

ARM-H-2015 - Concept Note Integrated View

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A. Program details

Country / Applicant:	Armenia	Principal Recipients	Ministry of Health of Armenia Mission East	Total requested amount	
Component:	HIV/AIDS			Allocation	USD 5,499,373
Start Month/Year:	January 2016			Above	USD 5,065,040

Summary Budget by Module

Module	Allocated/Above	2016	2017	2018	Total
Prevention programs for MSM and TGs	Allocation	72,654	77,126	79,822	229,602
	Above	106,863	148,316	162,112	417,291
Prevention programs for sex workers and their clients	Allocation	99,993	117,700	122,432	340,125
	Above	89,589	123,007	128,375	340,971
Prevention programs for people who inject drugs (PWID) and their partners	Allocation	385,772	475,033	223,197	1,084,002
	Above	373,703	1,463,910	262,105	2,099,718
Prevention programs for other vulnerable populations (please specify)	Allocation	0	0	0	0
	Above	0	0	0	0
Treatment, care and support	Allocation	745,568	958,302	1,173,587	2,877,457
	Above	710,383	614,504	711,173	2,036,060
HSS-Health information systems and M&E	Allocation	149,649	50,571	50,571	250,791
	Above	0	0	100,000	100,000
Removing legal barriers to access	Allocation	0	0	0	0
	Above	7,000	7,000	7,000	21,000
Program management	Allocation	235,122	239,425	242,849	717,396
	Above	0	50,000	0	50,000
Total	Allocation	1,688,758	1,918,157	1,892,458	5,499,373
	Above	1,287,538	2,406,737	1,370,765	5,065,040

Summary Budget by Principal Recipient

Principal Recipient	Allocated/Above	2016	2017	2018	Total
Ministry of Health of Armenia	Allocation	1,156,217	1,345,857	1,301,234	3,803,308
	Above	910,461	1,878,007	718,158	3,506,626
Mission East	Allocation	532,541	572,300	591,224	1,696,065
	Above	377,077	528,730	652,607	1,558,414
Total	Allocation	1,688,758	1,918,157	1,892,458	5,499,373
	Above	1,287,538	2,406,737	1,370,765	5,065,040

B. Program goals and impact indicators

Goals

1	Maintain low level of HIV epidemic
2	Provide HIV treatment to all who need it

Linked to goal(s) #	Impact indicator	Country	Baseline			Targets			Comments and Assumptions
			Value	Year	Source	Year 1	Year 2	Year 3	
1, 2	HIV I-9a: Percentage of men who have sex with men who are living with HIV		0.4	2014	BSS (Behavioral Surveillance Survey)	2.0		2.0	1. The target set for 2016 is already approved by the RA Government. MoH submits annual report on the achievements of the NAP implementation to the RA Government which is evaluated based on the targets set. Thus it is very important to keep this target in line with one already approved by the Government. By taking into account the substantial decrease in the GF financing and the fact that the HIV prevention activities among key population are fully financed by the GF grant, the main goal of the country in such circumstances in regard to HIV situation is to try to keep the achievements and not let the situation to get worse. As for 2017-2018, during the development of the new NAP for 2017-2021, the corresponding working group could discuss the possibility to set certain figures for this indicator which afterwards could be reflected in the revision of the PF. 2. The second IBBS for 2018 is planned under above allocation budget
1, 2	HIV I-10: Percentage of sex workers who are living with HIV		0	2014	BSS (Behavioral Surveillance Survey)	2		2	1. The target set for 2016 is already approved by the RA Government. MoH submits annual report on the achievements of the NAP implementation to the RA Government which is evaluated based on the targets set. Thus it is very important to keep this target in line with one already approved by the Government. By taking into account the substantial decrease in the GF financing and the fact that the HIV prevention activities among key population are fully financed by the GF grant, the main goal of the country in such circumstances in regard to HIV situation is to try to keep the achievements and not let the situation to get worse. As for 2017-2018, during the development of the new NAP for 2017-2021, the corresponding working group could discuss the possibility to set certain figures for this indicator which afterwards could be reflected in the revision of the PF. 2. The second IBBS for 2018 is planned under above allocation budget
1, 2	HIV I-11: Percentage of people who inject drugs who are living with HIV		4	2014	BSS (Behavioral Surveillance Survey)	5		5	1. The substantial reduction of the GF budget allocated to Armenia results in reduction of the HIV prevention activities. If in the current grant the HIV prevention activities among KPs are implemented by 11 SRs, in the proposed grant they will be implemented by 5 and this reduction is clearly reflected in the targets set for KPs. This in its turn will have an influence on the impact indicator. The target set for 2016 is already approved by the RA Government. MoH submits annual report on the achievements of the NAP implementation to the RA Government which is evaluated based on the targets set. As for 2017-2018, during the development of the new NAP for 2017-2021, the corresponding working group could discuss the possibility to set certain figures for this indicator which afterwards could be reflected in the revision of the PF. 2. The second IBBS for 2018 is planned under above allocation budget.
1, 2	HIV I-12: Percentage of other vulnerable populations (specify) who are living with HIV (Labour migrants)		0.4	2014	BSS (Behavioral Surveillance Survey)	0.4		0.4	1. Specific population: those Armenians who have migrated for work to nearby countries for at least 3 uninterrupted months in the past 3 years. The average labour migrants' population size estimate is 70.000 yearly. Currently HIV prevention/testing activities among labor migrants are being conducted in 60 communities under the Russian Government-supported programme (available till the end of 2015. The continuation is not approved yet). Additionally, HIV prevention/testing activities are being carried out in 40 communities with the support of GF RCC Grant. Even if the Russian Government-supported RCP is approved, not any scale up is expected. Even more, the GF part in the current grant makes up USD 170,000 yearly and by this CN we envisage yearly 56,700 USD due to funding limitations. In this situation it is impossible to increase the targets. 2. According to epid. analysis, the migration factor in the new registered cases becomes prevailing, but there is no possibility for increase.

