

## REQUEST FOR EXPRESSIONS OF INTEREST CONSULTING SERVICES

**Selection #:** RG-P1471-000-P003

**Selection Method:** Full competitive

**Country:** Belize

**Sector:** SCL/SPH

**Funding – TC #:** RG-P1471-000

**Project #:** RG-P1471-000

**TC name:** Technical support to the implementation of the Regional Malaria Elimination Initiative operation in Belize

### **Description of Services:**

The IDB seeks to contract a consulting firm, Institution or NGO as Financial Administrator (FA) of the C19RM resources for Belize grant. The FA will aim to receive identified financial resources from the Bank to execute them in a timely manner through the provision of outsourced management services. The FA will execute the resources based on the specific plans, controlling that the resources are used as detailed in the specific plans and in these terms of reference, record, classify and report expenditures according to the cost groups provided by the Bank, and make available all necessary documentation for review by an external auditor and the Local Fund Agent (LFA) of the Global Fund, at least once a year.

The Inter-American Development Bank (IDB) is executing the above-mentioned operation. For this operation, the IDB intends to contract consulting services described in this Request for Expressions of Interest. Expressions of interest must be delivered using the IDB Portal for Bank Executed Operations (<http://beo-procurement.iadb.org/home>) by: June 17, 2022, 5:00 P.M. (Washington D.C. Time).

The consulting services (“the Services”) include

- Receive and manage the C19RM financial resources, or others identified by the Bank, to execute the specific activities detailed in the plans approved between the Bank and the Ministry of Health: a) Training and field visits plan; b) Contracting plan; c) PPE and health supplies distribution plan; and, d) Civil Society Strengthening (FSC) plan.
- Ensure that the execution of activities is carried out in accordance with financial guidelines and documentation and reporting requirements for each activity provided by the IDB in the form of operational guidelines, among others.
- Produce physical and/or digital supports to document the execution of the activities carried out in accordance with the requirements of each plan (attendance sheets, travel reports, receipts, among others).
- Keep financial accounting records in accordance with the cost grouping defined by Global Fund.
- Organize, file and store supporting documentation to facilitate review by an external auditor, and by the Local Fund Agent (LFA) of the Global Fund when required.

Eligible consulting firms will be selected in accordance with the procedures set out in the Inter-American Development Bank: [Policy for the Selection and Contracting of Consulting firms for Bank-executed Operational Work](#) - GN-2765-4. All eligible consulting firms, as defined in the Policy may express an interest. If the Consulting Firm is presented in a Consortium, it will designate one of them as a representative, and

the latter will be responsible for the communications, the registration in the portal and for submitting the corresponding documents.

The IDB now invites eligible consulting firms to indicate their interest in providing the services described above in the [draft summary](#) of the intended Terms of Reference for the assignment. Interested consulting firms must provide information establishing that they are qualified to perform the Services (brochures, description of similar assignments, experience in similar conditions, availability of appropriate skills among staff, etc.). Eligible consulting firms may associate in a form of a Joint Venture or a sub-consultancy agreement to enhance their qualifications. Such association or Joint Venture shall appoint one of the firms as the representative.

Consulting firm profile:

The selected consulting firm or institution must meet the following profile:

1. Operating Permit in Belize, demonstrating the capacity of the Consulting Firm or Institution to operate legally in the country.
2. Experience in managing funds of International Financial Institutions (IFIs). Must demonstrate the ability, experience, and capacity to manage funds with rules, policies and norms of IFIs recognized in Latin America, and preferably in Central America and the Dominican Republic.
3. Have a financial accounting system capable of handling and supporting all necessary transactions subject to this contract and provide accurate inputs for the preparation of reports tailored to the IDB's needs, and the cost grouping detailed in Appendix No. 2.
4. Experience in transferring, monitoring, controlling, and documenting the transfer of funds at the local or subnational level. Especially when it comes to interventions in rural areas of difficult access, in the management of service providers, food, provision of per diems to people or entities of the informal sector of the economy.
5. Experience in managing multiple stakeholders, especially those of a technical and specialized nature, to be able to adapt administrative procedures to the rapidly changing needs of the environment and the execution needs of stakeholders.
6. Experience in flexible accounting monitoring and recording, to fully document transactions and report them according to specific needs of IFIs or the Global Fund.
7. Preferably a Consulting Firm or Institution with experience in Global Fund Funds management.
8. Preferably have tax exemption at the national level so that all transactions under this contract are non-taxable. If not, propose a mechanism for appropriate tax management

Interested eligible consulting firms may obtain further information during office hours, 09:00 AM to 05:00 PM, (Washington D.C. Time) by sending an email to: [Ana Mylena Aguilar \(anaag@iadb.org\)](mailto:anaag@iadb.org) and [Mauricio Perez Calvo \(rperezcalvo@iadb.org\)](mailto:rperezcalvo@iadb.org)

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**Terms of reference**  
**Financial administrator of the Global Fund's C19RM Mechanism grant for Belize**

Belize

*RG-P1471 Regional Malaria Elimination Initiative (RMEI) for Central America and Dominican Republic Malaria Elimination Fund (MEF)*

**1. Background**

The Regional Malaria Elimination Initiative for Mesoamerica and the Dominican Republic (RMEI) is a results-based financing program. The cooperating partners and sponsors of this Initiative are the “Bill & Melinda Gates Foundation” (BMGF), “The Global Fund to Fight AIDS, Tuberculosis and Malaria” (GF) and the Carlos Slim Foundation (CSF). The Inter-American Development Bank (IDB) is the administrator of the funds and the Initiative and, along with the Pan-American Health Organization (PAHO), the Executive Secretariat of the Council of Ministers of Central America and the Dominican Republic (SE-COMICSA), including the Regional Coordination Mechanism, The Executive Directorate of the Mesoamerican Integration and Development Project (PM) and the *Clinton Health Access Initiative* (CHAI) make up the Strategic and Operation Committee that provides technical and operational assistance to the countries. Likewise, COMICSA and PM, facilitate the monitoring of operations and results at the regional level. RMEI's goal is the elimination of malaria and/or the substantial reduction of cases in Mesoamerica by 2023.

