

Grant Agreement

This **Grant Agreement** (the “Grant Agreement”) is made by and between **the Global Fund to Fight AIDS, Tuberculosis and Malaria** (the “Global Fund”) and **Caribbean Community (CARICOM) Secretariat** (the “Principal Recipient”) on behalf of the Caribbean Community (CARICOM) (the “Grantee”) (the Global Fund and the Grantee hereinafter referred to collectively as the “Parties” and individually each a “Party”) as of the date of the last signature below and effective as of the start date of the Implementation Period (as defined below) to implement the Program set forth herein.

WHEREAS, the Global Fund was established in January 2002 as an innovative financing institution for the purpose of attracting and managing financial resources globally as well as providing such resources to countries to support national and regional programs that prevent, treat and care for people with the diseases of HIV/AIDS, tuberculosis and/or malaria; and

WHEREAS, a certain entity of the Grantee has been nominated by the relevant country or regional coordinating mechanism to implement the Program described in Schedule 1 to this Grant Agreement in the Americas region, and such Program is expected to be financed by the Global Fund;

NOW, THEREFORE, the Parties agree as follows:

ARTICLE 1 THE GLOBAL FUND GRANT REGULATIONS (2014)

- 1.1 **Incorporation by Reference.** All the provisions of the Global Fund Grant Regulations (2014) available at the Global Fund’s Internet site are hereby made applicable to this Grant Agreement with the same force and effect as if they were fully set forth herein.
- 1.2 **Defined Terms.** Wherever used in this Grant Agreement, the terms defined in the Global Fund Grant Regulations (2014) shall have the respective meanings set forth therein unless modified herein or the context requires otherwise.

ARTICLE 2 THE GRANT AND THE PROGRAM

- 2.1 **Grant.** Subject to the provisions of Sections 3.2 and 3.3 of the Global Fund Grant Regulations (2014), the Global Fund agrees to make available to the Grantee, for the sole purpose of the Program and for the duration of the Implementation Period, the Grant Funds as described below:

2.1.1.	Host Country or Region:	Multi-country Caribbean CARICOM-PANCAP
2.1.2.	Disease Component:	HIV/AIDS
2.1.3.	Program Title:	Sustainability of services for key populations in the Caribbean
2.1.4.	Grant Name:	QRA-H-CARICOM
2.1.5.	GA Number:	1838

2.1.6.	Grant Funds:	Up to the amount of USD 6,500,000.00 or its equivalent in other currencies
2.1.7.	Implementation Period:	From 1 October 2019 to 30 September 2022 (inclusive)
2.1.8.	Principal Recipient:	Caribbean Community (CARICOM) Secretariat P.O. Box 10827, Turkeyen, Georgetown Co-operative Republic of Guyana Attention: Mr. Irwin LaRocque Secretary General, Ambassador Telephone: +59 2222 0001 Facsimile: +59 2222 0173 Email: osg@caricom.org
2.1.9.	Fiscal Year:	1 January to 31 December
2.1.10.	Local Fund Agent:	Cardno Emerging Markets Ltd. 2107 Wilson Boulevard, Suite 800, VA 22201-3095 Arlington United States of America Attention: Mr. Chase Toft Telephone: +1 703 373 7741 Email: chase.toft@cardno.com
2.1.11.	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 17 00 Facsimile: +41 44 580 68 20 Email: annelise.hirschmann@theglobalfund.org

2.2 **Program.** The details of the Program, the Program Activities and related implementation arrangements are set forth in Schedule I (Integrated Grant Description). The Grantee shall, and shall cause the Principal Recipient to, implement the Program in accordance with the detailed Program budget agreed with the Global Fund and take all appropriate and necessary actions to comply with (1) the Global Fund Guidelines for Grant Budgeting (2017, as amended from time to time), (2) the Health Products Guide (2018, as amended from time to time), and (3) any other policies, procedures, regulations and guidelines, which the Global Fund may communicate in writing to the Grantee and the Principal Recipient, from time to time.

2.3 **Representations.** In addition to the representations set forth in the Global Fund Grant Regulations (2014), the Principal Recipient hereby represents that the Principal Recipient has all the necessary power, has been duly authorized by or obtained all necessary consents, approvals and authorizations to execute and deliver this Grant Agreement and to perform all the obligations on behalf of the Grantee under this Grant Agreement. The execution, delivery and performance by the Principal Recipient on behalf of the Grantee of this Grant Agreement do not violate or conflict with any applicable law, any provision of the Grantee's and Principal Recipient's constitutional

documents, any order or judgment of any court or any competent authority, or any contractual restriction binding on or affecting the Grantee or the Principal Recipient.

