

# UKR-C-2014 - Concept Note

## Integrated View

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### A. Program details

Country / Applicant:	Ukraine	Principal Recipients	Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine International HIV/AIDS Alliance, Ukraine All-Ukrainian Network of People Living with HIV/AIDS	Total requested amount	
Component:	HIV/TB			Allocated	USD 123,693,062
Start Month/Year:	January 2015			Above	USD 8,863,576

Summary Budget by Module

Module	Allocated/Above	2015	2016	2017	Total
Community systems strengthening	Allocated	156,198	160,197	166,366	482,761
	Above	0	0	0	0
HSS-Health and community workforce	Allocated	180,013	159,383	137,708	477,104
	Above	374,134	372,754	372,754	1,119,642
HSS-Health information systems and M&E	Allocated	800,630	496,202	239,404	1,536,236
	Above	49,347	0	85,466	134,813
HSS-Policy and governance	Allocated	53,492	132,692	23,761	209,945
	Above	0	0	0	0
HSS-Procurement supply chain management (PSCM)	Allocated	4,400	4,400	4,400	13,200
	Above	0	0	0	0
MDR-TB	Allocated	20,171,686	19,519,192	916,972	40,607,850
	Above	0	0	0	0
Prevention programs for MSM and TGs	Allocated	538,301	602,835	347,646	1,488,782
	Above	49,256	42,013	34,443	125,712
Prevention programs for other vulnerable populations (please specify)	Allocated	529,697	546,914	323,399	1,400,010
	Above	91,256	91,571	91,887	274,714
Prevention programs for people who inject drugs (PWID) and their partners	Allocated	6,314,782	6,422,758	3,147,710	15,885,250
	Above	1,638,163	1,377,307	876,629	3,892,099
Prevention programs for sex workers and their clients	Allocated	705,705	705,701	375,610	1,787,016
	Above	102,435	99,418	59,688	261,541
Program management	Allocated	4,120,111	5,112,334	663,555	9,896,000
	Above	0	0	0	0
Removing legal barriers to access	Allocated	298,908	275,863	265,820	840,591
	Above	25,875	12,438	10,438	48,751
TB care and prevention	Allocated	2,388,719	2,315,121	177,687	4,881,527
	Above	7,640	7,640	3,820	19,100
TB/HIV	Allocated	596,148	717,311	336,005	1,649,464
	Above	38,200	38,200	19,100	95,500
Treatment, care and support	Allocated	14,639,703	26,729,696	1,167,927	42,537,326
	Above	1,408,590	1,408,590	74,524	2,891,704
	Allocated	0	0	0	0
	Above	0	0	0	0
Total	Allocated	51,498,493	63,900,599	8,293,970	123,693,062
	Above	3,784,896	3,449,931	1,628,749	8,863,576

## Summary Budget by Principal Recipient

Principal Recipient	Allocated/Above	2015	2016	2017	Total
All-Ukrainian Network of People Living with HIV/AIDS	Allocated	18,159,670	31,403,212	2,699,900	52,262,782
	Above	1,843,880	1,842,815	511,785	4,198,480
International HIV/AIDS Alliance, Ukraine	Allocated	32,566,320	32,007,385	5,285,546	69,859,251
	Above	1,865,794	1,594,678	1,072,340	4,532,812
Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine	Allocated	772,503	490,002	308,524	1,571,029
	Above	75,222	12,438	44,624	132,284
Total	Allocated	51,498,493	63,900,599	8,293,970	123,693,062
	Above	3,784,896	3,449,931	1,628,749	8,863,576

## B. Program goals and impact indicators

1	To reduce the TB and HIV/AIDS-related morbidity and mortality in Ukraine
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Linked to goal(s) #	Impact indicator	Country	Baseline			Targets			Comments and Assumptions
			Value	Year	Source	Year 1	Year 2	Year 3	
1	HIV I-9a: Percentage of men who have sex with men who are living with HIV		5.9	2013	BSS (Behavioral Surveillance Survey)	5.5		5.0	Prevalence is calculated as the average level based on results from a IBBS sample of men having sex with men (using TLS and/or RDS methods for sampling). Indicator corresponds to the Alliance activities. Indicator includes AR Crimea and Sevastopol. Indicator is a part of the National M&E system. Disaggregation by sex, age (less than 25 y.o., 25 +)
1	HIV I-10: Percentage of sex workers who are living with HIV		7.3	2013	BSS (Behavioral Surveillance Survey)	7.0		6.5	Prevalence is calculated as the average level based on results from a IBBS sample of sex workers who do not inject drugs (using TLS and/or RDS methods for sampling). Indicator corresponds to the Alliance activities. Indicator includes AR Crimea and Sevastopol. Indicator is a part of the National M&E system. Disaggregation by sex, age (less than 25 y.o., 25 +)
1	HIV I-11: Percentage of people who inject drugs who are living with HIV		19.7	2013	BSS (Behavioral Surveillance Survey)	19.2		18.5	Prevalence is calculated as the average level based on results from a IBBS sample of people who inject drugs (using RDS methods for sampling). Indicator corresponds to the Alliance activities. Indicator includes AR Crimea and Sevastopol. Indicator is a part of the National M&E system. Disaggregation by sex, age (less than 25 y.o., 25 +), duration of drug use.
1	TB I-2: TB incidence rate		93.0	2012	Reports, Surveys, Questionnaires, etc. (specify)	88.0	83.0	78.0	Data source: WHO report 2012. Incidence of tuberculosis is the estimated number of new pulmonary, smear positive, and extra-pulmonary tuberculosis cases. Incidence includes patients with HIV. The Indicator will be reported upon availability of the WHO data.
1	TB/HIV I-1: TB/HIV mortality rate		5.6	2013	Specific surveys and research (specify)	5.3	5.0	4.7	Data source: State Statistics Committee (reporting form 33-zdorov) Registration and reporting forms to collect data on this indicator as well as instructions for reporting are approved by the Ministry of Justice, thus data is collected nationwide.
1	TB I-3: TB mortality rate		14.1	2013	R&R TB system, yearly management report	13.1	12.1	11.1	Data source: State Statistics Committee. Registration and reporting forms to collect data on this indicator as well as instructions for reporting are approved by the Ministry of Justice, thus data is collected nationwide.
1	MDR-TB prevalence among previously treated TB patients		38.10	2013	R&R TB system, quarterly reports				The targets for this indicator will be defined during the grant negotiation process.

## C. Program objectives and outcome indicators

Objectives:	
1	To scale up and ensure equitable access to high quality TB and HIV prevention, treatment, care and support with a focus on key affected populations (MARPs, PLWHA and other people most affected by the HIV and TB epidemic);
2	To strengthen the health systems towards sustainable and integrated solutions for key populations mostly affected by the HIV and TB epidemic;
3	To strengthen community systems that enable needs-based, cost-effective and integrated interventions for key populations mostly affected by the HIV and TB epidemic.

