this Project Document and are available online at www.undp.org.

e. In the event that an investigation is required, UNDP will conduct investigations relating to any aspect of UNDP programmes and projects. Each responsible party, subcontractor and sub-recipient will provide its full cooperation, including making available personnel, relevant documentation, and granting access to its (and its consultants', subcontractors' and sub-recipients') premises, for such purposes at reasonable times and on reasonable conditions as may be required for the purpose of an investigation. Should there be a limitation in meeting this obligation, UNDP shall consult with it to find a solution.

f. Each responsible party, subcontractor and sub-recipient will promptly inform UNDP as the Implementing Partner in case of any incidence of inappropriate use of funds, or credible allegation of fraud or corruption with due confidentiality.

Where it becomes aware that a UNDP project or activity, in whole or in part, is the focus of investigation for alleged fraud/corruption, each responsible party, subcontractor and sub-recipient will inform the UNDP Resident Representative/Head of Office, who will promptly inform UNDP's Office of Audit and Investigations (OAI). It will provide regular updates to the head of UNDP in the country and OAI of the status of, and actions relating to, such investigation.

g. UNDP will be entitled to a refund from the responsible party, subcontractor or sub-recipient of any funds provided that have been used inappropriately, including through fraud or corruption, or otherwise paid other than in accordance with the terms and conditions of this Project Document. Such amount may be deducted by UNDP from any payment due to the responsible party, subcontractor or sub-recipient under this or any other agreement. Recovery of such amount by UNDP shall not diminish or curtail any responsible party's, subcontractor's or sub-recipient's obligations under this Project Document.

Note: The term "Project Document" as used in this clause shall be deemed to include any relevant subsidiary agreement further to the Project Document, including those with responsible parties, subcontractors and sub-recipients.

h. Each contract issued by the responsible party, subcontractor or sub-recipient in connection with this Project Document shall include a provision representing that no fees, gratuities, rebates, gifts, commissions or other payments, other than those shown in the proposal, have been given, received, or promised in connection with the selection process or in contract execution, and that the recipient of funds from it shall cooperate with any and all investigations and post-payment audits.

i. Should UNDP refer to the relevant national authorities for appropriate legal action any alleged wrongdoing relating to the project or programme, the Government will ensure that the relevant national authorities shall actively investigate the same and take appropriate legal action against all individuals found to have participated in the wrongdoing, recover and return any recovered funds to UNDP.

Each responsible party, subcontractor and sub-recipient shall ensure that all of its obligations set forth under this section entitled "Risk Management" are passed on to its subcontractors and sub-recipients and that all the clauses under this section entitled "Risk Management Standard Clauses" are adequately reflected, *mutatis mutandis*, in all its sub-contracts or sub-agreements entered into further to this Project Document.

XI. ANNEXES

1. Grant Agreement between UNDP and Global Fund
2. Project Quality Assurance Report
3. Results Framework - Global Fund
4. Multi-year Work Plan
5. Social and Environmental Screening Template
6. Risk Analysis
7. Capacity Assessment: Results of capacity assessments of Implementing Partner: (Not applicable for UNDP under DIM)
8. Project Board and Project Manager Terms of Reference

Execution Version

Grant Confirmation

1. This **Grant Confirmation** is made and entered into by **the Global Fund to Fight AIDS, Tuberculosis and Malaria** (the "Global Fund") and the **United Nations Development Programme** (the "Principal Recipient"), as of the date of the last signature below and effective as of the start date of the Implementation Period (as defined below), pursuant to the Framework Agreement, dated as of 13 October 2016, as amended and supplemented from time to time (the "Framework Agreement"), between the Global Fund and the Principal Recipient, to implement the Program set forth herein.

2. **Single Agreement.** This Grant Confirmation, together with the Integrated Grant Description attached hereto as Schedule I, sets forth the provisions (including, without limitation, representations, conditions, Program Activities, Program budget, performance framework, and related implementation arrangements) applicable to the Program, and forms part of the Grant Agreement. Each capitalized term used but not defined in this Grant Confirmation shall have the meaning ascribed to such term in the Framework Agreement (including the UNDP-Global Fund Grant Regulations).

3. **Grant Information.** The Global Fund and the Principal Recipient hereby confirm the following:

3.1.	Host Country or Region:	Belize
3.2.	Disease Component:	HIV/AIDS, Tuberculosis
3.3.	Program Title:	Building Resilience Through Innovation and National Accountability
3.4.	Grant Name:	BLZ-C-UNDP
3.5.	GA Number:	1751
3.6.	Grant Funds:	Up to the amount USD 1,916,278.00
3.7.	Implementation Period:	From 1 January 2019 to 31 December 2021 (inclusive)
3.8.	Principal Recipient:	United Nations Development Programme Lawrence Nicholas Office Complex, 3rd Floor South Ring Road P.O. Box 53 Belmopan Belize Attention: Ms. Carla Zacapa Resident Representative a.i. Telephone: +5018220467 Facsimile: +5018223364 Email: carla.zacapa@undp.org
3.9.	Fiscal Year:	1 January to 31 December
3.10.	Local Fund Agent:	Cardno Emerging Markets Ltd. 2107 Wilson Boulevard, Suite 800 VA 22201-3095

		Arlington United States of America Attention: Mr. Michael Reeves Team Leader Telephone: +1 (703) 373 7716 Facsimile: +1 (703) 373 7601 Email: michael.reeves@cardno.com
3.11.	Global Fund contact:	The Global Fund to Fight AIDS, Tuberculosis and Malaria Global Health Campus, Chemin du Pommier 40 1218 Grand-Saconnex, Geneva, Switzerland Attention Annelise Hirschmann Regional Manager Grant Management Division Telephone: +41 58 791 1700 Facsimile: +41 44 580 6820 Email: annelise.hirschmann@theglobalfund.org

[*Signature Page Follows.*]

CZ

IN WITNESS WHEREOF, the Global Fund and the Principal Recipient have caused this Grant Confirmation to be executed and delivered by their respective duly authorized representatives on their respective date of signature below.

The Global Fund to Fight AIDS, Tuberculosis and Malaria

By: _____

Name: Mr. Mark Edington
Title: Head, Grant Management Division

Date: Dec 13, 2018

United Nations Development Programme

By: _____

Name: Ms. Carla Zacapa
Title: Resident Representative a.i.

Date: 10 December 2018

Acknowledged by

By: _____

Name: Mrs. Laura Tucker Longsworth
Title: Chair of the Country Coordinating Mechanism of Belize

Date: DEC 1 1 2018

By: _____

Name: Mr. Leo Bradley
Title: Civil Society Representative of the Country Coordinating Mechanism of Belize

Date: DEC 1 1 2018

Schedule I

Integrated Grant Description

Country:	Belize
Program Title:	Building Resilience Through Innovation and National Accountability
Grant Name:	BLZ-C-UNDP
GA Number:	1751
Disease Component:	HIV/AIDS, Tuberculosis
Principal Recipient:	United Nations Development Programme

A. **PROGRAM DESCRIPTION**

1. **Background and Rationale for the Program**

Belize is classified as an upper middle-income country, with a population of 385,766 with the highest overall HIV prevalence rate in Latin America of 1.8 percent among adults 15 to 49 years old. The 2014 Modes of Transmission study projected that by 2020, 68 percent of newly reported cases of HIV would be among men who have sex with men. The 2016 cascade indicates 56.8 percent (2,423) of persons who have HIV know their status, 55.9 percent (1,354) of those who know are on Antiretroviral Therapy (ART) and 37.4 percent (507) of those on ART are virally suppressed. Belize adopted the treat all policy, which it is currently in the process of implementation.

The estimated TB incidence is the country is 38 cases per 100,000 persons which would result in an estimate of 140 patients per year. TB-HIV co-infection is around 25 percent and has been increasing in recent years. Most of TB patients were among adults aged 25 to 64. The male: female ratio was 1.3 in 2017. In 2016, the treatment success rate was only 62 percent, with a high death rate. Of the patients that died, the majority were HIV positive. The country diagnosed one case of Multi Drug Resistance Tuberculosis (MDR-TB), out of 10 estimated patients in 2017. The number of HIV infected persons on latent TB infection (LTBI) treatment and isoniazid preventive treatment (IPT) has increased from 39 to 239 in 2015-2017. Belize is increasing collaboration between the National Tuberculosis Program (NTP) and National Aids Program (NAP) and has adopted WHO recommendations for HIV testing and counselling of all presumptive and diagnosed TB cases.

A transition readiness assessment (TRA) encompassing both the TB and HIV program, was prepared from October to December 2017 along with an accompanying transition work plan. Only the TB program is due to transition from Global Fund support in this funding cycle. The development of a joint transition work plan on which this funding request is based is therefore a precautious measure that will enhance the resilience and an integration of both programs. The work plan has key objectives centering on scale-up and advance a human rights framework for key populations, building political will through an investment case that demonstrates the national economic cost/benefit of investing in the public-sector response; along with supporting sustainable HIV and TB responses by strengthening and building systems, and collaboration between government and community. The grant is based on the transition readiness assessment and workplan, as well as the updated National Strategic Plans.

2. **Goals, Strategies and Activities**

Goals:

- New HIV infections among men who have sex with men account for a maximum of 30% of all new infections.
- 80% of persons living with HIV, who are on ART, remain on ART.

- To promptly find and completely cure 100% of cases of TB disease, including MDR-TB, while assuring that patients -especially persons living with HIV- benefit from broader preventive care.

Strategies:

- Develop, strengthen and advance a human rights framework for key populations.
- Support sustainable HIV and TB responses by strengthening and building systems and collaborations between government and community for the provision of optimum HIV and TB services to all - all in the direction of defending dignity and rights of those affected by the diseases.

Planned Activities:

- Delivery of standardized package of Behavior Change and Risk Reduction outreach activities to men who have sex with men (MSM) and to Transgender people, including HIV testing through certified HIV testing trainees from the civil society organizations (CSOs).
- Pilot of "social contracting", using grant funds, to implement HIV and TB services.
- Capacity building of the Ministry of Health as a potential future Principal Recipient of Global Fund funding; and of the CSO hub in five functional areas to strengthen and sustain the national response.
- Training of trainer's sessions for key population groups and CSO hub on Human Rights and medical ethics related to HIV and TB and gender-based violence.
- Capacity building for health care workers including CSO hub in HIV treatment and care utilizing the Treat All toolkit.
- Capacity building of health workers in the Standard Operating Procedures for Viral Load testing
- Set up navigation services to support people living with HIV (PLHIV) navigate the health services and support PLHIV to keep them enrolled in treatment services, with adherence counsellors at health facilities, peer navigators for key populations and national aids commission (NAC) district committees.
- Delivery of nutritional support to children living with HIV and to TB patients in difficult socio-economic situations.
- Procurement of GeneXpert kits to increase testing in screening of possible cases of MDR-TB.
- Adaptation of the "Creating an Enabling Environment Training Guide" for new key sectors; subsequent training and assessment of the effectiveness of the training.
- Support to the implementation of advocacy plan for enactment of the non-discrimination legislation and other relevant legislation including consultation sessions.
- Training to improve reporting of stigma and discrimination; and collection of data from the human rights observatory, Hand-in-Hand Ministries, Ministry of Health (MoH) complaint mechanisms, CSOs and other sources such as Caribbean Vulnerable Communities Coalition Shared Incidence Database (CVC SID) to identify specific instances of stigma and discrimination; and follow-up with victims to monitor redress.
- Development of human rights agenda by civil society organizations and key populations.
- Institutionalization of annual National AIDS Spending Assessments (NASA) and NHA exercises (including HIV/TB spending).
- Support to the CSO hub to have access to the Belize Health Information System.