1	Prevalence of HCV among PWID		52	2014	BSS (Behavioral Surveillance Survey)	50	50	There is no target on HCV prevalence among PWID set in the NAP. The substantial reduction of the GF budget allocated to Armenia results in reduction of the HIV prevention activities. If in the current grant the HIV prevention activities among KPs are implemented by 11 SRs, in the proposed grant they will be implemented by 5 and this reduction is clearly reflected in the targets set for KPs. This in its turn will have an influence on the impact indicator. In such circumstances our approach is to try to keep the achievements and not let the situation to get worse.
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C. Program objectives and outcome indicators

Objectives:	
1	Scale up HIV testing to ensure 75% of PLHIV know their status
2	Scale up ART to reach 90% of those in need of treatment

Linked to objective(s) #	Outcome Indicator	Country	Baseline			Targets			Comments and Assumptions
			Value	Year	Source	Year 1	Year 2	Year 3	
2	HIV O-1: Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy		84.4	2013	Patient records	85.0	86.0	87.0	1. The numerators and the denominators will be discussed during the grant negotiation process. 2. Taking into account the fact that all HIV patients receive ARV treatment at the NCAP, there is no need in special referral systems and network as all information is easily and fully available at the NCAP. 3. In EECA region 85% considered as a good result. Also it should be taken into account that migration factor and late diagnosis have their impact on retention rate. 2016 figure from target set in 2013-2016 HIV NSP; 2017-8 to be ratified during development of new HIV NSP in 2016
1	HIV O-4a: Percentage of men reporting the use of a condom the last time they had anal sex with a male partner		65.3	2014	BSS (Behavioral Surveillance Survey)	75.0		85.0	The second IBBS for 2018 is planned under above allocation budget. 2016 figure from target set in 2013-2016 HIV NSP; 2017-8 to be ratified during development of new HIV NSP in 2016.
1	HIV O-5: Percentage of sex workers reporting the use of a condom with their most recent client		93.9	2014	BSS (Behavioral Surveillance Survey)	94.0		96.0	The second IBBS for 2018 is planned under above allocation budget. 2016 figure from target set in 2013-2016 HIV NSP; 2017-8 to be ratified during development of new HIV NSP in 2016.
1	HIV O-6: Percentage of people who inject drugs reporting the use of sterile injecting equipment the last time they injected		96.9	2014	BSS (Behavioral Surveillance Survey)	97.0		97.0	The second IBBS for 2018 is planned under above allocation budget. 2016 figure from target set in 2013-2016 HIV NSP; 2017-8 to be ratified during development of new HIV NSP in 2016.
1	HIV O-7: Percentage of other vulnerable populations who report the use of a condom at last sexual intercourse		67.6	2014	BSS (Behavioral Surveillance Survey)	68.0		72.0	The second IBBS for 2018 is planned under above allocation budget. 2016 figure from target set in 2013-2016 HIV NSP; 2017-8 to be ratified during development of new HIV NSP in 2016.

D. Modules

Module: Prevention programs for MSM and TGs															
Measurement framework for module															
Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline				Total Targets	Targets							
			N #	%	Year	Source		Year 1		Year 2		Year 3		N #	%
								D #	D #	%	D #	%	D #		
								Allocation + Other Sources							
				Above+Allocation+Other sources											
KP-2a: Percentage of MSM reached with HIV prevention programs - individual and/or smaller group level interventions	Mission East					Reports (specify)	Allocation + Other Sources	1,500.0	22.7	1,600.0	24.2	1,700.0	25.8		
			2,117.0	32.1	2014		6,600.0	6,600.0		6,600.0		6,600.0			
			6,600.0				Above+Allocation+Other sources	3,500.0	53.0	4,500.0	68.2	5,000.0	75.8		
							6,600.0	6,600.0		6,600.0		6,600.0			
Comments ¹	<p>Since the KP 1a indicator was dropped (see explanation above), this indicator was included instead. 1. Targets were set at the maximal level for the available budget and cut of implementing SRs. i. Based on consultations with implementing SRs and beneficiaries, the concept note was designed in a way, that certain services and goods, e.g. condoms and educational materials are provided not to every single beneficiary, but only to those beneficiaries who request those (please, refer to Annex 1. Country Dialogue), i.e. the idea of comprehensive package of services became irrelevant. The current approach focuses of promotion of behavior change through encouragement of beneficiaries to purchase prevention means, since the further funding in 3 years is unclear. ii. According to the latest national size estimation exercise for the KPs, the estimated size of the MSM population is 5,500 - 8,000 (average size - 6,600) iii. It is envisaged to cover Yerevan city, Lori and Shirak marzes, as these are the densly populated areas with the highest prevalence of HIV, where there is also adequate access of OWs to the KPs. iv. Possible scale up is envisaged based on the capacity of winning implementing NGOs to cover more areas within the same limited budget. v. Baseline from NGO PR Program Records (Year 5). 2016 figure from target set in 2013-2016 HIV NSP; 2017-8 to be ratified during development of new HIV NSP in 2016.</p>														
KP-3a: Percentage of MSM that have received an HIV test during the reporting period and know their results	Mission East					Reports (specify)	Allocation + Other Sources	1,000.0	15.2	1,200.0	18.2	1,500.0	22.7		
			1,776.0	26.9	2014		6,600.0	6,600.0		6,600.0		6,600.0			
			6,600.0				Above+Allocation+Other sources	3,950.0	59.8	4,200.0	63.6	4,500.0	68.2		
							6,600.0	6,600.0		6,600.0		6,600.0			
Comments ¹	<p>1.Targets were set at the maximal level for the available budget and cut of implementing SRs. Plans for possible scale up are conditioned to the capacity of the winning NGO to implement more with less, i.e. to cover additional areas with the same funding available. 2. Since the number of SRs is reduced to 1 NGO working with each KP, the risks for double counting of coded beneficiaries are minimized. 3. i. Based on consultations with implementing SRs and beneficiaries, the concept note was designed in a way, that certain services and goods, e.g. condoms and educational materials are provided not to every single beneficiary, but only to those beneficiaries who request those (please, refer to Annex 1. Country Dialogue), i.e. the idea of comprehensive package of services became irrelevant. The current approach focuses on promotion of behavior change by encouragement of beneficiaries to purchase prevention means, since further funding in 3 years is unclear. ii. According to the latest national size estimation exercise for the KPs, the estimated size of the MSM population is 5,500 - 8,000 (average size - 6,600) iii. It is envisaged to cover Yerevan city, Lori and Shirak marzes, as these are the densly populated areas with the highest prevalence of HIV, where there is also adequate access of OWs to the KPs. iv. Possible scale up is envisaged based on the capacity of winning implementing NGOs to cover more areas within the same limited budget. v. Baseline from NGO PR Program Records (Year 5). 2016 figure from target set in 2013-2016 HIV NSP; 2017-8 to be ratified during development of new HIV NSP in 2016.</p>														
Module budget - Prevention programs for MSM and TGs															
Allocated request for entire module	USD 229,602					Above allocated request for entire module					USD 417,291				
Intervention	Intervention budget (request to the Global Fund only)					Cost Assumptions ³					Other funding ⁴				
	Responsible Principal Recipient(s)		Total Targets	Year 1	Year 2	Year 3									