2.4 **Covenants.** The Global Fund and the Grantee further agree that:

(1) Transition between grants:

- a. The Program budget in the Integrated Grant Description attached hereto as Schedule I reflects the total amount of Global Fund funding to be made available for the Program. The Program budget may be funded in part by grant funds disbursed to the Grantee under a previous grant agreement, which the Global Fund has approved to be used for the Program under the current Grant Agreement (“Previously Disbursed Grant Funds”), as well as additional Grant Funds up to the amount set forth in Section 2.1.6 of this Grant Agreement. Where the Global Fund has approved the use of Previously Disbursed Grant Funds, the Global Fund may reduce the amount of Grant Funds set forth in Section 2.1.6 of this Grant Agreement by the amount of any Previously Disbursed Grant Funds, and the definition of Grant Funds set forth in Section 2.2 of the Global Fund Grant Regulations (2014) shall include any Previously Disbursed Grant Funds.
- b. All non-cash assets financed with Global Fund funds and remaining under any previous grant agreements as of the start date of the Implementation Period shall be fully accounted for and duly documented (“Previous Program Assets”). Unless otherwise agreed with the Global Fund, the definition of Program Assets set forth in Section 2.2 of the Global Fund Grant Regulations (2014) shall include any Previous Program Assets.
- c. For the avoidance of doubt, except as explicitly set forth herein, nothing in the instant Grant Agreement shall impact the obligations of the Grantee and/or Principal Recipient under any previous grant agreement(s) (including, but not limited to, those concerning financial and other reporting).

(2) With respect to Section 7.6 (Right of Access) of the Global Fund Grant Regulations (2014), it is understood and agreed that (1) the Global Fund may collect or seek to collect data, and it is possible that such data may contain information that could be used to identify a person or people, and (2) the Grantee has undertaken or has caused to be undertaken prior to collection and thereafter whatever is required under the applicable laws of the respective Host Country to ensure that such information may be transferred to the Global Fund for such purpose upon request.

ARTICLE 3 MISCELLANEOUS

3.1 **Survival.**

- (1) All agreements, representations and covenants made by the Grantee (and if any, by the Principal Recipient) in the Grant Agreement shall be considered to have been relied upon by the Global Fund and shall survive the execution and delivery of the Grant Agreement, regardless of any investigation or assessment made by the Global Fund or by any other third party on its behalf prior to the execution and delivery of the Grant Agreement or notwithstanding that the Global Fund may have had notice or knowledge of any fact or incorrect

representation or warranty at any time during the Implementation Period, and shall continue in full force and effect until the end of such Implementation Period.

- (2) Sections 1.1, 1.2, 2.2 to 2.4, and 3.1 to 3.3 of this Grant Agreement, and Sections 1.3, 2.1 to 2.4, 3.1, 3.3(3), 3.4 to 3.6, 4.2, 4.3(4), 4.4(2), 5.2, 6.4(2), 6.5, 6.6, 7.1, 7.5, 7.6, 10.3, 10.4, and Articles 11 and 12 of the Global Fund Grant Regulations (2014) (as modified by this Grant Agreement) shall survive the expiry of the Implementation Period or early termination of the Grant Agreement.
- (3) The expiry of the Implementation Period or any early termination of the Grant Agreement, for whatever reason, shall not affect any rights or obligations accrued or subsisting to either Party prior to such expiry or early termination.

3.2 **Governing law.** This Grant Agreement shall be governed by the UNIDROIT Principles of International Commercial Contracts (2004).

3.3 **Notices.**

- (1) Any notice under this Grant Agreement given by one Party to the other Party (the "Notice") shall be made in writing and delivered personally or by certified or registered mail (postage prepaid), by international courier, by fax, or by electronic messaging system to the relevant address and/or number described below, or to such other address(es) and/or number(s) as any Party may designate by written notice to the other Party in accordance with this Section:

For the Global Fund:

The Global Fund to Fight AIDS, Tuberculosis and Malaria
Global Health Campus, Chemin du Pommier 40
1218 Grand-Saconnex, Geneva, Switzerland

Attention: Mark Edington
Head, Grant Management Division

Telephone: +41 58 791 17 00
Facsimile: +41 44 580 68 20
Email: headgrantmanagement@theglobalfund.org

For the Grantee:

Caribbean Community (CARICOM) Secretariat
P.O. Box 10827, Turkeyen, Georgetown
Co-operative Republic of Guyana

Attention: Ambassador Irwin LaRocque
Secretary General

Telephone: +59 2222 0001
Facsimile: +59 2222 0173
Email: osg@caricom.org

- (2) Any Notice shall be deemed to have been duly given (a) when delivery to the receiving Party is complete if delivered in person or via international courier, (b) upon receipt if delivered by registered or certified mail, postage prepaid, and (c) upon confirmation of successful transmission if sent by facsimile or electronic messaging system.
- (3) In the case of any communication to the Global Fund through the LFA as may be required under the Grant Agreement, the Grantee or the Principal Recipient shall submit such communication to the LFA representative whose details are set forth in the Grant Agreement, following a principle similar to that described in sub-paragraph (2) of this Section.
- (4) All communications under the Grant Agreement shall be in English with a copy to the RCM or RO.

3.4 **Counterparts; Delivery through Facsimile or Electronic Messaging System.** This Grant Agreement may be executed in one or more identical counterparts, all of which shall constitute one and the same agreement as if the Parties had signed the same document. This Grant Agreement may also be signed and delivered by facsimile transmission or by electronic messaging system, and such signature and delivery shall have the same force and effect as an original document with original signatures.

[Signature Page Follows.]