3. **Target Group/Beneficiaries**

- Men who have sex with Men and Transgender women;
- People living with HIV, with a particular focus on linking to care and adherence;
- Orphans and vulnerable children living with HIV and TB patients in difficult socio-economic situations.

B. **PERFORMANCE FRAMEWORK**

Please see attached.

C. **SUMMARY BUDGET**

Please see attached.

The Global Fund

Performance Framework

Country	Belize
Grant Name	BLZ-C-UNDP
Implementation Period	01-Jan-2019 - 31-Dec-2021
Principal Recipient	United Nations Development Programme

Reporting Periods				
	Start Date	01-Jan-2019	01-Jan-2020	01-Jan-2021
	End Date	31-Dec-2019	31-Dec-2020	31-Dec-2021
	PU includes DR?	Yes	Yes	No

Program Goals and Impact Indicators

1 New HIV infections among men who have sex with men account for a maximum of 30% of all new infections.

2 80% Of persons living with HIV, who are on ART, remain on ART.

3 To promptly find and completely cure 100% of cases of TB disease, including MDR-TB, while assuring that patients -especially persons living with HIV- benefit from broader preventive care.

	Impact Indicator	Country	Baseline Value	Baseline Year and Source	Required Disaggregation	2019	2020	2021	Comment
1	HIV I-9a(M): Percentage of men who have sex with men who are living with HIV	Belize	13.85%	2012 Behavioral Surveillance Survey; MOH	Age	N: D: P: % Due Date:	N: D: P: % Due Date:	N: D: P: % Due Date:	Numerator: Number of MSM who test positive for HIV Denominator: Number of MSM tested for HIV Baseline Data Source: IBSS 2012. Target source: Targets have not yet been formulated. Others: Belize has decided not to undertake a follow-up IBBS in the near future. Instead, the target setting process will be enhanced by acquiring an update of the HIV prevalence rate among MSM by the end of 2019. Belize focuses on designing and implementing the following steps: a1)the country decided not to undertake a new follow-up IBBS. Instead, MOH will expand and strengthen the BHIS system, allowing expanded query reports from routine case surveillance data; a2) MOH will make the necessary arrangements to expand the BHIS user-base, authorizing the SRs CSO Hub and BFLA to upload their specific data about MSM, including MSM living with HIV. c) MoH is currently reviewing the Belize Health Information System to update the collection and reporting forms. It is expected that in 2019 the BHIS will be able to capture the required information.
2	TB I-4(M): RR-TB and/or MDR-TB prevalence among new TB patients: Proportion of new TB cases with RR-TB and/or MDR-TB	Belize	0%	2017 TB Register; MOH		N: D: P: 0.85% Due Date: 01-Mar-2020	N: D: P: 1.64% Due Date: 01-Mar-2021	N: D: P: 1.57% Due Date: 01-Mar-2022	Numerator: Number of new TB cases with RR-TB and/or MDR-TB Denominator: Total number of new TB cases with DST results/ Xpert result x 100 Data source: National TB Register database. According to the TB database there was 1 TB case (all forms) with RR/MDR TB registered in 2017. Target source: WHO estimates that 2.9% of new cases (2 - 3 cases annually) have MDR TB. With improved detection practices, targets are set to increase from 0 in 2018 (last year of the previous grant) to 1 new case by 2019 and 2 new cases per year by 2020. To calculate the percentage: it is estimated that 97.5% of reported incident cases are new (2019: 117, 2020: 122, 2021: 127) Other: The one diagnosed MDR TB case for 2017 was a re-treatment case due to treatment failure.

Program Objectives and Outcome Indicators

1 Reduce HIV transmission among the key population groups Men who have sex with men;Trans-gender Women; and Males-At-Risk 15-29 years.

2 The clinical management of 100% of cases of persons on ART includes consistent routine CD4 and Viral Load testing.

3 A 90% reduction in tuberculosis incidence rate (while curing 100% of detected cases)

4 Improve the detection and management of MDR-TB

The Global Fund

	Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Disaggregation	2019	2020	2021	Comment
1	TB O-5(M): TB treatment coverage: Percentage of new and relapse cases that were notified and treated among the estimated number of incident TB cases in the same year (all form of TB - bacteriologically confirmed plus clinically diagnosed)	Belize	83.6%	2017 TB Register; MOH		N: D: P: 86% Due Date: 01-Mar-2020	N: D: P: 89% Due Date: 01-Mar-2021	N: D: P: 93% Due Date: 01-Mar-2022	Numerator: Number of new and relapse cases that were notified and treated Denominator: Estimated number of incident TB cases in the same year (all form of TB - bacteriologically confirmed plus clinically diagnosed) as per WHO Data source: TB Register in Belize BHIS. Reporting of the year results will occur in the subsequent year, usually in October. Target source: Based on the NSP2019-2022 targets. Note the projected value for 2018 is 85% and targets are expected to increase from there to 93% by 2021. 3% increase per year. Other: the baseline value is derived by a numerator of 117 and a denominator of 140. The targets are based on assumption of stable WHO estimate of 140 incident cases. If WHO estimates change substantially, targets can be revisited.
2	HIV O-1(M): Percentage of adults and children with HIV, known to be on treatment 12 months after initiation of antiretroviral therapy	Belize	61.1%	2016 BHIS; MOH	Duration of treatment,Age,Gender	N: D: P: 70% Due Date: 01-Mar-2020	N: D: P: 75% Due Date: 01-Mar-2021	N: D: P: 80% Due Date: 01-Mar-2022	Numerator: Number of adults and children who are still alive and receiving antiretroviral therapy 12 months after initiating treatment Denominator: Total number of adults and children who initiated ART who were expected to achieve 12-month outcomes within the reporting period Data source: Baseline is 2016 value extracted from BHIS. Derived by focusing on following cohort (247 PLHIV) who started ART in Jan 2016. Reported by MOH in July 2017. Note that the baseline (151/247) shows improvement compared to a reported 2013 baseline of 48%. Target source: NSP and requirements to move in realistic manner toward achieving 90-90-90 targets. Note the projected value for 2018 is 68%. Other: There will be a GF evaluation of focused country portfolios in 2019/2020, at which point targets could be revisited. Evaluation could be tailored and include treatment program.
3	HIV O-12: Percentage of people living with HIV and on ART who are virologically suppressed (among all those currently on treatment who received a VL measurement regardless of when they started ART)	Belize	37.4%	2016 BHIS; MOH		N: D: P: % Due Date:	N: D: P: % Due Date:	N: D: P: % Due Date:	Numerator: Number of people living with HIV and on ART who have suppressed viral load (<1000 copies per mL) Denominator: Number of people living with HIV who are currently receiving ART who received a VL measurement regardless of when they started ART Data source: Baseline is extracted from the MOH HIV Surveillance Report 2016 which based its data on information generated from the relevant query reports. This data has been used to populate the last section of the HIV Continuum of Care Cascade. Due to suspected inaccuracies in the 2017 cascade, the 2016 cascade is here being used. 507 persons out of all 1,354 Persons who are on ART have viral load suppression (37.4%). The available denominator (1,354) represents those in ARV, not necessary those who were who received a VL measurement in 2016. Thus, the baseline and the targets will be updated and defined once the BHIS provides the number of people in TARV who actually receive VL measurement. MoH is currently reviewing the Belize Health Information System to update the collection and reporting forms. It is expected that in 2019 the BHIS will be able to capture the required information. Target source: the targets will be determined in the Year1 of the project after discussions with technical partners and MoH on the feasibility of the scale-up of VL capacities and roll-out of interventions to improve adherence. Other: A plan to improve the 90-90-90 cascade has been developed, and include interventions to improve the third pillar of the cascade.

Coverage Indicators

Coverage Indicator	Country and Geographic Area	Baseline	Baseline Year and Source	Required Disaggregation	Cumulation for AFD	01-Jan-2019 31-Dec-2019	01-Jan-2020 31-Dec-2020	01-Jan-2021 31-Dec-2021	Comments
Treatment, care and support									
TCS-1(M): Percentage of people living with HIV currently receiving antiretroviral therapy	Country: Belize; Coverage: National	N: 1,354 D: 4,391 P: 30.835800501024 8%	BHIS: MOH	Target / Risk population group,Age,Gender | Age,Gender	N-Non - cumulative (other)	N: 2,550 D: 4,671 P: 54.6%	N: 3,050 D: 4,836 P: 63.1%	N: 3,500 D: 5,016 P: 69.8%	Numerator: Number of children plus adults currently receiving antiretroviral therapy at the end of the reporting period Denominator: Estimated number of PLHIV Data source: Numerator: children, reported to be in comprehensive care & treatment (Hand in Hand Ministries), plus ART registers in BHIS (MOH) and corresponding reporting forms. The denominator is established by Spectrum estimates for HIV (Annex FR375-HIV04) Target source: estimations based on Spectrum projections for denominator and feasible proportional coverage targets 55% (2019), 63% (2020) and 70% (2021).Targets are aligned with the NSP (see programmatic gap tables). Targets will be re-evaluated after2019. Other: The PR will conduct a standardized cascade analysis (at least annually) overall and with disaggregation by geography, sex, age and (when data allow by key population) and provide this analysis to the GF and LFA upon request.