Outcome Indicator	Country	Baseline	Targets	Comments and Assumptions

Linked to objective(s) #		Value	Year	Source	Year 1	Year 2	Year 3	
1	HIV O-1: Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy (disaggregated by age <15, 15+, sex, with 24 and 36 month data)	86.7	2013	Patient records	86.8	86.9	87.0	Progress on this indicator will be reported on annual basis and consistent with GARPR indicator definition. Data are collected from governmental institutions (UCDC, Ministry of Health). A moderate increase in target level is planned, since an increasing number of PWIDs will be enrolled in treatment annually. Targets for Y 2014, 2015, 2016 adjusted to correlate with National AIDS program and Spectrum estimations 2014. Indicator corresponds to the UCDC and Network activities.
1	HIV O-4a: Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	71.5	2013	BSS (Behavioral Surveillance Survey)	73.0		75.0	This is a core indicator included in the list of GARPR indicators. Baseline data were collected through IBBS 2013 in all regions of Ukraine. Indicator includes AR Crimea and Sevastopol. Indicator corresponds to the Alliance activities.
1	HIV O-5: Percentage of sex workers reporting the use of a condom with their most recent client (disaggregated by sex male, female, transgender)	96.7	2013	BSS (Behavioral Surveillance Survey)	97.0		98.0	This is a core indicator included in the list of GARPR indicators. The indicator reports the percentage of female sex workers since the program does not cover male sex workers. Baseline data were collected through IBBS 2013 in all regions of Ukraine (except Chernigov region). Indicator includes AR Crimea and Sevastopol. Despite the high baseline value, the continued scale-up of prevention interventions among CSWs is essential to maintain the behavioral targets during the program. Indicator corresponds to the Alliance activities.
1	HIV O-6: Percentage of people who inject drugs reporting the use of sterile injecting equipment the last time they injected (disaggregated by sex)	96.9	2013	BSS (Behavioral Surveillance Survey)	97.5		98.0	This is a core indicator included in the list of GARPR indicators, that allows for the disaggregated monitoring of injecting behavior among PWID. Baseline data were collected through IBBS 2013 in all regions of Ukraine. Indicator includes AR Crimea and Sevastopol. Moderate increase in targets is planned, since high levels of safe injecting behavior have already been reached in Phase 1 Round 10. CN Application will mainly focus on sustaining the achieved outcomes, which will translate into continuous reduction in prevalence rates among young PWID. Indicator corresponds to the Alliance activities.
1	TB O-1a: Case notification rate of all forms of TB per 100,000 population - bacteriologically confirmed plus clinically diagnosed, new and relapse cases (disaggregated by age <15, 15+, sex and HIV status)	80.5	2013	R&R TB system, quarterly reports	78.0	75.4	73.5	This indicator includes all new TB cases and relapse per 100,000 population considering data from all agencies (Ministry of Health, Penitentiary system, Ministry of Interior, Ministry of Transportation, Ministry of Defence, etc.). In 2013 the number of new TB cases (31399) and relapses (5111) was 80,5 per 100,000 population (population of Ukraine in 2013 - 45 372 692).
1	TB O-1b: Case notification rate per 100,000 population - bacteriologically confirmed, new and relapse cases (disaggregated by age <15, 15+ and sex)	45.3	2013	R&R TB system, quarterly reports	55.1	57.9	60.4	This indicator includes bacteriologically confirmed new TB cases and relapse (20568) per 100,000 population considering data from all agencies.
2	TB O-2b: Treatment success rate - bacteriologically confirmed new TB cases (disaggregated by age <15, 15+ and sex)	66.2	2012	R&R TB system, quarterly reports	75.0	80.0	85.0	This indicator complementary of National TB Programme. Based on the official statistical forms (TB-08).
1, 2	TB O-4: Treatment success rate of MDR-TB: Percentage of bacteriologically confirmed drug resistant TB cases (RR-TB and/or MDR-TB) successfully treated (disaggregated by sex and age <15, 15+)	48.8	2011	R&R TB system, quarterly reports	50.1	62.5	75.0	This indicator complementary of National TB Programme 2012 - 2016. Based on the official statistical forms (TB-08).
3	% of PLWH who have been denied health services because of their HIV status in the last 12 months	11	2013	Specific surveys and research (specify)	8			Progress data on this indicator will be obtained from National research 'Stigma Index', which is planned to be conducted in 2015. Data might be obtained from the positive responses to the question: 'In the last 12 months, how often have you been denied health services, including dental care, because of your HIV status?'

## D. Modules

Module: Community systems strengthening																
Measurement framework for module																
Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline				Allocated or Above Allocated	Targets								Comments <sup>1</sup>
			N #	%	Year	Source		Year 1		Year 2		Year 3		N #	%	
								D #	N #	%	N #	%	N #			
Number of regions where mechanism of Social Order was implemented in the field of HIV with involvement of civil society	All-Ukrainian Network of People Living with HIV/AIDS	National program					Allocated	6	22	16	59	27	100		Indicators are the part of NAP – including Crimea. The share of GF grant in program target – 5 regions.	
			0		0	2013	Reports (specify)	27								
			27													
							Above								Baseline is calculated on latest available data, Year 2 (01.01.2013 - 31.12.2013) of Round 10 Phase 1. Indicator monitors # of HIV-affected community representatives, who prepared and submitted propositions to national/regional policies on HIV/AIDS and/or related issues. Data will be provided by PR and SR's during PU/DR, and will be verified by primary documents (proposition together with officially registered cover letter and/or Coordination council's protocol). Indicator definition and methodology is changed in comparison with Phase 1: 1) Focus on community representatives work is moved to policies on HIV/AIDS and related issues rather than National/regional AIDS program review/development; 2) Targets for 2015 -	

Number of HIV and TB affected community leaders involved into development/review/assessment of regional/national policies on HIV/AIDS and TB related issues in the last 12 months	All-Ukrainian Network of People Living with HIV/AIDS	Current grant	25	2013	Reports (specify)	Allocated	35	45	55		2016 re-planned in accordance to changes in program activities; 3) Targets set to be non-cumulative because same representatives may prepare and submit propositions every year, which may be included in PU/DR. This ensures
						Above					

										sustainability of regional representatives' work.	
Number of NGOs, which have received funding to provide HIV prevention, care and support services from sources other than GF project	All-Ukrainian Network of People Living with HIV/AIDS	Current grant									Indicator monitors number of NGOs, which successfully piloted and implemented projects on prevention, care and support with financing via socail order and/or other fundraising.
					Reports (specify)	Allocated	2	6	10		
						Above					

Module budget - Community systems strengthening

Allocated request for entire module	USD 482,761	Above allocated request for entire module	USD 0
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Intervention	Description of Intervention <sup>2</sup>	Responsible Principal Recipient(s)	Intervention budget (request to the Global Fund only)					Cost Assumptions <sup>3</sup>	Other funding <sup>4</sup>
			Allocated or Above Allocated	Year 1	Year 2	Year 3			

Community-based monitoring for accountability	<p>Target population: Communities IDU/SMT, MSM/LGBT, sex workers. Geographic approach: 5 regions of Ukraine. Implementation approach: With the communities' efforts will be performed annual monitoring of barriers to access to health and social services (HIV/TB), quality of services provision and rights violations of individuals, who represent the communities (including those, related to genders inequality and discrimination). The communities' monitoring will follow the implementation of program activities, e.g. integration of HIV/TB/Hepatitis care, implementation of new patient-centred TB care models, introduction of TB/HIV Ambulatory Care Model. The monitoring results will be used to determine the gaps and improve the above mentioned interventions. The activities will include the following: - development of tools, - relevant trainings for communities' representatives, - monitoring, - development of report and recommendations for regional and national levels, - presenting the results in every region.</p>	All-Ukrainian Network of People Living with HIV/AIDS	Allocated	19,516	18,526	18,526	Activities will be implemented directly by PR, which includes the following costs: consultant fee (Y1 - development of tool and report = 2000\$, Y2-3 - development of report and recommendations = 1000\$), costs for training for communities' representatives = 6923\$, payments for regional coordinators / interviewers = 3000\$, costs for conducting regional tables to presents the results = 5*500\$=2500\$).	
			Above					

<p>Institutional capacity building, planning and leadership development</p>	<p>Target population: Communities of PLWH. Geographic approach: National level. Implementation approach: During Phase 1 Rd 10 implementation the Network of PLWH has developed 6 standards for social services provision by CBOs, which are synchronized with the state. At the further stage it is planned to introduce a single standardized model for social services provision and diversity of funding. First, the methodological base for the model introduction will be developed and relevant trainings will be conducted. During Y1 the model will be tested in 2 CBOs. It will make the evidence base for further implementation of this model in other 8 CBOs (Y2 and Y3). The expected outcome of the activities will be the sustainability of social services provided by community organizations. 1. The activities will include: - Introduction of single standards for social services, synchronized with the state, into the activities of PLWH community organizations, - Introduction of single standards and procedures in NGOs governance, quality management and HR management, - Development and printing of methodology on marketing in social sphere, - Trainings for representatives of community organizations on the use of marketing tools in social sphere, - Technical support for community organizations on development of marketing plans and strategies for promotion in the social services market, - Expert support for NGOs on marketing issues, - Attraction of finances (social order &amp; clients) according to developed marketing plans. Target population: IDU/SMT, LGBT, PLWH, sex workers, prisoners. Geographic approach: National level, all regions of Ukraine. Implementation approach: Provision of target TA (expert support, TA visits).</p>	<table border="1"> <tr> <td rowspan="2">All-Ukrainian Network of People Living with HIV/AIDS</td> <td>Allocated</td> <td>21,520</td> <td>21,520</td> <td>21,520</td> </tr> <tr> <td>Above</td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="2">Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine</td> <td>Allocated</td> <td>32,557</td> <td>43,715</td> <td>43,715</td> </tr> <tr> <td>Above</td> <td></td> <td></td> <td></td> </tr> </table>	All-Ukrainian Network of People Living with HIV/AIDS	Allocated	21,520	21,520	21,520	Above				Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine	Allocated	32,557	43,715	43,715	Above				<p>Activities will be implemented directly by PR: -conducting meetings of the All-Ukrainian Council of Communities(1 meeting annually, 3 days event for 25 participants) = 6923\$, - conducting meetings of PLWH regional representatives (2 meetings per year 3 days event for 25 participants) =13846\$ - support for elections&amp;report conferences of the Network of PLWH (in 2015 &amp; 2017, 2 days event for 50 participants) = 10000\$ per year</p> <p>Please, see detailed calculation in the Excel file submitted.</p>	
All-Ukrainian Network of People Living with HIV/AIDS	Allocated	21,520		21,520	21,520																	
	Above																					
Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine	Allocated	32,557	43,715	43,715																		
	Above																					
	<p>Target population: Communities IDU/SMT, MSM/LGBT, sex workers. Geographic approach: 5 regions of Ukraine; Activities will be implemented based on the "All-Ukrainian Strategy for Communities Systems Strengthening" for 2012-2017, developed and approved by the All-Ukrainian Council of Communities</p>																					



