



REPORT ON THE GLOBAL FUND PROJECT FOR THE PERIOD OCTOBER 2016 – DECEMBER 2017



QRA-H-CARICOM 1122

“Removing barriers to accessing HIV and Sexual and Reproductive Health Services for key populations in the Caribbean”



March, 2018

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Acronyms and Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ART	Anti-retroviral therapy
CARICOM	Caribbean Community
CariFLAGS	Caribbean Forum for the Liberation and Acceptance of Genders and Sexualities
CARPHA	Caribbean Public Health Agency
CARIFORUM	The Forum of the Caribbean Group of African, Caribbean and Pacific (ACP) States
CCM	Country Coordinating Mechanism
CCS	Caribbean Community
CMO	Chief Medical Officer
COHSOD	Council on Human and Social Development
COIN	Centro de Orientación e Investigación Integral
CRN+	Caribbean Regional Network of People Living with HIV
CSO	Civil society organization
CSWC	Caribbean Sex Work Coalition
CVC	Caribbean Vulnerable Communities Coalition
CYA	Caribbean Community Youth Ambassadors
EB	Executive Board
GAR	Global AIDS Report
GARPR	Global AIDS Response Progress Report
HFLE	Health and Family Life Education
HIV	Human Immunodeficiency Virus
HR	Human Rights
ILO	International Labour Organization
IOM	International Organization for Migration
JASL	Jamaica AIDS Support for Life
JFA	Justice for All
KP	Key Population
LAC	Latin American and Caribbean
LGBT	Lesbian, gay, bisexual, transgender

LCI	Local Capacity Initiative
LEA	Legal Environment Assessment
LGBTI	Lesbian, gay, bisexual, transgender and intersex
M&E	Monitoring and evaluation
MoH	Ministry of Health
MOU	Memorandum of Understanding
MSM	Men who have sex with men
NAP	National AIDS Programme
NGO	Non-governmental organization
PAHO	Pan American Health Organization
PANCAP	Pan Caribbean Partnership against HIV/AIDS
PACC	Priority Areas Coordinating Committee
PAG	Project Advisory Group
PEPFAR	President's Emergency Plan for AIDS Relief
PGA	Parliamentarians for Global Action
PLHIV	People living with HIV
PMT	Project Management Team
PMU	Program Management Unit
PR	Principal Recipient
PS	Permanent Secretary
RCM	Regional Coordinating Mechanism
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
SW	Sex Worker
TWG	Technical Working Group
UN	United Nations
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Program
UNSGSE	United Nations Secretary General Special Envoy
U-RAP	University Rights Action Project
UWI	University of the West Indies

I. Introduction

The CARICOM Secretariat and Global Fund finalized a three (3) year Grant Agreement on 12 October, 2016, entitled “*Removing barriers to accessing HIV and Sexual and Reproductive Health Services for Key Populations in the Caribbean*”. The Grant falls under the Global Fund programme to Fight AIDS, Tuberculosis and Malaria worldwide.

The Grant will be implemented during the period **October 1, 2016 to September 30, 2019**, and has a budget of **US \$5,075,234**. The Grant’s goal is to contribute to the removal of barriers that impede access to HIV and sexual and reproductive health services for key populations, thereby promoting the achievement of regional HIV targets.

Sixteen (16) beneficiary countries covered under this Grant hold membership in PANCAP as well as the CARICOM and CARIFORUM, all of which were included in the previous CARICOM-Global Fund Round 9 Grant. The sixteen (16) beneficiary countries include: Antigua and Barbuda, The Bahamas, Barbados, Belize, Dominica, Dominican Republic, Grenada, Guyana, Haiti, Jamaica, Montserrat, St. Kitts and Nevis, Saint Lucia, St. Vincent and the Grenadines, Suriname and Trinidad and Tobago.

The Grant is based on the contextual framework of a “top down” and “bottom up” approach achieved through the preparation of two complementary Caribbean Regional Concept Notes. The “top down” approach submitted by PANCAP will reach political leadership, heads of ministries, heads of national programs, regional and international organizations and agencies. While the “bottom up” approach submitted by CVC/COIN includes support for work by the regional key population networks and CSOs. The strategy of combining the two (2) approaches creates a more enabling environment for Key Population (KP) access to the HIV continuum of care.

PANCAP has a strategic advantage in the Region, which has informed the focus of this Grant to include human rights advocacy and a specific and unique regional co-ordination role for convening stakeholders' meetings. With its multi-sectoral membership, PANCAP is well placed to function as a bridge between partners working in different sectors and at all levels of the Caribbean HIV response, building on its success in coordinating the regional response across languages, geography and country contexts. This Regional Project continues to provide a unique opportunity for collaborating with civil society and state actors, along with international partners and technical agencies that develop programs to address the needs of key populations. Consequently, addressing the more general need to rapidly diminish the HIV epidemic in an effective and sustainable manner. More importantly, the complementarity between PANCAP and CVC/COIN Grants are aligned towards achieving the common agenda and shared measures, and afford the opportunity for formalizing partnerships and institutional strengthening that can sustain the regional response beyond the Global Fund support.

II. Background

The CARICOM-PANCAP Global Fund Grant was designed with the goal to contribute towards the removal of barriers that impede access to HIV and Sexual and Reproductive Health (SRH) Services for Key Populations, thereby promoting the achievement of regional HIV targets. The grant objectives are:

- a) To promote law and policy reform to remove barriers that impede access to services for prevention, diagnostic, treatment, care and support services for key populations and;
- b) To increase access to HIV and health services for key populations and improve their retention on the continuum of care.

The interventions under the Grant are as follows:

Removing legal barriers to access: to promote law and policy reform to remove barriers that impede access to prevention, diagnostic, treatment, care and support services for key populations;

Health System Strengthening – Policy and Governance: to promote law and policy reform to remove barriers that impede access to prevention, diagnostic, treatment, care and support services for key populations;

Health System Strengthening – Health Care Financing: to increase access to HIV and health services for key populations and improve their retention on the continuum of care;

Health Information System & M&E: to increase access to HIV and health services for key populations and improve their retention on the continuum of care; and

Programme Management: to manage the implementation of the grant and provide oversight and monitor and evaluate the project activities.

The CARICOM Secretariat was selected as the Principal Recipient to supervise the work of the Sub-Recipient (s) which received Grant Project activities funds. The Secretariat, as the principal administrative organ of the Caribbean Community, has among its functions, the responsibility for the mobilization of resources to assist in, the implementation of Community Programmes.

The Secretariat made provision for the implementation of the PANCAP Global Fund Project through the establishment of a PMU. The PMU was tasked with the responsibility for co-ordinating activities of the programme including: approving of the disbursement of funds to the sub-recipients and monitoring the performance of the Grant's implementation.

Under this Grant, the SR, PCU contracted the SSRs and CPs to assist with the implementation and achievement of the goal of the Grant.

The PCU works with the following Sub-Sub-Recipients to implement grant activities:

Sub-Sub Recipients	Agency Type	Location
Caribbean Public Health Agency (CARPHA)	Multilateral Organization	Trinidad and Tobago
PAN American Health Organization	Multilateral Organization	Barbados

The PCU also works with the following Collaborating Partners to implement grant activities:

Collaborating Partners	Agency Type	Location
University of the West Indies - Health Economics Unit (HEU)	Multilateral Organization	Trinidad and Tobago
Caribbean Network of Persons living with HIV (CRN+)	NGO/CBO	Guyana

III. Workplan Tracking Measures

At the end of December 2017, the PR was required to report on the milestones outlined in Table 2 below. The following reporting methodology was approved by the Global Fund.