The main elements of RMEI are i) results-based financing model that considers mixed financing with new donor funding plus country counterpart that can be grants from other donors, new or redirected IDB loans, or national budgets; ii) regional approach; iii) improvement of the quality of services; iv) promotion of a learning culture; and, v) strategic and operational technical assistance focused on malaria elimination.

In Belize, RMEI finances an operation with three funding tranches: an investment tranche, a performance tranche, and a national counterpart contribution. RMEI in Belize is executed by the Ministry of Health under an agreement signed with the IDB.

Following the presentation of additional malaria elimination needs to the RMEI Cooperating Partners Committee, the Global Fund, in its capacity as a donor, communicated to the IDB the approval of US\$ 3.0M in funding from the COVID-19 Response Mechanism (C19RM) for 5 of the 9 RMEI participating countries to cover the gaps corresponding to the impact of the pandemic on progress towards malaria elimination. Belize is one of the 5 countries and has been approved for funding of US\$ 464,830 to be executed by December 31, 2023. The financial administrator will have an additional period of 3 to 4 months to make the final report by December 31, 2023, return unspent funds, and submit the audit report.

Part of the communication and engagement mechanisms with the different local stakeholders of the GF are the Country Coordination Mechanisms (CCM) and the Regional Coordination Mechanism (RCM), which are the link with Civil Society (CS) at the local and regional levels. The Bank is coordinating closely through the RCM to ensure CS involvement in the execution of this financing.

C19RM funding has the following objectives: i) specifically mitigate the impact caused by COVID-19 on malaria and on the health system and the epidemiological surveillance system; ii) contribute to achieving the goals that the country has committed to for malaria elimination under RMEI funding; iii) align, harmonize and complement actions with the RMEI/Belize operation plan to make efficient use of resources and establish synergies.

In Belize, C19RM funding will provide resources for the adaptation and maintenance of efforts to prevent, detect and treat malaria cases while preventing the spread of COVID-19, ensuring the safety of institutional and community service providers and the affected population, and implementing actions necessary for malaria elimination at the national level. This proposal will support awareness and action on the effects of

COVID19/malaria, take action at national and local levels, and support the malaria elimination goal to which the country is committed.

The C19RM will finance, in general, the hiring, training, and development of competencies of health personnel and community collaborators; the financing of transportation and travel expenses; the acquisition of printed material for communication purposes and other inputs; and the hiring of personnel for technical assistance at different levels of the system and at the community level. The execution of this financing will be achieved with the interaction of three parties: i) the Financial Administrator (to be selected under these terms of reference), who will manage the administrative, provision and control of resources to the Ministry of Health; ii) the Ministry of Health of Belize, which will prepare the technical plans and any necessary inputs for the Financial Administrator to manage the financial and administrative execution of the actions; and the IDB, represented by the Project Team Leader in Belize who will supervise the fulfillment of the terms of this contract with the Financial Administrator.

This contract will finance the execution of four specific plans, which will be agreed between the Bank and the beneficiary, and whose implementation is the object of this contract:

**Training and field visit plan.** Contains all necessary training activities and organization of field visits and tours required to monitor the implementation of malaria elimination strategies and interventions in the field.

**Personnel plan.** Includes staffing of temporary work teams to cover additional actions as an effect of the pandemic. These personnel may be hired on a full-time basis or may be hired on a product basis.

**Personal protective equipment (PPE) and health supplies distribution plan.** As part of the C19RM regional grant, the GF has approved the purchase of health products/PPE supplies. The purchase will be made by the COMICSA Executive Secretariat (SE COMICSA) using its regional consolidated purchase mechanism. For this to be possible, Belize has to formally delegate the purchase of its inputs totaling USD 60,502 to SE-COMICSA to use its Joint Negotiation and Purchase Mechanism. SE-COMICSA would make the purchase of the inputs and the inputs would arrive in the country at the central level. The Financial Administrator will be responsible for carrying out the distribution at the country level, complying with the plan provided by the Ministry of Health. This plan details the quantities and geographic locations that will receive these supplies, in addition to documenting the delivery of the supplies to their final recipients.

**Civil Society Strengthening Plan** (Plan de Fortalecimiento de Sociedad Civil - FSC). Contains the resources needed to guarantee the involvement of the community in the execution and monitoring of the activities that are the responsibility of civil society and volunteers, in order to improve the interventions in the field. This component is coordinated between the Bank and the RCM.

It will also finance the expenses necessary to administer the contract and audit costs.

The financial administrator contracted under these terms of reference will have the function of coordinating with the Ministry of Health all the activities to be carried out, and at the same time follow the mechanisms to request no objection, consult and/or inform the IDB on the execution of the actions of the Ministry of Health's plans. Likewise, the Financial Administrator must incorporate adequate controls to monitor the implementation, safeguard the supporting documentation of the administration and execution of each activity.

These terms of reference establish the terms, conditions, articulations and definitions that regulate the administration of this grant, and that must be complied with by the Financial Administrator.

## **2. Objectives of the contract**

**The Financial Administrator (FA) will** aim to receive identified financial resources from the Bank to execute them in a timely manner through the provision of outsourced management services.

It will execute the resources based on the specific plans, control that the resources are used as detailed in the specific plans and in these terms of reference, record, classify and report expenditures according to the cost groups provided by the Bank, and make available all necessary documentation for review by an external auditor and the LFA of GF, at any time, and at least once a year in a formal manner.

### 3. Scope of services

- 3.1. Receive and manage the C19RM financial resources, or others identified by the Bank, to execute the specific activities detailed in the plans approved between the Bank and the Ministry of Health: a) Training and field visits plan; b) Contracting plan; c) PPE and health supplies distribution plan; and, d) Civil Society Strengthening (FSC) plan.
- 3.2. Ensure that the execution of activities is carried out in accordance with financial guidelines and documentation and reporting requirements for each activity provided by the IDB in the form of operational guidelines, among others.
- 3.3. Produce physical and/or digital supports to document the execution of the activities carried out in accordance with the requirements of each plan and these terms of reference (attendance sheets, travel reports, receipts, among others).
- 3.4. Keep financial accounting records in accordance with the cost grouping detailed in these terms of reference in Annex 2.
- 3.5. Organize, file and store supporting documentation to facilitate review by an external auditor, and by the Local Fund Agent (LFA) of the Global Fund when required.

