

# United Nations Development Programme Maldives Country Office

### **Project Document**

**Project Title:** 

"Enhancing the response to HIV/AIDS in the Maldives"

UNDAF Outcome(s):

By 2010 the most vulnerable and marginalized sections of the society in the Maldives will enjoy better health status, improved access to quality education, enhanced social protection, income and employment opportunities

**Expected CP Outcome(s):** 

(Those linked to the project and extracted from the CPAP)

Capacity strengthened, at local and central level, for the prevention of HIV/AIDS and STIs

**Expected Output(s):** 

(Those that will result from the project and extracted from the CPAP)

Mitigating the impact of AIDS on human development

Implementing Partner(s) / Sub-Recipients:

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

**Responsible Parties:** 

**UNDP Maldives** 

### **BRIEF DESCRIPTION**

This project builds upon the activities carried out during the Phase I (September 2007 - August 2009) of the round 6 proposal approved for Maldives by the Global Fund to fight AIDS, Tuberculosis and Malaria. The goal of the programme is to continue to maintain Maldives as a HIV low prevalence country through appropriate preventive and curative interventions in spite of increasing high risk behaviours among some population groups. The project recognizes the importance of creating a supportive environment, to ensure not only support for HIV/AIDS initiatives but also to reduce the stigma and discrimination often facing people who are at risk of contracting HIV/AIDS in the Maldives. Major achievements during the phase I of this project includes first Biological and Behaviour Survey (BBS) for seven sentinel groups (Injecting drug users (IDUs), female Sex workers (FSWs), Male having sex with male (MSM), youth, migrants, seafarers and resort workers) conducted, Qualitative research among the risks groups conducted, Behaviour Change Communications (BCC) Strategy for HIV Prevention developed for seven sentinel groups; and the Mini Survey conducted among youths to assess their correct understanding of HIV transmission modes. The project has also trained numbers of service providers in the area of blood safety and STI case management, as well as trained a number of DUs and IDUs to conduct peer outreach for the prevention of HIV transmission among them. In order to strengthen the programme delivery, project staff has also been trained in the areas of programme management, behaviour change communication, procurement supply management, financial management and monitoring and evaluation.

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

Programme Period: September 2009-August 2012

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

Atlas Award ID: 00047982

Start date: September 1, 2009
End Date August 31, 2010

Management Arrangements: Direct Implementation (DIM)

700	budget:	
		USD 946,221.48
alloca	ted resources:	
Reg	gular	Nil
Oth	er:	
0	GFATM	USD 893,592.50
0	PAF	USD 52,628.98
0	Donor	Nil
0	Government	Nil
ded b	udget:	Nil
Cont	ributions	Nil
	Reg Oth	o PAF o Donor

Agreed by DDPRS:	
- Jan H	
(Series)	

Ms. Aminath Zeeniya Director General

Agreed by SHE:

Mr. Mohamed Ajmal
Chief Executive Officer

Agreed by CCHDC:

Dr. Ahmed Jamsheed Mohamed

**Director General** 

Agreed by UNDP:

Mr. Arun Kashyap

Officer in Charge

# ANNUAL WORK PLAN

Year: 2010

2003										
EXPECTE	EXPECTED OUTPUTS	PLANNED								
		ACTIVITIES		TIMEFRAME	SAME				BI ANNED BIDGET	
And baseline, associate targets	And baseline, associated indicators and annual targets	List activity results and associated actions							PLANNED BODGE	
(Please note that the numbering of the in baselines and targets are taken from the Performance Eramonous for Phono III	(Please note that the numbering of the indicators, baselines and targets are taken from the Performance Eramound for Deposits						RESPONSIBLE	Funding		
Ottont 1 Droppet	Indicate 11)	- L	õ	07	83	8	PARTY	Source	Budget Description	Amount
HIV transmission	#Number of law	officers trained on IDU					נ	TVE	vidual	49 562 48
among young	enforcement officers trained on IDU and HIV	and HIV concerns					Prevention	5	_	5 100 00
drugs or are at risk	concerns Baseline: 105 law		>	>	>	>	and Rehabilitation		<b>–</b>	00 00
of injecting drugs.	enforcement officers		<	<	<	<	Services		+	00.000,
Related CP	trained						(DDPRS) with		72335 - Pharmaceutical Products 6,0	6,000.00
outcome:					2		Journey (NGO)		71605 - Travel tickets - International 80	800.00
- No of people from the Most-At-Risk	1.1.1.1	-							71610 - Travel tickets - Local	1.800.00
Populations (DUs/IDUs) and vulnerable	Indicator 1.2: Number of Peer	107 peer educators trained on HIV/AIDS								1,400.00
population (migrant workers) reached	educators trained on HIV/AIDS risks for DUs	risks for DUs and outreach for DUs and						22	71615 - DSA - International	474 00
through HIV prevention	and outreach for DUs	snai								
programme	and IDUs	-	×						71620 - DSA - Local 4,7	4,708.00
- Number of law enforcement officers	educators trained								72515 - Print Media 3,1	3,100.00
including judiciary, police and staff of correctional									74225 - Other Media cost 60	00.009
facility trained on IDU and HIV concerns	Indicator 1 3:	3 787 DIE 200 IDIE							73107 - Rent - Meeting room 1,6	1,600.00
	Number of DUs and	reached by HIV							73105 - Rent 5,6	5,664.00
	prevention programme	prevention programme							72220 - Furniture 2,2	2,200.00
	and IDUs reached	ğ	×	×	×	×			73120 - Utilities 6,9	00.096,9
									72425 - Mobile Telephone charges 1,0	1,056.00
									74525 - Sundry 8,0	8,075.00
Output 2-	Indicator 2.1:	15 peer educators	×	×	×	×				