Behavioral change as part of programs for MSM and TGs	Mission East	Allocation	69,277	71,648	73,585	The expenses includes: - consultations by outreach/social workers to promote HIV testing and outreach education; - informational materials and condoms for distribution among MSM; - travel expenses; - documenting the cases of human rights' violation in access to services for MSM; - SR management costs to support staff and running office. The activity will be sub-granted to NGO. Historical costs are used for calculations.	N/A
		Above	92,369	129,861	142,842		
Description of Intervention ²							
MSM in at least 3 cities with largest populations. Outreach education and encouragement to HIV test; education through SMS and other mobile phone technologies; collaboration with health clinics and Coordination Councils to improve access for MSM to health services; linkage to NSP and OST for MSM who are injecting drugs.							
Condoms as part of programs for MSM and TGs	Mission East	Allocation	1,527	3,258	3,462	The procurement of 1 condom per week per MSM is included, using prices from recent invoices. Q1-Q2 will be covered by buffer provided in the current grant.	N/A
		Above	2,036	5,905	6,720		
Description of Intervention ²							
MSM in at least 3 cities with the largest population. Provision of condoms as part of encouragement to test; encouragement to source high-quality condoms from pharmacies, etc; ongoing provision of condoms to those who need them.							
Diagnosis and treatment of STIs as part of programs for MSM and TGs	Mission East	Allocation				Approximately 350 MSM/TGs will be tested and treated for STIs.	N/A
		Above	7,000	7,000	7,000		
Description of Intervention ²							
350 MSM /TG tested for STIs per year in Yerevan, Gyumri and Vanadzor.							
HIV testing and counseling as part of programs for MSM and TGs	Mission East	Allocation	1,850	2,220	2,775	The procurement of rapid tests are included, using quotes from suppliers.	N/A
		Above	5,458	5,550	5,550		
Description of Intervention ²							
MSM in at least 3 cities with largest populations. Rapid testing by outreach workers (through outreach or at NGO office), and assistance to travel to health clinics for tests (if preferred); pre-and post-test counselling.							

Programmatic Gap

Coverage Indicator : KP-3b: Percentage of TG that have received an HIV test during the reporting period and know their results

Current National Coverage	Year	Source	Latest Results		CCM Comments
	2014	Other (specify) Program Data	26.9		
	01/2016 - 12/2016	01/2017 - 12/2017	01/2018 - 12/2018		
Current Estimated Country Need					
A. Total estimated population in need/at risk (from National Strategic Plan)	6'600	6'600	6'600		
B. Country targets (from National Strategic Plan)	3'950 59.85 %	4'200 63.64 %	4'500 68.18 %		2016 figure from target set in 2013-2016 HIV NSP; to be ratified during development of new HIV NSP in 2016
Country Need Already Covered					
C. Country need planned to be covered by domestic & other sources	0 0.00 %	0 0.00 %	0 0.00 %		
Programmatic Gap					
D. Expected annual gap in meeting the need A-C	6,600 100.00 %	6,600 100.00 %	6,600 100.00 %		
Country need planned to be covered by domestic & other sources					
E. Targets to be financed by allocation amount	1'000 15.15 %	1'200 18.18 %	1'500 22.73 %		
F. Coverage from Allocation amount and other resources C+E	1,000 15.15 %	1,200 18.18 %	1,500 22.73 %		
G. Targets to be potentially financed by above allocation amount	2'950 44.70 %	3'000 45.45 %	3'000 45.45 %		
H. Total coverage (allocation amount, above allocation amount and other resources) F+G	3,950 59.85 %	4,200 63.63 %	4,500 68.18 %		

Module: Prevention programs for sex workers and their clients

Measurement framework for module

Coverage/Output indicator	Responsible PR(s)	Tied to	Targets														
			Baseline				Total Targets	Year 1		Year 2		Year 3					
			N #	%	Year	Source		N #	%	N #	%	N #	%	N #	%		
																D #	

KP-2c: Percentage of sex workers reached with HIV prevention programs - individual and/or smaller group level interventions	Mission East	44.6	2014	Reports (specify)	Allocation + Other Sources	2,500.0	40.3	2,650.0	42.7	2,800.0	45.2		
						6,200.0		6,200.0		6,200.0			
					Above+Allocation+Other sources	4,500.0	72.6	5,200.0	83.9	5,500.0	88.7		
						6,200.0		6,200.0		6,200.0			
Comments ¹	Since the KP 1c indicator was dropped (see explanation above), this indicator was included instead. 1. Targets were set at the maximal level for the available budget, cut of implementing SRs. i. Based on consultations with implementing SRs and beneficiaries, the concept note was designed in a way, that certain services and goods, e.g. condoms and educational materials are provided not to every single beneficiary, but only to those beneficiaries who request those (please, refer to Annex 1. Country Dialogue). i.e. the idea of comprehensive package of services becomes irrelevant. The current approach focuses of promotion of behavior change by encouragement of beneficiaries to purchase prevention means, since the further funding in 3 years is unclear. ii. According to the latest national size estimation exercise for the KPs, the estimated size of the CSW population is 5,100 - 8,100 (average size - 6,200) iii. it is envisaged to cover Yerevan city, Lori and Shirak marzes, as these are the densely populated areas with the highest prevalence of HIV, where there is also adequate access of OWs to the KPs. iv. Possible scale up is envisaged based on the capacity of winning implementing NGOs to cover more areas within the same limited budget. v. Baseline from NGO PR Program Records (Year 5). 2016 figure from target set in 2013-2016 HIV NSP; 2017-8 to be ratified during development of new HIV NSP in 2016.												
KP-3c: Percentage of sex workers that have received an HIV test during the reporting period and know their results	Mission East	44.6	2014	Reports (specify)	Allocation + Other Sources	2,000.0	32.3	2,200.0	35.5	2,500.0	40.3		
						6,200.0		6,200.0		6,200.0			
					Above+Allocation+Other sources	2,300.0	37.1	3,100.0	50.0	4,000.0	64.5		
						6,200.0		6,200.0		6,200.0			
Comments ¹	1.Targets were set at the maximal level for the available budget, cut of implementing SRs. Plans for possible scale up are conditioned to the capacity of the winning NGO to implement more with less, i.e. to cover additional areas with the same budget available. 2. Since based on the current CN the number of SRs is reduced to 1 NGO working with each KP, the risks for double counting of coded beneficiaries are minimized. 3. i. Based on consultations with implementing SRs and beneficiaries, the concept note was designed in a way, that certain services and goods, e.g. condoms and educational materials are provided not to every single beneficiary, but only to those beneficiaries who request those (please, refer to Annex 1. Country Dialogue), i.e. the idea of comprehensive package of services became irrelevant. The current approach focuses on promotion of behavior change by encouragement of beneficiaries to purchase prevention means, since the further funding in 3 years is unclear. ii. According to the latest national size estimation exercise for the KPs, the estimated size of the CSW population is 5,100 - 8,100 (average size - 6,200) iii. It is envisaged to cover Yerevan city, Lori and Shirak marzes, as these are the densely populated areas with the highest prevalence of HIV, where there is also adequate access of OWs to the KPs. iv. Possible scale up is envisaged based on the capacity of winning implementing NGOs to cover more areas within the same limited budget. v. Baseline from NGO PR Program Records (Year 5). 2016 figure from target set in 2013-2016 HIV NSP; 2017-8 to be ratified during development of new HIV NSP in 2016												
Module budget - Prevention programs for sex workers and their clients													
Allocated request for entire module	USD 340,125				Above allocated request for entire module						USD 340,971		
Intervention	Intervention budget (request to the Global Fund only)												
	Responsible Principal Recipient(s)	Total Targets	Year 1	Year 2	Year 3	Cost Assumptions ³				Other funding ⁴			