Table 2. Global Fund's Contractual Milestones

Milestones	Methodology for rating completion of milestones
75% of PANCAP countries reporting accurately on CRSF Indicators on Stigma and Discrimination and Key Population Indicators	<p>Not Started – No progress is shown against planned milestone</p> <p>Started – Existing Regional reporting forms are adapted to standardize the data reporting to ensure the capture of essential data for key populations</p> <p>Advanced – Guidelines are developed to build capacity for countries to strengthen strategic information systems to capture, analyze and report on key population data and CRSF, stigma and discrimination and 65% of PANCAP countries reporting accurately on CRSF Indicators on Stigma and Discrimination and KP Indicators.</p> <p>Completed – 75% of PANCAP countries reporting accurately on CRSF Indicators on stigma and discrimination and Key population indicators</p>
Comprehensive data repository housed by CARPHA available to all stakeholders via web access	<p>Not started – No progress is shown against planned milestone</p> <p>Started – Data Repository developed and information collated to update repository</p> <p>Advanced – Data repository available to stakeholders</p> <p>Completed – Data Repository accessed by stakeholders via the web</p>
7 annual face to face meetings held between faith leaders and UNSCSE	<p>Not started – No progress is shown against planned milestone</p> <p>Started – 60% of annual face to face meetings taking place</p> <p>Advanced – 80% of annual face to face meetings taking place</p> <p>Completed – 100% of annual face-face meetings taking place</p>
2 sensitization sessions undertaken every year with departments of CCS on the linkages between HIV and human rights and social development	<p>Not started – No progress is shown against planned milestone</p> <p>Started – Sensitization meetings organized</p> <p>Advanced – sensitization meetings taking place with 60% of aimed participants attending</p>

<p>programs and identify opportunities for collaboration</p>	<p>Completed – Sensitization sessions completed with 100 of aimed participants attending</p>
<p>2 Strategies and approaches promoting the effective and sustainable response to HIV adopted by the Conference of Heads, Community Council, COHSOD, Ministers of Health, Caucus of CMOs. JFA integrated into national responses in 3 countries</p>	<p>Not started – No progress is shown against planned milestone Started- 1 annual meeting of the Conference of Heads of Government, Council, COHSOD, Ministers of Health, Caucus of CMOs that include on the agenda discussing HIV issues Advanced: 1 annual meeting of the Conference of Heads of Government, Council, COHSOD, Ministers of Health, Caucus of CMOs that discuss HIV Issues related to key populations Completed - 1 annual meeting of the Conference of Heads of Government, Council, COHSOD, Ministers of Health, Caucus of CMOs that discuss HIV Issues related to key populations and that take commitment</p>

IV. Budget

The Summary Budget set(s) out approved expenditures for the programme implementation by the SR. The approved budget for the period under review is US\$2,198,690.00. The Summary Budget is divided into Cost Categories, Service Delivery Areas and Implementing Entities.

A. COST CATEGORY

Item #	Cost Category	Year 1 Budget (\$US)
1	Human Resource	623,189
2	Travel related costs	1,221,540
3	External Professional Services	306,961
4	Non Health Products	17,000
5	Programme Administration	30,000
	Total	2,198,690

B. SUMMARY BUDGET BREAKDOWN BY ENTITIES

Item #	PR/SR	Name of entity	Type of implementing entity	Year 1 Budget
1	PR	CARICOM Secretariat	Multilateral Organization	453,327
2	SR	PCU	Multilateral Organization	1,745,363
			TOTAL	2,198,690

C. SUMMARY BUDGET BREAKDOWN BY PROGRAM ACTIVITY

Item #	Macro-category	Objective	Module	Year 1 Budget
1	Health Information System & M&E	To increase access to HIV and health services for key populations and improve their retention on the continuum of care	Routine reporting	355,695
2	Health System Strengthening – Policy and governance	To promote law and policy reform to remove barriers that impede access to prevention, diagnostic, treatment, care and support services for key populations	Development and implementation of health legislation strategies and policies	29,480
3	Health System Strengthening – Health Care Financing	To increase access to HIV and health services for key populations and improve their retention on the continuum of care	Financial sustainability	11,740
4	Removing legal barriers to access	To promote law and policy reform to remove barriers that impede access to prevention, diagnostic, treatment, care and support services for key populations	Legal and policy environment assessment and law reform	1,098,684
5	Removing legal barriers to access	To promote law and policy reform to remove barriers that impede access to prevention, diagnostic, treatment, care and support services for key populations	Policy, advocacy and legal rights	249,764

6	Programme Management	Objective 1 &2	Grant management	345,867
7	Programme Management	Objective 1&2	Policy, planning, coordination and grant management	107,460
			Total	2,198,690

Oversight Arrangements

The PR through the establishment of a PMU and by extension the PMT and the PAG, under the auspices of the Office of the Deputy Secretary-General, have provided oversight to the SRs, SSRs, CPs towards Grant implementation. The details of these oversight systems are documented in the Secretariat's Operational Manual for the Global Fund Grant.

External oversight of the Grant is provided through governance bodies such as: the PANCAP Regional Coordination Mechanism (RCM), the PANCAP Priority Areas Coordinating Committee (PACC), and the PANCAP Executive Board. The PR reports quarterly to these bodies on the implementation activities of the SR, SSRs/CPs. These quarterly Reports are presented at these meeting fora.

V. Programmatic Achievements (October 1st, 2016 to December 31st, 2017)

Module 1 – Removing Legal Barriers

During the period under review, PANCAP-PCU engaged leaders at various levels to advocate for the removal of legal barriers that impede access to sexual and reproductive health services to members of the key populations. To complement these engagements, a Regional Advocacy Action Plan was developed for implementation. This approach was adopted by the Partnership to improve the harmonization and coordination of strategic regional advocacy efforts. The key stakeholders targeted were high-level leaders (including Parliamentarians), Faith-Based Leaders, Senior officials of Government (Permanent Secretaries, Chief Medical Officers and National AIDS Program Managers) and Youth Leaders (National Youth Leaders and Youth Leaders of key populations).

1. Advocacy with Community Organs

The PCU engaged the Heads of Government, Chief Medical Officers, Community Council of Ministers, Council for Human and Social Development and the Community Council to strengthen political support for strategies and approaches that address the following areas;

- Sustainability of PANCAP Response;
- Sustainability of the Regional Response;
- Elimination of Mother to Child Transmission; and
- Strategies for increasing national investment for HIV through public-private partnerships.

The PCU prepared briefs for discussion at the Meetings of five (5) Organs of the Community. Discussions were held and decisions taken at three of the targeted meetings; Chief Medical Officers, Community Council of Ministers and the Council of Human and Social Development.

Outcomes of the advocacy with Community Organs

In response to the Paper on Sustaining the HIV Response in the Caribbean Region, the **Community Council** noted Member States ongoing domestic investment in HIV and urged the respective organs and Councils to promote strategies for increasing national investment particularly through public-private partnerships.