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Coverage Indicators

Coverage Indicator	Country and Geographic Area	Baseline	Baseline Year and Source	Required Disaggregation	Cumulation for AFD	01-Jan-2019 31-Dec-2019	01-Jan-2020 31-Dec-2020	01-Jan-2021 31-Dec-2021	Comments
Comprehensive prevention programs for MSM									
KP-1a(M): Percentage of men who have sex with men reached with HIV prevention programs - defined package of services	Country: Belize; Coverage: Subnational	N: 540 D: 2,551 P: 21.16816934535 48%	GF BZE PUDR Dec 2017; UNDP		Y- Cumulative annually	N: 1,058 D: 3,689 P: 29.0%	N: 1,424 D: 3,755 P: 38.0%	N: 1,900 D: 3,823 P: 50.0%	Numerator: Number of MSM who have received a defined package of HIV prevention services in the targeted area (districts of Belize, Cayo, and Stann Creek) Denominator: Estimated number of MSM in the targeted area (districts of Belize, Cayo and Stann Creek) Data source: Numerator is extracted from program reports provided by BFLA and CSO Hub. The two organizations will split prevention targets, roughly 80/20, for pilot year, with potential different distribution alter impact evaluation at end of first year. Assumptions: The denominator was constructed based on the study: "Estimation of Key Population Size of Men Who Have Sex with Men and Transgender Women in Belize", conducted in 2018, and extrapolating the results of the study to the targeted area. For 2019 that constructed estimate is 3,689 MSM; for Y2 and Y3, the estimate increases annual by 1.8% (which is the annual population growth rate). The results of the study were consistent with previous UNAIDS estimates in Belize (5%: UNAIDS estimate). The estimated total number of males 15-49 residing in the districts is from the 2018 mid-year population estimate (Statistical Institute of Belize). For 2019 that constructed estimate is 3,689 MSM; for Y2 and Y3, the estimate increases annual by 1.8% (which is the annual population growth rate). Targets are aligned with the NSP (see programmatic gap tables) An evaluation by APMG (part of GF Focused Country Evaluations) is expected in 2020 and can include prevention and testing programs. Results can be used to refine outreach modalities and targets. Other: a) Definition of prevention package: For a person to be considered reached, they will need to receive 3 BCC interventions (i.e. counselling, referral service, navigation), 1 HIV test and condoms and/or lube b) Measurement method: Persons will be identified with a unique identifier code (UIC). Individuals that received the defined package (per above) 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. BFLA, CSO Hub and PR will do routine analysis of UICs to identify duplicates and coordinate outreach efforts to reduce duplicates. Contractual arrangements between CSO hub and CSOs will include condition that peer educators presently contracted to conduct outreach of behalf of one organization reporting to GF should not be employed as peer educators for other organizations contracted to implement same type of activity for CSO hub.
TB care and prevention									
TCP-1(M): Number of notified cases of all forms of TB-(i.e. bacteriologically confirmed + clinically diagnosed), includes new and relapse cases	Country: Belize; Coverage: National	N: 117 D: P:	TB Register; MOH	Gender,TB case definition,Age,HIV test status	Y- Cumulative annually	N: 120 D: P:	N: 125 D: P:	N: 130 D: P:	Numerator: Number of all forms of TB cases (bacteriologically confirmed plus clinically diagnosed) notified to the national health authority during the reporting period Data source: TB Register Target source: TB NSP 2019-2022 targets Other: Targets are same as in the NSP, based on WHO estimates.
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	Country: Belize; Coverage: National	N: 74 D: 120 P: 61.66666666666 67%	TB Register; MOH	Age,HIV test status,Gender	Y- Cumulative annually	N: D: P: 70.0%	N: D: P: 77.5%	N: D: P: 85.0%	Numerator: Number of all forms of TB cases (i.e. bacteriologically confirmed plus clinically diagnosed) in a specified period who subsequently were successfully treated (sum of WHO outcome categories "cured" plus "treatment completed") Denominator: Total number of all forms of TB cases (bacteriologically confirmed plus clinically diagnosed) registered for treatment in the same period Data source: TB Register in the BHIS Target source: TB NSP 2019-2022 targets Other: Targets are from the NSP. NSP is expected to be reviewed and extended to 2025.

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Summary Budget

Country Belize
Grant Name BLZ-C-UNDP
Implementation Period 01-Jan-2019 - 31-Dec-2021
Principal Recipient United Nations Development Programme

By Module	01/01/2019 - 31/03/2019	01/04/2019 - 30/06/2019	01/07/2019 - 30/09/2019	01/10/2019 - 31/12/2019	Total Y1	01/01/2020 - 31/03/2020	01/04/2020 - 30/06/2020	01/07/2020 - 30/09/2020	01/10/2020 - 31/12/2020	Total Y2	01/01/2021 - 31/03/2021	01/04/2021 - 30/06/2021	01/07/2021 - 30/09/2021	01/10/2021 - 31/12/2021	Total Y3	Grand Total	% of Grand Total
Programs to reduce human rights-related barriers to HIV services		$5,060	$470	$4,860	**$10,390**	$860	$1,170	$1,260	$1,170	**$4,460**	$860	$1,570	$860	$220	**$3,510**	**$18,360**	**1.0 %**
RSSH: Community responses and systems	$50,525	$6,490	$865	$865	**$58,745**	$865	$6,490	$865	$865	**$9,085**	$865	$865	$865	$865	**$3,460**	**$71,290**	**3.7 %**
RSSH: Health management information systems and M&E	$600	$6,830	$600	$600	**$8,630**	$600	$1,790	$600	$600	**$3,590**	$600	$1,790	$600	$600	**$3,590**	**$15,810**	**0.8 %**
Program management	$58,338	$63,733	$58,640	$58,910	**$239,620**	$86,524	$61,900	$62,577	$59,232	**$270,233**	$151,707	$69,465	$57,121	$61,611	**$339,904**	**$849,758**	**44.3 %**
TB/HIV	$53,692	$7,219	$2,250	$3,350	**$66,511**	$44,850	$2,250	$3,350	$2,250	**$52,700**	$44,850	$2,250	$3,350	$2,250	**$52,700**	**$171,911**	**9.0 %**
RSSH: Human resources for health (HRH), including community health workers	$21,531	$38,654	$28,604	$28,204	**$116,992**	$28,204	$38,654	$28,204	$7,422	**$102,483**	$17,872	$7,422	$7,422	$7,422	**$40,139**	**$259,614**	**13.5 %**
Comprehensive prevention programs for TGs	$175	$175	$175	$175	**$700**	$175	$175	$175	$175	**$700**	$175	$175	$175	$175	**$700**	**$2,100**	**0.1 %**
MDR-TB	$20,995				**$20,995**	$20,995				**$20,995**						**$41,990**	**2.2 %**
RSSH: National health strategies	$50	$50	$500		**$600**											**$600**	**0.0 %**
Comprehensive prevention programs for MSM	$15,577	$18,125	$18,062	$18,090	**$69,853**	$23,532	$23,492	$23,492	$23,430	**$93,946**	$30,340	$30,340	$30,340	$30,340	**$121,358**	**$285,157**	**14.9 %**
TB care and prevention	$11,455	$11,455	$7,220	$7,220	**$37,350**	$6,460	$6,460	$6,460	$6,460	**$25,840**						**$63,190**	**3.3 %**
Treatment, care and support	$8,500	$8,500	$8,500	$8,500	**$34,000**	$8,500	$8,500	$34,250	$8,500	**$59,750**	$4,250	$30,000	$4,250	$4,250	**$42,750**	**$136,500**	**7.1 %**
Grand Total	**$241,438**	**$166,290**	**$125,885**	**$130,773**	**$664,385**	**$221,564**	**$150,880**	**$161,233**	**$110,104**	**$643,781**	**$251,519**	**$143,877**	**$104,983**	**$107,733**	**$608,111**	**$1,916,278**	**100.0 %**

By Cost Grouping	01/01/2019 - 31/03/2019	01/04/2019 - 30/06/2019	01/07/2019 - 30/09/2019	01/10/2019 - 31/12/2019	Total Y1	01/01/2020 - 31/03/2020	01/04/2020 - 30/06/2020	01/07/2020 - 30/09/2020	01/10/2020 - 31/12/2020	Total Y2	01/01/2021 - 31/03/2021	01/04/2021 - 30/06/2021	01/07/2021 - 30/09/2021	01/10/2021 - 31/12/2021	Total Y3	Grand Total	% of Grand Total
Human Resources (HR)	$73,483	$84,566	$75,363	$75,363	**$308,775**	$75,813	$75,813	$75,813	$55,031	**$282,469**	$55,931	$55,931	$55,931	$60,241	**$228,035**	**$819,279**	**42.8 %**
Travel related costs (TRC)	$13,295	$30,020	$12,600	$14,390	**$70,303**	$14,865	$30,755	$15,240	$14,025	**$74,883**	$27,765	$17,555	$17,315	$15,575	**$78,208**	**$223,394**	**11.7 %**
External Professional services (EPS)	$48,856	$22,560	$11,423	$14,200	**$97,038**	$77,893	$16,938	$16,378	$16,340	**$127,548**	$144,074	$27,934	$17,574	$17,574	**$207,155**	**$431,741**	**22.5 %**
Health Products - Non-Pharmaceuticals (HPNP)	$19,125				**$19,125**	$19,125				**$19,125**						**$38,250**	**2.0 %**
Health Products - Equipment (HPE)								$25,200		**$25,200**		$25,200			**$25,200**	**$50,400**	**2.6 %**
Procurement and Supply-Chain Management costs (PSM)	$1,870				**$1,870**	$1,870		$550		**$2,420**		$550			**$550**	**$4,840**	**0.3 %**
Non-health equipment (NHP)	$195	$195	$195	$195	**$780**	$195	$195	$195	$195	**$780**	$195	$195	$195	$195	**$780**	**$2,340**	**0.1 %**
Communication Material and Publications (CMP)	$750				**$750**											**$750**	**0.0 %**
Programme Administration costs (PA)	$19,145	$14,229	$11,585	$11,905	**$56,864**	$17,845	$13,221	$13,898	$10,553	**$55,517**	$19,805	$12,763	$10,218	$10,398	**$53,183**	**$165,564**	**8.6 %**
Living support to client/ target population (LSCTP)	$64,720	$14,720	$14,720	$14,720	**$108,880**	$13,960	$13,960	$13,960	$13,960	**$55,840**	$3,750	$3,750	$3,750	$3,750	**$15,000**	**$179,720**	**9.4 %**
GrandTotal	**$241,438**	**$166,290**	**$125,885**	**$130,773**	**$664,385**	**$221,564**	**$150,880**	**$161,233**	**$110,104**	**$643,781**	**$251,519**	**$143,877**	**$104,983**	**$107,733**	**$608,111**	**$1,916,278**	**100.0 %**

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By Recipients	01/01/2019 - 31/03/2019	01/04/2019 - 30/06/2019	01/07/2019 - 30/09/2019	01/10/2019 - 31/12/2019	Total Y1	01/01/2020 - 31/03/2020	01/04/2020 - 30/06/2020	01/07/2020 - 30/09/2020	01/10/2020 - 31/12/2020	Total Y2	01/01/2021 - 31/03/2021	01/04/2021 - 30/06/2021	01/07/2021 - 30/09/2021	01/10/2021 - 31/12/2021	Total Y3	Grand Total	% of Grand Total
PR	**$167,879**	**$58,719**	**$47,051**	**$52,421**	**$326,070**	**$138,530**	**$56,886**	**$78,238**	**$48,594**	**$322,249**	**$182,719**	**$84,977**	**$46,632**	**$50,022**	**$364,350**	**$1,012,668**	**52.8 %**
United Nations Development Programme	$167,879	$58,719	$47,051	$52,421	$326,070	$138,530	$56,886	$78,238	$48,594	$322,249	$182,719	$84,977	$46,632	$50,022	$364,350	$1,012,668	52.8 %
SR	**$73,559**	**$107,570**	**$78,834**	**$78,352**	**$338,316**	**$83,034**	**$93,994**	**$82,994**	**$61,510**	**$321,533**	**$68,800**	**$58,900**	**$58,350**	**$57,710**	**$243,761**	**$903,610**	**47.2 %**
BFLA	$15,720	$15,782	$15,720	$15,782	$63,004	$20,795	$20,795	$20,795	$20,732	$83,116	$26,232	$26,232	$26,232	$26,232	$104,929	$251,048	13.1 %
CSO hub	$8,485	$18,441	$15,441	$15,156	$57,523	$15,586	$15,546	$15,546	$15,546	$62,224	$16,956	$16,956	$16,956	$16,956	$67,824	$187,571	9.8 %
HnH	$8,500	$8,500	$8,500	$8,500	$34,000	$8,500	$8,500	$8,500	$8,500	$34,000	$4,250	$4,250	$4,250	$4,250	$17,000	$85,000	4.4 %
Ministry of Health	$38,555	$55,677	$36,424	$36,024	$166,679	$35,264	$45,714	$35,264	$14,482	$130,723	$18,472	$8,022	$8,022	$8,022	$42,539	$339,941	17.7 %
NAC	$2,300	$9,170	$2,750	$2,890	$17,110	$2,890	$3,440	$2,890	$2,250	$11,470	$2,890	$3,440	$2,890	$2,250	$11,470	$40,050	2.1 %
Grand Total	**$241,438**	**$166,290**	**$125,885**	**$130,773**	**$664,385**	**$221,564**	**$150,880**	**$161,233**	**$110,104**	**$643,781**	**$251,519**	**$143,877**	**$104,983**	**$107,733**	**$608,111**	**$1,916,278**	**100.0 %**