Behavioral change as part of programs for sex workers and their clients	Mission East	Allocation	83,567	86,650	89,300	The expenses includes: - consultations by outreach/social workers to promote HIV testing and outreach education; - travel expenses; - documenting the cases of human rights' violation in access to services for sex workers; - SR management costs to support staff and running office. The activity will be sub-granted to NGO. Historical costs are used for calculations.	N/A
		Above	66,853	83,380	86,111		
Description of Intervention ²							
SW in at least 3 cities with largest populations. Outreach education and encouragement to HIV test; education through SMS and other mobile phone technologies; collaboration with health clinics and Coordination Councils to improve access for SW to health services; linkage to NSP and OST for SW who are injecting drugs.							
Condoms as part of programs for sex workers and their clients	Mission East	Allocation	12,726	26,980	28,507	The procurement of 5 condoms per week per SW is included, using prices from recent invoices. Q1-Q2 will be covered by buffer provided in the current grant.	N/A
		Above	10,181	25,962	27,489		
Description of Intervention ²							
SW in at least 3 cities with the largest population. Provision of condoms as part of encouragement to test; encouragement to source high-quality condoms from pharmacies, etc; ongoing provision of condoms to those who need them.							
Diagnosis and treatment of STIs (sex workers and their clients)	Mission East	Allocation		0	0	Approximately 600 sex workers will be tested and treated for STIs.	N/A
		Above	12,000	12,000	12,000		
Description of Intervention ²							
600 sex workers tested for STIs per year in Yerevan, Gyumri and Vanadzor.							
HIV testing and counseling as part of programs for sex workers and their clients	Mission East	Allocation	3,700	4,070	4,625	The procurement of rapid tests are included, using quotes from suppliers.	N/A
		Above	555	1,665	2,775		
Description of Intervention ²							
SW in at least 3 cities with largest populations. Rapid testing by outreach workers (through outreach or at NGO office), and assistance to travel to health clinics for tests (if preferred); pre-and post-test counselling.							

Programmatic Gap

Coverage Indicator : KP-3c: Percentage of sex workers that have received an HIV test during the reporting period and know their results

Current National Coverage	Year	Source	Latest Results	
	2014	Other (specify) Program Data	44.6	
	01/2016 - 12/2016	01/2017 - 12/2017	01/2018 - 12/2018	CCM Comments
Current Estimated Country Need				
A. Total estimated population in need/at risk (from National Strategic Plan)	6'200	6'200	6'200	
B. Country targets (from National Strategic Plan)	2'300 37.10 %	3'100 50.00 %	4'000 64.52 %	2016 figure from target set in 2013-2016 HIV NSP; to be ratified during development of new HIV NSP in 2016
Country Need Already Covered				
C. Country need planned to be covered by domestic & other sources	0 0.00 %	0 0.00 %	0 0.00 %	
Programmatic Gap				
D. Expected annual gap in meeting the need A-C	6,200 100.00 %	6,200 100.00 %	6,200 100.00 %	
Country need planned to be covered by domestic & other sources				
E. Targets to be financed by allocation amount	2'000 32.26 %	2'200 35.48 %	2'500 40.32 %	
F. Coverage from Allocation amount and other resources C+E	2,000 32.26 %	2,200 35.48 %	2,500 40.32 %	
G. Targets to be potentially financed by above allocation amount	300 4.84 %	900 14.52 %	1'500 24.19 %	
H. Total coverage (allocation amount, above allocation amount and other resources) F+G	2,300 37.10 %	3,100 50.00 %	4,000 64.51 %	

Module: Prevention programs for people who inject drugs (PWID) and their partners

Measurement framework for module

Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline				Targets								
			N #	%	Year	Source	Total Targets	Year 1		Year 2		Year 3		N #	%
								D #	%	D #	%	D #	%		

KP-2d: Percentage of PWID reached with HIV prevention programs - individual and/or smaller group level interventions	Mission East	31.2	2014	Reports (specify)	Allocation + Other Sources	3,500.0	27.6	3,700.0	29.1	3,900.0	30.7		
						12,700.0		12,700.0		12,700.0			
					Above+Allocation+Other sources	5,500.0	43.3	7,500.0	59.1	10,000.0	78.7		
						12,700.0		12,700.0		12,700.0			
<p>Comments ¹</p> <p>Since the KP 1d indicator was dropped (see explanation above), this indicator was included instead. 1. Targets were set at the maximal level for the available budget, cut of implementing SRs. i. Based on consultations with implementing SRs and beneficiaries, the concept note was designed in a way, that certain services and goods, e.g. condoms, syringes and educational materials are provided not to every single beneficiary, but only to those beneficiaries who request those (please, refer to Annex 1. Country Dialogue), i.e. the idea of comprehensive package of services becomes irrelevant. The current approach focuses on promotion of behavior change by encouragement of beneficiaries to purchase prevention means, since the further funding in 3 years is unclear. ii. According to the latest national size estimation exercise for the KPs, the estimated size of the PWID population is 8,300 - 27,500 (average size - 12,700) iii. It is envisaged to cover Yerevan city, Lori and Shirak marzes, as these are the densely populated areas with the highest prevalence of HIV, where there is also adequate access of OWs to the KPs. iv. Possible scale up is envisaged based on the capacity of winning implementing NGOs to cover more areas withing the same limited budget. v. Baseline from NGO PR Program Records (Year 5). 2016 figure from target set in 2013-2016 HIV NSP; 2017-8 to be ratified during development of new HIV NSP in 2016.</p>													
KP-3d: Percentage of PWID that have received an HIV test during the reporting period and know their results	Mission East	25.7	2014	Reports (specify)	Allocation + Other Sources	2,500.0	19.7	2,800.0	22.0	3,200.0	25.2		
						12,700.0		12,700.0		12,700.0			
					Above+Allocation+Other sources	4,550.0	35.8	7,000.0	55.1	9,500.0	74.8		
						12,700.0		12,700.0		12,700.0			
<p>Comments ¹</p> <p>1. Targets were set at the maximal level for the available budget and cut of implementing SRs. Baseline from NGO PR Program Records (Year 5). 2016 figure from target set in 2013-2016 HIV NSP; 2017-8 to be ratified during development of new HIV NSP in 2016. Plans for possible scale up are conditioned to the capacity of the winning NGO to implement more with less, i.e. to cover additional areas with the same limited budget available. 2. Since within the current CN the number of SRs is reduced to 1 NGO working with each KP, the risks for double counting of coded beneficiaries are minimized. 3. i. Based on consultations with implementing SRs and beneficiaries, the concept note was designed in a way, that certain services and goods, e.g. condoms and educational materials are provided not to every single beneficiary, but only to those beneficiaries who request those (please, refer to Annex 1. Country Dialogue), i.e. the idea of comprehensive package of services becomes irrelevant. The current approach focuses on promotion of behavior change by encouragement of beneficiaries to purchase prevention means, since the further funding in 3 years is unclear. ii. According to the latest national size estimation exercise for the KPs, the estimated size of the PWID population is 8,300 - 27,500 (average size - 12,700) iii. It is envisaged to cover Yerevan city, Lori and Shirak marzes, as these are the densely populated areas with the highest prevalence of HIV, where there is also adequate access of OWs to the KPs. iv. Possible scale up is envisaged based on the capacity of winning implementing NGOs to cover more areas withing the same limited budget.</p>													
KP-4: Number of needles and syringes distributed per person who injects drugs per year by needle and syringe programs	Mission East	54.0	2014	Reports (specify)	Allocation + Other Sources	55.0		57.0		60.0			
					Above+Allocation+Other sources	87.0		93.0		100.0			
<p>Comments ¹</p> <p>Based on consultations with implementing SRs and beneficiaries, the concept note was designed in a way, that certain services and goods, e.g. condoms, syringes and educational materials are provided not to every single beneficiary, but only to those beneficiaries who request those (please, refer to Annex 1. Country Dialogue), i.e. the idea of comprehensive package of services becomes irrelevant. The current approach focuses on promotion of behavior change by encouragement of beneficiaries to purchase prevention means, since the further funding in 3 years is unclear. Baseline from NGO PR Program Records (Year 5). 2016 figure from target set in 2013-2016 HIV NSP; 2017-8 to be ratified during development of new HIV NSP in 2016.</p>													
Number of PWID on OST	Ministry of Health of Armenia	3.4	2014	Patient records	Allocation + Other Sources	460.0	3.6	480.0	3.8	500.0	3.9		
						12,700.0		12,700.0		12,700.0			
					Above+Allocation+Other sources	1,000.0	7.9	2,400.0	18.9	3,800.0	29.9		
						12,700.0		12,700.0		12,700.0			
<p>Comments ¹</p> <p>NSP target for 2016 was 370, already exceeded in 2014. The main reason for the low target is the lack of financing. In order to achieve some impact the coverage needs to be at least 20% (WHO, UNODC, UNAIDS Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users, 2012) which is 2540 (5 times more than the target set). Such coverage requires a huge allocation which is unrealistic in the given budget limitations. In this case our approach is to keep the achievements with a slight scale up. Currently the OST is provided in 7 penitentiary institutions and 3 civic health centers. There are discussions to start provide OST in all 12 penitentiary institutions throughout the whole country.</p>													
Module budget - Prevention programs for people who inject drugs (PWID) and their partners													
Allocated request for entire module		USD 1,084,002				Above allocated request for entire module				USD 2,099,718			
Intervention	Intervention budget (request to the Global Fund only)			Cost Assumptions ³				Other funding ⁴					
	Responsible Principal Recipient(s)			Total Targets	Year 1	Year 2	Year 3						