IN WITNESS WHEREOF, the Global Fund and the Grantee acting through the Principal Recipient have caused this Grant Agreement 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**

**Caribbean Community (CARICOM)
Secretariat**
on behalf of Caribbean Community
(CARICOM)

By: _____

By: _____

Name: Mark Edington

Name: Ambassador Irwin LaRocque

Title: Head, Grant Management Division

Title: Secretary General

Date:

Date:

Schedule 1

Integrated Grant Description

Country:	Multi-country Caribbean CARICOM-PANCAP
Program Title:	Sustainability of services for key populations in the Caribbean
Grant Name:	QRA-H-CARICOM
GA Number:	1838
Disease Component:	HIV/AIDS
Principal Recipient:	Caribbean Community (CARICOM) Secretariat

A. PROGRAM DESCRIPTION

1. Background and Rationale for the Program

The Caribbean region funded 21 percent of the HIV response with domestic funding in 2016, and many of the services for key populations are currently funded by international donors. As donor funding declines, sustainability of the HIV response will require additional domestic funding, and innovative new funding strategies, especially for the key population response being provided by civil society organizations (CSOs). Key populations in the Caribbean region face structural, legal and human rights barriers to accessing services. Countries within the Caribbean region are heterogeneous in terms of burden of HIV, policies and funding, but have agreed a Caribbean Regional Strategic Framework 2014-2018 with which the funding proposal is aligned. Overall, the Program is technically sound and strategically focused as it demonstrates added value from a multi-country approach, compared to a country specific approach, leveraging existing regional partnerships and structures. The Program appears to be inclusive with good representation of countries, civil society and communities of key populations, as well as demonstrating good collaboration between the partners in two ongoing regional Global Fund grants. The Program includes some innovative approaches and sound strategies that have the potential to increase domestic financing for key populations.

2. Goals, Strategies and Activities

Goal:

Provide Sustainable Prevention, Treatment and Care Services for Key Populations in the Caribbean Region

Strategies:

- Increase domestic resources for effective key population programming
- Mobilize resources for key population organizations
- Reduce structural barriers to key population services including stigma and discrimination and gender-based violence

- Improve knowledge generation and use of strategic information on key populations for decision-making and advocacy by communities and other stakeholders.

Activities:

- Programs to reduce human rights-related barriers to HIV services
 - HIV and HIV/TB related legal services
- Community responses and systems
 - Institutional capacity building, planning and leadership development

3. Target Group/Beneficiaries

- Men who have sex with men
- Sex workers
- Transgender people

B. PERFORMANCE FRAMEWORK

Please see attached.

C. SUMMARY BUDGET

Please see attached.

Country	Americas			
Grant Name	QRA-H-CARICOM			
Implementation Period	01-Oct-2019 - 30-Sep-2022			
Principal Recipient	Caribbean Community Secretariat			
Reporting Periods	Start Date	01-Oct-2019	01-Oct-2020	01-Oct-2021
	End Date	30-Sep-2020	30-Sep-2021	30-Sep-2022
	PU includes DR?	Yes	Yes	No

Program Goals and Impact Indicators

1	To provide Sustainable Prevention, Treatment and Care Services for Key Populations in the Caribbean Region
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Program Objectives and Outcome Indicators

1	To increase domestic resources for effective key population programming
2	To mobilise resources for key population organisations
3	To reduce structural barriers to key population services including stigma and discrimination and gender-based violence
4	To improve knowledge generation and use of Strategic information on key populations for decision-making and advocacy by Communities and other stakeholders

Workplan Tracking Measures

Intervention	Key Activity	Comments	Milestone Target	Criterion for Completion	01-Oct-2019 30-Sep-2020	01-Oct-2020 30-Sep-2021	01-Oct-2021 30-Sep-2022
Programs to reduce human rights-related barriers to HIV services							
HIV and HIV/TB-related legal services	C.3. Conduct high level advocacy to increase awareness of gender based violence and its link to HIV transmission to galvanize support and accelerate national action to reduce the incidence and its impact.	Countries targeted for high level advocacy to promote laws/act reforms to address gender-based violence and redress include: Antigua and Barbuda, Barbados, Belize, Guyana, Trinidad and Tobago, Jamaica and Suriname. Any of these countries will be targeted for presenting criteria of completion by the PR. (capacity building for reporting and monitoring redress, CSO implementing model programs and law/act reforms). However, the number of countries expected to complete milestones is different according to milestone as specified.	3 beneficiary countries implementing reformed laws that support the reduction of Gender-based violence and stigma and discrimination	<p>No Started (0): No progress shown against planned Milestone</p> <p>Started (1) : The PR presents 3 country specific proposals for law reforms to support country specific gender-based violence and stigma and discrimination issues.</p> <p>Advanced (2): The PR presents 3 country specific proposals for law reforms to support country specific gender-based violence and stigma and discrimination issues, and evidence of 1-2 countries with law/acts reforms.</p> <p>Completed (3): The PR presents 3 country specific proposals for law reforms to support country specific gender-based violence and stigma and discrimination issues, and evidence of 3 countries with law/acts reforms.</p>			X