Design & Appraisal Stage Quality Assurance Report

Overall Project Rating: **Highly Satisfactory**

Decision: Approve: The project is of sufficient quality to continue as planned. Any management actions must be

Project Number:

Project Title: The grant for 2019-21 aims to strengthen health systems and buffer Human Rights initiatives for all as the country transitions from GF-supported TB and possibly HIV inter

Project Date:

Strategic **Quality Rating: Highly Satisfactory**

1. Does the project's Theory of Change specify how it will contribute to higher level change? (Select the option from 1-3 that best reflects the project)

◉ *3: The project has a theory of change with explicit assumptions and clear change pathway describing how the project will contribute to outcome level change as specified in the programme/CPD, backed by credible evidence of what works effectively in this context. The project document clearly describes why the project's strategy is the best approach at this point in time.*

○ 2: The project has a theory of change. It has an explicit change pathway that explains how the project intends to contribute to outcome-level change and why the project strategy is the best approach at this point in time, but is backed by limited evidence.

○ 1: The project does not have a theory of change, but the project document may describe in generic terms how the project will contribute to development results, without specifying the key assumptions. It does not make an explicit link to the programme/CPD's

Evidence	Management Response
The project is linked to the Multi-country Sustainable Development Framework (MSDF) Pillar 2 related to Universal Access to Health Services and Systems. The project will contribute to outcomes related to the 90/90/90 goal for HIV coverage. The project clearly explains the strategies and activities and partnerships that will be performed with regards to vulnerable populations affected by HIV and strengthening of national capacities to guarantee the sustainability of the intervention throughout the years. The strategies were based on analysis of the previous GFTAM grant cycle and lessons learnt of what worked and what didn't work.	

2. Is the project aligned with the thematic focus of the UNDP Strategic Plan? (select the option from 1-3 that best reflects the project)

○ 3: The project responds to one of the three areas of developme work as specified in the Strategic Plan; it addresses at least one areas; an issues-based analysis has been incorporated into the project design; and the project's RRF includes all the relevant SP output indicators. (all must be true to select this option)

◉ *2: The project responds to one of the three areas of development work as specified in the Strategic Plan. The project's RRF includes at least one SP output indicator, if relevant. (both must be true to select this option)*

1: While the project may respond to one of the three areas of work as specified in the Strategic Plan, it is based on a sectoral approach without addressing the complexity of the development issue. None of the relevant SP indicators are included in the RRF. This answer is also selected if the project does not respond to any of the three areas of development work in the Strateg

Evidence

The project is aligned to the new SP under Outcome 1: Eradicating poverty in all its forms and Signature Solution #2 Strengthened effective, accountable and inclusive governance Output 1.2.1 which refers to strengthening capacities at national and sub national levels including HIV and TB related services. It is also aligned to Outcome 2: Accelerate structural transformation for sustainable development Signature Solution 2 Strengthened effective, accountable and inclusive governance Output 2.2.2 which refers to Capacities, functions and financing of rule of law and national human rights institutions and systems strengthened to expand access to justice and combat discrimination, with a focus on women and

Relevant **Quality Rating: Highly Satisfactory**

3. Does the project have strategies to effectively identify, engage and ensure the meaningful participation of targeted groups/geographic areas with a priority focus on the excluded and marginalized? (select the option from 1-3 that best reflects this project)

3: The target groups/geographic areas are appropriately specified, prioritising the excluded and/or marginalised. Beneficiaries will be identified through a rigorous process based on evidence (if applicable.)The project has an explicit strategy to identify, engage and ensure the meaningful participation of specified target groups/geographic areas throughout the project, including through monitoring and decision-making (such as representation on the project board) (all must be true to select this option)

2: The target groups/geographic areas are appropriately specified, prioritising the excluded and/or marginalised. The project document states how beneficiaries will be identified, engaged and how meaningful participation will be ensured throughout the project. (both must be true to select this option)

1: The target groups/geographic areas are not specified, or do not prioritize excluded and/or marginalised populations. The project does not have a written strategy to identify or engage or ensure the meaningful participation of the target groups/geographic areas throughout the project.

Evidence	Management Response
Vulnerable populations (MSM, transgender women, children People Living with HIV and TB) have been involved starting with the design of the project through focus groups and will be represented at the project board level through the National AIDS Commission. Specific geographic areas (Belize, Cayo and Stann Creek Districts) of intervention have also been determined based on Ministry of Health surveillance data and epidemiological data.	

4. Have knowledge, good practices, and past lessons learned of UNDP and others informed the project design? (select the option from 1-3 that best reflects this project)

3: Knowledge and lessons learned (gained e.g. through peer assist sessions) backed by credible evidence from evaluation, corporate policies/strategies, and monitoring have been explicitly used, with appropriate referencing, to develop the project's theory of change and justify the approach used by the project over alternatives.

2: The project design mentions knowledge and lessons learned backed by evidence/sources, which inform the project's theory of change but have not been used/are not sufficient to justify the approach selected over alternatives.

1: There is only scant or no mention of knowledge and lessons learned informing the project design. Any references that are

Evidence	Management Response
Global Fund evaluations from the past grant cycle and lessons learnt from UNDP's last programmatic cycle have informed the project. For instance, tailoring the provision of packaged services to vulnerable populations and the design to outreach activities through peer groups.	

5. Does the project use gender analysis in the project design and does the project respond to this gender analysis with concrete measures to address gender inequities and empower women? (select the option from 1-3 that best reflects this project)

3: A participatory gender analysis on the project has been conducted. This analysis reflects on the different needs, roles and access to/control over resources of women and men, and it is fully integrated into the project document. The project establishes concrete priorities to address gender inequalities in its strategy. The results framework includes outputs and activities that specifically respond to this gender analysis, with indicators that measure and monitor results contributing to gender equality. (all must be true to select this option)

2: A gender analysis on the project has been conducted. This analysis reflects on the different needs, roles and access to/control over resources of women and men. Gender concerns are integrated in the development challenge and strategy sections of the project document. The results framework includes outputs and activities that specifically respond to this gender analysis, with indicators that measure and monitor results contributing to gender equality. (all must be true to select this option)

1: The project design may or may not mention information and/or data on the differential impact of the project's development situation on gender relations, women and men, but the constraints have not been clearly identified and interventions have not been

Evidence	Management Response
The project has established concrete priorities to address gender inequalities in strategy and the provision of services to MSM and transgender women. This is reflected in the results framework and output levels.	

6. Does UNDP have a clear advantage to engage in the role envisioned by the project vis-à-vis national partners, other development partners, and other actors? (select the option from 1-3 that best reflects this project)

3: An analysis has been conducted on the role of other partners in the area where the project intends to work, and credible evidence supports the proposed engagement of UNDP and partners through the project. It is clear how results achieved by relevant partners will contribute to outcome level change complementing the project's intended results. If relevant, options for south-south and triangular cooperation have been considered, as appropriate. (all must be true to select this option)

2: Some analysis has been conducted on the role of other partners where the project intends to work, and relatively limited evidence supports the proposed engagement of and division of labour between UNDP and partners through the project. Options for south-south and triangular cooperation may not have not been fully developed during project design, even if relevant opportunities have been identified.

1: No clear analysis has been conducted on the role of other partners in the area that the project intends to work, and relatively limited evidence supports the proposed engagement of UNDP and partners through the project. There is risk that the project overlaps and/or does not coordinate with partners' interventions in this area. Options for south-south and triangular cooperation have not been

Evidence	Management Response
UNDP presented an expression of interest to participate in the selection process as interim principal recipient to the National Aids Commission, where its comparative advantages were considered vis a vis other national partners. Additionally there has been analysis on where and it what interventions other partners can contribute to the results of the project and this has	

Social & Environmental Standards **Quality Rating: Satisfactory**

7. Does the project seek to further the realization of human rights using a human rights based approach? (select from options 1-3 that best reflects this project)

3: Credible evidence that the project aims to further the realization of human rights, upholding the relevant international and national laws and standards in the area of the project. Any potential adverse impacts on enjoyment of human rights were rigorously identified and assessed as relevant, with appropriate mitigation and management measures incorporated into project design and budget. (all must be true to select this option)

2: Some evidence that the project aims to further the realization of human rights. Potential adverse impacts on enjoyment of human rights were identified and assessed as relevant, and appropriate mitigation and management measures incorporated into the project design and budget.

1: No evidence that the project aims to further the realization of human rights. Limited or no evidence that potential adverse

Evidence	Management Response
Refer to SESP document.	

8. Did the project consider potential environmental opportunities and adverse impacts, applying a precautionary approach? (select from options 1-3 that best reflects this project)

3: Credible evidence that opportunities to enhance environmental sustainability and integrate poverty-environment linkages were fully considered as relevant, and integrated in project strategy and design. Credible evidence that potential adverse environmental impacts have been identified and rigorously assessed with appropriate management and mitigation measures incorporated into project design and budget. (all must be true to select this option).

2: No evidence that opportunities to strengthen environmental sustainability and poverty-environment linkages were considered. Credible evidence that potential adverse environmental impacts have been identified and assessed, if relevant, and appropriate management and mitigation measures incorporated into project design and budget.

1: No evidence that opportunities to strengthen environmental sustainability and poverty-environment linkages were considered. Limited or no evidence that potential adverse environmental impacts were adequately considered.