during Phase 1 Rd 10 implementation. It includes all communities vulnerable to HIV. Implementation approach for regional level: Scaling-up governmental and non-governmental partnership through involvement of communities' representatives to work of local coordination mechanisms: development/review/assessment local policies of HIV/AIDS and TB response, including policies aimed at improved collaboration of TB and HIV interventions, introduction of integrated TB/HIV/hepatitis services at regional/local levels, etc. The communities efforts will also be focused on gap analysis, proposals development and advocacy for the required decision making. The activities within this intervention also will be targeted at strengthening the capacity of communities to address barriers to access to services at the regional level (including those, related to gender inequality and discrimination) and the allocation of budget funding for treatment, prevention and palliative care for key populations. The activities will include: - support for meetings of regional councils of communities; - conducting round tables involving government sector; - training and TA for communities' representatives, expert support; - participation of communities' representatives in the work of local coordination councils; - participation of communities' representatives in development/review/evaluation of local policies and procedures, based the results of the monitoring; - forming and description of best practices of governmental and non-governmental partnership. Such approach was piloted during Phase 1 Rd 10 implementation. Significant results were achieved in 20 regions, which has made the evidence base for further scale-up and development of this approach. Implementation approach for national level: to support communities' coordination mechanisms at the national level will be provided. In particular the meetings of the All-Ukrainian Council of Communities (established in 2012 as a unique platform for coordination of communities' activities at the national

Social mobilization, building community linkages, collaboration and coordination

All-Ukrainian Network of People Living with HIV/AIDS	Allocated	58,714	58,714	58,714	Activities will be implemented directly by PR: -conducting meetings of the All-Ukrainian Council of Communities(1 meeting annually, 3 days event for 25 participants) = 6923\$, - conducting meetings of PLWH regional representatives (2 meetings per year 3 days event for 25 participants) =13846\$ - support for elections&report conferences of the Network of PLWH (in 2015 & 2017, 2 days event for 50 participants) = 10000\$ per year
	Above				
Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine	Allocated	23,891	17,722	23,891	Please, see detailed calculation in the Excel file submitted.
	Above				

and regional level) and the meetings of the regional representatives of PLWH

communities on the basis of the All-Ukrainian Network of PLWH will be supported.

Module: HSS-Health and community workforce

Measurement framework for module

Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline				Allocated or Above Allocated	Targets						Comments <sup>1</sup>		
			N #	%	Year	Source		Year 1		Year 2		Year 3			N #	%
								N #	%	N #	%	N #	%			
			D #					D #		D #		D #			D #	

Number of trainers trained on ART provision and HIV/TB co-infection per year(certified)	Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine	Current grant		Allocated	75	100	75	100	75	100		
					75		75		75			
				Above								
Number of experts participated in practicum at workplace for infectionists, multidisciplinary teams of sample sites(certified)	Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine	Current grant		Allocated	25	100	25	100	25	100		
					25		25		25			
				Above								
Number of TB doctors - trainers trained (certified)	Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine	Current grant		Allocated	50	100	50	100				
					50		50					
				Above								
Number of teachers of post-diploma education - trainers trained (certified)	Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine	Current grant		Allocated	40	100						
					40							
				Above								
Number of laboratory specialists trained (including penitentiary system)	Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine	Current grant		Allocated	160	100	160	100	160	100		
					160		160		160			
				Above								
HW-1: Number of health workers per 10,000 population (report on community health workers as applicable)	All-Ukrainian Network of People Living with HIV/AIDS			Allocated								
				Above								
HW-2: Distribution of health workers (by specialization)	All-Ukrainian Network of People Living with HIV/AIDS			Allocated								
				Above								
HW-3: Number of health workers newly recruited at primary health care facilities in the past 12 months, expressed as a percentage of planned recruitment targets	All-Ukrainian Network of People Living with HIV/AIDS			Allocated								
				Above								
HW-4: Annual rate of retention of service providers at primary health care facilities	All-Ukrainian Network of People Living with HIV/AIDS			Allocated								
				Above								

Module budget - HSS-Health and community workforce										
Allocated request for entire module	USD 477,104	Above allocated request for entire module					USD 1,119,642			
Intervention	Description of Intervention <sup>2</sup>	Intervention budget (request to the Global Fund only)					Cost Assumptions <sup>3</sup>	Other funding <sup>4</sup>		
		Responsible Principal Recipient(s)	Allocated or Above Allocated	Year 1	Year 2	Year 3				
	<p>Target population: infectionists, medical nurse, social worker/psychologist, TB doctors, Laboratory specialists.</p> <p>Geographic approach: trainings will be diversified for the staff in the focused regions and will be brought at maximum to the targeted region. Implementing Human Resources development approach in domain of TB/HIV integrated services for Allocation amount: 1. Design and implementation of new training modules (based on existing TB and TB/HIV Protocol) for HC personnel (PHC and other HC providers) and CHW (2015 in 8 most affected regions, 2016-2017 the rest of Ukraine); including basic distance model (telemedicine):</p> <ul style="list-style-type: none"> <li>• Group of experts developed training modules and approved at State level;</li> <li>• Content of training modules comprises common course for medical and non-medical personnel, as well as more detailed specification for concrete work as complimentary to all the work related to TB/HIV activities at all levels of provision of care;</li> </ul> <p>2. Implementation of Trainings. Training of trainers for the key staff of healthcare facilities (RAC, TB hospitals, Sample ART sites, laboratories) and for the teachers of post-diploma medical education will be held, coordination of training process at the national level will be provided :</p> <ul style="list-style-type: none"> <li>- TOT for multidisciplinary teams (infectionists, medical nurse, social worker/psychologist ) of the sample ART sites: trainers from the sample sites will carry out visits, supervision and on-site mentoring to other sites in the region.</li> <li>- Practicum at workplace for infectionists,</li> </ul>									

<p>Health and community workers capacity building</p>	<p>multidisciplinary teams of sample site; - Mentoring visits at sample ART sites; - TOT for TB doctors (including penitentiary system); - TOT for teachers of post-diploma education; - Laboratory specialists - training based on eth national reference laboratory for the 2nd and 3rd level (including penitentiary system). 3. Mentoring Clinical visits for on-site training in case-management; 4. Internship for clinical practitioners 5. Participation in the International Conferences. Please, see part of the Module description that have</p>	<p>All-Ukrainian Network of People Living with HIV/AIDS</p>	<p>Allocated</p>			<p>Activities will be funded Above allocation amount: Activity 1: 1. Design of new training modules (2 per year) for piloting and further implementation of the distant learning. In recent years, the fast moving development of information and communication technologies radically changed the form of training, giving the special importance value for the distance learning. Among absolute advantages of the distance learning of professionals working in the field of HIV is an individualization of the learning process that will offer an opportunity to study a course material with their own chosen speed and at a convenient time for this. 2. Integration of new training curriculum into Postgraduate education system, including fulfillment of all needed requirement of Ministry of education. 3. According to this approach Training Center will provide technical assistance in the organization of the learning process and determination of the actual needs in education and mentoring activities. Activity 2: Implementation of National and Regional Trainings: training topics will include (but will not be limited to) HIV, HIV-co-infections, HIV/TB, pharmacological vigilance over drugs for treatment of HIV and TB and others. The training approach will remain multidisciplinary - e.g. for one training there will be a team of specialists from regions invited. Some trainings will take place at regional level with a view to the strategy of decentralization (e.g. a group of 2-3 trainers will go to some specific region and do the training for the staff of healthcare institutions working in the region). During ToTs there will be a # of regional trainers trained who will be able to do some educational activities at local level. Training activities will involve representatives of the regional training centers established for the moment in Vinnytsia and Zaporizhzhya. Activity 3: Organization of clinical mentoring visits by the national experts in the area of HIV/TB treatment to the regional AIDS Centers and other healthcare facilities working in the area of HIV/AIDS is one of the most important activities in the system of strengthening health workforce potential. The teams for clinical mentoring consist of at least two people - infectious disease specialist and TB specialist who are experts in treatment of HIV/TB and other co-infections. During each of the visits the mentoring experts jointly with the medical staff on site review the cases, work with the patients, and provide consultations to the medical staff of the sites. The clinical mentoring visits are organized not only at national, but also at regional level. Activity 4: Implementation approach: Internship is another type of activities contributing to the high quality of education of medical and non-medical practitioners which further leads to the improvement of quality of service provision to HIV-infected patients. Internship is currently organized not only at national, but also at regional level, when medical practitioners from primary healthcare institutions will go to regional AIDS Centers and will have an opportunity to compare how the clients are served there, and will bring some positive experience regarding how to better organize service provision for patients with HIV in their own institutions. Activity 5: Implementation approach: to ensure comprehensive services on treatment, care, and support, by creation of opportunity for "clinical hot line" operations for provision of distant consultations for specialists in all the regions of Ukraine. Distant counseling is aimed at medical practitioners providing services to the patients with HIV/TB and other co-infections. Counseling is provided by the experienced medical staff. The major aim of the activities is provision of the practical assistance to the doctors in managing difficult clinical cases, which ensures continuity of the education and experience exchange.</p>	
			<p>Above</p>	<p>374,134</p>	<p>372,754</p>		<p>372,754</p>