Workplan Tracking Measures							
Intervention	Key Activity	Comments	Milestone Target	Criterion for Completion	01-Oct-2019 30-Sep-2020	01-Oct-2020 30-Sep-2021	01-Oct-2021 30-Sep-2022
HIV and HIV/TB-related legal services	C.3. Conduct high level advocacy to increase awareness of gender based violence and its link to HIV transmission to galvanize support and accelerate national action to reduce the incidence and its impact.	Countries targeted for high level advocacy to promote laws/act reforms to address gender-based violence and redress include: Antigua and Barbuda, Barbados, Belize, Guyana, Trinidad and Tobago, Jamaica and Suriname. Any of these countries will be targeted for presenting criteria of completion by the PR. (capacity building for reporting and monitoring redress, CSO implementing model programs and law/act reforms). However, the number of countries expected to complete milestones is different according to milestone as specified.	3 countries benefit from high level (ministers and parliamentarians) advocacy activities to promote laws/act reforms to support reduction of gender-based violence and stigma and discrimination.	<p>No Started (0): No progress shown against planned Milestone</p> <p>Started (1) : The PR presents a policy brief highlighting prevalence data on Gender-based Violence from countries prepared for high level advocacy with CARICOM organs and duty bearers including CARICOM Community Council, Ministers and Parliamentarians for the development and revision of laws</p> <p>Advanced (2): The PR presents a report/policy brief describing 1) activities for high level advocacy conducted with policy-makers in at least 2 beneficiary countries to promote reformed laws that support the reduction of Gender-based violence and stigma and discrimination and commitment made to reform laws based on recommendations and 2) at least 2 country specific proposals for reforms to their laws to support country specific gender-based violence and stigma and discrimination issues.</p> <p>Completed (3): The PR presents a report/policy brief describing 1) activities for high level advocacy conducted with Policy makers in at least 3 beneficiary countries to promote reformed laws that support the reduction of Gender-based violence and stigma and discrimination and 2) at least 3 country specific proposals for reforms to their laws to support country specific gender-based violence and stigma and discrimination issues.</p>	X		
			4 beneficiary countries have built capacity to 1) systematically report on gender-based violence incidents, 2) redress by pro-bono lawyers and 3) develop model programs that effectively mitigate and prevent GBV in the target groups using community paralegals.	<p>No Started (0): No progress shown against planned Milestone</p> <p>Started (1) The PR presents an annual report describing the results of country notifications, showing that 1) at least 2 beneficiary countries are reporting incidence of Gender-based violence through the SID and 2) 2 CSO in each country have built capacity to develop model programs that effectively mitigate and prevent GBV in the target groups using community paralegals.</p> <p>Advanced (2): PR presents a report showing evidence that 1)at least 3 beneficiary countries reporting Incidence of Gender-based violence through the SID and <50% of cases have evidence of redress pursued by pro bono lawyers; 2) at least 3 CSO from each beneficiary country have evidence-based model programs aligned to a national strategy for reducing GBV.</p> <p>Completed (3): PR presents a report with evidence that 1) at least 4 beneficiary countries reporting Incidence of Gender-based violence through the SID and 50% of more of the cases have evidence of redress pursued by pro bono lawyers; and 2) at least 4 CSO of each beneficiary country is implementing evidence-based GBV model and policies to support the reduction of GBV aligned to a national strategy for reducing GBV.</p>		X	

Workplan Tracking Measures							
Intervention	Key Activity	Comments	Milestone Target	Criterion for Completion	01-Oct-2019 30-Sep-2020	01-Oct-2020 30-Sep-2021	01-Oct-2021 30-Sep-2022
Other intervention(s) to reduce human rights-related barriers to HIV services	A.1. Leverage existing PANCAP networks, including the faith leaders, parliamentarian, youth, champions and NAP Managers, to sensitise government officials and other stakeholders on the economic benefits of increasing funding for HIV programing for KPs.	<p>List of countries targeted for criteria of completion: 'Antigua and Barbuda, Barbados, Belize, Guyana, Haiti, Jamaica and Suriname. However, the number of countries expected to complete milestones is different depending on the milestone as specified below.</p> <p>Increased domestic allocations means that the beneficiary countries comply with at least three of the following criteria:</p> <ol style="list-style-type: none"> 1. The increase in the allocation is higher than the projected inflation rate when compared to baseline; 2. The increase in the allocation is reflected on the funding for KP programmes. 3. The country meets the financial commitments with international organizations and external partners for HIV and Key populations and/or the targets on the position paper, national strategic plan or sustainability plans. 4. The country has a valid costed national strategic plan showing expected domestic allocation. 5. The baseline (Member States's allocation) has been clearly established. The Policy Papers which will target State Actors particularly Government officials (Ministers of Finance) will provide evidence-based information on the background and historical context of Domestic Funding for HIV for the specific country, the key issues related to domestic allocations for HIV Programing for key populations, the Impact of increasing domestic allocations for key population programing, Policy options to address the issue of domestic allocation and recomendations . All Policy Papers should invite the Government Officials to make a commitment based on the criteria 1 - 5 above. 	4 beneficiary countries have at least 1 social contract established between a CSO and the Government to receive funding from domestic resources to support programs for key populations as part of the national response.	<p>No Started (0): No progress shown against planned Milestone</p> <p>Started (1) : At least 2 proposals from 2 CSO for key population programs to contribute to national targets in at least 6 beneficiary countries have been reviewed and accepted by national programs to be proposed for social contracting and funding with domestic resources</p> <p>Advanced (2) : The PR presents at least 1 social contract between 1 CSO and the Government in 1- 4 beneficiary countries receiving funding from domestic sources to support programs for key populations as part of the national response.</p> <p>Completed (3): The PR presents at least 4 social contracts between 1 CSO and the Government for 4 beneficiary countries receiving funding from domestic sources to support programs for key populations as part of the national response.</p>		X	
			6 beneficiary countries with position papers presented and endorsed by at least 4 government officials, describing domestic funding increase projections for HIV programs for KPs.	<p>No Started (0): No progress shown against planned Milestone</p> <p>Started (1) : Position papers specifying the agreements arising from the 18th Meeting of the Council of Finance and Planning (COFAP) to provide budgetary support to fill the financing gap for HIV prepared for high level advocacy with Government Officials representing 1- 6 beneficiary countries (by PANCAP, CSO and Private sector champions)</p> <p>Advanced (2) : Position papers have been presented to Government Officials in at least 6 beneficiary countries and at least 1-4 Government officials per country endorsed the position paper. (by PANCAP, CSO and Private sector champions)</p> <p>Completed (3): Position specifying the agreements arising from the 18th Meeting of the Council of Finance and Planning (COFAP) to provide budgetary support to fill the financing gap for HIV have been endorsed by at least 4 Government officials per country and have been presented to 6 beneficiary countries . (by PANCAP, CSO and Private sector champions)</p>	X		