Evidence	Management Response
This project does not envision the strengthening of environmental sustainability. Not applicable	

9. Has the Social and Environmental Screening Procedure (SESP) been conducted to identify potential social and environmental impacts and risks? [If yes, upload the completed checklist as evidence. If SESP is not required, provide the reason(s) for the exemption in the evidence section. Exemptions include the following:

- Preparation and dissemination of reports, documents and communication materials
- Organization of an event, workshop, training
- Strengthening capacities of partners to participate in international negotiations and conferences
- Partnership coordination (including UN coordination) and management of networks
- Global/regional projects with no country level activities (e.g. knowledge management, inter-governmental processes)
- UNDP acting as Administrative Agent

(●) *Yes*

( ) No

( )

Evidence

Management & Monitoring **Quality Rating: Exemplary**

10. Does the project have a strong results framework? (select from options 1-3 that best reflects this project)

(●) *3: The project's selection of outputs and activities are at an appropriate level and relate in a clear way to the project's theory of change. Outputs are accompanied by SMART, results-oriented indicators that measure all of the key expected changes identified in the theory of change, each with credible data sources, and populated baselines and targets, including gender sensitive, sex-disaggregated indicators where appropriate. (all must be true to select this option)*

( ) 2: The project's selection of outputs and activities are at an appropriate level, but may not cover all aspects of the project's theory of change. Outputs are accompanied by SMART, results-oriented indicators, but baselines, targets and data sources may not yet be fully specified. Some use of gender sensitive, sex-disaggregated indicators, as appropriate. (all must be true to select this option)

( ) 1: The results framework does not meet all of the conditions specified in selection "2" above. This includes: the project's selection of outputs and activities are not at an appropriate level and do not relate in a clear way to the project's theory of change; outputs are not accompanied by SMART, results-oriented indicators that measure the expected change, and have not been populated with baselines and targets; data sources are not specified, and/or n

Evidence	Management Response
Refer to project RRF	

11. Is there a comprehensive and costed M&E plan with specified data collection sources and methods to support evidence-based management, monitoring and evaluation of the project?

- *Yes*
-

Evidence

Refer to M&E Plan and Budget in prodoc

12. Is the project's governance mechanism clearly defined in the project document, including planned composition of the project board? (select from options 1-3 that best reflects this project)

- *3: The project's governance mechanism is fully defined in the project document. Individuals have been specified for each position in the governance mechanism (especially all members of the project board.) Project Board members have agreed on their roles and responsibilities as specified in the terms of reference. The ToR of the project board has been attached to the project document. (all must be true to select this option).*
- 2: The project's governance mechanism is defined in the project document; specific institutions are noted as holding key governance roles, but individuals may not have been specified yet. The prodoc lists the most important responsibilities of the project board, project director/manager and quality assurance roles. (all must be true to select this option)
- 1: The project's governance mechanism is loosely defined in the project document, only mentioning key roles that will need to be filled at a later date. No information on the responsibilities

Evidence	Management Response
Refer to the governance mechanism in prodoc and TORs provided	

13. Have the project risks been identified with clear plans stated to manage and mitigate each risks? (select from options 1-3 that best reflects this project)

- *3: Project risks related to the achievement of results are fully described in the project risk log, based on comprehensive analysis drawing on the theory of change, Social and Environmental Standards and screening, situation analysis, capacity assessments and other analysis. Clear and complete plan in place to manage and mitigate each risk. (both must be true to select this option)*
- 2: Project risks related to the achievement of results identified in the initial project risk log with mitigation measures identified for each risk.
- 1: Some risks may be identified in the initial project risk log, but no evidence of analysis and no clear risk mitigation measures identified. This option is also selected if risks are not clearly identified and no initial risk log is included with the proj

Evidence	Management Response

Efficient **Quality Rating: Highly Satisfactory**

14. Have specific measures for ensuring cost-efficient use of resources been explicitly mentioned as part of the project design? This can include: i) using the theory of change analysis to explore different options of achieving the maximum results with the resources available; ii) using a portfolio management approach to improve cost effectiveness through synergies with other interventions; iii) through joint operations (e.g., monitoring or procurement) with other partners.

- *Yes*
-

Evidence

Among the specific measures that will ensure cost-efficient use of resources is UNDP'S access of the procuring of health products through Long Term Agreements with international suppliers where best value for money is taken into consideration.

15. Are explicit plans in place to ensure the project links up with other relevant on-going projects and initiatives, whether led by UNDP, national or other partners, to achieve more efficient results (including, for example, through sharing resources or coordinating delivery?)

- *Yes*
-

Evidence

The project is linked with national strategies and programmes for HIV and TB to ensure synergies and contribute to the national response for these diseases.

16. Is the budget justified and supported with valid estimates?

- *3: The project's budget is at the activity level with funding sources, and is specified for the duration of the project period in a multi-year budget. Costs are supported with valid estimates using benchmarks from similar projects or activities. Cost implications from inflation and foreign exchange exposure have been estimated and incorporated in the budget.*
- 2: The project's budget is at the activity level with funding sources, when possible, and is specified for the duration of the project in a multi-year budget. Costs are supported with valid estimates based on prevailing rates.
- 1: The project's budget is not specified at the activity level

Evidence

Refer to the extended project budget for the 2019-2021 period

17. Is the Country Office fully recovering the costs involved with project implementation?

- 3: The budget fully covers all direct project costs that are directly attributable to the project, including programme management and development effectiveness services related to strategic country programme planning, quality assurance, pipeline development, policy advocacy services, finance, procurement, human resources, administration, issuance of contracts, security, travel, assets, general services, information and communications based on full costing in accordance with prevailing UNDP policies (i.e., UPL, LPL.)
- *2: The budget covers significant direct project costs that are directly attributable to the project based on prevailing UNDP policies (i.e., UPL, LPL) as relevant.*
- 1: The budget does not reimburse UNDP for direct project costs. UNDP is cross-subsidizing the project and the office should advocate for the inclusion of DPC in any project budget revisio

Evidence	Management Response

Refer to the budget: GMS, DPC and PMU costs duly reflected in	

Effective **Quality Rating: Exemplary**

18. Is the chosen implementation modality most appropriate? (select from options 1-3 that best reflects this project)

- *3: The required implementing partner assessments (capacity assessment, HACT micro assessment) have been conducted, and there is evidence that options for implementation modalities have been thoroughly considered. There is a strong justification for choosing the selected modality, based on the development context. (both must be true to select this option)*
- 2: The required implementing partner assessments (capacity assessment, HACT micro assessment) have been conducted and the implementation modality chosen is consistent with the results of the assessments.
- 1: The required assessments have not been conducted, but there may be evidence that options for implementation modalities

Evidence	Management Response
This is a DIM project where UNDP was chosen as implementing partner by the National Aids Commission.	

19. Have targeted groups, prioritizing marginalized and excluded populations that will be affected by the project, been engaged in the design of the project in a way that addresses any underlying causes of exclusion and discrimination?

- *3: Credible evidence that all targeted groups, prioritising marginalized and excluded populations that will be involved in or affected by the project, have been actively engaged in the design of the project. Their views, rights and any constraints have been analysed and incorporated into the root cause analysis of the theory of change which seeks to address any underlying causes of exclusion and discrimination and the selection of project interventions.*
- 2: Some evidence that key targeted groups, prioritising marginalized and excluded populations that will be involved in the project, have been engaged in the design of the project. Some evidence that their views, rights and any constraints have been analysed and incorporated into the root cause analysis of the theory of change and the selection of project interventions.
- 1: No evidence of engagement with marginalized and excluded populations that will be involved in the project during project design. No evidence that the views, rights and constraints of populations have been incorporated into the project.
-

Evidence
Vulnerable populations (MSM, transgender women, children People Living with HIV and TB) have been involved starting with the design of the project through focus groups and will be represented at the project board level through the National AIDS Commission.

20. Does the project conduct regular monitoring activities, have explicit plans for evaluation, and include other lesson learning (e.g. through After Action Reviews or Lessons Learned Workshops), timed to inform course corrections if needed during project implementation?

- *Yes*
- No

Evidence
Annual Sub-recipients monitoring plans will be developed.

21. The gender marker for all project outputs are scored at GEN2 or GEN3, indicating that gender has been fully mainstreamed into all project outputs at a minimum.

- *Yes*
-

Evidence	Management Response
Gender is mainstreamed into the project and targets MSMs and transgender women	

22. Is there a realistic multi-year work plan and budget to ensure outputs are delivered on time and within allotted resources? (select from options 1-3 that best reflects this project)

- *3: The project has a realistic work plan & budget covering the duration of the project at the activity level to ensure outputs are delivered on time and within the allotted resources.*
- 2: The project has a work plan & budget covering the duration of the project at the output level.
- 1: The project does not yet have a work plan & budget covering

Evidence

Sustainability & National Ownership **Quality Rating: Exemplary**

23. Have national partners led, or proactively engaged in, the design of the project?

- *3: National partners have full ownership of the project and led the process of the development of the project jointly with UNDP.*
- 2: The project has been developed by UNDP in close consultation with national partners.
- 1: The project has been developed by UNDP with limited or no engagement with national partners.
-

Evidence
National partners have actively engaged in the design of the project and represented at the project board level.

24. Are key institutions and systems identified, and is there a strategy for strengthening specific/ comprehensive capacities based on capacity assessments conducted? (select from options 0-4 that best reflects this project):

3: The project has a comprehensive strategy for strengthening specific capacities of national institutions based on a systematic and detailed capacity assessment that has been completed. This strategy includes an approach to regularly monitor national capacities using clear indicators and rigorous methods of data collection, and adjust the strategy to strengthen national capacities accordingly.

2.5: A capacity assessment has been completed. The project document has identified activities that will be undertaken to strengthen capacity of national institutions, but these activities are not part of a comprehensive strategy to monitor and strengthen national capacities.

2: A capacity assessment is planned after the start of the project. There are plans to develop a strategy to strengthen specific capacities of national institutions based on the results of the capacity assessment.

1.5: There is mention in the project document of capacities of national institutions to be strengthened through the project, but no capacity assessments or specific strategy development are planned.

1: Capacity assessments have not been carried out and are not foreseen. There is no strategy for strengthening specific capacities of national institutions.

Evidence

The proejct entails a fully designed capacity development plan for main partners such as the Ministry of Health (MOH) and CSOs. It is intended that by the end of the project, MOH will be assuming the role of Principal Recipient for future Global Fund grants

25. Is there is a clear strategy embedded in the project specifying how the project will use national systems (i.e., procurement, monitoring, evaluations, etc.,) to the extent possible?

Yes

No

Evidence

The project uses national generated data by the Ministry of Health regarding epidemiological situations of HIV and TB for planning, reporting and monitoring purposes

26. Is there a clear transition arrangement/ phase-out plan developed with key stakeholders in order to sustain or scale up results (including resource mobilisation strategy)?

Yes

Evidence

During the project duration and as part of the grant with the Global Fund, there is a plan to develop capacities and UNDP phasing

Quality Assurance Summary/PAC Comments

LPAC recommends approval of project. Please see LPAC meeting minutes.