Behavioural change as part of programs for PWID and their partners	Mission East	Allocation	123,099	132,141	136,981	The expenses includes: - consultations by outreach/social workers to promote HIV testing and outreach education; - informational materials and condoms for distribution among PWID; - travel expenses; - documenting the cases of human rights' violation in access to services for PWID; - SR management costs to support staff and running office; The activity will be sub-granted to NGO. Historical costs are used for calculations.	N/A
		Above	70,342	135,712	214,253		
Description of Intervention ²							
PWID in at least 3 cities with largest populations. Outreach education and encouragement to HIV test; education through SMS and other mobile phone technologies; collaboration with health clinics and Coordination Councils to improve access for PWID to health services; encouragement to OST.							
Diagnosis and treatment of STIs as part of programs for PWID and their partners	Mission East	Allocation	0	0	0	It is envisaged to test and treat approximately 50 PWID for STIs.	N/A
		Above	1,000	1,000	1,000		
Description of Intervention ²							
50 PWID tested for STIs each year in Yerevan, Gyumri and Vanadzor							
HIV testing and counseling as part of programs for sex workers and their clients	Mission East	Allocation	4,625	5,180	5,920	The procurement of rapid tests are included, using quotes from suppliers.	N/A
		Above	3,793	7,770	11,655		
Description of Intervention ²							
PWID in at least 3 cities with largest populations. Rapid testing by outreach workers (through outreach or at NGO office), and assistance to travel to health clinics for tests (if preferred); pre-and post-test counselling.							
Needle and Syringe programs as part of programs for PWID and their partners	Mission East	Allocation	7,234	10,568	11,725	The procurement of syringes and antiseptic pads are included, using prices from recent invoices. Q1 will be covered by buffer provided in the current grant.	N/A
		Above	4,134	10,853	18,340		
Description of Intervention ²							
PWID in at least 3 cities with the largest population. Provision of sterile equipment as part of encouragement to test; encouragement to source high-quality sterile injecting equipment and condoms from pharmacies, etc; ongoing provision of injecting equipment and condoms to those who need them.							
OST and other drug dependence treatment (PWIDs and their partners)	Ministry of Health of Armenia	Allocation	250,814	327,144	68,571	The costs include: - procurement of methadon and its distribution; - psychosocial support for OST programs through individual counselling; - medical support for the program, management costs; - security of OST sites; The estimates are based upon recent invoices and historical data.	N/A
		Above	294,434	1,308,575	16,857		
Description of Intervention ²							
PWID eligible for OST; National (including in penitentiary institutions); provide OST, psychosocial assistance to OST clients; ensure linkage with NGO providing NSP.							

Programmatic Gap

Coverage Indicator : KP-3d: Percentage of PWID that have received an HIV test during the reporting period and know their results

Current National Coverage	Year	Source	Latest Results		CCM Comments
	2014	Other (specify) Program Data	25.7		
	01/2016 - 12/2016	01/2017 - 12/2017	01/2018 - 12/2018		
Current Estimated Country Need					
A. Total estimated population in need/at risk (from National Strategic Plan)	12'700	12'700	12'700		
B. Country targets (from National Strategic Plan)	4'550 35.83 %	7'000 55.12 %	9'500 74.80 %		2016 figure from target set in 2013-2016 HIV NSP; to be ratified during development of new HIV NSP in 2016
Country Need Already Covered					
C. Country need planned to be covered by domestic & other sources	0 0.00 %	0 0.00 %	0 0.00 %		
Programmatic Gap					
D. Expected annual gap in meeting the need A-C	12,700 100.00 %	12,700 100.00 %	12,700 100.00 %		
Country need planned to be covered by domestic & other sources					
E. Targets to be financed by allocation amount	2'500 19.69 %	2'800 22.05 %	3'200 25.20 %		
F. Coverage from Allocation amount and other resources C+E	2,500 19.69 %	2,800 22.05 %	3,200 25.20 %		
G. Targets to be potentially financed by above allocation amount	2'050 16.14 %	4'200 33.07 %	6'300 49.61 %		
H. Total coverage (allocation amount, above allocation amount and other resources) F+G	4,550 35.83 %	7,000 55.12 %	9,500 74.81 %		