### 4. Deliverables and products

| No. | Deliverable                                      | Product  |
|-----|--|--|
| 1   | Work plan start of consultancy<br>15/August/2022 | 1.1 Initial programming of activities.<br>1.2 Proposed operational guidelines agreed with the parties involved. (Bank, MOH).<br>1.3 Final budget, including validation of PPE needs with the MOH.<br>1.4 Proposed operational mechanisms for transferring and recording the use of resources.<br>1.5 Proposed control mechanisms for funds and accountability. |
| 2   | Work plan validated<br>31/August/2022            | 2.1 Agreed operational mechanisms for transferring and recording the use of resources.<br>2.2 Agreed operational guidelines.<br>2.3 Agreed accounting guidelines.<br>2.4 Execution plan until August 31, 2022.   |
| 3   | First execution report<br>01/December2022        | 3.1 Status and documentation of the execution of the training plan, field visits, contracting, FSC.<br>3.2 PU/DR financial report.<br>3.3 Execution Plan for the period September 01 to December 31, 2022.   |
| 4   | Second execution report<br>31/January/2023       | 4.1 Status and documentation of the execution of the training plan, field visits, contracting, FSC, and distribution of PPE and health supplies.<br>4.2 PU/DR Financial report<br>4.3 Execution plan for the period January 01 to April 30, 2023.  |
| 5   | Third execution report<br>01/April/2023          | 5.1 Status and documentation of the execution of the training plan, field visits, contracting, FSC, and distribution of PPE and health supplies.<br>5.2 PU/DR financial report.<br>5.3 Execution plan for the period May 01 to August 31, 2023.  |
| 6   | Fourth execution report<br>01/August/ 2023       | 6.1 Status and documentation of the execution of the training plan, field visits, contracting, FSC, and distribution of PPE and health supplies.   |

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|   |  | 6.2 PU/DR financial report.<br>6.3 Execution Plan for the period September 01 to December 31, 2023.  |
| 7 | Fifth execution report<br>01/December/2023               | 7.1 Status and documentation of the execution of the training plan, field visits, contracting, FSC, and distribution of PPE and health supplies.<br>7.2 PU/DR financial report.<br>7.3 Execution plan for the period January 01 to April 30, 2024. |
| 8 | Final report and<br>contract settlement<br>30/April/2024 | 8.1 Complete documentation of the execution of the training plan, field visits, contracting, FSC, and distribution of PPE and health supplies.<br>8.2 Final PU/DR financial report.  |

The proposed activities to execute the training and field visit plan, contracting plan, PPE and health supplies distribution plan, Civil Society Strengthening (FSC) plan and the Compilation of Expected Results are shown in Appendix No. 3. The final activities will be agreed upon in an operational guide, under deliverable No. 1.

## 5. Services execution period

The work will be carried out in 23 months, from July 1, 2022 and at the latest until April 30, 2024.

During the period from January 1 to April 30, 2024, the Financial Administrator will no longer manage the activities to be executed, but only the tasks necessary to prepare the final report of the contract, make the accounting records and provide the necessary documentation to the external auditor to prepare the audit report for the 2023 calendar year.

The initial amount approved for Belize is US\$ 464,830. The administration cost of the Financial Administrator, audit costs, and any costs and expenses necessary for the implementation of this contract shall be deducted from this approved budget, and shall be approved by the Ministry of Health and the IDB.

## 6. Profile of the Consulting Firm or Institution

The selected consulting firm or institution must meet the following profile:

1. **Operating Permit in Belize**, demonstrating the capacity of the Consulting Firm or Institution to operate legally in the country.
2. **Experience in managing funds of International Financial Institutions (IFIs)**. Must demonstrate the ability, experience and capacity to manage funds with rules, policies and norms of IFIs recognized in Latin America, and preferably in Central America and the Dominican Republic.
3. **Have a financial accounting system** capable of handling and supporting all necessary transactions subject to this contract, and provide accurate inputs for the preparation of reports tailored to the IDB's needs, and the cost grouping detailed in Appendix No. 2.
4. **Experience in transferring, monitoring, controlling and documenting the transfer of funds at the local or subnational level**. Especially when it comes to interventions in rural areas of difficult access, in the management of service providers, food, provision of per diems to people or entities of the informal sector of the economy.
5. **Experience in managing multiple stakeholders**, especially those of a technical and specialized nature, to be able to adapt administrative procedures to the rapidly changing needs of the environment and the execution needs of stakeholders.
6. **Experience in flexible accounting monitoring and recording**, to fully document transactions and report them according to specific needs of IFIs or the Global Fund.
7. **Preferably a Consulting Firm or Institution with experience** in Global Fund Funds management.
8. **Preferably have tax exemption at the national level** so that all transactions under this contract are non-taxable. If not, propose a mechanism for appropriate tax management.

## 7. **Key personnel profile**

### Project Coordinator and financial-accounting specialist

- Serve as the main liaison between the Consulting Firm or Institution, the Ministry of Health of Belize, the Inter-American Development Bank (health specialist of the Belize office) for the coordination of all activities related to this contract.
- Advise and assist the Ministry of Health of Belize in the planning, organization and administrative and logistical coordination of all activities related to this contract.
- Prepare and coordinate activities for the efficient provision, transfer, registration and documentation of resources at subnational or local levels, and comply with the requirements of this contract.
- Provide guidance and input for periodic reports, and implement corrective actions when necessary in an expeditious and prompt manner.
- Present, discuss and ensure ongoing feedback with the Project Team Leader (and copy to CU RMEI/IDB).
- Serve as the primary liaison for the attention and provision of information to the external auditor and the Global Fund LFA, when required by the IDB.
- Implement the necessary procedures for the implementation of all activities under this contract, and propose those changes that ensure a better execution, without affecting the monitoring and control of activities.
- Ensure proper accounting and reconciliation of disbursements and payments of resources.
- Ensure that each transaction is supported by: approval from the Ministry of Health and the Bank, proper documentation when transferring resources and making payments, proper classification according to the cost grouping detailed in Appendix No.2.
- Provide follow-up and periodic monitoring of implementation, and request approval of changes as deemed appropriate to expedite the use of resources.
- Support in providing the necessary records and files to the external auditor and the LFA of the Global Fund, when required by the IDB.