EXPECTED OUTPUTS	PLANNED ACTIVITIES (Grant Modules)	Planned Budget by Year			RESPONSIBLE PARTY	PLANNED BUDGET		
		Y1	Y2	Y3		Funding Source	Budget Description	Amount
Output 1: Building Resilience Through Innovation and National Accountability Gender Marker 2	Actions to reduce human rights-related barriers to HIV services	19,940	14,010	13,060	UNDP	GFATM	Trainings, meetings and advocacy actions; printing materials; data collection on stigma & discrimination; technical assistance	$47,010
	Enhancing community outreach and response systems for HIV Prevention	56,409	$9,985	$4,360	UNDP	GFATM	Mini-grants to CSOs for institutional strengthening and outreach activities including trainings, family consultations, transportation costs	$70,754
	Improving health management and information systems and M&E	$8,630	$3,590	$3,590	UNDP	GFATM	Institutionalization of NASA and NHA, technical assistance, training on M&E, cost analysisi and development of M&E tools	$15,810
	Supporting collaborative TB/HIV interventions	$27,178	$12,760	$12,500	UNDP	GFATM	Salary of TB/HIV Coordinator, outreach workers, trainings and capacity building on DOTS, peer navigator stipends	$52,438
	Strengthening human resources for health (HRH), including community health workers	$116,992	$102,483	$40,139	UNDP	GFATM	Capacity building for health care workers, trainings, printing material SOP for VL testing, adherence counsellors salaries	$259,614
	Delivering comprehensive prevention programs for target gropus (TGs)	$8,360	$8,360	$8,360	UNDP	GFATM	Delivery of standardized package of HIV/TB testing & screening, outreach activities to TGs; periodic workshops with TG	$25,080
	Acquisition of MDR-TB health products	$20,995	$20,995	0	UNDP	GFATM	GeneXpert Kits, transportation and other procurement costs	$41,990
	Supporting national health strategies	$600	0	0	UNDP	GFATM	Engaging in national dialogue for NAC enhancement to include NCDs that have co-morbidities with HIV and/ or TB	$600
	Implementing comprehensive prevention programs for MSM	$74,013	$98,106	$125,518	UNDP	GFATM	Delivery of standardized package of HIV/TB testing and screening; outreach activities to MSM and young men at risk; salaries, M&E visits	$297,637
	TB care and prevention	$76,000	$25,840		UNDP	GFATM	Conditional Cash Transfers tied to DOTs encounters; meetings, salaries for TB personnel at MOH	$101,840
	Treatment, care and support (HIV)	$38,416	$64,166	$47,166	UNDP	GFATM	Procurement of viral load kits, nutritional packages, trainings to student nurses	$149,748
	Project Management	$196,156	$232,116	$300,121	UNDP	GFATM	Salaries and office running costs for PR and SRs, evaluations, capacity development plan, audit fees	$728,393
	Subtotal 1	**$643,689**	**$592,411**	**$554,814**	**UNDP**	**GFATM**		**$1,790,914**
	GMS	$45,058	$41,469	$38,837	UNDP	GFATM		$125,364
	TOTAL GFATM	$688,747	$633,880	$593,651	UNDP	GFATM		**$1,916,278**
	UNDP Contribution (TRAC) to Project Mgmt Unit	$8,000	$0	$0	UNDP	UNDP		$8,000
	PROJECT TOTAL	**$696,747**	**$633,880**	**$593,651**				**$1,924,278**

Source: Reprogrammed Budget for IP2-GFATM activities by Module

Annex [5]. Social and Environmental Screening Template

The completed template, which constitutes the Social and Environmental Screening Report, must be included as an annex to the Project Document. Please refer to the Social and Environmental Screening Procedure and Toolkit for guidance on how to answer the 6 questions.

Project Information

Project Information	
1. Project Title	Building Resilience Through Innovation and National Accountability for the HIV and TB Response in Belize
2. Project Number	00114260
3. Location (Global/Region/Country)	Belize

Part A. Integrating Overarching Principles to Strengthen Social and Environmental Sustainability

QUESTION 1: How Does the Project Integrate the Overarching Principles in order to Strengthen Social and Environmental Sustainability?
Briefly describe in the space below how the Project mainstreams the human-rights based approach
In line with Sustainable Development Goal 3 that focuses on "Ensuring healthy lives and promoting well- being for all as an important element to building prosperous societies;" and with the underlying premise that epidemics like HIV/ AIDS and TB thrive where fear and discrimination limit people's ability to receive the services they need to live healthy and productive lives, the overarching element in this project is the respect and dignity of human rights for key populations made vulnerable by socio-economic and political predispositions. These elements form the basis of all interventions in this project that focuses on key populations; such as, people living with HIV, men that have sex with other men and trans-gender women. Through its activities the project will focus on increasing awareness of human rights issues these populations face. It will work with the private sector, health care workers and other public servants to create an enabling environment for these populations through trainings on human rights; it will focus on improving reporting of stigma and discrimination; and collection of data from the human rights observatory; and will track the implementation of an advocacy plan for the enactment of non-discrimination legislation.
Briefly describe in the space below how the Project is likely to improve gender equality and women's empowerment
The project envisages the creation of an ecosystem of support services to populations most infected and affected by HIV and TB and HIV/TB co-infections due to predispositions over which they have no control. These populations include transgender women and men that have sex with other men (MSM). It aims that the provision of services is equal, making no distinction due to gender; and seeks to strengthen these groups to improve their livelihoods.
Briefly describe in the space below how the Project mainstreams environmental sustainability

Part B. Identifying and Managing Social and Environmental Risks

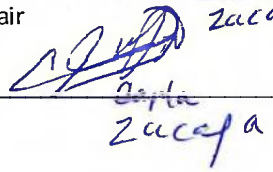
QUESTION 2: What are the Potential Social and Environmental Risks? *Note: Describe briefly potential social and environmental risks identified in Attachment 1 – Risk Screening Checklist (based on any "Yes" responses). If no risks have been identified in Attachment 1 then note "No Risks Identified" and skip to Question 4 and Select "Low Risk". Questions 5 and 6 not required for Low Risk Projects.*	**QUESTION 3: What is the level of significance of the potential social and environmental risks?** *Note: Respond to Questions 4 and 5 below before proceeding to Question 6*			**QUESTION 6: What social and environmental assessment and management measures have been conducted and/or are required to address potential risks (for Risks with Moderate and High Significance)?**
Risk Description	***Impact and Probability (1-5)***	***Significance (Low, Moderate, High)***	***Comments***	***Description of assessment and management measures as reflected in the Project design. If ESIA or SESA is required note that the assessment should consider all potential impacts and risks.***
Perceived and actual stigma and discrimination in the health system creates a barrier to key and vulnerable populations accessing HIV and TB services	I = 3 P =3	**Moderate**	It will affect access, rights and living conditions of PLHIV and TB if they cannot be treated.	The project contemplates continuous training for health system personnel to address stigma and discrimination of vulnerable populations.
Perceived and actual stigma and discrimination may cause unrest within the population with discussions leading to the enactment of non-discrimination legislation	I = 3 P =3	**Moderate**	Discussion of policy and guides regarding non-discriminatory legislation may exacerbate tension within the country.	Communication and advocacy campaigns are contemplated and trainings of various sectors of the population envisaged to mitigate stigma and discrimination.

QUESTION 4: What is the overall Project risk categorization?		
Select one (see SESP for guidance)		**Comments**
Low Risk	X	
Moderate Risk	☐	
High Risk	☐	

QUESTION 5: Based on the identified risks and risk categorization, what requirements of the SES are relevant?		
Check all that apply		**Comments**
Principle 1: Human Rights	X	Respect for diversity and human rights of key populations identified in the project.
Principle 2: Gender Equality and Women's Empowerment	X	Equitable access to key populations, including trans-women, MSM, PLHIV.

	1. *Biodiversity Conservation and Natural Resource Management*	☐	
	2. *Climate Change Mitigation and Adaptation*	☐	
	3. *Community Health, Safety and Working Conditions*	☐	
	4. *Cultural Heritage*	☐	
	5. *Displacement and Resettlement*	☐	
	6. *Indigenous Peoples*	☐	
	7. *Pollution Prevention and Resource Efficiency*	☐	

Final Sign Off

Signature	*Date*	*Description*
QA Assessor 	12/11/19	UNDP staff member responsible for the Project, typically a UNDP Programme Officer. Final signature confirms they have "checked" to ensure that the SESP is adequately conducted.
QA Approver 	12/1/19	UNDP senior manager, typically the UNDP Deputy Country Director (DCD), Country Director (CD), Deputy Resident Representative (DRR), or Resident Representative (RR). The QA Approver cannot also be the QA Assessor. Final signature confirms they have "cleared" the SESP prior to submittal to the PAC.
PAC Chair 	12/1/19	UNDP chair of the PAC. In some cases PAC Chair may also be the QA Approver. Final signature confirms that the SESP was considered as part of the project appraisal and considered in recommendations of the PAC.

SESP Attachment 1. Social and Environmental Risk Screening Checklist

Checklist Potential Social and Environmental Risks		
Principles 1: Human Rights		**Answer (Yes/No)**
1.	Could the Project lead to adverse impacts on enjoyment of the human rights (civil, political, economic, social or cultural) of the affected population and particularly of marginalized groups?	No
2.	Is there a likelihood that the Project would have inequitable or discriminatory adverse impacts on affected populations, particularly people living in poverty or marginalized or excluded individuals or groups? [1]	No
3.	Could the Project potentially restrict availability, quality of and access to resources or basic services, in particular to marginalized individuals or groups?	No
4.	Is there a likelihood that the Project would exclude any potentially affected stakeholders, in particular marginalized groups, from fully participating in decisions that may affect them?	No
5.	Is there a risk that duty-bearers do not have the capacity to meet their obligations in the Project?	Yes
6.	Is there a risk that rights-holders do not have the capacity to claim their rights?	No
7.	Have local communities or individuals, given the opportunity, raised human rights concerns regarding the Project during the stakeholder engagement process?	No
8.	Is there a risk that the Project would exacerbate conflicts among and/or the risk of violence to project-affected communities and individuals?	Yes
Principle 2: Gender Equality and Women's Empowerment		
1.	Is there a likelihood that the proposed Project would have adverse impacts on gender equality and/or the situation of women and girls?	No
2.	Would the Project potentially reproduce discriminations against women based on gender, especially regarding participation in design and implementation or access to opportunities and benefits?	No
3.	Have women's groups/leaders raised gender equality concerns regarding the Project during the stakeholder engagement process and has this been included in the overall Project proposal and in the risk assessment?	No
4.	Would the Project potentially limit women's ability to use, develop and protect natural resources, taking into account different roles and positions of women and men in accessing environmental goods and services? *For example, activities that could lead to natural resources degradation or depletion in communities who depend on these resources for their livelihoods and well being*	No
Principle 3: Environmental Sustainability: Screening questions regarding environmental risks are encompassed by the specific Standard-related questions below		
Standard 1: Biodiversity Conservation and Sustainable Natural Resource Management		
1.1	Would the Project potentially cause adverse impacts to habitats (e.g. modified, natural, and critical habitats) and/or ecosystems and ecosystem services?	No

[1] Prohibited grounds of discrimination include race, ethnicity, gender, age, language, disability, sexual orientation, religion, political or other opinion, national or social or geographical origin, property, birth or other status including as an indigenous person or as a member of a minority. References to "women and men" or similar is understood to include women and men, boys and girls, and other groups discriminated against based on their gender identities, such as transgender people and transsexuals.