Module: Prevention programs for other vulnerable populations (please specify)

Measurement framework for module

Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline		Total Targets	Targets							
			N #	%		Year 1		Year 2		Year 3			
						D #	%	N #	%	N #	%	N #	%
KP-3e: Percentage of other vulnerable populations that have received an HIV test during the reporting period and know their results	Ministry of Health of Armenia				Allocation + Other Sources	2,300.0	3.3	2,500.0	3.6	3,000.0	4.3		
					Above+Allocation+Other sources	70,000.0		70,000.0		70,000.0			
Comments ¹	Labour migrants in marzes with a high proportion of migrants will be sought out and offered HIV and STI testing and counselling, to ensure HIV prevention to their families and to engage those found to be HIV positive into HIV treatment; as well as educating all migrants about how to prevent acquisition and transmission of the virus. The budget for Prevention program among labor migrants (168 506 USD) is included in the Pre-ART line of the TCS module as initially there wasn't module for this component.. Changing the budget lines in the MT will require the corresponding changes in the budget file as well in order not to make confusion. Considering the time limitation we will do it later.												

Module budget - Prevention programs for other vulnerable populations (please specify)

Allocated request for entire module	USD 0	Above allocated request for entire module				USD 0	
Intervention	Responsible Principal Recipient(s)	Intervention budget (request to the Global Fund only)				Cost Assumptions ³	Other funding ⁴
		Total Targets	Year 1	Year 2	Year 3		
Behavioral change as part of programs for other vulnerable populations	Ministry of Health of Armenia	Allocation	0	0	0		
		Above	0	0	0		
Description of Intervention ²							
HIV testing and counseling as part of programs for other vulnerable populations	Ministry of Health of Armenia	Allocation	0	0	0		
		Above	0	0	0		
Description of Intervention ²							

Module: Treatment, care and support															
Measurement framework for module															
Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline				Total Targets	Targets							
			N #	%	Year	Source		Year 1		Year 2		Year 3		N #	%
								D #		N #	%	N #	%		
TCS-1: Percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV	Ministry of Health of Armenia						Allocation + Other Sources	1,000.0	22.7	1,150.0	25.0	1,300.0	27.1		
			741.0	18.5	2014	Patient records	Above+Allocation+Other sources	4,400.0	25.0	4,600.0	41.3	2,900.0	60.4		
			4,000.0					4,400.0		4,600.0		4,800.0			
Comments ¹	1. According to NSP 1110 PLHIV are envisaged to be on ART for 2016. 2. 200 PLHIV will receive ART by the government funding on 2017 and 300 PLHIV on 2018. 3. 227 patients initiated ART in 2014 ii. The CD4 eligibility criteria is <500 iii. The process will be gradual taking into account the availability of the drugs and the willingness of the patients to start a treatment. 4. The source for denominators is Spectrum 5. The targets set under Line 57 include those set under Line 55 (e.g. 1110 for Year 1 includes 1000 people from allocation budget and 110 from above allocation) 6. 2016 figure from target set in 2013-2016 HIV NSP; 2017-8 to be ratified during development of new HIV NSP in 2016.														
TCS-2: Percentage of people living with HIV that initiated ART with CD4 count of <200 cells/mm ³	Ministry of Health of Armenia						Allocation + Other Sources		43		42		40		
			98	43	2014	Patient records	Above+Allocation+Other sources								
			227												
Comments ¹	1. According to National Treatment protocol approved in 2014, the CD4<500 is considered for ART initiation. 2. 227 PLHIV initiated ART during January 1 - December 31, 2014. 3. Taking into account the budget limitations and as a result limited HIV prevention activities among KPs, there aren't any basis to expect significant scale up in early diagnosis. 4. 2016 figure from target set in 2013-2016 HIV NSP; 2017-8 to be ratified during development of new HIV NSP in 2016 5. The estimated numerators and denominators for the targets are currently calculated and will be provided later.														
TCS-3: Percentage of adults and children that initiated ART, with an undetectable viral load at 12 months (<1000 copies/ml)	Ministry of Health of Armenia						Allocation + Other Sources		83.0		84.0		85.0		
			115.0	82.7	2013	Patient records	Above+Allocation+Other sources								
			139.0												
Comments ¹	1. 139 is the PLHIV who initiated ART during 2013 2. The source is the HIV patients' register of the NCAP i. Period - Year 2013, 1 calendar year ii. In EECA region the 85% is considered as a good result 2016 figure from target set in 2013-2016 HIV NSP; 2017-8 to be ratified during development of new HIV NSP in 2016 The estimated numerators and denominators for the targets are currently calculated and will be provided later.														
TCS-4: Percentage of health facilities dispensing antiretroviral therapy that experienced a stock-out of at least one required antiretroviral drug in the last 12 month	Ministry of Health of Armenia						Allocation + Other Sources	0.0	0.0	0.0	0.0	0.0	0.0		
			0.0	0.0	2014	Other (specify)	Above+Allocation+Other sources	1.0	0.0	1.0	0.0	1.0	0.0		
			1.0					1.0		1.0		1.0			
Comments ¹	Stock-out is defined as a stock out of at least one required ARV in the last 12 months. As all ARV drugs are kept in and dispensed through one point (NCAP), all data on drugs can be easily monitored through the NCAP warehouse data on in-flow, out-flow and balance of the ARV drugs.														

Module budget - Treatment, care and support

Allocated request for entire module	USD 2,877,457				Above allocated request for entire module			USD 2,036,060
Intervention	Intervention budget (request to the Global Fund only)							
	Responsible Principal Recipient(s)	Total Targets	Year 1	Year 2	Year 3	Cost Assumptions ³	Other funding ⁴	