	the remaining text in cost assumption or can be seen in the Excel file submitted via e-mail	Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine	Allocated	180,013	159,383	137,708	Cost assumptions: 15 trainings (TOT for multidisciplinary teams) for 15 persons - unit cost - \$7701. Total - \$115 512 (225 persons = 3 persons in MDT x 3 sample sites per region x 25 region) Clinical internships for 75 specialists - unit cost - \$340. Total - \$ 25 500 (75 persons = 1 infectionst in MDT x 3 sample sites per region x 25 regions). 75 mentoring visits - unit cost - \$ 120. Total - \$ 9 000. (75 visits = 1 infectionst in MDT x 3 sample sites per region x 25 regions). 4 trainings (TOT for TB doctors) for 25 persons - unit cost - \$10 877. Total - \$43 508. (100 persons = 2 persons from TB hospital + 2 persons from PD x 25 regions). 2 trainings (TOT for teachers of post-diploma education) for 20 persons - unit cost - \$9 289. Total - \$18 578. (36-40 persons = 2-3 persons from one department x 18 departments) 24 trainings (laboratory specialists - training) for 20 persons - unit cost - \$9 289. Total - \$222 935. (472 persons = 2 persons per laboratory x 118 laboratories x 2 trainings per 3 years. Participation in the International Conferences for 2 persons per year - unit cost- \$1 550. Total - \$9 300.	
Scaling up health and community workers	Target population: central executive bodies, state entities, including State Penitentiary Service of Ukraine, NGO's; Geographic approach: national and regional level; Ambulatory care model introduction: - to incorporate Ambulatory care model into National Health care system; - to develop a model for training the first level medical staff on how to provide care during ambulatory TB and HIV/TB treatment.	Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine	Allocated					

Module: HSS-Health information systems and M&E									
Module budget - HSS-Health information systems and M&E									
Allocated request for entire module	USD 1,536,236		Above allocated request for entire module					USD 134,813	
Intervention	Description of Intervention <sup>2</sup>	Responsible Principal Recipient(s)	Intervention budget (request to the Global Fund only)			Cost Assumptions <sup>3</sup>	Other funding <sup>4</sup>		
			Allocated or Above Allocated	Year 1	Year 2			Year 3	
Analysis, review and transparency	Target population: central executive bodies, state entities; Geographic approach: national and regional level; Evaluation of the National Programmes implementation and effectiveness of GF Rounds: - HIV: an evaluation of the National HIV Programme implementation and effectiveness of GF Rounds will be carried out.	All-Ukrainian Network of People Living with HIV/AIDS	Allocated	0		50,000	Please, see detailed calculation in the Excel file submitted.		

Building of M&E system of TB/HIV	Target population: central executive bodies, state entities and PR's; Geographic approach: national level; "Implementation and support of the National M&E plan (HIV-TB co-infection). Building of M&E system of TB/HIV – RS of M&E. - Training on M&E (experts of national and regional levels, NGOs experts); - Support to the National Conference on M&E; - Piloting the creation of the Monitoring and Evaluation Center of HIV/TB (region TBD)	All-Ukrainian Network of People Living with HIV/AIDS	Allocated	34,186	25,640		Please, see detailed calculation in the Excel file submitted.
			Above			25,640	
		International HIV/AIDS Alliance, Ukraine	Allocated	25,640	34,186		Trainings on programme M&E for subrecipients carried out by Alliance. It is planned to conduct series of trainings on programme M&E for subrecipients that will help NGOs to plan indicators using database, to clarify the national and projects indicators, to study the updated primary forms, to increase their skills in working with updated SYREX, to analyze data using software. It is planned to carry out five 3-days trainings on programme M&E for 40 participants per training every year.
			Above			25,640	
		Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine	Allocated	62,093	25,640	8,547	Please, see detailed calculation in the Excel file submitted. Detailed calculation for activities in Crimea are placed in line "Above allocation".
			Above			34,186	
Routine reporting: central executive bodies, state entities and PR's	Target population: central executive bodies, state entities and PR's; Geographic approach: national and regional level; Development of the MIS "HIV-infection in Ukraine", modifying of e-TB manager. - Modernization of e-TB Manager in accordance with the updated reporting and registration forms for cases of TB / RR-TB / MDR-TB (through Project MSH); - Development and implementation of MIS "HIV infection in Ukraine" (GF + partly financed by the project ACCESS-CDC ); - Improvement of database for program monitoring Case + + - Improvement of database for program monitoring SYREX At the country level a unified coding algorithm of care programs clients and HIV-positive patients receiving social and medical services will be developed. The principle of coding is adopted as mandatory for use by all implementers of programs and projects in the field of the fight against HIV / AIDS in Ukraine.	All-Ukrainian Network of People Living with HIV/AIDS	Allocated	19,250	19,250		Please, see detailed calculation in the Excel file submitted.
			Above				
		International HIV/AIDS Alliance, Ukraine	Allocated	23,370	23,370	10,170	Support for consultants on programme M&E for outreach and adherence programmes for vulnerable groups and databases providing. Within this component the following tasks are planned to be performed: SYREX database amendments due to connection the information of 3 PR using one unique client code as a link as well as other software improvements; M&E system improvement; technical support of NGOs in software use. 427 days of consultants's local expertise.
			Above				
		Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine	Allocated	22,167	16,667	16,667	Please, see detailed calculation.
			Above				



<p>Routine reporting for central and regional executive bodies of State Penitentiary Service of Ukraine (SPSU)</p>	<p>Target population: central executive bodies of State Penitentiary Service of Ukraine (SPSU), regional Units of SPSU; Geographic approach: national and regional level of PenitentiarySystem; Implementation and support of M&amp;E in the State Penitentiary Service of Ukraine (SPSU) - Purchase of equipment for SPSU institutions in regions (colonies +regional administration); - Development of electronic tools for accounting and reporting (ARVdrugs, tests, etc.) in SPSU institutions to work optimization; - Harmonization of accounting and reporting forms of SPSU in accordance with the applicable standards and requirements; - Training on M&amp;E (increase of knowledge, data verification, work with the updated accounting and reporting forms and electronic tools, etc.) - Carrying out monitoring visits to penal institutions.</p>	<p>Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine</p> <table border="1" data-bbox="1101 373 1635 562"> <tr> <td>Allocated</td> <td>172,248</td> <td>34,253</td> <td>17,160</td> </tr> <tr> <td>Above</td> <td></td> <td></td> <td></td> </tr> </table>	Allocated	172,248	34,253	17,160	Above				<p>Please, see detailed calculation in the Excel file submitted.</p>
Allocated	172,248	34,253	17,160								
Above											
<p>Routine reporting</p>	<p>Target population: central executive bodies, state entities and PR's; Geographic approach: national and regional level; Program monitoring visits and data verification. program monitoring visits are planned to implement by all PR's in order to: - monitoring of the program activities on-sites; - verification of reporting results and data quality checking (monitoring visits at the national and regional levels); - audit of financial statements.</p>	<p>All-Ukrainian Network of People Living with HIV/AIDS</p> <table border="1" data-bbox="1101 898 1635 1226"> <tr> <td>Allocated</td> <td>113,520</td> <td>113,520</td> <td>56,760</td> </tr> <tr> <td>Above</td> <td></td> <td></td> <td></td> </tr> </table>	Allocated	113,520	113,520	56,760	Above				<p>1) Routine on-site monitoring visits conducting for content enhancement and quality control of services provided and technical support provision in prevention projects. It is planned to conduct visits in all regions of Ukraine (except Crimea) to projects which work with vulnerable groups. 2) Monitoring visits on SMT conducting for monitoring and evaluation of service provision within the program (comprehensive clinical and social services for PWID). It is planned to conduct visits in all regions of Ukraine (except Crimea). It is planned to conduct 400 monitoring visits to projects overall per year (within unit cost \$185) .</p>
Allocated	113,520	113,520	56,760								
Above											