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		71405 - Service Contract - Individual	72160 - Svc Co-Education & Health Serv	72342 - Contraceptives - Condoms	72215 - Transportati <mark>o</mark> n Equipments	I - Other	Media	Media cost		73405 - Rental & Maint - other ofc eq	Se	λ	nce	8.456	lead		onic Media						fe.16365-1
		71405 - Servi	72160 - Svc C Serv	72342 - Contr	72215 - Trans	71635 - Travel - Other	72515 - Print Media	74225 - Other Media cost	73105 - Rent	73405 - Renta	73120 - Utilities	74525 - Sundry	74505 - Insurance	54010 - GMS	71620 - DSA - Local	7250 Electric Maria	12320 - Elecu						*
GEATM	5			×															GFATM				
Society for	Health	Education	(SHE)					•											National AIDS	Programme (NAP) /	Comminity	Health and Disease Control	(CCHDC)
								×						×			×					×	
								×						×			×					×	
								×						×			×					×	
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trained on HIV/ AIDS	risks and outreach to	migrants		33 000 migraphs and	resort workers	prevention programme						STATE OF ALL CO	sessions held in large	companies		(*)	Media, Outreach and Operational costs	o provide quality care	rengthening of		rice providers	800 received testing and counseling services for HIV and received their results	
Number of peer	educators trained on	HIV/ AIDS risks and	Baseline: Nil	Indicator 2 2-	Number of migrants and	by HIV/AIDS prevention	programme <b>Baseline</b> : 22,766	migrants and resort workers reached by	HIV/AIDS prevention programme			Indicator 3.	Number of HIV	in large enterprises /	companies	held		Output 3: Strengthen health service capacity to provide quality care	in the HIV prevention to care continuum and strengthening of	/stem.	Related CP outcome: Capacity building for HIV service providers	Indicator 4.1:  Number of people who received testing and counseling services for	HIV and received their results  Baseline: 391 people
Prevention HIV	transmission among	population at risk	sucn as migrant, seafarers and	resorts workers.		outcome: Number of	people from the Most-At- Risk Populations	(DUS/IDUS) and vulnerable population	(migrant workers) reached through HIV	prevention programme								Output 3: Strengthen I	in the HIV prevention to	strategic information system	Related CP outcome:	3.1: Expand access and coverage of quality HIV testing	

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		83,348.64	7,740.00	51,316.18	1,991.62	4,500.00	5,600.00	37,312.00	2,000.00	1,706.00	9,072.00	8,400.00	14,850.00	2,000.00	11,727.82	1,980.00	11,000.00	300.00		
	,	ntract - Individual	71305 - Local ConsultSht Term-Tech	ıt <mark>ic</mark> al Products	tion Equipments	ets - Local	ler	_		ing room				72145 - Svc Co-Training and Educ Serv	ducts	Ication & Health	Nedia	cost		
		71405 - Service Contract - Individual	71305 - Local Cons	72335 - Pharmaceutical Products	72215 - Transportation Equipments	71610 - Travel tickets - Local	71635 - Travel - Other	71620 - DSA - Local	72515 - Print Media	73105 - Rent - Meeting room	73105 - Rent	73120 - Utilities	74525 - Sundry	72145 - Svc Co-Trai	72330 - Medical Products	Serv	72520 - Electronic Media	74225 - Other Media cost		
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	301 Health Care Providers trained in diagnosis and clinical management of STIs			1.802 STI cases	treated at health care facilities				10 adulte and children	with advanced HIV	receiving antiretroviral	merapy				392 clinicians trained	on rational use of	products -		8,920 (100%) donated blood units screened for HIV according to the national guidelines
provided with their test results	Indicator 5.1:  Number of Health Care Providers trained in diagnosis and clinical management of STIs Baseline: 196 Health Care Providers trained			Indicator 5.2:	Number of STI cases treated at health care	Baseline: 1,199 cases	reated		Indicator 6.1:	Number of adults and children with advanced HIV	infection (currently) receiving antiretroviral	therapy Baseline: 3 patients (as of	October 2009)			Indicator 7.1:	Number of clinicians trained on rational use of blood and	blood products  Baseline: 256 clinicians	named	Indicator 7.2:  Number and % of donated blood units screened for HIV according to the national guidelines
			3.2: Strengthen the prevention and	control of STIs					3.3: Strenathen	health service	quality care, support	and treatment for people living with	HIVAIDS	25			3.4: Strengthen	capacity prevention	through blood and	blood products