Antiretroviral Therapy (ART)	Ministry of Health of Armenia	Allocation	236,585	403,812	467,741	Full costs of ART medications in Year 1; Government of Armenia pays for some ART for Years 2 and 3. 3-month buffer for smooth GF patients' hand-over is provided in Year 3. The costs of drugs and PSM fees are based upon the recent invoices.	N/A
		Above	249,340	63,076	102,447		
Description of Intervention ²							
National; PLHIV in need of ART with T cells of 500 or below (priority to those with clinical indications and KPs).							
Pre-ART care	Mission East	Allocation	25,736	27,598	30,207	The social counselling by social workers and psychologists are to be provided. The activities on documenting the cases of human rights' violation in access to treatment will be initiated. The costs are based upon historical data. The activity will be sub-granted to NGO.	N/A
		Above	0	0	0		
	Ministry of Health of Armenia	Allocation	248,220	260,129	297,213	HIV testing sub-component includes: - support to Counselling&Testing/Laboratory team; - procurement of tests, including confirmatory; - medical staff for HIV CT among migrants; Also, CD4 and VL tests for the patients who are planning to start ART are included. The costs are based upon historical data and recent invoices. The total budget for tests in Pre-ART module is 738,102 USD from which 427200 is set in allocation budget and the rest in above allocaiton.	N/A
		Above	63,168	77,268	170,466		
Description of Intervention ²							
People living with HIV and those likely to be HIV-positive (beyond the below key populations in major cities), including migrants in rural areas. Approach is to provide HIV testing to migrants and other rural key populations; care and support and education, VL and CD4 testing for PLHIV not yet on ART.							
Prevention, diagnosis and treatment of opportunistic infections	Ministry of Health of Armenia	Allocation	42,284	61,781	85,542	The calculations are made per treatment cases. The costs are based upon recent invoices.	N/A
		Above	112,480	159,402	273,482		
Description of Intervention ²							
National; PLHIV. Prevention, diagnosis and treatment of OIs as needed.							
Treatment adherence	Mission East	Allocation	68,874	71,661	74,904	90% of people on ART in country are to be covered by services. The expenses include: - consultations by social workers and psychologists to ensure patients adhere to treatment regiment; - weekly self-help groups to promote adherence to treatment; - travel expenses to deliver ART, to conduct self-help groups, to coordnate with other stakeholders; - SR management costs to support staff and running office. The activity will be sub-granted to NGO. Historical costs are used for calculations.	N/A
		Above	94,356	95,072	109,872		
Description of Intervention ²							
National: PLHIV. Approach is to provide care and support and education, and psychological support for PLHIV on ART							
Treatment monitoring	Ministry of Health of Armenia	Allocation	123,869	133,321	217,980	CD4, VL and HIVDR tests are budgeted, including PSM costs. 3-month buffer for smooth GF patients' hand-over is provided in Year 3. The costs of tests and PSM fees are based upon the recent invoices.	N/A
		Above	191,039	219,686	54,906		
Description of Intervention ²							
National: CD4, HIV DR and VL tesring for PLHIV on ART.							

Programmatic Gap

Coverage Indicator : TCS-1: Percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV

Current National Coverage	Year	Source	Latest Results	
	2014	Other (specify) Patient Records	18.5	
	01/2016 - 12/2016	01/2017 - 12/2017	01/2018 - 12/2018	CCM Comments
Current Estimated Country Need				
A. Total estimated population in need/at risk (from National Strategic Plan)	4'400	4'600	4'800	2015 spectrum data is used
B. Country targets (from National Strategic Plan)	1'110 25.23 %	1'900 41.30 %	2'900 60.42 %	2016 figure from target set in 2013-2016 HIV NSP; to be ratified during development of new HIV NSP in 2016
Country Need Already Covered				
C. Country need planned to be covered by domestic & other sources	0 0.00 %	200 4.35 %	300 6.25 %	
Programmatic Gap				
D. Expected annual gap in meeting the need A-C	4,400 100.00 %	4,400 95.65 %	4,500 93.75 %	
Country need planned to be covered by domestic & other sources				
E. Targets to be financed by allocation amount	1'000 22.73 %	1'150 25.00 %	1'300 27.08 %	
F. Coverage from Allocation amount and other resources C+E	1,000 22.73 %	1,350 29.35 %	1,600 33.33 %	
G. Targets to be potentially financed by above allocation amount	110 2.50 %	550 11.96 %	1'300 27.08 %	
H. Total coverage (allocation amount, above allocation amount and other resources) F+G	1,110 25.23 %	1,900 41.31 %	2,900 60.41 %	

Module: HSS-Health information systems and M&E

Module budget - HSS-Health information systems and M&E

Allocated request for entire module	USD 250,791	Above allocated request for entire module				USD 100,000
Intervention	Intervention budget (request to the Global Fund only)				Cost Assumptions ³	Other funding ⁴
	Responsible Principal Recipient(s)	Total Targets	Year 1	Year 2		

Analysis, review and transparency	Ministry of Health of Armenia	Allocation	149,649	50,571	50,571	Costs of IBBS in Year 1 is included. Annual support of Strategic Information System's strengthening' activities is included based upon historic costs. 100.000 USD is set in above allocation for IBBS in Year 3.	N/A
		Above	0	0	100,000		
Description of Intervention ²							
Strategic information including IBBS (Years 1 and 3) and M&E processes							
Routine reporting	Ministry of Health of Armenia	Allocation	0	0	0		
		Above	0	0	0		
Description of Intervention ²							
Surveys	Ministry of Health of Armenia	Allocation	0	0	0		
		Above	0	0	0		
Description of Intervention ²							

Module: Removing legal barriers to access															
Measurement framework for module															
Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline				Total Targets	Targets							
			N #	%	Year	Source		Year 1		Year 2		Year 3		N #	%
								D #	D #	D #	D #	D #	D #		
Number of people trained in monitoring who are meeting standards in performance of monitoring as established by the project	Mission East						Allocation + Other Sources	20	40	12	24	12	24		
			0					50			50		24		
			50	0	2014		Above+Allocation+Other sources	40	80	24	48	24	48		
								50			50				
Comments ¹	For the denominator, an estimate of 50 staff has been used: this caqn only be an estimate at this point, as the 4 SRs to conduct this work have not yet been selected. In the Allocation cells, 20 staff are trained in Year 1 (5 from each of the 4 SRs); with 3 further staff trained from each organisation in each of Years 2 and 3). It is unlikely that this will result in 100% of staff being trained (due to staff turnover), but the majority of staff in all 4 organisations will be trained in and will be monitoring human rights violations by the end of Year 3. The budget for this activity (62 339 USD) is included in the prevention programs for each KP as initially there wasn't module for this component. Changing the budget lines in the MT will require the corresponding changes in the budget file as well in order not to make confusion. Considering the time limitation we will do it later.														

Module budget - Removing legal barriers to access														
Allocated request for entire module	USD 0				Above allocated request for entire module						USD 21,000			
Intervention	Responsible Principal Recipient(s)	Intervention budget (request to the Global Fund only)				Cost Assumptions ³				Other funding ⁴				
		Total Targets	Year 1	Year 2	Year 3									
Policy advocacy on legal rights	Mission East	Allocation	0	0	0	The funding is envisaged for the advocacy to develop and adopt legislation to protect needle-syringe programs and KP outreach workers.				N/A				
		Above	7,000	7,000	7,000									
Description of Intervention ²														
Policy Advocacy														

Module: Program management														
Module budget - Program management														
Allocated request for entire module	USD 717,396				Above allocated request for entire module						USD 50,000			
Intervention	Responsible Principal Recipient(s)	Intervention budget (request to the Global Fund only)				Cost Assumptions ³				Other funding ⁴				
		Total Targets	Year 1	Year 2	Year 3									

Grant management	Mission East	Allocation	130,326	130,326	129,233	- PIU staff costs; - M&E visits; - annual external audit; - office support costs; - in-country PSM costs, etc.	N/A
		Above	0	0	0		
	Ministry of Health of Armenia	Allocation	104,796	109,099	113,616	- PIU staff costs; - M&E visits; - annual external audit; - in-country PSM costs, etc.	N/A
		Above	0	0	0		
Description of Intervention ²							
Managing grants to Sub-Recipients, ensuring financial management is carried out correctly, ensuring reporting carried out to satisfaction of GF.							
Policy, planning, coordination and management	Mission East	Allocation	0	0	0	7000 USD annually is envisaged for advocacy activities.	N/A
		Above					
	Ministry of Health of Armenia	Allocation				In 2 Year 50 000 is envisaged for Transition plan	N/A
		Above	0	50,000			
Description of Intervention ²							
Strategic information including IBBS (Years 1 and 3) and M&E processes; transition planning; advocacy.							