Workplan Tracking Measures							
Intervention	Key Activity	Comments	Milestone Target	Criterion for Completion	01-Oct-2019 30-Sep-2020	01-Oct-2020 30-Sep-2021	01-Oct-2021 30-Sep-2022
Other intervention(s) to reduce human rights-related barriers to HIV services	A.1. Leverage existing PANCAP networks, including the faith leaders, parliamentarian, youth, champions and NAP Managers, to sensitise government officials and other stakeholders on the economic benefits of increasing funding for HIV programing for KPs.	<p>List of countries targeted for criteria of completion: 'Antigua and Barbuda, Barbados, Belize, Guyana, Haiti, Jamaica and Suriname. However, the number of countries expected to complete milestones is different depending on the milestone as specified below.</p> <p>Increased domestic allocations means that the beneficiary countries comply with at least three of the following criteria:</p> <ol style="list-style-type: none"> 1. The increase in the allocation is higher than the projected inflation rate when compared to baseline; 2. The increase in the allocation is reflected on the funding for KP programmes. 3. The country meets the financial commitments with international organizations and external partners for HIV and Key populations and/or the targets on the position paper, national strategic plan or sustainability plans. 4. The country has a valid costed national strategic plan showing expected domestic allocation. 5. The baseline (Member States's allocation) has been clearly established. The Policy Papers which will target State Actors particularly Government officials (Ministers of Finance) will provide 	6 Member States have evidence of increased domestic allocations for HIV programming for key population during the grant implementation period.	<p>No Started (0): No progress shown against planned Milestone</p> <p>Started (1): Report describing progression in the funding landscape of national HIV programs and financial gaps from baseline, as well as annual domestic budget projections, actual planning and execution for national HIV programs and components including allocations for key populations for at least 6 beneficiary countries.</p> <p>Advanced (2): The reports describing progression in the funding landscape of national HIV programs and financial gaps, as well as annual domestic budget projections, actual planning and execution for national HIV programs and components including allocations for key populations for at least 6 beneficiary countries, showing an increase in the domestic allocations and 20% of overall national HIV budget allocated for key populations for at least 1 to 3 countries.</p> <p>Completed (3): The reports describing progression in the funding landscape of national HIV programs and financial gaps, as well as annual domestic budget projections, actual planning and execution for national HIV programs and components including allocations for key populations for at least 6 beneficiary countries, showing an increase in the domestic allocations and 20% of overall national HIV budget allocated for key populations for at least 4 countries.</p>			X
	D1. Enhance and innovate comprehensive HIV/STI services through differentiated service delivery models focusing on key populations by building on the knowledge acquired from the technical cooperation for health development with key regional partners providing services to KPs	<p>Antigua and Barbuda, Belize, Barbados, Guyana, Trinidad and Tobago</p> <p>For milestone 1, The document to be published and training to promote evidence based and innovative services for key populations will target staff/members from Civil society organizations, Key populations, Care and treatment providers, MOH Managers and Focal Points.</p> <p>For milestone 2, the National Guidelines will be validated based on acceptance by the Ministry of Health and the National AIDS Programs.</p> <p>For milestone 3, the minimum content of the Report will be documented in the national guidelines of the countries for standardisation. The report will present the country background and context, the interventions implemented during the reporting period, the results achieved for the reporting period with regards to the coverage of PrEP, Index partner testing and self- testing. Where possible, the results will be presented by key population targeted, targeted geographic areas. Challenges identified during the implementation process and recommendations will also be documented in the Report.</p>	5 beneficiary countries have updated/revised national guidelines that include comprehensive HIV/STI services, including innovative and evidence-based services for key populations.	<p>No Started (0): No progress shown against planned Milestone</p> <p>Started (1) : The PR presents at least 5 document proposals for the revision of the national HIV/STI guidelines have been prepared for each one of at least 6 beneficiary countries.</p> <p>Advanced (2): The PR presents at least 3 of 5 revised national HIV/STI guidelines of beneficiary countries that are finalized (approved by national programs as final) including comprehensive HIV/STI services and innovative/evidence based services for key populations.</p> <p>Completed (3): The PR presents at least 4 of 5 revised national HIV/STI guidelines of beneficiary countries that are finalized (official or approved by national programs as final) including comprehensive HIV/STI services and innovative/evidence based services for key populations.</p>		X	