	For example, through habitat loss, conversion or degradation, fragmentation, hydrological changes	
1.2	Are any Project activities proposed within or adjacent to critical habitats and/or environmentally sensitive areas, including legally protected areas (e.g. nature reserve, national park), areas proposed for protection, or recognized as such by authoritative sources and/or indigenous peoples or local communities?	No
1.3	Does the Project involve changes to the use of lands and resources that may have adverse impacts on habitats, ecosystems, and/or livelihoods? (Note: if restrictions and/or limitations of access to lands would apply, refer to Standard 5)	No
1.4	Would Project activities pose risks to endangered species?	No
1.5	Would the Project pose a risk of introducing invasive alien species?	No
1.6	Does the Project involve harvesting of natural forests, plantation development, or reforestation?	No
1.7	Does the Project involve the production and/or harvesting of fish populations or other aquatic species?	No
1.8	Does the Project involve significant extraction, diversion or containment of surface or ground water? *For example, construction of dams, reservoirs, river basin developments, groundwater extraction*	No
1.9	Does the Project involve utilization of genetic resources? (e.g. collection and/or harvesting, commercial development)	No
1.10	Would the Project generate potential adverse transboundary or global environmental concerns?	No
1.11	Would the Project result in secondary or consequential development activities which could lead to adverse social and environmental effects, or would it generate cumulative impacts with other known existing or planned activities in the area? *For example, a new road through forested lands will generate direct environmental and social impacts (e.g. felling of trees, earthworks, potential relocation of inhabitants). The new road may also facilitate encroachment on lands by illegal settlers or generate unplanned commercial development along the route, potentially in sensitive areas. These are indirect, secondary, or induced impacts that need to be considered. Also, if similar developments in the same forested area are planned, then cumulative impacts of multiple activities (even if not part of the same Project) need to be considered.*	No
Standard 2: Climate Change Mitigation and Adaptation		
2.1	Will the proposed Project result in significant[2] greenhouse gas emissions or may exacerbate climate change?	No
2.2	Would the potential outcomes of the Project be sensitive or vulnerable to potential impacts of climate change?	No
2.3	Is the proposed Project likely to directly or indirectly increase social and environmental vulnerability to climate change now or in the future (also known as maladaptive practices)? *For example, changes to land use planning may encourage further development of floodplains, potentially increasing the population's vulnerability to climate change, specifically flooding*	No
Standard 3: Community Health, Safety and Working Conditions		
3.1	Would elements of Project construction, operation, or decommissioning pose potential safety risks to local communities?	No
3.2	Would the Project pose potential risks to community health and safety due to the transport, storage, and use and/or disposal of hazardous or dangerous materials (e.g. explosives, fuel and other chemicals during construction and operation)?	No

[2] In regards to CO_2, 'significant emissions' corresponds generally to more than 25,000 tons per year (from both direct and indirect sources). [The Guidance Note on Climate Change Mitigation and Adaptation provides additional information on GHG emissions.]

3.3	Does the Project involve large-scale infrastructure development (e.g. dams, roads, buildings)?	No
3.4	Would failure of structural elements of the Project pose risks to communities? (e.g. collapse of buildings or infrastructure)	No
3.5	Would the proposed Project be susceptible to or lead to increased vulnerability to earthquakes, subsidence, landslides, erosion, flooding or extreme climatic conditions?	No
3.6	Would the Project result in potential increased health risks (e.g. from water-borne or other vector-borne diseases or communicable infections such as HIV/AIDS)?	No
3.7	Does the Project pose potential risks and vulnerabilities related to occupational health and safety due to physical, chemical, biological, and radiological hazards during Project construction, operation, or decommissioning?	No
3.8	Does the Project involve support for employment or livelihoods that may fail to comply with national and international labor standards (i.e. principles and standards of ILO fundamental conventions)?	No
3.9	Does the Project engage security personnel that may pose a potential risk to health and safety of communities and/or individuals (e.g. due to a lack of adequate training or accountability)?	No
Standard 4: Cultural Heritage		
4.1	Will the proposed Project result in interventions that would potentially adversely impact sites, structures, or objects with historical, cultural, artistic, traditional or religious values or intangible forms of culture (e.g. knowledge, innovations, practices)? (Note: Projects intended to protect and conserve Cultural Heritage may also have inadvertent adverse impacts)	No
4.2	Does the Project propose utilizing tangible and/or intangible forms of cultural heritage for commercial or other purposes?	No
Standard 5: Displacement and Resettlement		
5.1	Would the Project potentially involve temporary or permanent and full or partial physical displacement?	No
5.2	Would the Project possibly result in economic displacement (e.g. loss of assets or access to resources due to land acquisition or access restrictions – even in the absence of physical relocation)?	No
5.3	Is there a risk that the Project would lead to forced evictions?[3]	No
5.4	Would the proposed Project possibly affect land tenure arrangements and/or community based property rights/customary rights to land, territories and/or resources?	No
Standard 6: Indigenous Peoples		
6.1	Are indigenous peoples present in the Project area (including Project area of influence)?	No
6.2	Is it likely that the Project or portions of the Project will be located on lands and territories claimed by indigenous peoples?	No
6.3	Would the proposed Project potentially affect the human rights, lands, natural resources, territories, and traditional livelihoods of indigenous peoples (regardless of whether indigenous peoples possess the legal titles to such areas, whether the Project is located within or outside of the lands and territories inhabited by the affected peoples, or whether the indigenous peoples are recognized as indigenous peoples by the country in question)? *If the answer to the screening question 6.3 is "yes" the potential risk impacts are considered potentially severe and/or critical and the Project would be categorized as either Moderate or High Risk.*	No

[3] Forced evictions include acts and/or omissions involving the coerced or involuntary displacement of individuals, groups, or communities from homes and/or lands and common property resources that were occupied or depended upon, thus eliminating the ability of an individual, group, or community to reside or work in a particular dwelling, residence, or location without the provision of, and access to, appropriate forms of legal or other protections.

6.4	Has there been an absence of culturally appropriate consultations carried out with the objective of achieving FPIC on matters that may affect the rights and interests, lands, resources, territories and traditional livelihoods of the indigenous peoples concerned?	No
6.5	Does the proposed Project involve the utilization and/or commercial development of natural resources on lands and territories claimed by indigenous peoples?	No
6.6	Is there a potential for forced eviction or the whole or partial physical or economic displacement of indigenous peoples, including through access restrictions to lands, territories, and resources?	No
6.7	Would the Project adversely affect the development priorities of indigenous peoples as defined by them?	No
6.8	Would the Project potentially affect the physical and cultural survival of indigenous peoples?	No
6.9	Would the Project potentially affect the Cultural Heritage of indigenous peoples, including through the commercialization or use of their traditional knowledge and practices?	No
Standard 7: Pollution Prevention and Resource Efficiency		
7.1	Would the Project potentially result in the release of pollutants to the environment due to routine or non-routine circumstances with the potential for adverse local, regional, and/or transboundary impacts?	No
7.2	Would the proposed Project potentially result in the generation of waste (both hazardous and non-hazardous)?	No
7.3	Will the proposed Project potentially involve the manufacture, trade, release, and/or use of hazardous chemicals and/or materials? Does the Project propose use of chemicals or materials subject to international bans or phase-outs? *For example, DDT, PCBs and other chemicals listed in international conventions such as the Stockholm Conventions on Persistent Organic Pollutants or the Montreal Protocol*	No
7.4	Will the proposed Project involve the application of pesticides that may have a negative effect on the environment or human health?	No
7.5	Does the Project include activities that require significant consumption of raw materials, energy, and/or water?	No

OFFLINE RISK LOG

Deliverable Description for the Risk Log regarding its purpose and use)

Project Title:	Building Resilience Through Innovation and National Accountability for the HIV and TB Response in Belize	**Project ID:** 00114260	**Date:** January 2019

#	Description	Date Identified	Type	Impact & Probability: Scale from 1 (low) to 5 (high)	Countermeasures / Mgmt. response	Owner	Submitted, updated by	Last Update	Status
1	Due to a global economic downturn, the government may not be able to meet and report its joint financing commitment towards the HIV and TB responses.	January 2019	Financial	Insufficient funding may affect the HIV and TB National Programmes; while limitations to timely record and report contributions may put the sustainability of the grant at risk as national contributions are condition to grant disbursements in the future. P =3 I = 5	Project resources will be utilized to support national structures.	Project Manager	Project Manager	n/a	On-going
2	'Treat All' strategy not systematically mainstreamed into national response structures	January 2019	Regulatory	Inadequate uptake and roll out of the "Treat All" Strategy will result in a limiting of response effectiveness, adversely affecting the numbers and % of PLHIV retained on treatment P = 3 I = 5	Project structure will continue advocacy for "Treat All" mainstreaming with the MoH.	Project Manager	Project Manager	n/a	On-going
3	Unavailability of adequate stockpiles of anti-retrovirals for treatment in the country.	January 2019	Operational	Insufficient treatment/ medication will adversely affect the numbers and % of PLHIV retained on treatment P = 2 I = 5	Project monitoring system will serve the MoH as an early warning beacon in regard to anti-retroviral stockpiles. Where assistance is requested the project may assist the MoH with the emergency procurement of anti-	Project Manager	Project Manager	n/a	On-going

					retrovirals utilizing global LTA's.				
4	Cost and complexity of Viral load testing limits its availability to PHLIV including those enrolled on ART	January 2019	Operational	VL testing prolongs the use of first-line regimens, preventing drug resistance from developing. Limited usage of VL testing can have the effect of compromising the effectiveness of treatment and health of PLHIV. P = 3 I = 5	Project will support continued capacity development within national structure enabling the mainstreaming of VL within treatment protocols.	Project Manager	Project Manager	n/a	On-going
5	Perceived and actual stigma and discrimination in the health system creates a barrier to key and vulnerable populations accessing HIV and TB services	January 2019	Political & Operational	Stigma and discrimination affect access to effective health care and compromises the rights and living conditions of PLHIV and TB P = 3 I = 4	Project supports national efforts to reduce discrimination among heath care practitioners and service providers.	Project Manager	Project Manager	n/a	On-going
6	Low availability of subject matter experts to advise and review project deliverables.	January 2019	Operational	Delays in project implementation resulting in compromised delivery timelines P = 3 I = 4	Project Management Unit will enable technical advisory teams pinned to subject matter delivery within the project. The composition and SOPs guiding team interface will be formalized.	Project Manager	Project Manager	n/a	On-going

Project Board Terms of Reference

The strategic management of the project will lie with the Project Board or Steering Committee. This committee will be co- chaired by the UNDP Officer in Charge in Belize and the NAC Chairperson. The PSC will be responsible for making, by consensus, management decisions for the project and shall meet quarterly to review the overall progress and outcomes of the project. It will provide guidance to the Project Manager, including recommendation for UNDP as Implementing Partner, propose changes in the strategic direction of the project; approval of project plans and revisions. These decisions will relate to the scope, extension, expansion, reduction or continuation of the Project.