Surveys	<p>Target population: central executive bodies, state entities responsible for TB, NGO's; Geographic approach: national and regional level; TB: a working load evaluation of the specialist from TB service in accordance with the normative legal acts to provide medical care and make changes in staff standards of the TB facilities and in job description of the specialists according to normative legal acts. Design of the human resources development plan (2015), factors that lead to the detection of delays and create barriers to access for vulnerable groups and other risks groups (delays by patients or doctors, laboratory efficiency) - 2016, case management - index of the interruption of treatment among vulnerable groups, and patients who started maintenance phase in the regions (examination and DOT in ambulatory phase, cohort analysis) (2017). HIV: Behavioral studies to assess the risk practices among people living with HIV. Term - 2015. Studies of quality completeness of medical surveillance for HIV. Term - 2015. 2016. Monitoring of new HIV infections and parenteral viral hepatitis B and hepatitis C among patients receiving SMT. Period - 2015, 2016. Cohort study "Evaluation of the HIV prevention interventions effectiveness among injecting drug users (IDUs)" - 2015, 2016. Stigma Index in 2015.</p>	All-Ukrainian Network of People Living with HIV/AIDS	Allocated	117,756	117,756	80,100	Please, see detailed calculation in the Excel file submitted.	
			Above					
		International HIV/AIDS Alliance, Ukraine	Allocated	85,920	85,920		Cohort study "Evaluation of the HIV prevention interventions effectiveness among injecting drug users (IDUs) ," which was initiated by the Alliance Ukraine in 2012, is continued in 2015 and 2016. The overall objective of the study is to evaluate the impact of the HIV prevention interventions on HIV incidence among IDUs in Ukraine. Evaluation is a prospective multicenter cohort study, which is conducted in 11 cities of Ukraine (Kyiv , Poltava, Kharkiv, Simferopol, Odessa, Rivne, Krasnyi Liman, Dnipropetrovsk, Mykolayiv, Ternopil , Khmelnytsky ). The study involved 2200 participants, 200 clients of prevention projects at each site. Currently, the second phase is completed and the third phase (third intention) of the study's field stage has started.	
			Above					
		Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine	Allocated	124,480			Please, see detailed calculation in the Excel file submitted. Detailed calculation for activities in Crimea are placed in line "Above allocation".	
			Above	49,347				

Module: MDR-TB															
Measurement framework for module															
Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline				Targets								Comments <sup>1</sup>
							Allocated or Above Allocated	Year 1		Year 2		Year 3			
			N #	%	N #	%		N #	%	N #	%				
			D #	Year	Source	D #		%	D #	%	D #	%	D #	%	

MDR TB-1: Percentage of previously treated TB patients receiving DST	Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine	National program	<table border="1"> <tr> <td>8270</td> <td rowspan="2">49</td> <td rowspan="2">2013</td> <td rowspan="2">R&amp;R TB system, yearly management report</td> </tr> <tr> <td>16735</td> </tr> </table>	8270	49	2013	R&R TB system, yearly management report	16735	<table border="1"> <tr> <td>Allocated</td> <td>60</td> <td>70</td> <td>80</td> </tr> <tr> <td>Above</td> <td></td> <td></td> <td></td> </tr> </table>	Allocated	60	70	80	Above					<p>On this indicator defined target value (without specifying the numerator and denominator). The numerator and denominator of the indicator can not be calculated, as it depends on many factors. Achieving the target can be achieved both by increasing the numerator and decreasing the denominator.</p> <p>Nominator: number of DST patients with relapses and other previously treated cases (form TB-11, 2013) Denominator: number of patients with relapses and other previously treated cases (form TB-07, 2013).</p>
8270	49	2013	R&R TB system, yearly management report																
16735																			
Allocated	60	70	80																
Above																			
MDR TB-2: Number of bacteriologically confirmed, drug resistant TB cases (RR-TB and/or MDR-TB) notified	Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine	National program	<table border="1"> <tr> <td>9035</td> <td>2013</td> <td>R&amp;R TB system, quarterly reports</td> </tr> </table>	9035	2013	R&R TB system, quarterly reports	<table border="1"> <tr> <td>Allocated</td> <td>12449</td> <td>12449</td> <td>11436</td> </tr> <tr> <td>Above</td> <td></td> <td></td> <td></td> </tr> </table>	Allocated	12449	12449	11436	Above					<p>The number of patients who started treatment in civil sector is 4694, in prison 556 per year.</p>		
9035	2013	R&R TB system, quarterly reports																	
Allocated	12449	12449	11436																
Above																			
MDR TB-3: Number of cases with drug resistant TB (RR-TB and/or MDR-TB) that began second-line treatment	Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine	National program	<table border="1"> <tr> <td>8944</td> <td>2013</td> <td>Patient records</td> </tr> </table>	8944	2013	Patient records	<table border="1"> <tr> <td>Allocated</td> <td>12342</td> <td>12342</td> <td>11322</td> </tr> <tr> <td>Above</td> <td></td> <td></td> <td></td> </tr> </table>	Allocated	12342	12342	11322	Above					<p>in phase 1 Round 9 Global Fund developed reporting forms for which monthly UCDC collect information The GF ensured coverage in treatment will be 5,250 annually for 2015 and 2016. The number of patients who started treatment Y1 in civil sector is 4850, in prison 400, Y2 in civil sector is 4450, in prison 800.</p>		
8944	2013	Patient records																	
Allocated	12342	12342	11322																
Above																			

TB patients with DST results among those eligible for DST according to national policy.	Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine	National program	9981	53	2013	R&R TB system, quarterly reports	Allocated	53	60	67	<p>Numerator – the number of pulmonary TB cases, with received results of DST (TB-11, line 5). Denominator – the number of all notified pulmonary TB cases (TB-7, table 1000, sum of columns 4 and 8). Indicator is measured among "new" cases and "previously treated" cases (including "relapses", "treatment after failure" and "treatment after loss to follow-up" cases). MDR TB Plan calculates new and previously treated cases separately. It sets target as 60% for new cases and 100% for previously treated cases. Data is collected from the TB-11 and TB-07 reporting forms quarterly according to the MoH order No. 657 (of 02/09/2009). The cases can be reported only after the 3 months from the end date of the reporting period, therefore the results for Jul - Dec 2013 will be reported in P1, annual data for 2013 in P2, etc. The numerator and denominator will be reported in each reporting period and also the breakdown by the treatment history will be provided.</p>
			18871				Above				
Module budget - MDR-TB											

Allocated request for entire module		Above allocated request for entire module					USD 0	
Intervention	Description of Intervention <sup>2</sup>	Intervention budget (request to the Global Fund only)						
		Responsible Principal Recipient(s)	Allocated or Above Allocated	Year 1	Year 2	Year 3	Cost Assumptions <sup>3</sup>	Other funding <sup>4</sup>
	<p>While the MDR-TB treatment intervention intends to solve MDR-TB case management programmatic issues, objective of this intervention is to tackle operational aspects related to building up sustainable patient-centred TB services based on outpatient case management and appropriate patient support. Transition to reduced inpatient-based treatment will include development of individual patient management plans with best use of existing governmental and local TB services and attracting additional resources and participants when needed (NGO, CBO, volunteers etc.). Roles and responsibilities of different players to be described in the above mentioned documents will be exercised at community level. Detailed plans in each geographic area will be carefully developed by the end of 2014 assuring smooth transition from the case management status quo to a new action model (home-based treatment). It will exclude any possibility of worsening management of patients or aggravating epidemiological situation. Based on family members' education and training needs assessment, a revised approach will be prepared and implemented by the local TB protocol according the national TB protocol. Local partners (NGOs, CBO, social workers, psy consultants, volunteers etc.) will be attracted for outreach work for the MARP's as described in TB, TB/HIV etc. Modules. Participation of this group in case finding, treatment delivery and monitoring, default tracking will be similar to the one described in the TB module. Strengthening cooperation between NGO and medical facilities (TB dispensaries and PHC) to provide access to TB care and outreach activities at ambulatory phase; also care and support to ex-prisoners, who came out from prison to continue their treatment in civil sector (Project will support Program of Small grants for NGO</p>							

Community TB care delivery

support to set up mobile multidisciplinary teams is included. Training needs of partners will be identified, planned and implemented (allocations needed?) Y1 (2015) = 4850; Y2 (2016) = 4450; Y3 (2017) = 2670. Total - 9536 MDR TB patients. In frame of scaling up the ambulatory model of service delivery using decentralization of service patient-orientiered project will ensure patient support by organization of samples delivery system, access to treatment of TB

International HIV/AIDS Alliance, Ukraine	Allocated	1,665,660	1,528,286	916,972
	Above			
Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine	Allocated			
	Above			

DR-TB HIV OI and other services (ST) ambulatory treatment for bacillary and abacillary patients.