,		100,000.00	219,144.00	26,000.00	1,440.00	1,408.00	2,300.00	3,408.00	2,652.00	11,344.00	00.009	58,459.32	893,592.50		46,255.98		2,100.00	
						-		m			9	5	8		- Svc Co-Studies & Research			
		72145 - Svc Co-Training and Educ Serv 72145 - Svc Co-Training and Educ Serv	71405 - Service Contract - Individual	72145 - Svc Co-Training and Educ Ser	71610 - Travel tickets - Local	71620 - DSA - Local	74225 - Other Media cost	73105 - Rent	73405 - Rental & Maint - other ofc eq	73120 - Utilities	74525 - Sundry	54010 - GMS			72125 - Svc Co-Stud Serv		71310 - Local ConsultSht Term-Supp	71620 - DSA - Local
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	SR Operating cost for CCHDC	Mapping of MARPs		M&E system strengthening	(Implement M&E	Action Plan and M&E Capacity Building)			PR Operating costs						Implement situational analysis and BBS survey among prison inmates	Train Peer educotrs	and conduct peer outreach for prison inmates	
Baseline: 18,260 (100%) of donated blood units screened for HIV according to the national guidelines		Indicators: -Size estimation (Mapping) of MARPs conducted	- M&E Action plan implemented								5			vey in Prison	onal analysis of HIV laafushi Jail in ct a Biological and longst the Jail inmates.	2	o inmates (IDU) on VCTC services in the as peer educators for	
		Output 4 - Management of the grant and strengthen capacity	to address national response to the HIV and AIDS	- Strengthen strategic information	system for HIV	Related CP	outcome: Capacity building for HIV service	providers	,			TOTAL	IOIAL	Output 5 - BBS Survey in Prison	5.1: Carry out a situational analysis of HIV amongst prisoners in Maafushi Jail in Maldives and to conduct a Biological and Behavioural Survey amongst the Jail inmates.	E O. Identife	<ul> <li>5.2. Identify and train 15 inmates (IDU) on HIV related issues and VCTC services in the country. They could act as peer educators for</li> </ul>	

fellow inmates while in prison and as potential		_	1 000 000 1	-
peer educators for the drug users when out of			1,000.00	
prison.	71635 - Travel – Other		1,520.00	
	74525 - Sundry		1,545.00	_
	72160 - Svc Co-Educat Serv	ion & Health	200.00	
IOIAL			62 620 00	_
GRAND TOTAL			25,020,26	_
			94 724 48	_

### II. MANAGEMENT ARRANGEMENTS

### **MANAGEMENT ARRANGEMENTS**

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

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

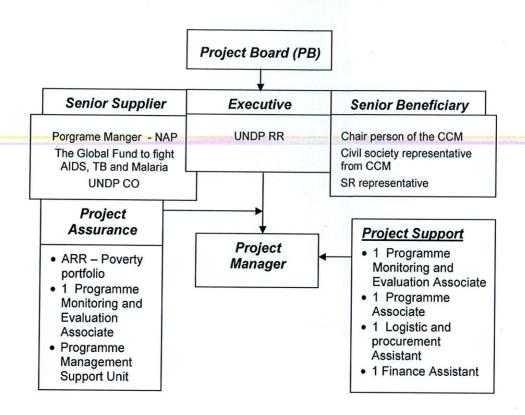
Country coordinating mechanism (CCM) is responsible for the overall oversight of the approved project. The CCM includes representation from different constituencies, including the government departments, UN agencies, private sector organization, religious based organizations, and non-government organizations.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

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

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

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

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



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

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

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

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

## III. MONITORING FRAMEWORK AND EVALUATION

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

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

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

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

### IV. LEGAL CONTEXT

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

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

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

### **ANNEXES**

Annex 1: Grant Agreement with GFATM and UNDP

Annex 2: Terms of Reference of Project Personnel

Annex 3: Performance frame work year 3-5

Annex 4: Risk log

Annex 5: Guidelines and Requirements for Country Coordinating Mechanisms