## 8. **Documents for the preparation of the proposal**

The technical and cost proposal shall be made in accordance with the instructions in Section 2, Instructions to Consulting Firms, of the Request for Proposals document, with the following considerations:

| <b>Form</b>   | <b>Special considerations</b>   |
|---|---|
| Tech 1 - Litigation and Application History                           | None  |
| Tech 2 - CF Certificate of Eligibility and Authority to Sign Proposal | None  |
| Tech 3 – Letter of introduction                                       | None  |
| Tech 4 – Organization and experience of the consulting firm           | Mention if you have managed any Global Fund financed projects in the past and document them.  |
| Tech 5 – Methodology  | <ul style="list-style-type: none"> <li>i. Clearly state what capacities the organization has to transfer, monitor, control, accompany in the field, record and document the appropriate use of resources at the subnational level (Ministry staff and civil society at the community level).</li> <li>ii. Submit documentation certifying (if applicable) tax exemption at the national level for payment of services and purchase of materials, and all expenditures under this contract.</li> </ul> |

|   |  |
|---|--|
|   | <ul style="list-style-type: none"> <li>iii. Propose the process of outsourcing personnel, to maintain the technical linkage with the Ministry of Health (foci management team personnel).</li> <li>iv. Propose and reason the adjustments it deems necessary to Appendix 3.</li> <li>v. Evidence of the financial accounting systems available to the Consulting Firm or Entity to support the control of this contract, and with the possibility of adapting to the specific control and monitoring needs.</li> </ul> |
| Tech 6 – Project timeline and final deliverables. | None   |
| Tech 7 – Personnel                                | None   |
| Tech 8 – Currículum Vitae                         | Highlight staff with experience in implementing Global Fund projects   |
| Formulario Precio 1- Proposal price submission    | None   |
| Formulario Precio 2 – Cost breakdown              | Detail the cost of the proposed administration, the cost of the audit and deduct it from the total amount allocated for Belize.  |

## 9. Contract follow-up and monitoring mechanisms

### Weekly status meeting

The Consulting Firm, through its key personnel, will coordinate at least one weekly status meeting with the technical counterpart of the Ministry of Health of Belize, to review the status of progress, schedule, and advances in the execution of the specific plans.

### Monthly status meeting

On a monthly basis, with the IDB Project Team Leader in Belize, the Ministry of Health and the RMEI Coordinating Unit (represented by the Financial Officer of the Initiative, the Planning Specialist and other necessary personnel) with the following suggested methodology:

- Progress status: schedule, progress in the execution of specific plans.
- Potential risks detected during implementation
- Proposed solutions and next steps
- Any request for adjustment to the agreed work plan or procedures.

After the monthly meeting, the Consulting Firm shall send the minutes of the meeting with the necessary agreements within the next three working days for review and acceptance by the three interested parties (Ministry of Health, IDB and the Firm itself). The three institutions will agree on a list of participants, considering the topics included in the agenda, and eventually integrate the RCM when necessary.

As the implementation of this contract progresses, the frequency of meetings may be adjusted.

## 10. Report acceptance criteria

The Financial Administrator will formally submit the agreed products to the IDB Project Team Leader in Belize. For this contract, the Team Leader is Ana Mylena Aguilar (anaag@iadb.org) who will be responsible for the proper execution and fulfillment of the obligations contained in this contract.

The Team Leader will be supported by the RMEI Coordinating Unit (CU).



## 11. Payment Schedule

| <b>Payment Schedule</b>   |                |
|---|----------------|
| <b>Delivery</b>   | <b>%</b>       |
| 1. Upon delivery and approval of the work plan at the beginning of the consultancy. | 20%            |
| 2. Upon delivery and approval of the validated consultancy work plan.               | 20%            |
| 3. Upon delivery and approval of the first execution report.                        | 15%            |
| 4. Upon delivery and approval of the second execution report.                       | 15%            |
| 5. Upon delivery and approval of the third execution report.                        | 5%             |
| 6. Upon delivery and approval of the fourth execution report.                       | 5%             |
| 7. Upon delivery and approval of the fifth execution report.                        | 5%             |
| 8. Upon delivery and approval of the sixth performance report.                      | 5%             |
| 9. Upon delivery and approval of the final report                                   | Up to 10%*, ** |
| Total   | Up to 100%**   |

\* This percentage will depend on the final settlement and final execution of this contract.

\*\* The last payment may imply an adjustment with the partial cancellation of the total amount of the contract, in case the planned activities have not been executed in their entirety or with the foreseen number of participants, which could be due to conditions beyond the firm's control.

## APPENDIX 1

### **Roles of the GF LFA, based on IDB-GF agreements**

- a. Review of i) training plan/field visits, ii) contracting plan; and iii) distribution plan and its versions.
- b. Verify that the training activities carried out are included in the approved training plan and budget, including location, criteria for selection of participants, among others;
- c. Determine that the supplier(s) for the event (of lodging and rooms, transportation, food and other services) were selected in accordance with the applicable rules under the Financial Manager's contract, regarding the reasonableness of the cost, capacity and conditions for the realization of the event, quantities of units according to the participants.
- d. Verify and document that training events actually took place (e.g., referring to reports, publications, audiovisual training materials, phone calls to randomly selected participants, etc.) and are properly supported with original documents; i.e., signed attendance sheets, invoices, receipts for meals, refreshments, venue rental, transportation and equipment, travel tickets, contracts with facilitators, etc.
- e. Confirm that the daily subsistence allowance (DSA) is paid in accordance with the internal policy of the Ministry of Health, and with the rates approved by the IDB and GF for this operation.
- f. Confirm that DSAs were paid to eligible individuals (e.g., residential or non-residential participants, that these individuals are in fact the target audience per the original training plan, etc.), that these individuals are unique. E.g., verifying names, handwriting, signatures on attendance sheet) and they actually exist (if necessary, the LFA should selectively contact participants for a brief interview);
- g. Verifying that there is no double charge for attendee per diem when some attendee costs are covered by the implementer and others, by DSA (e.g., when hotel room and breakfast are prepaid centrally, these are deducted from DSA paid in accordance with approved DSA rules);
- h. Where facilitation fees are paid for conducting the training/workshop, validate that the facilitator is qualified to conduct such trainings, is not an employee of the implementer and, in cases where the facilitator is a government employee, that such arrangement has been pre-approved by the IDB (as such payment should be classified as a "complement" with all resulting implications);
- i. Determine whether the organization of the event, transportation of attendees to the site and other aspects were conducted in the most efficient and reasonable manner (e.g., attendees are not transported to the site in individual vehicles where alternative transportation options exist, attendees arrive right on time and leave immediately after the conclusion of the event, etc.);
- j. Confirm the relevance and quality of programmatically critical and/or high value trainings (e.g., training for lab technicians, medical and nursing staff, outreach workers, etc.). It is recommended that, on a regular basis, a joint team consisting of a financial LFA and a program expert conduct an unannounced on-site visit to face-to-face training sessions;
- k. Determine whether the implementer established controls to ensure quality and continuous improvement of training content and delivery (e.g., Were the training objectives met? Were participant feedback forms properly designed, reviewed in a timely manner, and did they result in actions taken by the implementer to improve the quality? of the training, etc.);
- l. Verify whether implementers maintain an adequate database that captures all persons trained and trainings conducted at a sufficient level of detail, and that adequate controls are in place to prevent unauthorized access to and modification of such database;
- m. Request from the Project Team Leader (IDB), (with a copy to the RMEI Coordinating Unit) approval and appropriate contacts for any verbal, written and physical communication of the LFA with the Ministry of Health and the Financial Administrator;
- n. If necessary and with prior agreement of the IDB PTL and the GF, agree on the schedule of field visits and documentation reviews to be conducted at the country level;
- o. Submit the report on the visits and reviews to the Global Fund.