Target population consists of patients in need of second line anti-TB drugs. In order to create enabling environment health professionals should be targeted as well, as TB care authorities, TB professionals directly participating in TB, first of all M/XDR-TB case management. It also includes HIV medical professionals and all other TB and HIV care participants including NGO's, CBO at the national level and in the selected geographic areas dealing with patients with dual infection or those at risk. Implementation of this intervention will include revision, development and implementation of standardized national guidelines, operational policies, capacity building, developing referral protocols, standardizing staffing regulations etc. based on internationally recognized principles. Local MDR-TB procedures and algorithms will be developed and implemented based on national documents and significant work done in this area during 2010-2013 under the TB grant, along with the USAID pilot program taking into account local health and TB service capacity and operation, and community organization specifics. Changes in current routine operation will include revision of existing job descriptions (functional instructions?) harmonizing them with the TB program documents and work organization. It will be implemented through the work-based training and introduction of changes into existing training courses or those under development. Allocations for advocacy and promotion of these changes as well as work force development are included in corresponding modules. This activity also includes procurement of 2nd line anti-TB for treatment of MDR-TB patients, in accordance with the GLC applications which will be adjusted / extended for the new treatment cohorts. The advocacy for the reduction of State procured prices for second line drugs will be conducted with the aim to ensure universal access to DR TB treatment. This activity also includes procurement of 2nd line anti-TB for

Treatment: MDR-TB

treatment of MDR-TB patients, in accordance with the GLC applications which will be adjusted / extended for the new treatment cohorts. The total number

International HIV/AIDS Alliance, Ukraine	Allocated	18,506,026	17,990,906	<p>All MDR TB patients are divided in two groups: (1) patients, who were not treated with second line drugs before (new, relapses and failures of 1st course), who will begin their treatment after getting GeneXpert's results Rif positive, MDR contacts adults and children, and (2) patients, who were treated before with second line drugs. Patients from first group will be treated with support from GFTAM, patients from second group will be treated from State budget. - MDR TB drug cost are calculated as per GLC/GDF indicated price and procurement will be done through GDF. 2nd line anti-TB drugs for MDR-TB patients: Procurement of 2nd line anti-TB for treatment of MDR-TB patients, in accordance with the GLC applications which will be adjusted / extended for the new treatment cohorts. The total number of MDR-TB (new and retreatment) patients to be enrolled in treatment over 2 years: in civilian and penitentiary sectors (2015- 5250, 2016- 5250 MDR TB patients (new and retreatment cases). This project will cover 41% of needs MDR-TB-2015, 41%-2016. This Project will not cover XDR-TB patients gap. Standardized treatment regimen ZCmLevEtoCsPAS during 1 month is going to be initiated in all GeneXpert MTB+RIF+ patients, Individualized treatment regimen, smear negative patients will be tested by GeneXpert Cm:Km=30:70 Mfx:Lfx 20:80.</p>
	Above			
Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine	Allocated			
	Above			



of MDR-TB (new and retreatment) patients to be enrolled in treatment over 3 years: in civilian and penitentiary sectors.

Module: HSS-Policy and governance										
Module budget - HSS-Policy and governance										
Allocated request for entire module	USD 209,945		Above allocated request for entire module					USD 0		
Intervention	Description of Intervention <sup>2</sup>	Responsible Principal Recipient(s)	Intervention budget (request to the Global Fund only)					Cost Assumptions <sup>3</sup>	Other funding <sup>4</sup>	
			Allocated or Above Allocated	Year 1	Year 2	Year 3				
Development and implementation of health legislation, strategies and policies	Establishing a policy dialogue of the key stakeholders and donors, including the MoF, on addressing the fiscal rule barriers to efficient performance based and resource optimized financing of the health system (TB and HIV prevention and care) and funds mobilization, as eg. social contracting, risk adjusted capitation for integrated primary health care including TB and HIV response (a mechanism to optimize the allocation of resources across health facilities using population data weighted by relevant risk factors).	Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine	Allocated	1,320	1,320		Please, see detailed calculation in the Excel file submitted.			
			Above							
Monitoring and reporting implementation of laws and policies	Conducting a pilot study to evaluate the implementation of the social order (coverage assessment of needs for identify gaps and development of recommendations, etc.) Conducting a pilot study on the integration of HIV/TB in primary health care within the context of health care reform (planning, capabilities assessment, identify gaps and development of recommendations, etc.) Evaluation of different models of integrated health and social services (including those, which are on the basis of different HCF) and development of recommendations.	Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine	Allocated	52,172	131,372	23,761	Year 1. The activity shall involve 360 days of national level consultants' expertise (1 expert working day within \$100 USD); 6 round tables - within \$2000 each; business trip cost - \$4000 USD. Year 2. The activity shall involve 1080 days of national and regional level consultants' expertise (1 expert working day within \$100 USD); 6 round tables - within \$2000 each; business trip cost - \$4000 USD. Year 3. The activity shall involve 180 days of national and regional level consultants' expertise (1 expert working day within \$100 USD); 3 round tables - within \$2000 each.			
			Above							

Module: Prevention programs for MSM and TGs																
Measurement framework for module																
Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline				Allocated or Above Allocated	Targets						Comments <sup>1</sup>		
			N #	%	Year	Source		Year 1		Year 2		Year 3			N #	%
								N #	%	N #	%	N #	%			
D #					D #		D #		D #		D #					
													The indicator			

KP-1a: Percentage of MSM reached with HIV prevention programs - defined package of services

International HIV/AIDS Alliance, Ukraine

Current grant

25000.0	14.0	2013	Reports (specify)	Allocated	29132.0	17.0	34561.0	21.0	40561.0	24.0	
176000.0				Above	168000.0		168000.0		168000.0		
				Above	1513.0	19.0	1513.0	19.0	1513.0	19.0	
					8000.0		8000.0		8000.0		

monitors the number and % of MSM reached with HIV prevention programs and is a part of the National M&E system and will be reported within NAP. MSM is going to be reached with HIV prevention programs if he receives all elements of the minimal package of services (doesn't have to be simultaneously) which include: condoms provision, informational materials and counseling of social worker. In addition MSM can also get other services (HIV testing and others) depending on the client's needs. Numerator: Number and of MSM reached by HIV/AIDS prevention programs during the reporting period. Denominator: Estimated number of MSM in the country. Data source: programme monitoring of the Alliance, NGOs, etc. Prevention services will be provided to MSM in all regions of Ukraine. "Allocation" line targets are without Crimea region data, which are included in the "Above" line. Regional targets will be added accordingly the regional prioritization after regional call of proposal.