The Council for Human and Social Development endorsed the decision of the PANCAP Executive Board to streamline and focus PANCAP. In response to a similar paper on health financing and prioritizing investments in health, the Council also considered implementation of specific studies on first level of care to inform new investment in health and agreed to high-level dialogues with Heads of State and Finance Ministers to improve financing for health, improve health outcomes and the resilience of health systems and communities.

2. Advocacy with Parliamentarians

In May 2017, the PCU partnered with the United Nations Development Program to convene a Forum for the Region's Parliamentarians. The Forum focused on the advocacy role of Parliamentarians in fast tracking the response to end AIDS by 2030 and to identify strategies to increase dialogue among parliamentarians regarding constitutional challenges affecting positive health outcomes. A total of forty-nine (49) Parliamentarians from twelve (12) beneficiary countries attended the Forum.

Outcomes of the advocacy with Parliamentarians

The Parliamentarians committed to the following actions:

- Advance the adoption of the CARICOM Model Anti-Discrimination Legislation in their respective Member State;
- Establish a Bipartisan Committee and resuscitate a presidential-type commissions to advocate for greater political commitment;
- Commission a situational analysis of laws and policies to identify the gaps and areas for priority actions;

- Engage members of the vulnerable community and faith-based organization to develop strategies to address stigma and discrimination;
- Sensitize the public on stigma and discrimination to get buy-in and support for programs geared towards eliminating stigma and discrimination;
- Establish mechanisms to monitor stigma and discrimination in the work place; and
- Establish periodic reviews of national programs and budgets.

3. Advocacy with Faith-based Leaders

In February 2017, the PCU engaged faith leaders and organizations across the region to garner their support in advocating for the rights of key populations. Fifty-five (55) Faith Leaders from fourteen (14) Member States participated in a regional consultation in Trinidad.

Outcome of the engagements with Faith-Based Leaders

As a result of this consultation, the faith leaders committed to the following actions:

- Provide support to the Partnership to achieve the targets in the 2016 UN High Level Political Declaration to fast-track the end of the AIDS Epidemic by 2030;
- Adopt a comprehensive approach to ending AIDS by 2030 through the establishment of a network of religious leaders and national groups;
- Secure sustainable technical and financial resources for programs led by religious groups;
- Review the actionable recommendations of the Justice for All Roadmap and identify actions for the church to reduce gaps in prevention and treatment;
- Include members of the vulnerable population in programmes aimed at eliminating AIDS related stigma and discrimination; and
- The establishment of a Faith Leaders Steering Committee.

The recommendations from the Faith Leaders Consultation were further discussed at the face-to-face encounters with religious leaders in Belize, Guyana, Haiti, Jamaica, St. Kitts and Nevis, Saint Lucia and Trinidad and Tobago.

4. Advocacy with Youth leaders

In April 2017, the PCU collaborated with the Directorate of Human and Social Development to convene a two-day meeting of sixty – five (65) young leaders (CARICOM Youth Ambassadors and leaders of Key populations) from the PANCAP Beneficiary countries. The focus of this meeting was to mobilize regional youth leaders to actively engage in high-level advocacy and policy dialogue.

Outcomes of the Meeting

The Youth leaders who were present at the meeting agreed to the following actions:

- Engage high-level leaders to discuss the role and contribution of youth in the regional response;
- Convene quarterly meetings for youth leaders through the establishment of a Regional Network of Youth;
- Convene a National Youth Caucus with broad-based representatives to discuss the national priorities for Sexual and Reproductive Health (review the age of consent; promote comprehensive sex education; and promote the adoption of gender neutral laws); and
- Develop a Communication Strategy to share information among young people.

At the time of this report, a Youth Advisory Committee was established to roll out the regional Youth Advocacy Framework.

5. Advocacy with Regional Champions: 12 – 13 September 2017

Seventeen (17) Champions from the Government, faith-based organizations, civil society organizations and academia were appointed as Champions for Change by the Partnership. This strategy was adopted to encourage prominent personalities in the communities to openly challenge discrimination within their communities.

Outcome of the Advocacy with Regional Champions

Champions have been involved in implementation activities within the Region and have been instrumental in supporting national level consultations with Faith Leaders and Ministers of Finance within their respective constituencies.

6. Sensitization of staff of the CARICOM Secretariat: July 2017

The PCU conducted two sensitization sessions for staff of the CARICOM Secretariat on the linkages between HIV and human rights and social development programs. The sessions focused on the PANCAP Justice for All Roadmap and the Benefits of Test and Treat for the Region. The sessions were promoted through the Office of the Deputy Secretary-General and targeted 100 staff members.

Outcomes of the sensitization sessions

A total of seventy-three (73) staff members attended the session. The PCU collaborated with the Directorate of Human and Social Development to engage CARICOM Youth Ambassadors in the development of the Regional Youth Advocacy Framework for Sexual and Reproductive Health and Rights and trained them in Youth advocacy to advance the dialogue for comprehensive sexuality education, increasing access to sexual and reproductive health services for adolescents. Additionally, the PCU also collaborated with the Office of the Deputy Secretary-General to conduct an HIV edutainment session, which targeted children of staff members.

7. Targeted capacity building for National AIDS Programme Leaders: March 6 – 8 2018

The Managers of National AIDS Programs, CMOs, PSs and Member of Key populations participated in a three-day meeting which was intended to contribute to strengthening of the national response.

Outcome of the Meeting of the NAP Managers and Regional Officials

Regional strategies responding to care and treatment, HIV prevention and advocacy were discussed and agreed upon at the meeting. Additionally, innovative Health Information Management approaches and techniques were also shared with the NAP Managers.

8. Development of Costed Justice for All Plan

Justice for All Action Plans were developed for Grenada, St. Lucia and St. Kitts and Nevis. Part-time country coordinators were recruited to implement the action plans in Saint Lucia and Grenada.

Module 2 – Health System Strengthening

1. Data Repository and standardized tool for CRSF Reporting

An Electronic Reporting Form was developed to support the standardized reporting on the CRSF Indicators specifically indicators related to stigma and discrimination and Key populations. In December 2017, the Caribbean Public Health Agency conducted a training for National AIDS Program Managers and staff responsible for monitoring and evaluation to introduce the Form and the Data Repository which will be housed by CARPHA.

Outcome of the Standardized tool for CRSF Reporting

The form was not used for reporting by countries at the time of reporting. CARPHA committed to work with countries to promote reporting on the CRSF Indicators.

2. Strategic Information Plans

Strategic Information Plans were developed for Belize, The Bahamas, Dominica and Saint Lucia. The plans focused on program monitoring, surveillance, evaluation and research, health research and information systems for health. The remaining Member States will be targeted in Year 2. CARPHA has also committed to develop one Strategic Information Plan for the OECS Bloc.

Outcome of the development of the Strategic Information Plans

CARPHA identified other key departments within the organization for collaboration on this initiative.

3. Document evidence-based high impact and innovative KP interventions

CARPHA identified the Caribbean Civil Society Shared Incident Database (SID) established by CVC as an innovative Key Population Intervention. The SID captures human rights violations of key population members. The documentary on the SID will be prepared in Year 2.

VI. Status Report on Contractual Indicators

There were five (5) planned Work Plan Tracking Measures for the reporting period. The status of these milestones are detailed in table 3 below.