## APPENDIX 2

### Approved budget for Belize, grouped by type of cost, according to Global Fund classification

|                       |         |
|-----------------------|---------|
| Goods                 | 27,473  |
| Contract amount       | 464,830 |
| % of goods to procure | 5.91%   |

| Name of the activity/ contracting  | Reference budget item | Amount US\$    |
|--|-----------------------|----------------|
| <b>Mitigation measures for malaria programs</b>  |                       | <b>288,561</b> |
| Training activities for health personnel   | 1.2                   | 48,136         |
| Vehicle maintenance  | 3.4                   | 18,233         |
| Training, updating and adjustments in guidelines and protocols for vector, CoVol and first level of care personnel | 5,7,9,11              | 20,111         |
| T-shirts for malaria and COVID-19 identification of community health workers and volunteer collaborators           | 13                    | 19,145         |
| Printed material (forms books, guidelines)   | 15                    | 10,940         |
| Update and printing of the national strategic plan - Development of the plan 2023 - 2027                           | 17                    | 5,698          |
| Temporary technical assistance for health units  | 24.25                 | 38,055         |
| Temporary technical assistance for hospitals   | 26                    | 9,025          |
| 13 defined, shaped and functional community platforms.   | 31                    | 3,063          |
| Acquisition of 60 cell phones for VCs and CHWs in the priority village   | 33                    | 2,279          |
| Technical Coordinator  | 34                    | 32,820         |
| 3 vector technicians   | 35                    | 27,963         |
| Contract to microscopist   | 36                    | 7,286          |
| Community Platform Agent (Temporary)   | 37                    | 24,615         |
| COM01-Workshops with a network of volunteer collaborators to improve detection, diagnosis and management           | 89                    | 20,054         |
| COM05-Participate in the implementation and delivery of communication strategies for behavior change               | 93                    | 1,138          |
| <b>Surveillance system</b>   |                       | <b>75,952</b>  |
| Reproduction of maps for outbreaks and areas of risk   | 18.19                 | 2,735          |
| Handheld GPS for mapping exercises   | 20.21                 | 1,094          |
| Purchase of computer equipment   | 27                    | 13,776         |
| Other non-sanitary equipment   | 28                    | 10,940         |
| Consultancy to support the information system, on the Diagnosis of information flows and suggestions               | 29                    | 18,233         |
| Consultancy for support to the information system, on the Integration and strengthening of the information system  | 30                    | 29,173         |
| <b>FSC for COVID-19: Community-led follow-up</b>   |                       | <b>4,099</b>   |
| COM02-Monitoring the use of PPE in community personnel   | 90                    | 1,138          |
| COM03-Identification and dissemination of the location points of volunteer collaborators                           | 91                    | 1,823          |
| COM04-Reactivation of community visits to strengthen promotion and research  | 92                    | 1,138          |

| Name of the activity/ contracting  | Reference budget item | Amount US\$    |
|--|-----------------------|----------------|
| Infection prevention and control and protection of health professionals, and medical devices and waste management systems (executed by SE-COMISCA) |                       | 60,502         |
| <b>TOTAL funds for interventions</b>   |                       | <b>429,114</b> |
| <b>Audit of funds</b>  |                       | 15,500         |
| Financial Manager Fee (7% approx.)   |                       | 20,216         |
| <b>TOTAL C19RM funds allocated for Belize</b>  |                       | <b>464,830</b> |

### APPENDIX 3

#### DESCRIPTION AND ACTIVITIES NECESSARY TO IMPLEMENT THE PRODUCTS

**Product 1:** The training and field visit plan approved by the Bank and the Ministry of Health has been executed in accordance with the budget provided, verifying that the criteria for documentation of the activities are met and recording in the accounts the expenses in accordance with the criteria detailed in these terms of reference.