Workplan Tracking Measures							
Intervention	Key Activity	Comments	Milestone Target	Criterion for Completion	01-Oct-2019 30-Sep-2020	01-Oct-2020 30-Sep-2021	01-Oct-2021 30-Sep-2022
Other intervention(s) to reduce human rights-related barriers to HIV services	D1. Enhance and innovate comprehensive HIV/STI services through differentiated service delivery models focusing on key populations by building on the knowledge acquired from the technical cooperation for health development with key regional partners providing services to KPs	<p>Antigua and Barbuda, Belize, Barbados, Guyana, Trinidad and Tobago</p> <p>For milestone 1, The document to be published and training to promote evidence based and innovative services for key populations will target staff/members from Civil society organizations, Key populations, Care and treatment providers, MOH Managers and Focal Points.</p> <p>For milestone 2, the National Guidelines will be validated based on acceptance by the Ministry of Health and the National AIDS Programs.</p> <p>For milestone 3, the minimum content of the Report will be documented in the national guidelines of the countries for standardisation. The report will present the country background and context, the interventions implemented during the reporting period, the results achieved for the reporting period with regards to the coverage of PrEP, Index partner testing and self-testing. Where possible, the results will be presented by key population targeted, targeted geographic areas. Challenges identified during the implementation process and recommendations will also be documented in the Report.</p>	At least 5 Beneficiary countries providing innovative and comprehensive HIV/STI Services for Key populations	<p>No Started (0): No progress shown against planned Milestone</p> <p>Started (1) : The PR presents a published document promoting evidence based interventions for key populations and systematizing the best practices to offer innovative services for key populations in beneficiary countries (prioritizing PrEP, Index partner testing and self-testing) and a training plan (including didactic materials, timelines, participants, etc.).</p> <p>Advanced (2) : The PR has published the report promoting evidence based interventions and best practices and has completed training of key stakeholders and national programs for the delivery of evidence based interventions and innovations for key populations and use of data for 1-4 participant countries.</p> <p>Completed (3): The PR has published the report promoting evidence based interventions and best practices and has completed training of key stakeholders and national programs for the delivery of evidence based interventions and innovations for key populations and use of data for 5 or more participant countries.</p>	X		
			At least 5 Beneficiary countries providing innovative and comprehensive HIV/STI Services for Key populations.	<p>No Started (0): No progress shown against planned Milestone.</p> <p>Started (1) : PR presents a report with evidence of at least 2 of 5 beneficiary countries report incremental coverage of innovative and evidence based services delivered for key populations when compared to the previous year (including PrEP, Index Partner testing and self-testing).</p> <p>Advanced (2) : PR presents a report with evidence of at least 4 of 5 beneficiary countries report incremental coverage of innovative and evidence based services delivered for key populations when compared to the previous year (including PrEP, Index Partner testing and self-testing).</p> <p>Completed (3): PR presents a report with evidence of at least 5 beneficiary countries report incremental coverage of innovative and evidence based services delivered for key populations when compared to the previous year (including PrEP, Index Partner testing and self-testing).</p>			X
RSSH: Community responses and systems							
Institutional capacity building, planning and leadership development	B.4. Targeted technical assistance to CSO and key population networks in fundraising mechanisms, writing technical proposals, exploring alternative donor funding opportunities, social marketing etc	Distribution of CSO targeted by Country: Dominican Republic (2), Haiti (2) Jamaica (1), Suriname (1). The list of countries applies for all milestones.	6 CSO distributed among at least 4 beneficiary countries have built capacity and developed fund raising plans	<p>Not started (0): No progress shown against planned milestone</p> <p>Started (1): Mentoring and Coaching Plan designed</p> <p>Advanced (2): 8 CSOs are trained in the development of fundraising plans.</p> <p>Completed (3): At least 6 CSOs have a fund-raising plan.</p>	X		