Table 3 – Status of the Work Plan Tracking Measures

Milestones	Methodology for rating completion of milestones
75% of PANCAP countries reporting accurately on CRSF Indicators on Stigma and Discrimination and Key Population Indicators	<p>Not Started – No progress is shown against planned milestone</p> <p>Started – Existing Regional reporting forms are adapted to standardize the data reporting to ensure the capture of essential data for key populations</p> <p>Advanced – Guidelines are developed to build capacity for countries to strengthen strategic information systems to capture, analyze and report on key population data and CRSF, stigma and discrimination and 65% of PANCAP countries reporting accurately on CRSF Indicators on Stigma and Discrimination and KP Indicators.</p> <p>Completed – 75% of PANCAP countries reporting accurately on CRSF Indicators on stigma and discrimination and Key population indicators</p>
Rating: Started	
Comprehensive data repository housed by CARPHA available to all stakeholders via web access	<p>Not started – No progress is shown against planned milestone</p> <p>Started – Data Repository developed and information collated to update repository</p> <p>Advanced – Data repository available to stakeholders</p> <p>Completed – Data Repository accessed by stakeholders via the web</p>
Rating: Advanced	
7 annual face to face meetings held between faith leaders and UNSCSE	<p>Not started – No progress is shown against planned milestone</p> <p>Started – 60% of annual face to face meetings taking place</p> <p>Advanced – 80% of annual face to face meetings taking place</p> <p>Completed – 100% of annual face-face meetings taking place</p>
Rating: Completed	

Milestones	Methodology for rating completion of milestones
<p>2 sensitization sessions undertaken every year with departments of CCS on the linkages between HIV and human rights and social development programs and identify opportunities for collaboration</p>	<p>Not started – No progress is shown against planned milestone Started – Sensitization meetings organized Advanced – sensitization meetings taking place with 60% of aimed participants attending Completed – Sensitization sessions completed with 100% of aimed participants attending.</p>
<p>Rating: Advanced</p>	
<p>2 Strategies and approaches promoting the effective and sustainable response to HIV adopted by the Conference of Heads, Community Council, COHSOD, Ministers of Health, Caucus of CMOs. JFA integrated into national responses in 3 countries</p>	<p>Not started – No progress is shown against planned milestone Started- 1 annual meeting of the Conference of Heads of Government, Council, COHSOD, Ministers of Health, Caucus of CMOs that discuss HIV Issues related to key populations Advanced: 1 annual meeting of the Conference of Heads of Government, Council, COHSOD, Ministers of Health, Caucus of CMOs that discuss HIV Issues related to key populations Completed - 1 annual meeting of the Conference of Heads of Government, Council, COHSOD, Ministers of Health, Caucus of CMOs that discuss HIV Issues related to key populations and that take commitment</p>
<p>Rating: Started</p>	

VII. Recommendations for the Sustainability of the Gains

The following recommendations outlined below are in support of ongoing implementation as we sustain the gains achieved:

Module 1 – Removing Legal Barriers

Advocacy with Community Organs

- PCU was encouraged to use the forum for Heads of State and Finance Ministers to advocate for integration of HIV into other health services and to advocate for increased funding for HIV. Additionally, the focus for year two (2) should be to continue to engage remaining organs where the proposed strategies and approaches were not discussed.

Advocacy with Parliamentarians

- Once established, the Network of Parliamentarians should establish a programme of work with clear timelines to implement the abovementioned commitments. This programme of work should be monitored to assess the extent to which the Parliamentarians adhered to commitments made at the Forum.

Advocacy with Faith-Based Leaders

- Generally, the desired actions expected from this strategy was achieved but it will require further monitoring to assess the extent to which faith leaders were able to implement the committed actions. To enable monitoring of the impact of this strategy, the Faith Leaders Steering Committee should continue to develop and expand their programme of work with agreed timelines that can be monitored.

Advocacy with Youth Leaders

- Monitor the implementation of actions by the Youth Steering Committee to ensure that they fulfill their commitments.

Advocacy with Regional Champions

- Monitor the advocacy efforts of the champions for change with high level leaders and members of their respective communities.

Sensitization with CARICOM Secretariat

- The sessions should be structured by Departments and Directorates to enable staff to identify synergies and discuss ways of integrating the work of the PCU into their program of work. Senior staff with the decision making authority should be present to guide discussions on the feasibility of integrating these actions and provide commitment.
- The PCU will collaborate with the Strategic Management Unit to conduct these sessions during work programme development. Thus, concrete steps can be taken to integrate costed activities in the approved work programs of departments and directorates of the CCS.
- These sessions will also be extended to the Regional Institutions of CARICOM since they are also implementing partners of the Secretariat.

NAP Managers and Regional Officials Engagements

- PCU will continue to use this forum to provide an update on the initiatives pursued by the faith-based leaders, youth leaders, champions for change and other KP Networks.
- CARPHA was encouraged to use this forum to present the status of the CRSF based on reports submitted by beneficiary countries

Costed Justice for All Plan

- PCU will continue to follow- up with Saint Kitts Nevis and will make a decision regarding the feasibility of recruitment of the Coordinator for Saint Kitts and Nevis by May 2018.
- Monitor the implementation of the action plans in each country.

Module 2 – Health System Strengthening

Data Repository and standardized CRSF Reporting

- CARPHA will establish a mechanism to monitor the implementation of the country-specific Strategic Information Plans.
- PCU will continue to advocate for countries commitment to report on the CRSF Indicators during high-level meetings so that the target of 75% countries reporting can be achieved by the end of the project term.
- CARPHA will request the schedule for conducting surveys (related to KP and Stigma and Discrimination) from each Member State and monitor when these surveys are conducted.

Strategic Information Plans

- CARPHA should ensure that the departments identified are part of the TWG in order to facilitate the timely information sharing on initiatives regarding the reporting on CRSF Indicators.

Document Evidence – Based High impact and Innovative KP Interventions

- Define the criteria for identifying the Innovative practices.
- The documentary on the SID should capture a background description of the features, strategy and implementation of the SIDS as well as the key milestones

and potential for application and use by other countries and key population networks.

- Use the PANCAP Communication platform to disseminate the documentary on the SIDS as an innovative practice.
- Use the Meeting of the National AIDS Program Managers and Key partners to promote and share information on this innovative intervention.

VIII. Complementary/ Collaborative Activities undertaken by UNDP-COIN/CVC Project which contributes to the CARICOM-PANCAP Project

Joint M&E Technical Working Group

The Joint M&E TWG for the CARICOM-PANCAP and UNDP - CVC/COIN Projects was established and one face-to-face meeting was convened. The Terms of Reference was developed to guide the scope of work and the modalities for reporting and information sharing.

Baseline Evaluation: Recommendations for the PANCAP - CVC/COIN Global Fund Projects

The Evaluation Team that comprised members from both Grants and provided support to the Consultant during the roll out of the Baseline Assessment which was conducted in the first semester of Year 1.

Mid Term Evaluation

The Joint M&E TWG developed an Evaluation Framework for the Mid-Term Evaluation. At the moment, the Mid-Term Evaluation was delayed pending guidance from the Technical Advisory Group of the UNDP-CVC/COIN project on the approach and coordination of the Evaluation.

Reporting Requirements

A Joint Indicator Report was also prepared to monitor the progress made in achieving the contractual milestones and indicators of both projects (See Appendix 1).

Regional Advocacy Action Plan Development: 25th – 26th October, 2017

The PCU in collaboration with CVC/COIN conducted a regional consultation for key stakeholders to finalize the Regional Advocacy Strategy and a Five-Year Action Plan. The implementation of the Action Plan will be monitored by the PCU.