The following steps will be followed to deliver this product:

1. Formally receive from the Ministry of Health the training plan with the following minimum information:
  - Name of training
  - Objective
  - Expected products
  - Estimated date of conduction
  - Duration in days
  - Proposed location
  - Profile(s) of participants
  - No. of participants for each profile
  - Unit and total budget for each service to be used
    - Rental of premises
    - Transportation
    - Food
    - Lodging
    - Materials
    - Facilitator
    - Personnel who will receive DSA during the training.
  - Facilitator's profile (when applicable)
  - Classification of expenses by cost group.
2. Record each version of the plan received, and archive previous versions.
3. Receive from the Ministry of Health the request to conduct each training individually, indicating if a provider has been identified directly.
4. Quote according to its internal procedures and on a competitive basis, the items detailed in (1).
5. Send to the IDB Project Team Leader of this contract with a copy to the RMEI Coordinating Unit for non-objection of the training quotation with the following information
  - a. Original detailed budget by cost group
  - b. Estimated cost by cost group
  - c. Difference
6. Receive from the IDB Project Team Leader the authorization or adjustment request to initiate contracting processes.
7. Initiate contracting processes and provision of resources in applicable cases in accordance with the approved budget for each cost group.
8. The FA will ensure that:
  - a. Transportation of attendees to the site and other aspects were conducted in the most efficient and reasonable manner (e.g., attendees are not transported to the site in individual vehicles where alternative transportation options exist, attendees arrive just in time and leave immediately after the conclusion of the event, etc.);
  - b. Where facilitation fees are paid for conducting the training/workshop, the Ministry of Health will send a statement that the facilitator is qualified to conduct such trainings (e.g., an expert in the field), is not an employee of the Ministry and, in cases where the facilitator is a government employee, that such arrangement has been pre-approved by the IDB (as such payment should be classified as a "complement" with all the resulting implications);

- c. Receive from the Ministry the current policy, both in terms of authorized amounts and beneficiaries, clearly indicating when the beneficiaries are officials of other institutions related to malaria elimination, providing the necessary evidence for verification (DSA payment policies).
  - d. MINSAs will adhere to the design of the training plans established in its respective plan, requesting no objection from the IDB when it intends to make significant changes in its design, methodology, content or call for proposals.
9. Notify the Ministry of Health of the approved training budget and contracted services.
10. Once the training is completed, receive from the Ministry of Health, and in applicable cases:
  - a. Support of expenses that support the delivery of the daily subsistence allowance (DSA) to applicable participants.
  - b. A statement that it has been ensured that participants from other institutions are not receiving double DSA payments.
  - c. Support of any other expenses incurred in the field to support the training.
  - d. Receive, upon completion of the training activity, a summary report of the event clearly indicating whether the proposed objectives and agreed upon topics were achieved.
  - e. A database that allows keeping a record of the people trained according to the associated topics.
  - f. Event report, list of participants according to the criteria expressed in these terms of reference, photographs of the event, and other necessary supports.
  - g. Evaluation of the event or report of the training indicating:
    - i. Whether, in the opinion of the Ministry of Health, the objectives of the visit and training were met.
    - ii. Evidence of evaluation of training attendees.
11. Once the files have been compiled with the documents provided by the Ministry of Health, together with the purchases and payments made by the FA, it will give access to the RMEI CU for file review.
12. The RMEI CU will give its opinion and indication, if necessary, to correct any documentation deficiencies detected.
13. The FA will communicate with the Ministry of Health to correct the documentation.
14. Once the documentation of the training event is complete, archives the file by digital and/or physical means.
15. After registering the documentation, proceeds to make the accounting record according to the corresponding cost group.

**Product 2:** The hiring plan approved by the Bank and the Ministry of Health has been executed in accordance with the budget and profiles provided, verifying that the criteria for documentation of said hirings are met and recording in the accounts the payments made in accordance with the criteria detailed in these terms of reference.

The following steps will be followed to deliver this product:

1. Formally receive from the Ministry of Health the training plan with the following minimum information:
  - Name of the position/ consultancy
  - Objective of the position
  - Source of funding
    - % of C19RM
    - Retroactive/ New hire
  - Start and end date
  - Minimum education required
  - Main functions and/or deliverables
  - No. of people per position
  - Type of hiring
    - Per month - monthly salary
    - Per day - consulting fee
    - Applicable benefits and allowances

- Total per position or consultancy
  - Person responsible for supervising or accepting the products
    - Contact data
  - Place of performance of duties
  - Notes
2. Record each version of the plan received, and archive previous versions.
  3. Receive the request for hiring from the Ministry of Health, indicating which item of the plan corresponds to.
    - a. If it is a new hiring, receive the terms of reference and indication to carry out a competitive process.
    - b. If it is an existing hire, the contract is sent.
    - c. Declaration that the personnel is hired exclusively and does not receive any other salary from the Ministry of Health or any other agency.
  4. If it is a new hire
    - a. Review the terms of reference along with the personnel appointed by the Ministry
    - b. Conduct the competitive process for the recruitment of personnel
    - c. Select the candidate for the position
  5. If it is an existing hire
    - a. Prepare a file with the contract and payment data of the selected personnel.
    - b. Determine the start date for the use of C19RM resources.
  6. Forward to the IDB Project Team Leader of this contract with a copy to the CU Coordinating Unit for non-objection:
    - a. New hire documentation:
      - i. Selected personnel.
      - ii. Minutes and documents supporting the selection
      - iii. Budget for the hiring
      - iv. Comparison with the budget approved in the plan
    - b. Documentation for existing hire
      - i. Contract
      - ii. Budget for the hiring
      - iii. Comparison with the budget approved in the plan
  7. Receive from the IDB Project Team Leader the authorization to conclude the hiring process or indication to correct deficiencies in the documentation.
  8. In the event that a deficiency is indicated, the FA must coordinate with the Ministry of Health on how to correct the deficiency and resubmit the documentation to the IDB Project Team Leader with a copy to the RMEI CU.
  9. Initiate contracting processes and/or registration of the corresponding contract and payment plan.
    - a. In the case of monthly personnel, in accordance with the contract and until notice of termination of the contract, resignation or dismissal.
    - b. In the case of consulting
      - i. Record payments based on deliverables
      - ii. Receive approval of the product from the Ministry of Health
        - Copy of deliverable
        - Invoice when applicable
  10. Once the files with the contracts and deliverables sent by the Ministry of Health have been prepared, the FA will give access to the RMEI CU to review the file.
  11. The RMEI CU will give its opinion and indication, if necessary, to correct any deficiencies in the documentation detected.
  12. The FA will communicate with the Ministry of Health to correct the documentation.
  13. Once a month, proceeds to make the accounting record according to the corresponding cost group.

**Product 3:** The PPE and health inputs distribution plan approved by the Bank and the Ministry of Health has been executed in accordance with the budget, verifying that the criteria for documentation of said

distributions are met and recording in the accounts the expenses made in accordance with the criteria detailed in these terms of reference.