Workplan Tracking Measures

Intervention	Key Activity	Comments	Milestone Target	Criterion for Completion	01-Oct-2019 30-Sep-2020	01-Oct-2020 30-Sep-2021	01-Oct-2021 30-Sep-2022
Institutional capacity building, planning and leadership development	B.4. Targeted technical assistance to CSO and key population networks in fundraising mechanisms, writing technical proposals, exploring alternative donor funding opportunities, social marketing etc	Distribution of CSO targeted by Country: Dominican Republic (2), Haiti (2) Jamaica (1), Suriname (1). The list of countries applies for all milestones.	6 CSO distributed among at least 4 beneficiary countries have submitted proposals to public or private entities for financing or business plans to provide services diversifying their donor portfolio.	<p>Not started (0): No progress shown against planned milestone</p> <p>Started (1): CSOs with fund raising plan identify at least 2 public or private funding sources.</p> <p>Advanced (2): 4 CSOs implement their financing or business plan.</p> <p>Completed (3): 6 CSOs submit proposals to public or private entities for financing or business plans to sell goods/services, diversifying their donor portfolio.</p>		X	
			At least 4 CSOs, distributed among at least 4 beneficiary countries, have increased their budget by at least 30% as a result of project support and technical assistance during the grant period.	<p>Not Started (0): No progress shown against planned milestone</p> <p>Started (1): 2 CSOs have internal control protocols to ensure good governance</p> <p>Advanced (2): 3 CSOs reach financing/business agreements and generate their own resources through provision of services to Government or private companies.</p> <p>Completed (3): At least 4 CSOs have increased their budget by 30%.</p>			X

Country	Americas
Grant Name	QRA-H-CARICOM
Implementation Period	01-Oct-2019 - 30-Sep-2022
Principal Recipient	Caribbean Community Secretariat

By Module	01/10/2019 - 31/12/2019	01/01/2020 - 31/03/2020	01/04/2020 - 30/06/2020	01/07/2020 - 30/09/2020	Total Y1	01/10/2020 - 31/12/2020	01/01/2021 - 31/03/2021	01/04/2021 - 30/06/2021	01/07/2021 - 30/09/2021	Total Y2	01/10/2021 - 31/12/2021	01/01/2022 - 31/03/2022	01/04/2022 - 30/06/2022	01/07/2022 - 30/09/2022	Total Y3	Grand Total	% of Grand Total
RSSH: Human resources for health (HRH), including community health workers	\$8,280	\$7,000	\$15,000	\$2,000	\$32,280		\$18,275			\$18,275						\$50,555	0.8 %
Program management	\$220,994	\$282,156	\$172,434	\$177,286	\$852,868	\$194,359	\$289,226	\$173,204	\$186,481	\$843,270	\$182,369	\$189,691	\$416,996	\$220,447	\$1,009,502	\$2,705,641	41.6 %
RSSH: National health strategies												\$17,376			\$17,376	\$17,376	0.3 %
RSSH: Integrated service delivery and quality improvement	\$7,200	\$166,400	\$59,570	\$18,000	\$251,170	\$17,500	\$138,900		\$8,784	\$165,184		\$138,900		\$5,856	\$144,756	\$561,110	8.6 %
RSSH: Health management information systems and M&E	\$1,740	\$1,740	\$56,467	\$17,400	\$77,347	\$20,880	\$20,880	\$30,027	\$5,220	\$77,007	\$5,220	\$5,220	\$30,027	\$5,220	\$45,687	\$200,041	3.1 %
Programs to reduce human rights-related barriers to HIV services	\$5,900	\$355,434	\$119,248	\$100,684	\$581,266	\$125,084	\$320,417	\$54,894	\$43,668	\$544,063	\$29,689	\$249,290	\$35,796	\$22,450	\$337,225	\$1,462,554	22.5 %
RSSH: Community responses and systems	\$66,036	\$290,400	\$157,360	\$27,950	\$541,746	\$215,257	\$287,414	\$83,449	\$49,406	\$635,526	\$108,072	\$108,639	\$98,947	\$9,794	\$325,452	\$1,502,723	23.1 %
Grand Total	\$310,150	\$1,103,130	\$580,078	\$343,319	\$2,336,677	\$573,080	\$1,075,111	\$341,574	\$293,559	\$2,283,325	\$325,349	\$709,117	\$581,766	\$263,766	\$1,879,998	\$6,500,000	100.0 %