IX. Financial Update

Overall Project Budget Details

For the period ending December 31, 2017, the disbursements received were **US\$2,198,690** which represented **43.32%** of the total Global Fund QRA-H CARICOM (1122) budget of **US\$5,075,234**.

The total expenditure for the period amounted to **USD\$1,478,914** which comprises of actual cash outflows of **USD\$1,397,095** and **accrued expenses of USD\$81,819**. This resulted in a burn rate of **67%**.

Further budget details are provided in table I-III below.

Table I. Overall Project Budget details by Recipient

Recipient	TOTAL Budget	Budget for the period October 2016 - December 2017	Funds received for the period 01/10/2016 - 31/12/2017	Actual expenditure for the period	Accrued expenses	Variance	Total Expenditure	Exp. as a % of Budget (Burn Rate)
CARPHA	717,050	355,695	355,695	157,662	-	198,033	157,662	44%
PAHO	321,156	29,480	29,480	33,875	27,521	(31,916)	61,396	208%
CRN+	190,740	90,160	90,160	56,741		33,419	56,741	63%
PCU	2,581,841	1,270,028	1,270,028	761,761	19,365	488,902	781,126	62%
Subtotal	3,810,787	1,745,363	1,745,363	1,010,039	46,886	688,438	1,056,925	61%
PR	1,264,447	453,327	453,327	387,056	34,933	31,338	421,989	93%
Total	5,075,234	2,198,690	2,198,690	1,397,095	81,820	719,776	1,478,914	67%

X. Reasons for Variances in Project Budget

The following explanations provide reasons for the variances outlined in the project budget based on the specific interventions highlighted in the consolidated workplan and budget. These reasons are as follows:

- 1) **PAHO's 208% burn rate** was as a result of the rescheduling of the meeting with PSs, CMOs, NAP Managers on integration of HIV into primary care services at the LAC Third Forum in Haiti in November, 2017 from Q6 to Q5. The variance is the combined effect of savings realized from activities, which were completed below budget and the reprogramming of some activities, to later dates than originally set out in the work plan.
- 2) **Convene two meetings of the M&E Working Group:** There were savings against this line since both meetings were convened in Trinidad & Tobago where some members are based, also, fewer participants attended than were originally budgeted.
- 3) **Champions for Change conduct public advocacy:** - The budget provided for eight (8) missions during the period, but only one was undertaken.
- 4) **Annual meetings of the PANCAP Advisory Group on Resource Mobilisation:** The meeting was held in Guyana and there was only one participant from overseas. Also, because the meeting was held in the CARICOM Secretariat, there were savings on accommodation and other related costs.
- 5) **Compile existing information on legal and policy barriers that affect access to services and develop a framework to promote migrant rights. (Consultant fees):** This activity was not undertaken since the required information was captured in the Baseline Assessment. The PCU requested that these funds be re-programmed
- 6) **Advocate to Annual CARICOM Heads of Government Meetings:** This mission was undertaken because approval was not received from the CARICOM Secretariat for PANCAP's participation in the Heads of Government Meeting.

- 7) **Special Meeting of CARICOM LAC:** The budget for this activity was re-programmed at the request of the PCU. The parliamentarians at the Parliamentarians Forum in May 2017 committed to take action to adopt the model legislation in their respective countries.
- 8) **Dialogue between regional faith leaders and regional KP leaders:** This activity was re-scheduled to Quarter 6.
- 9) **Conduct data quality audits:** The data quality audits planned for year 1 was moved to year two (2). The development of the guidelines to support the data quality audits is scheduled for 2018.

XI. Reprogramming

During the period, reprogramming undertaken amounted to **USD\$680,347**; of this amount, **USD\$ 676,452** was reprogrammed to year 2 and **USD\$3,895** to year 3. Further details and the resulting updated budgets are presented in the table below.

Reprogrammed/Rescheduled Activities during the period under Review

Details	Year 1	Year 2	Year 3	Total
Original budget	1,723,267	1,913,021	1,438,945	5,075,233
Reprogramming	680,347	676,452	3,895	0.00
Updated budget	1,042,920	2,589,473	1,442,840	5,075,233

The new activities which emerged from the reprogramming exercises which took place in August and November 2017 were as follows:

- 1) The recommendation from the Parliamentarians at the 2017 Parliamentarians' Forum was to engage with the key population groups. The PCU proposed to host a Regional Dialogue under the theme "***How can Parliamentarians, Faith Leaders, Civil Society Leaders, NAP Managers and Youth Leaders work together to end AIDS?***" The Dialogue was held in Port of Spain, Trinidad and Tobago on **24th and 25th April, 2018**. This Forum built on the Regional Consultations of Faith Leaders held in February 2017, Youth, April 2017, and Parliamentarian, May 2017; the Joint Forum of Faith Leaders and Key Population Leaders in February 2018; and the PANCAP national level consultations with these stakeholder groups convened under the Justice for All Programme.
- 2) Development of the Youth Advocacy Training Curriculum.
- 3) Consultancy to develop and finalise the Regional Advocacy Strategy and 5-year plan.

XII. Beneficiary Countries under the Grant Implementation for the Period October 2016 – December 2017

The Beneficiary Matrix below highlights the project activities, which were undertaken with the intended beneficiary countries. The Matrix shows in the instances where all project beneficiary countries were targeted, the participation rate was as high as eighty-seven (87%) and as low as fifty percent (50%). In cases, of low participation, the Dominican Republic was not represented at four (4) out of the seven (7) regional meetings targeting the sixteen (16) beneficiary countries.

Beneficiary Countries under the Grant Implementation for the Period October 2016 – December 2017

Beneficiary Database for the PANCAP-PCU-Global Fund Grant - QRA-H-CARICOM 1122: Removing Barriers to Accessing HIV and Sexual Reproductive Health Services for Key Populations in the Caribbean																								
Work Plan Tracking Measure	Module	Responsible Agency	Collaborative Partners	Target Countries	Antigua & Barbuda	Barbados	Bahamas	Belize	Dominica	Dominican Republic	Grenada	Guyana	Haiti	Jamaica	Montserrat	St. Kitts & Nevis	St. Lucia	St. Vincent & the Grenadines	Suriname	Trinidad & Tobago	Number of targeted countries			
Faith Leader's Consultation held on the 1st to 2nd February, 2017 in Port-of-Spain, Trinidad and Tobago	Removing Legal Barriers	PANCAP-PCU		All sixteen (16) beneficiary countries	X	X	X	X			X	X	X	X		X	X	X	X	x	13			
Fifth Meeting of the National AIDS Programme Managers and Key Partners held on the 6th to 10th March, 2017 in Trinidad and Tobago				All sixteen (16) beneficiary countries	X	X	X	X	X			X	X		X	X	X	X	X	X	X	X	14	
PANCAP Coordinating Unit (PCU) and UN Secretary-General Special Envoy for HIV in the Caribbean (UNGSE) : Faith Based Consultations Schedule for February to June 2017				Belize, Guyana, Haiti, Jamaica, St. Kitts and Nevis, Saint Lucia and Trinidad and Tobago				X		X			X	X	X			X					X	7
Meeting of the Youth Leaders which was held on the 21st to 22nd April, 2017 in Trinidad and Tobago				All sixteen (16) beneficiary countries			x	x		x	x	x	x	x		x	x	x	x	x	x	x	x	14
Fourth Meeting of the Policy and Strategy Working Group on Stigma and Discrimination (PSWG) of the PAN Caribbean Partnership Against HIV and AIDS (PANNCAP) which was held on 19-20 May, 2017				All sixteen (16) beneficiary countries			x			x			x	x		x			x	x	x	x	x	9
Meeting of the Regional Parliamentarians Forum which was held on 30th to 31st May, 2017 in Kingston, Jamaica				All sixteen (16) beneficiary countries			X	X		X				X	x	X	X	X	X	X	X	X	X	12
PANCAP Champion for Change IV: Relaunch which was held on 12-13 September, 2017 in Georgetown, Guyana				All sixteen (16) beneficiary countries				X		X		X		X		X			X		X	X	X	8
Consultation to Finalise the Regional Advocacy Strategy and Five Year Plan which was held on 25th to 26th October, 2017 in Port-of-Spain, Trinidad and Tobago.				All sixteen (16) beneficiary countries			x	x	x	x		x	x	x	x	x			x	x	x	x	x	13