<p>KP-3a: Percentage of MSM that have received an HIV test during the reporting period and know their results</p>	<p>International HIV/AIDS Alliance, Ukraine</p>	<p>Current grant</p>	<table border="1"> <tr> <td>8030.0</td> <td rowspan="2">5.0</td> <td rowspan="2">2013</td> <td rowspan="2">Reports (specify)</td> </tr> <tr> <td>176000.0</td> </tr> </table>	8030.0	5.0	2013	Reports (specify)	176000.0	<p>Allocated</p>	<table border="1"> <tr> <td>17479.0</td> </tr> <tr> <td>168000.0</td> </tr> </table>	17479.0	168000.0	<p>10.0</p>	<table border="1"> <tr> <td>20736.0</td> </tr> <tr> <td>168000.0</td> </tr> </table>	20736.0	168000.0	<p>12.0</p>	<table border="1"> <tr> <td>24336.0</td> </tr> <tr> <td>168000.0</td> </tr> </table>	24336.0	168000.0	<p>14.0</p>	<table border="1"> <tr> <td></td> </tr> <tr> <td></td> </tr> </table>			<table border="1"> <tr> <td></td> </tr> <tr> <td></td> </tr> </table>			<p>The indicator represents the number of MSM that have received an HIV rapid test (and result) performed by NGOs implementing prevention projects among MSM. Numerator: Number of MSM that have received an HIV rapid test. Denominator: Estimated number of MSM in the country. "Allocation" line targets are without Crimea region data, that are included in the "Above" line. Data source: Data of programme monitoring of the Alliance, NGOs and other service providers.</p>									
8030.0	5.0	2013	Reports (specify)																																		
176000.0																																					
17479.0																																					
168000.0																																					
20736.0																																					
168000.0																																					
24336.0																																					
168000.0																																					
<p>Percentage of MSM who had confirmed the presence of antibodies to HIV and enrolled in care (pre-ART or ART) services</p>	<p>International HIV/AIDS Alliance, Ukraine</p>	<p>Current grant</p>	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>									<p>Allocated</p>	<table border="1"> <tr> <td></td> </tr> <tr> <td></td> </tr> </table>			<table border="1"> <tr> <td></td> </tr> <tr> <td></td> </tr> </table>			<table border="1"> <tr> <td></td> </tr> <tr> <td></td> </tr> </table>			<table border="1"> <tr> <td></td> </tr> <tr> <td></td> </tr> </table>			<table border="1"> <tr> <td></td> </tr> <tr> <td></td> </tr> </table>			<table border="1"> <tr> <td></td> </tr> <tr> <td></td> </tr> </table>			<table border="1"> <tr> <td></td> </tr> <tr> <td></td> </tr> </table>			<table border="1"> <tr> <td></td> </tr> <tr> <td></td> </tr> </table>			<p>The indicator represents the percentage of HIV positive PWID, referred from prevention projects to AIDS centers and enrolled in dispensary observation within reporting year. Targets are to be developed once baseline will be calculated based on year 2014. Data source: Data of programme monitoring of the Alliance, NGOs and other service providers.</p>
<p>Module budget - Prevention programs for MSM and TGs</p>																																					

Allocated request for entire module		Above allocated request for entire module					USD 125,712	
Intervention	Description of Intervention <sup>2</sup>	Intervention budget (request to the Global Fund only)					Cost Assumptions <sup>3</sup>	Other funding <sup>4</sup>
		Responsible Principal Recipient(s)	Allocated or Above Allocated	Year 1	Year 2	Year 3		
	<p>1. Target population: MSM and TG's            Geographic scope: all oblasts of Ukraine all oblast of Ukraine, with focus on high burden regions (all regions which have integrated index equal or higher than 10 are high priority for HIV prevention, from 9 to 5 – medium priority and those below 5 – lower priority). Crimea is included above allocation (both budget and target). Because of political situation funds should be transferred directly from GFATM to Crimean organization. Regional strategy: to increase proportion of outreach including screening for HIV during outreach in regions of high and medium priority (please see table of regional prioritization in annexes) to maximize case finding and also program sensitivity in terms of locating new outbreaks. Stationary points should also be available in these regions to provide basis for interventions directed on recruitment of HIV positive clients and their risk partners as well as linkage to treatment. 2. Community based organizations will be supported through sub-granting to cover salaries of social/outreach workers, rent payment of stationary points, utilities, diesel, driver, mobile clinic maintenance, administrative and managerial costs. It is planned that in 2017 phase out strategy will be implemented (funds allocation for MARP's prevention program in NAP). Thus, during 2015-2016 Ukraine will develop practical and transparent competitive mechanism for allocating state and regional funding to HIV prevention project among MARPs in the amount of not less than 50% of the need in 2017. In Crimea the same 50% allocation is planned from the regional budget in 2017. An approach of combination of 3 various models of reaching to the clients which will be introduced in proposal: 1) Outreach, 2) mobile clinics, 3) stationary points. An combination of models in various regions to maximize coverage and cost</p>							

Behavioral change as part of programs for MSM and TGs

effectiveness of interventions will be used. Intervention are planned to be implemented by community based organizations which have capacity and experience in work with particular target populations. Proposed approach will retain current coverage of the program with minimal HIV prevention package while maximizing case detection and linkage to care. The scope of services at outreach routes, mobile clinics and stationary points is limited to HIV risk reduction communication, distribution of syringes/needles, condoms, information-educational materials (IEM), screening for HIV, HBV, and TB (integrated TB screening) with assistance of social/outreach worker or with involvement of nurse/doctor (not budgeted). At pharmacy only distribution of syringes/needles, condoms, information-educational materials (IEM) and referral to stationary points for other services is possible. Screening for TB includes questionnaire and in case of symptoms identification, collecting contact information, sputum collection or referral to sputum collection at outreach or specified venues with assistance of outreach worker or with involvement of TB

International HIV/AIDS Alliance, Ukraine

Allocated	329,516	390,918	229,392
Above	17,116	17,116	8,558

The cost is calculated based on practical experience of projects in Ukraine and current cost rates per unit. It is planned to use a combination of 3 proposed models of reaching to the clients, which are currently work in order to maximize project coverage with services reaching clients at different points of entry. Intervention was budgeted based on the average frequency of visits by type of model, proportion of clients visiting different models, social workers salary and average time allocated for each client to conduct counseling, distribute commodities (condoms, lubricants and IEM), keep daily register and issue card and fill in the entry questionnaire (for the new clients), including minimal time needed to reach clients and waiting time, time needed to conduct HIV rapid tests with pre and post test counseling, time required for TB screening. Assumptions are made based on the analysis of current reach of different models in various regions. All assumptions are detailed in the separate tables. The cost also includes 32 mobile ambulances maintenance (proportionally distributed in all risk groups).

	nurse (not budgeted). Nevertheless, all identified HIV and/or TB cases will be referred to health facility.						
Condoms as part of programs for MSM and TGs	Condoms will be requested from other donors. This line contains funding required for in country storage and distribution of condoms. Preliminary agreements are reached with USAID to cover all required quantity of condoms for 2015-2017 (10 425 400 condoms). In the next periods following 2017 it is planned that condoms will be procured through government funds within National HIV/AIDS program.	International HIV/AIDS Alliance, Ukraine	Allocated	5,098	6,048	7,098	It is planned to provide in average 100 condoms per MSM per year. Alliance initiated discussion with USAID to assure donation of condoms to cover needs of the program for 2015-2017 for all groups.
			Above	0	265	265	
HIV testing and counseling as part of programs for MSM and TGs	Procurement of rapid tests for HIV with assumption that 60% of all reached MSM will be tested two times a year at average. The number of test to be procured is 125 104 for 3 years. Detailed distribution by year and group is specified in the procurement table. The VCT training should be provided to all outreach/social workers. It is planned in the training plan and should be covered by other donors/sources.	International HIV/AIDS Alliance, Ukraine	Allocated	39,801	40,227	21,720	Procurement of rapid tests for HIV with assumption that 60% of all reached MSM will be tested two times a year at average. The number of test to be procured is 125 104 for 3 years. It is assumed that 60% of all reached MSMs will be tested two times a year at average. Procurement prices are based on the results of last tenders, minimum prices are taken.
			Above	2,431	810	810	
Procurement of rapid tests for HBV for MSM	Procurement of 10 425 400 lubricants for 3 years. Estimated number of lubricant per one MS reached is 100 per year.	International HIV/AIDS Alliance, Ukraine	Allocated	163,886	165,642	89,436	It is planned to provide in average 100 lubricants per MSM per year. Procurement prices are based on the results of last tenders, minimum prices are taken.
			Above	10,008	3,336	3,336	
Development of IEC/BCC materials for MSM	Development of IEC/BCC and reprinting for MSM and TG's, with focus on needs of MSM and region, which includes: development and design, focus groups to test new materials, printing and distribution. IEC materials will be distributed at outreach, mobile clinics, and stationary points by social/outreach workers and by pharmacists. Number of people planned to receive such materials are equal to coverage target each year. Each person reached will receive at average two IEC per year.	International HIV/AIDS Alliance, Ukraine	Allocated				Please, see detailed calculation in the Excel file submitted in line "Above".
			Above	13,790	16,233	18,933	
Additional Programmatic cost for implementation of activities in Crimea	Additional Programmatic cost for provision of service packages for MSM in Crimea.	International HIV/AIDS Alliance, Ukraine	Allocated				Additional 20% of Programmatic cost to provide services in Crimea.
			Above	5,911	4,253	2,541	