By Cost Grouping	01/10/2019 - 31/12/2019	01/01/2020 - 31/03/2020	01/04/2020 - 30/06/2020	01/07/2020 - 30/09/2020	Total Y1	01/10/2020 - 31/12/2020	01/01/2021 - 31/03/2021	01/04/2021 - 30/06/2021	01/07/2021 - 30/09/2021	Total Y2	01/10/2021 - 31/12/2021	01/01/2022 - 31/03/2022	01/04/2022 - 30/06/2022	01/07/2022 - 30/09/2022	Total Y3	Grand Total	% of Grand Total
Human Resources (HR)	\$147,637	\$137,637	\$137,637	\$137,637	\$560,549	\$140,923	\$140,923	\$140,923	\$140,923	\$563,694	\$144,426	\$144,426	\$144,426	\$164,426	\$597,705	\$1,721,948	26.5 %
Travel related costs (TRC)	\$77,325	\$186,816	\$185,800	\$129,942	\$579,883	\$125,196	\$220,845	\$107,524	\$65,975	\$519,539	\$22,334	\$182,703	\$74,227	\$41,829	\$321,092	\$1,420,515	21.9 %
External Professional services (EPS)	\$27,200	\$395,500	\$124,464	\$56,064	\$603,228	\$104,586	\$290,953	\$65,668	\$27,044	\$488,251	\$42,110	\$99,843	\$342,646	\$37,044	\$521,643	\$1,613,122	24.8 %
Non-health equipment (NHP)	\$2,500				\$2,500		\$3,500			\$3,500						\$6,000	0.1 %
Communication Material and Publications (CMP)		\$2,000			\$2,000	\$2,000				\$2,000						\$4,000	0.1 %
Indirect and Overhead Costs	\$15,926	\$15,926	\$15,926	\$15,926	\$63,706	\$16,255	\$16,255	\$16,255	\$16,255	\$65,020	\$16,717	\$16,717	\$16,717	\$16,717	\$66,869	\$195,594	3.0 %
Living support to client/ target population (LSCTP)	\$39,561	\$365,250	\$116,250	\$3,750	\$524,811	\$184,120	\$402,635	\$11,204	\$43,362	\$641,321	\$99,761	\$265,427	\$3,750	\$3,750	\$372,688	\$1,538,821	23.7 %
GrandTotal	\$310,150	\$1,103,130	\$580,078	\$343,319	\$2,336,677	\$573,080	\$1,075,111	\$341,574	\$293,559	\$2,283,325	\$325,349	\$709,117	\$581,766	\$263,766	\$1,879,998	\$6,500,000	100.0 %

By Recipients	01/10/2019 - 31/12/2019	01/01/2020 - 31/03/2020	01/04/2020 - 30/06/2020	01/07/2020 - 30/09/2020	Total Y1	01/10/2020 - 31/12/2020	01/01/2021 - 31/03/2021	01/04/2021 - 30/06/2021	01/07/2021 - 30/09/2021	Total Y2	01/10/2021 - 31/12/2021	01/01/2022 - 31/03/2022	01/04/2022 - 30/06/2022	01/07/2022 - 30/09/2022	Total Y3	Grand Total	% of Grand Total
LI	\$22,511	\$149,261	\$122,808	\$51,471	\$346,052	\$47,951	\$112,501	\$76,748	\$28,375	\$265,575	\$14,791	\$100,491	\$81,148	\$20,647	\$217,077	\$828,704	12.7 %
CARPHA	\$11,311	\$11,311	\$50,038	\$26,971	\$99,631	\$30,451	\$30,451	\$39,598	\$14,791	\$115,291	\$14,791	\$14,791	\$39,598	\$14,791	\$83,971	\$298,893	4.6 %
CENSEX		\$45,350	\$15,500	\$4,800	\$65,650		\$52,050	\$7,150	\$4,800	\$64,000		\$55,700	\$11,550		\$67,250	\$196,900	3.0 %
CMLF	\$11,200	\$47,500			\$58,700	\$17,500	\$30,000			\$47,500		\$30,000			\$30,000	\$136,200	2.1 %
CRN+		\$35,100	\$1,700	\$1,700	\$38,501			\$30,000		\$30,000			\$30,000		\$30,000	\$98,501	1.5 %
PAHO		\$10,000	\$55,570	\$18,000	\$83,570				\$8,784	\$8,784				\$5,856	\$5,856	\$98,210	1.5 %
PR	\$98,716	\$159,036	\$52,656	\$53,366	\$363,774	\$64,009	\$160,388	\$58,808	\$60,388	\$343,594	\$65,420	\$61,800	\$300,046	\$91,800	\$519,065	\$1,226,433	18.9 %
Caribbean Community Secretariat	\$98,716	\$159,036	\$52,656	\$53,366	\$363,774	\$64,009	\$160,388	\$58,808	\$60,388	\$343,594	\$65,420	\$61,800	\$300,046	\$91,800	\$519,065	\$1,226,433	18.9 %
SR	\$188,923	\$794,832	\$404,614	\$238,482	\$1,626,852	\$461,121	\$802,222	\$206,017	\$204,796	\$1,674,156	\$245,139	\$546,826	\$200,571	\$151,320	\$1,143,856	\$4,444,863	68.4 %
Caribbean Vulnerable Communities Coalition	\$91,031	\$431,626	\$205,336	\$127,596	\$855,588	\$239,664	\$397,203	\$83,927	\$116,053	\$836,847	\$70,272	\$167,687	\$68,922	\$75,072	\$381,953	\$2,074,388	31.9 %
COIN	\$75,071	\$212,659	\$155,109	\$70,059	\$512,899	\$161,885	\$262,584	\$93,538	\$56,849	\$574,856	\$151,580	\$243,611	\$106,722	\$49,619	\$551,533	\$1,639,288	25.2 %
PCU	\$22,821	\$150,547	\$44,169	\$40,827	\$258,364	\$59,572	\$142,435	\$28,552	\$31,894	\$262,452	\$23,286	\$135,528	\$24,927	\$26,628	\$210,371	\$731,187	11.2 %
Grand Total	\$310,150	\$1,103,130	\$580,078	\$343,319	\$2,336,677	\$573,080	\$1,075,111	\$341,574	\$293,559	\$2,283,325	\$325,349	\$709,117	\$581,766	\$263,766	\$1,879,998	\$6,500,000	100.0 %