XIII. Grant Management and Coordination

Activities Conducted during the Reporting Period

The PR with support from the Project Management Unit (PMU) successfully completed the following activities for the period under review:

1. Baseline Assessment: Recommendations for the CARICOM/PANCAP-UNDP/CVC-COIN Global Fund Grants

A comprehensive Baseline Assessment Report and twelve draft recommendations for the PANCAP - CVC/COIN Global Fund Grants as described in Appendix 1 were submitted to the Global Fund in June 2017. The PR provided leadership and coordination of the Evaluation Team and the Consultant, Ms. Sarah Insanally. The Baseline Assessment was submitted to the Global Fund in June 2017 after the requisite extensions were obtained. Two sessions were convened by the PR to discuss the findings and recommendations of the Baseline Assessment. The recommendations will be continuously integrated into the grant implementation process.

2. Monitoring and Evaluation

At the beginning of the Grant an Orientation Meeting was conducted with the PR, SR, SSRs and CPs staff in November, 2016. At this forum a review of the grant objectives, performance framework and the operational manual was conducted.

In May 2017, the PR conducted an orientation meeting with staff from CARPHA in Trinidad and conducted a monitoring visit with the PCU in June 2017. Additionally, the PR is actively engaged in monitoring activities of the grant, which includes participation in meetings of SR, SSRs and CPs to support programmatic and financial implementation. Scheduled meetings on a weekly/bi-weekly basis are undertaken with the SR. Formal feedback is provided to the SR/SSRs on their quarterly reports.

In July 2017 the PR hosted a Progress Update Meeting. Programmatic, Financial and M and E updates were provided by all agencies. Further, the tracking/monitoring of implementation and progress of grant activities has started in Workfront.

The first monitoring visit to CARPHA was conducted on 1st – 3rd October, 2017 in Trinidad. A detailed report including immediate next steps was shared with PCU and CARPHA. Additionally, the PR was involved in the monitoring of activities of the grant, which includes participation in meetings of SR, SSRs and CPs to support programmatic and financial implementation of activities. Scheduled meetings bi-weekly have been convened with the SR. Formal feedback is provided to the SR/SSR on their quarterly reports.

3. Guide for Monitoring Project Outcomes

Following the recommendation from the RCM to develop a mechanism to monitor the outcomes of the grant and a recommendation from the Baseline Assessment, the PR along with the SSR, CARPHA developed a draft Matrix to Monitor Project Outcomes matrix (Appendix 1).

The coordination and management of this monitoring mechanism is being considered by the Monitoring and Evaluation Technical Working Group (TWG) given the following parameters and its consequences:

- 1) **Level of Effort:** who will undertake: data collection, analysis and reporting from sixteen (16) beneficiary countries?
- 2) **Resources available (budget):** no budget allocation to facilitate this higher level reporting (Outcome level).
- 3) **Roles and responsibilities** - Role of stakeholder agencies in the process.
- 4) **Timelines**

Recommended Actions

- a) CARPHA and the M and E TWG will review the contractual and non-contractual indicators for appropriateness
 - b) Finalize the role of stakeholders in the collection, analysis and reporting on the outcomes of the project.
 - c) Include the final approach in the Joint Regional M&E Plan.
- PMU has undertaken to maintain the stakeholder and the beneficiary country databases. This will form part of the grant documents submitted for the end of project evaluation.

4. Review of the Performance Framework to ensure alignment with the approved Consolidated Work Plan and Budget

Within the Work Plan Tracking Measures of the Performance Framework there were two errors in the transposition of PAHO's activities as outlined in the workplan for Year 1. These activities are as follows:

#3- Thirty-two (32) senior government officials and policy makers sensitized on policy approaches that are required to reduce health inequalities

#5 - Six (6) countries in which the treatment cascade for at least one key population is characterized and endorsed by the NAPS

The PR wrote the Global Fund requesting these inconsistencies be corrected and a revised Implementation Letter incorporating these activities in Year 2 was received from Global Fund.

5. PR facilitated Local Fund Agent (LFA) Financial Spot Check

The LFA conducted a one-week (26 – 30 June, 2017) Financial Spot check of the PR and SR financial records. A brief and presentation were prepared for the orientation session with LFA. During the LFA's debrief session they noted that there were no adverse findings and complemented the PR and SR on their record keeping and progress with grant implementation.

6. Annual Audit

The annual audit prescribed in the signed Grant Agreement between the PR and the Global Fund will be for the period ending 1 October 2016 to 31 December 2017. The independent auditor's review will include the main activities of this phase. The Procurement Unit of the CCS has supported the selection and finalization of the contract for the Audit Firm for the grant in January 2018.

7. PUDR, Reporting Periods and Financial Year

The Global Fund has confirmed the following:

- a) The first Progress Update Disbursement Request (PUDR) will be for the first fifteen months, reporting period October 2016 – December 2017 and must be submitted to the Global Fund in February 2018 (60 days following the end of the reporting period).
- b) The Financial Year 1 remains October 2016 – September 2017.

8. Reprogramming

Savings can be reprogrammed in accordance with the activities outlined in the original work plan and budget. Reprogrammed activities can be compiled in the re-allocation template with a clear justification and confirmation of the amounts identified to be reprogrammed. Global Fund has shared their Supplementary Guidance on Budgetary Adjustments, which describes a conditional +/- 15 % flexibility provided to the PR for approval of reprogrammed activities.

9. PR Coordination and Management

The PAG convened its Third (3rd) Meeting on the 4th August, 2017. The fourth meeting will be convened on 4th December, 2017.

The PAG is a Committee of senior CARICOM Secretariat Staff with representatives from: Administrative Services and Procurement; Finance; Human Resource Management; Internal Audit; Legal Services; Strategic Management; Directorate for Human and Social Development and the PCU. The PAG Meetings are chaired by the Deputy Secretary General, which has policy oversight of the execution of all Agreements in relation to Global Fund Grant and provide policy, managerial and technical advice as may be required.

The statutory meetings of the PAG have been scheduled quarterly; and *ad hoc* meetings can be convened in the event of emergencies.