In addition, the Project Board plays a critical role in UNDP commissioned project evaluations by quality assuring the evaluation process and products, and using evaluations for performance improvement, accountability and learning. Project reviews by this group are made at designated decision points during the running of the project, or as necessary when raised by the Project Manager. This group is consulted by the Project Manager for decisions when Project Manager's tolerances (normally in terms of time and budget) have been exceeded (flexibility). Based on the approved multi-year or annual work plan (AWP), the Project Board may review and approve project plans annually/quarterly, when required and authorizes any major deviation from these agreed plans. It is the authority that signs off the completion of each annual/quarterly plan as well as authorizes the start of the next plan.

This group contains four roles:

a) **Executive:** The Executive is ultimately responsible for the project, supported by the Senior Beneficiary and Senior Supplier. The Executive's role is to ensure that the project is focused throughout its life cycle on achieving its objectives and delivering outputs that will contribute to higher level outcomes. The Executive has to ensure that the project gives value for money, ensuring a cost-conscious approach to the project, balancing the demands of beneficiary and supplier.

b) **Supplier:** represents the interests of the parties which provide technical expertise to the project (designing, developing, facilitating, procuring, implementing). The Senior Supplier's primary function within the Board is to provide guidance regarding the technical feasibility of the project. This role will be assumed by the UNDP Representative / Officer in Charge.

c) **Beneficiary:** responsible for validating the needs and for monitoring that the solution will meet those needs within the constraints of the project. The role represents the interests of all those who will benefit from the project, or those for whom the deliverables resulting from activities will achieve specific output - targets. The primary function within the Board is to ensure the realization of project results from the perspective of project beneficiaries.

This role will be assumed by Representatives of the National Aids Commission (NAC): Chairperson and Executive Director; and from the Ministry Of Health: Deputy Director of Health Services/Focal point for GF grants.

d) **Project Assurance:** Project Assurance is the responsibility of each Project Board member; however, the role can be delegated. The project assurance role supports the Project Board by carrying out objective and independent project oversight and monitoring functions. This role ensures appropriate project management milestones are managed and completed. Project Assurance has to be independent of the Project Manager; therefore, the Project Board cannot delegate any of its assurance responsibilities to the Project Manager. A UNDP Programme Officer, or M&E Officer, typically holds the Project Assurance role on behalf of UNDP.

The Project Steering Committee will be Co-chaired by the UNDP Representative and the NAC Chairperson.

Specific responsibilities of the Project Board:

Initiating a project

- Agree on Project Manager's responsibilities, as well as the responsibilities of the other members of the Project Management team;
- Delegate any Project Assurance function as appropriate;
- Review the Progress Report for the Initiation Stage (if an Initiation Plan was required);
- Review and appraise detailed Project Plan and AWP, including Atlas reports covering activity definition, quality criteria, issue log, updated risk log and the monitoring and communication plan.

Running a project

- Provide overall guidance and direction to the project, ensuring it remains within any specified constraints;
- Address project issues as raised by the Project Manager;
- Provide guidance and agree on possible countermeasures/management actions to address specific risks;
- Agree on Project Manager's tolerances in the Annual Work Plan and quarterly plans when required;
- Conduct regular meetings to review the Project Quarterly Progress Report and provide direction and recommendations to ensure that the agreed deliverables are produced satisfactorily according to plans.

- Review Combined Delivery Reports (CDR) prior to certification by the Implementing Partner;
- Appraise the Project Annual Review Report, make recommendations for the next AWP, and inform the Outcome Board about the results of the review.
- Review and approve end project report, make recommendations for follow-on actions;
- Provide ad-hoc direction and advice for exception situations when project manager's tolerances are exceeded;
- Assess and decide on project changes through revisions;

Closing a project

- Assure that all Project deliverables have been produced satisfactorily;
- Review and approve the Final Project Review Report, including Lessons-learned;
- Make recommendations for follow-on actions to be submitted to the Outcome Board;
- Commission project evaluation (only when required by partnership agreement)
- Certify the operational completion of the project.

UNITED NATIONS DEVELOPMENT PROGRAMME
TERMS OF REFERENCE

I. Position Information

Title: Project Manager –Global Fund
NOB
Supervisor: Officer in Charge, UNDP Belize

II. Background/Organizational Context

UNDP Belize been the interim Principal Recipient (PR) for the Global Fund (GF) HIV grant since 2011-2015 and for the HIV/TB grant for the period 2016-2018, focusing on delivering a package of comprehensive prevention services to key populations, promoting an enabling environment, improving case detection and treatment rates of TB and MDR-TB. UNDP Belize has been selected as the PR for the GF transition grant for the period 1 January 2019 to 31 December 2021 (the Programme). While the country will no longer be eligible for GF funds for tuberculosis beyond 2021, HIV may remain eligible, however given the small amount of total funds available (USD $1.9 m for 3 years), the Global Fund has advised the Country Coordinating Mechanism (CCM) to transition both disease programmes in conjunction.

UNDP Belize is under the management structure of UNDP El Salvador and under the guidance and direct supervision of the Resident Representative. The Project Manager will head the Project Management Unit and shall supervise and lead support staff, and coordinate activities of the project staff. The Project Manager works in close collaboration with the Global Fund (its representatives Local Fund Agent), the Country Coordinating Mechanism (CCM), operations team, programme staff in other UN Agencies, UNDP HQs staff and Government officials, technical advisors and experts, multi-lateral and bi-lateral donors and civil society ensuring successful Programme implementation. Importantly, the Project Manager will also be responsible for fulfilling the monitoring and evaluation function of the Programme, ensuring proper oversight of Sub-recipients, providing coaching/guidance to the Ministry of Health and civil society partners with the overall goal of ensuring a sustainable HIV and TB response.

Critically, the Project Manager will work closely with government and civil society to develop, implement and evaluate capacity development activities that strengthen systems, processes and policies to promote a sustainable HIV and TB response in Belize. The project manager will be responsible for the overall programmatic and financial achievement of the grant, ensuring compliance with UNDP and GF rules, regulations, procedures and policies.

III. Functions/Key results expected

1. **Project and Human Resources Management:**

- Leads and coordinates the planning and implementation of the Programme workplans and budget;
- Oversees the efficient and transparent use of Global Fund resources and assets;
- Ensures timely and efficient reporting of the Programme as required by the Grant

Agreement;

- Analyses programmatic impact agreements and takes decisions to correct possible deviations from Programme targets;
- Advises the CO of strategic issues and recommends appropriate solutions for decision making purposes;
- Ensure project documentation/communication tracking system is in place for effective project closure and any anticipated human resources changes on the Programme;
- Participates in meetings with the government, with the donor community and at international conferences related to Programme components.
- Liaises with Global Fund regional team and UNDP Partnerships Team to ensure optimum information and to receive strategic feedback;
- Leads the Programme Management (PM) team and is responsible for staff management, including staff evaluations.
- Provides a clear sense of purpose to the PM team, inspires a positive attitude and ensures optimal working conditions are in place;
- Strengthens PM team capacity through measures promoting professional development and knowledge management.

2. **Ensure the implementation of monitoring and evaluation policies and strategies, focusing on achieving the following results:**

- Participates in and contribute to the finalization of Monitoring and Evaluation Frameworks for the Programme;
- Develops monitoring and evaluation tools and processes for the HIV and TB grants;
- Provides technical support to the Sub-recipients (SRs) to strengthen their monitoring and evaluation systems for HIV and TB programmes;
- Develops and updates as necessary Monitoring and Evaluation plans for the HIV/AIDS and TB grants, consistent with the national M&E framework, in consultation with the National AIDS Commission (NAC) and National TB Center (NTP);
- Develops systems and tools, and training materials to train the NAC and National TB Programme, SRs and other implementing partners' personnel (subject to resource availability);
- Oversees new assessments (if necessary)/reviews existing assessments and reports of the SRs capacity in the field of M&E, and develops and leads the implementation of a capacity development plan (if required);
- Provides technical guidance for the implementation of the M&E plans, through training and other on-site support;
- Facilitates review of progress on a quarterly basis; problem solving and development of remedial actions ensuring any disparity between planned and actual outputs are addressed;
- Assists UNDP in the identification of potential implementation problems and bottlenecks and recommend appropriate strategies to address them;

Prepare quarterly, semester and annual programmatic progress updates on GF programmes.

3. **Ensures effective oversight of the Programme in line with UNDP's grant agreement with the Fund and** in accordance with UNDP's rules, policies, procedures and rules and the Global Fund rules, **focusing on achieving the following results:**

- Ensures that project monitoring arrangements comply with UNDP's Grant Agreement, both programmatically and financially and that the provisions of the Grant Agreement are fully observed;
- Reviews the management information systems of the SRs and agree on required changes, support and resources to ensure that data quality standards are monitored and met;

- Reviews the quality of existing data sources, the methods of collecting them and the degree to which they will provide good baseline data for mid-term and end of project evaluations. Based on this review, consult partners to develop approaches to address identified gaps;
- Prepares Terms of Reference (TOR) for on-site verification, baseline, mid-term, and end-line surveys including methodology preparation, sample selection and staff training if needed, and provide overall technical direction for the conduct of the surveys;
- Provides technical support to the SR and Sub-Sub-Recipients (SSRs) to strengthen their monitoring and evaluation systems for HIV/AIDS and TB programmes;
- Together with the M&E Officers of SR and SSRs, strengthens, harmonizes and standardizes the existing HIV/AIDS data collection, analysis and reporting system, in line with the national HMIS Plan and Programme indicators;
- Assists in the development of systems and data collection tools to capture data on HIV/AIDS and TB indicators in the Performance Framework of the Grant Agreement;
- Develops a regular review process with field sites to evaluate the utilization and impact of ongoing monitoring tools in order to measure improvements in programme quality, giving feedback to field sites, SR, SSRs and M&E staff in the NAC;
- Works with the M&E staff of NAC, NTP, SRs and SSRs to collate and analyze data for reporting;
- Validates the quality of collected data;
- Coordinates the preparation of reports e.g. quarterly, semester, annually and other programme reports in a timely manner;
- Assists in the identification of potential implementation problems and bottlenecks and take corrective action;

4. Ensures facilitation of knowledge building and knowledge sharing in the area of programme management, and monitoring and evaluation, focusing on achieving the following results:

- Identifies and formulates lessons learned and document best practices from evaluations and studies to be integrated into Programme reports;
- Collaborates and coordinates with other UN agencies, government agencies, NGOs, and other organizations on monitoring and evaluation issues;
- Leads the design and delivery of M&E training and/or capacity building to personnel of NAC, NTP, SRs and implementing partners involved in the implementation of HIV and TB grant;
- Maintains cooperative relationships with all key stakeholders, including NAC, SRs and SSRs, policy makers and donor partners; and
- Participates in external supervision and evaluation missions of the Global Fund and other agencies by facilitating access to M&E data as required.
- Any other duties and responsibilities as assigned by the Supervisor.

IV. Impact

The key results have an impact on the success of country programme within specific areas of cooperation. In particular, the key results have an impact on the design, operation and programming of activities, creation of strategic partnerships as well as reaching resource mobilization targets.