E. Financial Gap Analysis and Counterpart Financing

Country: Armenia				Currency: USD						
Component: HIV/AIDS				Cycle: January - December						
Year of CN Submission: 2015										
Current and previous				Estimated						
Part One: National Strategic Plan Funding Needs and Resources										
Total Funding Needs									Data Sources/Comments	
	01/2013 - 12/2013	01/2014 - 12/2014	01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	01/2018 - 12/2018	01/2019 - 12/2019	01/2020 - 12/2020		
Total Funding needs for the National Strategic Plan (provide annual amounts)			6,624,741	7,646,018	8,256,990	8,256,990			Based on the HIV National Strategic Plan and the projections for 2017-2018	
LINE A: Total Funding needs for the National Strategic Plan	6,624,741			24,159,998						

Domestic Resources									Data Sources/Comments
	01/2013 - 12/2013	01/2014 - 12/2014	01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	01/2018 - 12/2018	01/2019 - 12/2019	01/2020 - 12/2020	
Total Resources									
Domestic source B1: Loans	0	0	0	0	0	0			
Domestic source B2: Debt relief	0	0	0	0	0	0			
Domestic source B3: Government revenues	1,697,366	1,823,256	1,909,604	1,985,800	2,103,113	2,103,113			Based on the figures provided by the State Health Agency of the Republic of Armenia on financing of HIV/AIDS prevention and treatment services. Includes contribution of Armenian Youth Foundation as well. The data mentioned for Year 2013 is bigger than those reported in UNGASS as it includes the expenditures on STDs (624 447 USD) which were not included in the UNGASS.
Domestic source B4: Social health insurance	0	0	0	0	0	0			
Domestic source B5: Private sector contributions national	5,537	2,645	0	0	0	0			Private donor
LINE B: Domestic Resources	1,702,903	1,825,901	1,909,604	1,985,800	2,103,113	2,103,113	0	0	

External Resources									Data Sources/Comments
	01/2013 - 12/2013	01/2014 - 12/2014	01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	01/2018 - 12/2018	01/2019 - 12/2019	01/2020 - 12/2020	
The United Nations Children's Fund (UNICEF)		29,660							
World Health Organization (WHO)	16,640	6,200	65,000						
Other	95,756	21,228							
Other	66,439	42,681	41,900						
Other	30,000								
Other		45,000	66,374						
Other		34,000	25,000						
Other	5,340	72,641							
Other	85,339	11,000							
Joint United Nations Programme on HIV/AIDS (UNAIDS)	6,300	0	0	0	0	0			
Other	736,128	1,503,317	536,374	0	0	0			
Other	24,157	41,816							
LINE C: External Resources	1,066,099	1,807,543	734,648	0	0	0	0	0	
Global Fund Resources									Data Sources/Comments
	01/2013 - 12/2013	01/2014 - 12/2014	01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	01/2018 - 12/2018	01/2019 - 12/2019	01/2020 - 12/2020	
ARM-202-G06-H-00	1,611,451	1,868,004	1,475,563	0	0	0			NGO PR
ARM-202-G05-H-00	1,250,122	1,310,007	1,249,179	0	0	0			GOV PR
LINE D: Global Fund Resources	2,861,573	3,178,011	2,724,742	0	0	0	0	0	

Total Request										
	01/2013 - 12/2013	01/2014 - 12/2014	01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	01/2018 - 12/2018	01/2019 - 12/2019	01/2020 - 12/2020		
Total anticipated resources (annual amounts)	5,630,575	6,811,455	5,368,994	1,985,800	2,103,113	2,103,113	0	0		
LINE E : Total anticipated resources (Line B+C+D)	17,811,024			6,192,026						
Annual Anticipated Funding Gap (Total funding need - Total anticipated funding gap)	0	0	1,255,747	5,660,218	6,153,877	6,153,877	0	0		
LINE F: Total anticipated funding gap (Line A - E)	-11,186,283			17,967,972						
LINE G: Total Funding Request to the Global Fund	0			2,976,298	4,324,894	3,263,223	0	0		
LINE H: Funding request within the Allocated Amount	0			1,688,760	1,918,156	1,892,459	0	0		
LINE I: Funding request above the Allocated Amount	0			1,287,538	2,406,738	1,370,764	0	0		

Part Two: Overall Health Sector - Government Health Spending

Government Health Spending									Data Sources/Comments
	01/2013 - 12/2013	01/2014 - 12/2014	01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	01/2018 - 12/2018	01/2019 - 12/2019	01/2020 - 12/2020	
Domestic source J1: Loans									
Domestic source J2: Debt Relief									
Domestic source J3: Government funding resources	174,656,926	188,778,127	200,104,811	206,108,001	210,230,140	210,230,140			
Total government health	174,656,926	188,778,127	200,104,811	206,108,001	210,230,140	210,230,140	0	0	

Part Three: Counterpart Financing

Low income = 5% low income, lower lower-middle income = 20%, upper lower-middle income (high level) = 40%, upper-middle income = 60%

Counterpart Financing										
	01/2013 - 12/2013	01/2014 - 12/2014	01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	01/2018 - 12/2018	01/2019 - 12/2019	01/2020 - 12/2020		
Total government resources	1,697,366	1,823,256	1,909,604							
Average of government resources	1,810,075									
Average of request within allocated					1,833,125					
Counterpart financing based on existing commitments								49.68%		
Average of total request					3,521,472					
Counterpart financing based on total funding request								33.95%		

Footnotes

1 - Target Assumptions :

Please describe:

- 1) overall assumptions used in calculating targets,
- 2) anticipated rate of scale-up,
- 3) population size estimates,
- 4) description of indicator/package of services,
- 5) data source,
- 6) other relevant information

2 - Description of Intervention :

Please describe:

- 1) rationale for Global Fund support,
- 2) linkages to national strategic plan,
- 3) target population and geographic scope,
- 4) implementation approach, and
- 5) other relevant information.

Please differentiate between scope of allocated and above allocated request

3 - Cost Assumptions for the request of the Global Fund

Please describe:

- 1) cost assumptions and data sources,
- 2) key activities,
- 3) other relevant information.

Please differentiate between allocated and above allocated

4 - Other funding received for this intervention (including scope of activities funded)