The PMT convened monthly meetings since January 2017. The PMT has the responsibility to support the Project Coordinator in carrying out her functions as the PMU works collaboratively with the RCM. The PMT comprises of the Director Strategic Management, the Director of Finance and the Project Coordinator, Global Fund.

XIV. Overall impression of the PMU on the Programmatic Achievements

Overall, the project achieved significant milestones in the period ending 31st December, 2017; especially under objective two (2) which was primarily led by the PCU. The planned activities under objective one (1) was pursued by CARPHA and PAHO in collaboration with the PCU.

The project registered a slow start-up of activities under objective one for the first semester owing to the delayed signing of the MOU between the Caribbean Community Secretariat and the CARPHA. This delay affected the timely implementation of activities and the burn-rate for the first semester. However, the MOU was signed in May 2017 and the second semester marked a stronger implementation period with CARPHA on board officially. CARPHA recruited a Monitoring and Evaluation Specialist and a Monitoring and Evaluation Officer to advance its work as outlined in the approved work plan and budget. The team developed an accelerated work plan and budget, which was implemented diligently throughout the reporting period.

XV. Lessons Learned

Several lessons were learnt during the period of implementation; these encompassed the importance of planning to foster participation due to competing priorities of partners. This coupled with the transitioning of countries in the region from donor funds and the need for member states to formulate a sustainability plan of action continues to evolve. Effective communication, planning and coordination continues to be our mainstream approach.

The synergies and dynamics of working with various regional partners presents new opportunities for innovative approaches in strengthening and improving performance of governmental and non-governmental actors. This is even more evident as Member States continue to exhibit various levels of national readiness towards activities to be implemented. The call for integration of HIV into primary health services will support the fast track initiative.

Further, there is continued need for economic evaluations to catalyze Governments response towards the development of sustainable systems. This will enhance and magnify the need for greater civil society partnerships within the national programmes.

APPENDIX 1: DRAFT Recommendations Compiled by Consultant following the Baseline Assessment for the PANCAP - CVC/COIN Global Fund Grants

1. The Principal Recipients and implementers should together develop an outcome table for the grant that explicitly links activities with expected outcomes. The outcome table should clearly identify which implementer is responsible for achieving specific grant outcomes. The consultant had initially proposed a joint meeting between the CARICOM/PANCAP and UNDP/CVC/COIN grant management teams to review the combined logic model for the grants. This was not possible due to the short time frame for the consultancy. Grant monitoring and evaluation efforts could still benefit from such an exercise, and this would help to improve the understanding of stakeholders of the scope of each grant program and the specific responsibilities of agencies involved in grant management and implementation. Further, this discussion and process would also provide the opportunity to use the data collected by baseline assessment to identify or modify grant indicators and implementation milestones.
2. The implementation of national Legal Environment Assessments should commence with widespread stakeholder consultations to determine the appropriate scope and focus for each particular country context. The overarching goal should be for the structure and focus of the LEA to make evident the priority laws and policies that require attention, and enable change to be measured. While international guidance and lessons from the Jamaica and Belize experience should be considered, this goal may preclude the notion of a template or cookie-cutter approach that can be implemented in multiple countries.
3. Training of CSOs, police officers and at the level of the magistracy should go hand-in-glove with efforts to strengthening reporting and redress systems. Poor receptivity to reports of HR abuses and stigma and discrimination perpetuated by the police are the most cited reasons for failure to report abuses. There are a number of enabling factors identified from the experience with El Observatorio de Derechos Humanos para Grupos Vulnerabilizados (ODHGV) in the Dominican Republic, and these should guide work in other countries. Further, many CSOs are already documenting reports of abuses and already have systems in place to respond, at some level, to reports and manage interactions with the justice system. As these have been carefully developed to function within a particular country context in a way that minimizes risk to local activists and KP communities, they should be respected and PANCAP/CVC/COIN efforts should be guided by these and seek to strengthen rather than supplant them. These CSOs should be actively

engage in the design and implementation of related activities and PANCAP/CVC/COIN should seek to create safe spaces for meaningful dialogue between these groups and national authorities.

4. There is significant information available about the legal environment in the beneficiary countries, including as related to specific KP populations such as MSM, transgender, SW and migrants. Some of this information is summarized in the baseline assessment and key documents such as the reports on the situation of migrants emanating from the Global Fund Round 9 and the GIZ project provide sufficient information that additional research-related activities in this area should be reconsidered. The PRs should reconsider the need for reviews and scans pertaining to these issues.
5. Additional research may be required to fully understand the needs of human rights defenders in target countries, as well as the resources that might be available to them. Due to time limitations, research for the baseline assessment focused primarily on human rights defenders who work with well-established national organizations. These interviews suggest that there are a range of experiences and needs that should be fully considered to guide activities and outcomes in this area. It is also recommended that implementers consult with international agencies such as the Heartland Alliance, Outright International, Arcus Foundation, COC Netherlands that may be providing training or other support aimed at improving the security of rights defenders. PANCAP/CVC/COIN could also seek to engage with regional mechanisms such as the IAHRC, which collects information and reports on the situation of human rights defenders. LEAs and trainings for duty-bearers should explicitly include the situation of rights defenders as a focus.
6. PANCAP's communications and media functions should include on-going tracking of statements and other evidence of high-level commitments to policy and law reform. The CariFLAGS Facebook page provides a useful mechanism for compiling regional information emanating from the media and other sources. This is missing for other KPs and PANCAP/CVC/COIN should consider identifying resources to enable this. This media and communications function could also be developed in the secretariats of the other regional networks, i.e. CRN+ and CSWC.
7. PANCAP and CVC/COIN should consider implementing the surveys developed for the baseline assessment at the start of grant program activities that bring together key stakeholders for the first time. The PANCAP Director and UNSGSE have signaled their intention to do so with meetings of faith leaders, as the survey has helped to focus the meeting discussion on the issues most relevant to PANCAP's work in this area. This will also be beneficial in expanding the data available for M&E and final evaluations. This is particularly important for Haiti, Cuba and the

Dominican Republic where directly accessing stakeholders has been a challenge for the baseline assessment.

8. Findings suggest the need for careful consideration of the feasibility of targets regarding the generation of KP-specific treatment cascades. While several countries have the capacity to generate national treatment cascades and many others are working towards this with technical assistance from partners, the baseline assessment has not been able to identify any country that is able to produce a complete national KP-specific treatment cascade. This is particularly a challenge where countries do not have population size estimates or where HIV services are integrated (like Suriname). While there are efforts that can be built on in several countries, grant indicators in this area should be reviewed for feasibility.
9. A review of grant program targets may also be required for activities related to building the capacity of national programs to analyze and use data to inform evidence-based policies, strategies, and programming. While capacity has been increased as a result of efforts under Round 9, many countries continue to face challenges with M&E capacity, particularly with regard to key population-specific data. Technical assistance may continue to be required for the development of core M&E functions that must be established in order for evidence-based planning to occur. It is recommended that the grant program focus on building the capacity of national programs to collect and report on data on the various KPs and sub-populations. Where this capacity does exist, it is largely focused on MSM and SW.
10. While there is a good amount of information available on the status of the CariFLAGS and CRN+ networks (available documentation includes the grant reports and evaluations) there appears to be less documentation available relating to the Caribbean Sex Work Coalition. PANCAP and CVC/COIN should consider working with CSWC to assist in more fully documenting the status of the regional network, national organizations and the functioning of the network. A comprehensive baseline report would be beneficial for understanding how best to support the network and for tracking progress over the grant period. PANCAP and CVC/COIN should work together with the leadership of CRN+, CariFLAGS and CSWC to articulate a strategy for supporting each of the three key KP networks in a way that makes full use of the expertise of regional partners and the oversight capacity of the PANCAP RCM. Consideration should be given to the inclusion of ECADE in activities and efforts to build capacity of regional networks since the organization holds great potential for sub-regional organizing.
11. Both PANCAP and CVC/COIN have made efforts to reach out and collaborate with agencies working in areas related to the grant program, and this approach should be maintained throughout the grant program with a view to enabling early and on-going planning for the sustainability of activities. The Regional Forum for