The following steps will be followed to deliver this product:

1. Formally receive from the Ministry of Health the distribution plan with the following minimum information:
  - Name of Region
  - Distribution Unit (Health Post/ Unit)
  - Unit Name
  - Responsible for distribution
  - Type of personnel
    - Ministry of Health
    - Social Security Fund
    - Volunteer personnel
  - Number of PPE or supplies delivered
    - Latex gloves
    - Alcohol gel
    - Safety bags
    - Masks
  - Estimated delivery date
  - Logistical resources required for distribution.
  - Notes
2. Record each version of the plan received, and archive previous versions.
3. Receive from SE-COMICSA and together with the Ministry of Health, the notification of the dates, places of delivery and quantities agreed to be received by the Ministry of Health.
4. Define, together with the Ministry of Health, the central point for reception.
5. Accompany the Ministry of Health on the day of reception and receive a copy of the documentation of receipt of the shipment, including
  - a. Invoices detailing the amounts
  - b. Certificates of quality of the shipment
  - c. Documentation of quality tests performed by the Ministry of Health.
  - d. Photographs on receipt of goods.
  - e. Minutes of receipt supplier / Ministry of Health.
  - f. Claims report, if applicable.
  - g. Other relevant documentation
6. Forward to the IDB Project Team Leader of this contract with copy to the CU Coordinating Unit for non-objection the following information
  - a. Quantities and items declared by SE-COMICSA
  - b. Conforming quantities and items received by the Ministry of Health.
  - c. Differences, if applicable.
7. Receive from the IDB Project Team Leader the no objection to the documentation submitted and prepare the final dossier.
8. Receive from the Ministry of Health the request for resources to carry out the distribution of the items in the health regions.
9. Quote, according to its internal procedures and in a competitive manner, the items detailed in the previous point.
10. Send to the IDB Project Team Leader of this contract with copy to the CU Coordinating Unit for non-objection the quotation of the necessary means to carry out the distribution.
11. Receive from the IDB Project Team Leader the authorization or adjustment request to initiate the process of providing resources to the Ministry of Health.
12. Accompany the Ministry of Health in the field distribution activities, documenting:
  - a. Record of receipt of PPE and health supplies at the local level.
  - b. Notification of:
    - i. The procedure for the final distribution of PPE and health supplies or how to document their delivery to the final beneficiary.



- ii. Control format for delivery to the final beneficiary.
13. Upon completion of each delivery, receive and/or review together with the Ministry of Health, and that the following documentation is in place:
  - a. Support of transportation costs of delivery
  - b. Photographs of the delivery, and other necessary support.
14. Once the files have been compiled with the documents provided by the Ministry of Health, together with the purchases and payments made by the FA, give access to the RMEI CU to review the file.
15. Receive from the Ministry of Health on a monthly basis, virtually and while stocks last.
  - a. The complete list of PPE and consumables delivered with
    - i. Full name
    - ii. Institution it belongs to
    - iii. Telephone
    - iv. Quantity of supplies received
    - v. Signature or initials
16. Send to the IDB Project Team Leader of this contract with copy to the CU Coordinating Unit for non-objection the quotation of the necessary means to carry out the distribution.
17. The RMEI CU will give its opinion and indication, if necessary, to remedy those documentation deficiencies detected. If the RMEI CU is in agreement, it will consider the documentation as received.
18. If applicable, the FA will contact the Ministry of Health to correct the documentation.
19. Once the training event documentation is complete, file the file digitally and/or physically.
20. After recording the documentation, proceeds to make the accounting record according to the corresponding cost group.

**Product 4:** The Civil Society Strengthening (FSC) plan approved by the Bank and the Regional Coordination Mechanism (RCM) has been executed in accordance with the approved budget, verifying that the criteria for documentation of said participations and financings are met, and recording in the accounts the expenses made in accordance with the criteria detailed in these terms of reference.

The following steps will be followed to deliver this product:

1. Formally receive from the civil organizations, in coordination with the Ministry of Health, the Civil Society Strengthening Plan with the following minimum information:
  - Workshop or field visit identifier
  - Objective
  - Expected products
  - Estimated date of conduction
  - Duration in days
  - Organization and person in charge
  - Contact information
  - Proposed location
  - Profile(s) of participants
  - No. of participants for each profile
  - Unit and total budget for each service to be used
    - Rental of premises
    - Transportation
    - Food
    - Lodging
    - Materials
    - Facilitator
    - Personnel who will receive DSA during the training.
  - Classification of expenses by cost group.
2. Record each version of the plan received, and archive previous versions.

3. Receive from the OContact Organization / responsible party the request to conduct each field visit or workshop individually, la solicitud para realizar cada visita de campo o taller en forma individual, and in coordination with the Ministry of Health.
4. Quote in accordance with their internal procedures y de forma competitiva, and competitively, the items required by the organization.
5. Send to the IDB Project Team Leader of this contract with a copy to the CU Coordinating Unit for non-objection the field visit quotation with the following information
  - a. Original detailed budget by cost group
  - b. Estimated cost by cost group
  - c. Difference
6. Receive from the IDB Project Team Leader the authorization or adjustment request to initiate the contracting processes.
7. Initiate contracting processes and provision of resources in applicable cases in accordance with the approved budget for each cost group.
8. The FA will ensure that
  - a. Transportation of attendees to the site and other aspects were conducted in the most efficient and reasonable manner (e.g., attendees are not transported to the site in individual vehicles where alternative transportation options exist, attendees arrive just in time and leave immediately after the conclusion of the event, etc.);
  - b. Where facilitation fees are paid for conducting the training/workshop, the Ministry of Health will send a statement that the facilitator is qualified to conduct such trainings (e.g., an expert in the field), is not an employee of the Ministry and, in cases where the facilitator is a government employee, that such arrangement has been pre-approved by the IDB (as such payment should be classified as an "complement" with all the resulting implications);
  - c. Use the current policy of the Ministry of Health for per diem calculation, both in terms of authorized amounts and beneficiaries, clearly indicating when the beneficiaries are officials of other institutions related to malaria elimination, providing the necessary evidence for verification (DSA payment policies).
  - d. The Organizations will adhere to the design of the field visit plans established in their respective plan, requesting no objection from the IDB when aspiring to make changes that are significant in their design, methodology, content or call.
9. Notify the Organization of the approved training budget, and contracted services.
10. Once the training is completed, receive from the Organization's key contact, and in applicable cases:
  - a. Support of expenses that support the delivery of the daily subsistence allowance (DSA) to applicable participants.
  - b. A statement that it has been ensured that participants are not receiving double DSA payments.
  - c. Support for any other expenses incurred in the field in support of the training.
  - d. Receive, upon completion of the training activity, a summary report of the event clearly indicating whether the proposed objectives and agreed upon topics were achieved.
  - e. A database that allows keeping a record of the people who have participated in the field visits according to the associated topics.
  - f. Event report, list of participants according to the criteria expressed in these terms of reference, photographs of the event, and other necessary supports.
  - g. Evaluation of the event indicating whether the objectives of the visit and training were met in the Organization's opinion.
11. Once the files have been compiled with the documents provided by the Organization, Once the files have been compiled with the documents provided by the Organization, together with the purchases and payments made by the FA, it will give access to the RMEI CU to review the file.
12. The RMEI CU will give its opinion and indication, if necessary, to correct any documentation deficiencies detected.
13. The FA will contact the Organization to correct the documentation.
14. Upon completion of the training event documentation, archive the file digitally and/or physically.