Parliamentarians is a good example of collaboration not only between PANCAP and CVC, but also with other important actors as the United States State Department Bureau of Rights and Labor and Parliamentarians. In this way, the meeting was deliberate in facilitating connections with other current and potential supporters (financial and otherwise) of legal reform and rights-promoting efforts directly with stakeholders in beneficiary countries. This could stimulate national-level partnerships that can complement and leverage regional efforts, and could provide a good basis for sustainability planning.

12. The baseline assessment has compiled a large database of documents and list of websites that should serve as a reference library for grant implementers. While the final report could not realistically include all of the details of findings related to the beneficiary countries, this reference library should be consulted to guide design and implementation of activities.

APPENDIX 2: Guide for Monitoring Project Outcomes

Joint CVC-COIN and PANCAP Outcome 1: Improved legal and policy environments to support delivery and access to health and justice services for key populations.

Sub-evaluation Question 1.5: To what extent did the country and regional- level KP advocacy action plans facilitate progress towards law and policy reform, better use of existing laws and policies, or social accountability?

Contractual Indicators:

N/A

Non-contractual indicators:

Number of beneficiary countries adopting country level and regional level action plans to facilitate the progress towards policy reform

Number of countries achieving progress in the process of modifying its laws or repealing discriminatory laws

Percentage of countries with adequately resourced National Strategic Plans

Sub sub-evaluation question: To what extent did the national and regional advocacy plans reflect the priorities of particular KP sub-populations both nationally and regionally?

Contractual indicators:

N/A

Non-contractual indicators:

Number of countries engaging representatives of key populations in development of national and regional level advocacy plans

Number of countries reflecting the priorities of KP in regional and national level advocacy plans

Sub-evaluation Question 1.7 (PNCP): What evidence of high-level political commitments exists for protecting and promoting the human rights of KPs?

Contractual indicators:

Six (6) Key strategies and approaches promoting the effective and sustainable response to HIV adopted by Conference of Heads, Community Council, COHSOD and Caucus of CMOs

3 high level fora utilized by trained regional youth leaders for advocacy

Non-contractual indicators:

Number of countries achieving progress in the process of modifying its laws or repealing discriminatory laws

Sub-evaluation Question 1.8 (PNCP): To what extent has the understanding among high-level leaders (including political, faith-based, and professional) of the link between HIV and the need to protect and promote the human rights of KPs increased?

Contractual Indicators:

Justice For All implementation integrated into national responses

Number of senior government officials and policy makers sensitized on policy approaches that are required to reduce health inequalities

Number of countries achieving progress in the process of modifying its laws or repealing discriminatory laws

Sub-evaluation Question 1.9 (PNCP): How has the KP engagement with high level leaders contributed to improved political commitment to formulate national strategies and policies?

Contractual Indicators:

Number of faith leaders and key population networks engaged in regional dialogues to address AIDS, HIV stigma and discrimination and structural barriers to the epidemic

Non-contractual indicators:

Number of initiatives funded under the PANCAP Global Fund project which promoted the engagement of high level leaders and key populations

Number of National Programme initiatives which promoted the engagement of high level leaders and key populations

Number of regional initiatives which promoted the engagement of high level leaders and key populations

Joint CVC-COIN and PANCAP Outcome 2: Strengthened KP linkage to treatment and care through improvements in the treatment cascade.

Sub-evaluation Question 2.1 (PANCAP): To what extent has the project strengthened reporting and monitoring of quality data related to KPs, including HIV treatment.

Contractual Indicators:

75 % of PANCAP countries reporting accurately on CRSF Indicators (with focus on Stigma and Discrimination and KP indicators)

What progress was achieved by the project in improving the treatment cascade through strengthening of KP linkage to and retention in care?

Contractual Indicators:

Number of senior government officials and policy makers sensitized on policy approaches that are required to reduce health inequalities (disaggregated by beneficiary countries)

Regional workshop on comprehensive care and treatment for key populations based on the New 2015 WHO guidelines for the provision of services for key populations to improve access to essential services for key populations in an environment of stigma and discrimination

Number of joint CSO/NAP activities or initiatives that address gaps in the treatment cascade for specific KP sub-populations implemented

Non-contractual indicators:

Number of beneficiary countries participating in regional workshop on the New 2015 WHO guidelines for the provision of services for key populations to improve access to essential services for key populations in an environment of stigma and discrimination

HIV prevalence among sex workers

HIV prevalence among Men who have Sex with Men (MSM)

HIV prevalence among people who inject drugs

HIV prevalence among transgender people

HIV prevalence among prisoners

Number of MSM living with HIV who report receiving ART in the past 12 months

Number of sex workers living with HIV who report receiving ART in the past 12 months

Number of prisoners with HIV who report receiving ART in the past 12 months

Number of prisoners with HIV who report receiving ART in the past 12 months

Number of transgender people with HIV who report receiving ART in the past 12 months

Percentage of Men who have sex with men with HIV known to be on treatment (12, 24, 36) months after initiation of antiretroviral therapy

Percentage of Sex Workers with HIV known to be on treatment (12, 24, 36) months after initiation of antiretroviral therapy

Percentage of prisoners with HIV known to be on treatment (12, 24, 36 months) after initiation of antiretroviral therapy

Percentage of transgender people with HIV known to be on treatment (12, 24, 36 months) after initiation of antiretroviral therapy

Percentage of injected drug users with HIV known to be on treatment (12, 24, 36 months) after initiation of antiretroviral therapy

Number and percentage of sex workers living with HIV who have suppressed viral loads at the end of the reporting period

Number and percentage of MSM living with HIV who have suppressed viral loads at the end of the reporting period

Number and percentage of prisoners with HIV who have suppressed viral loads at the end of the reporting period

Number and percentage of transgender people with HIV who have suppressed viral loads at the end of the reporting period

Number of injected drug users with HIV who have suppressed viral loads at the end of the reporting period

Sub-evaluation 2.5 (PNCP): To what extent have the projects increased the capacity of NAPs to analyse and use data to inform evidence-based policies, strategies, and programming?

Contractual Indicator:

75 % of PANCAP countries reporting accurately on CRSF Indicators (with focus on Stigma and Discrimination and KP indicators)

Comprehensive data repository housed by CARPHA available to all stakeholders via web access

Number of participants that receive capacity-building (data analysis dissemination and use) to support regional evidence-based policies

Non-contractual indicators:

Number of beneficiary countries that receive capacity-building (data analysis dissemination and use)

to support evidence-based policies

Number of countries with new evidence-based policies to guide health and social programming that affect persons living with and affected by HIV

Number of countries with new evidence-based strategies to guide health and social programming that affect persons living with and affected by HIV

THE END