15. After recording the documentation, proceeds to make the accounting record according to the corresponding cost group.

**Product 5:** Consolidated accounting and recording of all expenses and payments made on a monthly basis in accordance with the Progress Update (PU) report provided by the Bank.

To deliver this product the FA will use the PU/DR forms provided by the Bank and follow the steps below:

1. Issue a monthly report with all expenditures and payments made during the month.
2. Review and collate the records of payments and expenditures to classify them in the corresponding cost groupings, in accordance with the attached budget.
3. Complete the PU format in Excel with the following data

| Sections  | Subsections / comments   |   |
|---|--|---|
| 2 A, B, C, D  | 5.2 Subrecipient's cash balance  |   |
|   | 5.3 Total cash balance   |   |
|   | 7.1 Financial commitments. Purchase orders issued, contracts signed and pending payment.   |   |
|   | 7.2 Financial obligations. Detail if any.  |   |
|   | 7.4 Total financial commitments and obligations  |   |
|   | 8.1 Ineligible financial transactions for the reporting period. In the event that, upon review by the LFA or the Bank, a transaction is declared ineligible.   |   |
|   | 8.2 Ineligible financial transactions in previous reporting periods for which justification has been approved by the Global Fund. In the event that any ineligible expenditure from the previous period has been justified and approved in the current period. |   |
|   | 8.3 Reimbursement of ineligible transactions from previous periods   |   |
|   | 8.4 Cumulative ineligible transactions from the implementation period  |   |
|   | 8.5 Non-eligible transactions still open pending justification and/or reimbursement  |   |
|   | 2E   | 1. Name of Subrecipient (Financial Administrator)             |
|   |  | 2. Subrecipient's cumulative expenditures for prior periods.  |
|   |  | 3. Subrecipient's open/pending cash advances                  |
|   |  | 4. Disbursements made by the IDB during the reporting period. |
|   |  | 5. Other income during the reporting period                   |
| 6. Expenditures validated by the Bank during the reporting period.  |  |   |
| 7. Reimbursements received by the IDB from the subrecipient         |  |   |
| 8. Balance of funds at the end of the period from the sub-recipient |  |   |
| 9. Subrecipient's actual cash balance                               |  |   |
| 10. Variance in subrecipient's cash balances.                       |  |   |
| 7A  | Subrecipient's expenditures by intervention and cost grouping  |   |
| 8A  | Cash projection for the next 6 months  |   |

4. Send to the IDB Project Team Leader of this contract with a copy to the CU Coordinating Unit for non-objection the following information
  - a. Monthly reconciled statement of account
  - b. PU in electronic format
  - c. Classified expenditures, payments and costs in electronic format.
5. Receive from the IDB Project Team Leader the non-objection to the information submitted and form a file.

**Product 6:** Compilation of expected results. The financial administrator will provide the Ministry of Health with the inputs, data and information needed to construct the indicators listed below.

To deliver this product the FA will follow the following information:

1. Infection prevention and control and protection of healthcare professionals and medical products and waste management systems.
  - 95% (n=174) of institutional and community health personnel protected with PPE to minimize the risk of COVID19 infection while implementing DTI-R, surveillance and case investigation actions. The input to be provided by the FA to the Ministry of Health and the IDB is the list of health units and the number of PPE and supplies distributed per health unit. The documentation should include the location of each health unit and the number of health providers working in each unit.
  - 100% (n=348) of PPE kits procured and distributed. The input that the FA must submit to the Ministry of Health and the IDB is the list of PPE and supplies received from the supplier, the distribution plan and the list of health units and the number of PPE and supplies distributed per health unit (and their address, location), as well as photos of the distribution and minutes of receipt of the equipment. Documentation should include the location of each health facility.
2. Mitigation measures for malaria programs
  - Malaria care processes optimized and adjusted to the context of COVID 19 transmission, to improve detection and diagnosis of both diseases. The input that the FA must deliver to the Ministry of Health and the IDB are the reports and deliverables of each consultancy or technical support by topic and by component.
  - 80% of institutional and community health personnel, respectively, in strata 3 and 4 with competencies developed for the detection and diagnosis of malaria and COVID19. The input that the FA must deliver to the Ministry of Health and the IDB are the lists of each workshop held for competency development, with complete information collected in a previously agreed format, including a list of participants with their signature and identification, photos, presentations and material used in the training.
  - 80% (n= 18) of health facilities apply the malaria and COVID 19 care integration protocols. List of health facilities where these trainings have been conducted with their location and identification data.
3. Surveillance systems; laboratory systems; FSC for COVID-19: Community-driven monitoring; Laboratory systems
  - Quarterly epidemiological report with quality and timeliness criteria integrating malaria and COVID19 information. N/A
  - Regional teams (n=4) with competencies developed for the analysis and production of epidemiological reports at the subnational level. The input that the FA must deliver to the Ministry of Health and the IDB are the lists of each workshop held for competency development, with complete information collected in a previously agreed format, including a list of participants with their signature and identification, photos, presentations and material used in the training.
  - Regional teams using the local epidemiological analysis tools that integrate malaria data and COVID 19. Quarterly report of the situation rooms of the main active malaria foci.