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

## Measurement framework for module

Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline				Targets								Comments <sup>1</sup>	
			N #	%	Year	Source	Allocated or Above Allocated	Year 1		Year 2		Year 3		N #		%
								D #	D #	D #	D #	D #				
KP-1e: Percentage of other vulnerable populations reached with HIV prevention programs - defined package of services	All-Ukrainian Network of People Living with HIV/AIDS	Current grant													The denominator is taken from NAP 2014-2018 (baseline need used for target group calculation). The planned amnesty might reduce the estimated group number by 10 000). Information provided by State Penitentiary Service	
			70578.0	56.0	2013	Reports (specify)	Allocated	62000.0	54.0	64000.0	56.0	65000.0	57.0			
			125000.0				Above									
Number of HIV counseling and testing sessions provided for prisoners	Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine	Current grant													Baseline data catchments period corresponds to the calendar annual government statistics. The indicator monitors cases of provision of HIV testing and counseling conducted over each program year. Data on performance will be provided by State Penitentiary Service according to the forms of health statistics. Data reflects number of cases rather than number of individuals tested because testing according to National Guidelines is provided anonymously.	
			70578.0		2013	Reports (specify)	Allocated	62000.0		64000.0		65000.0				
							Above									
KP-1e: Percentage of other vulnerable populations reached with HIV prevention programs - defined package of services	International HIV/AIDS Alliance, Ukraine															
							Allocated									
							Above									

KP-2e: Percentage of other vulnerable populations reached with HIV prevention programs - individual and/or smaller group level interventions	International HIV/AIDS Alliance, Ukraine			Allocated								
				Above								
KP-3e: Percentage of other vulnerable populations that have received an HIV test during the reporting period and know their results	International HIV/AIDS Alliance, Ukraine			Allocated								
				Above								

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

Allocated request for entire module	USD 1,400,010	Above allocated request for entire module	USD 274,714
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Intervention	Description of Intervention <sup>2</sup>	Responsible Principal Recipient(s)	Intervention budget (request to the Global Fund only)			Cost Assumptions <sup>3</sup>	Other funding <sup>4</sup>
			Allocated or Above Allocated	Year 1	Year 2		

Condoms as part of programs for other vulnerable populations	Condoms will be requested from other donors. This line contains funding required for in country storage and distribution of condoms. Preliminary agreements are reached with USAID to cover all required quantity of condoms for 2015-2017 (10 425 400 condoms). In the next periods following 2017 it is planned that condoms will be procured through government funds within National HIV/AIDS program.	International HIV/AIDS Alliance, Ukraine	Allocated				Please, see detailed calculation in the Excel file submitted. Detailed calculation for activities in Crimea are placed in line "Above allocation".
			Above	75,940	75,940	75,940	



HIV testing and counseling as part of programs for other vulnerable populations	Target population: prisoners Geographical scope: penitentiary institutions in all regions of Ukraine. Results to achieve: - Scaling up access to VCT in penitentiary institutions. 191 thousand tests are to be conducted within three years. Ensuring easy access to voluntary HIV testing and counseling programs at any time during detention; - By the end of 2017 57% of general population of petitionary institutions would be covered by prevention services; - Increasing coverage by prevention project activities from 104 to 146 facilities which is the 80% of total number of penitentiary institutions; - Effective posttest counseling and referral to care and support services of HIV positive prisoners and as a result increasing number of prisoners receiving ART. Implementation approach: - Interventions are based on UNODC "HIV prevention, treatment and care in prisons and other closed settings: a comprehensive package of interventions". - HIV tests are disseminated in all regions of Ukraine in accordance with percentage of HIV prisoners. All penitentiary institutions are to start VCT at the same time after acquiring HIV tests. - Currently SDP staff that is involved in provision of VCT services is mostly workers (doctors and nurses) of penitentiary institutions and are sponsored by the state budget.	All-Ukrainian Network of People Living with HIV/AIDS	Allocated	528,438	544,935	321,239	Please, see detailed calculation in the Excel file submitted.		
			Above						
			Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine	Allocated				Please, see detailed calculation in the Excel file submitted.	
				Above					

<p>TA for SPSU institutions in order to launch drug dependence treatment programs among prisoners</p>	<p>Target population: prisoners with opioid addiction. Geographical scope: penitentiary institution in Zaporizhzhia Oblast (Pilot project) Results to achieve: to launch drug dependence treatment programs in prison. Technical assistance for SPD institutions in order to launch drug dependence treatment programs. In order to prepare SPD staff for new OST activities, educational activities sessions will be organized. The mechanism of ST provision in prisons will be developed and implemented by the end of 2014. ST site will also be opened in specialized psychiatry hospital in Zaporizhzhya region. Starting with 2015 it is planned to procure increasing number of ST courses (2015 – 5; 2016 – 10; 2017 – 15) and their distribution in this penitentiary institution. It is planned that prisoners with opioid addiction from all penitentiary institutions will be transferred there. After treatment conclusion patients will be transferred back to their penitentiary institutions. To establish detoxification sites renovation works will be conducted in pretrial detention centers in 2015-2017.</p>	<table border="1"> <tr> <td rowspan="2">All-Ukrainian Network of People Living with HIV/AIDS</td> <td>Allocated</td> <td>1,259</td> <td>1,979</td> <td>2,160</td> <td rowspan="2">Please, see detailed calculation in the Excel file submitted. Detailed calculation for activities in Crimea are placed in line "Above allocation".</td> </tr> <tr> <td>Above</td> <td>15,316</td> <td>15,631</td> <td>15,947</td> </tr> </table>	All-Ukrainian Network of People Living with HIV/AIDS	Allocated	1,259	1,979	2,160	Please, see detailed calculation in the Excel file submitted. Detailed calculation for activities in Crimea are placed in line "Above allocation".	Above	15,316	15,631	15,947
All-Ukrainian Network of People Living with HIV/AIDS	Allocated	1,259		1,979	2,160	Please, see detailed calculation in the Excel file submitted. Detailed calculation for activities in Crimea are placed in line "Above allocation".						
	Above	15,316	15,631	15,947								

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								Comments <sup>1</sup>			
			N #	%	Year	Source	Allocated or Above Allocated	Year 1		Year 2		Year 3		N #		%		
								N #	%	N #	%	N #	%				D #	%
			D #															

KP-1d: Percentage of PWID reached with HIV prevention programs - defined package of services

International HIV/AIDS Alliance, Ukraine

Current grant

174060.0	56.0	2013	Reports (specify)	Allocated	174060.0	60.0	177798.0	62.0	181548.0	63.0	
310000.0				289000.0	289000.0		289000.0				
				Above	11742.0	56.0	11742.0	56.0	11742.0	56.0	
					21000.0		21000.0		21000.0		

The indicator monitors the number and % of PWID reached with HIV prevention programs during the period (if he/she receives all elements of the minimal package of services during the period, and doesn't have to be simultaneously) which include provision of: syringes or needles, condoms, IEM and HIV risk reduction communication. In addition beneficiaries can also receive other services (HIV, HCV testing and others) depending on the client's needs.

Numerator: Number and of PWID reached by HIV/AIDS prevention programs during the reporting period. Denominator: Estimated number of PWID in the country. The indicator will be reported with sex disaggregation. Data source: Alliance programme monitoring, NGOs and other service providers. Prevention services will be provided to PWID in all regions of Ukraine. "Allocation" line targets data are without Crimea, while it is included in the "Above" line. Regional targets will be added according to the regional prioritization after call for proposal.

KP-3d: Percentage of PWID that have received an HIV test during the reporting period and know their results	International HIV/AIDS Alliance, Ukraine	Current grant				Reports (specify)	Allocated	104436.0	36.0	106679.0	37.0	108929.0	38.0		
				69360.0	22.0		2013			289000.0					289000.0
				310000.0				Above	7045.0	34.0	7045.0	34.0	7045.0		34.0
									21000.0				21000.0		

The indicator represents the percentage of PWID that have received an HIV rapid test (and result) performed by NGOs implementing prevention projects among PWID. Numerator: Number of PWID that have received an HIV rapid test during the reporting period. Denominator: Estimated number of PWID in the country. "Allocation" line targets are without Crimea region data, that are included in the "Above" line. Data source: Data of programme monitoring of the Alliance, NGOs and other service providers.

KP-4: Number of needles and syringes distributed per person who injects drugs per year by needle and syringe programs	International HIV/AIDS Alliance, Ukraine	Current grant				Allocated	86.0	88.0	90.0	The indicator represents the number of needles and syringes distributed per PWID by NGOs implementing prevention projects among PWID during the reporting period. Numerator: Number of needles and syringes distributed by NGOs implementing prevention projects among PWID during the reporting year. Denominator: Estimated number of PWID in the country. Data source: Data of programme monitoring of the Alliance, NGOs and other service providers. Prevention services are expected to be provided to PWID in all regions of Ukraine. "Allocation" line targets are without Crimea region data, that are included in the "Above" line.	
			77.0	2013	Reports (specify)		Above	80.0	80.0		80.0

<p>KP-5: Percentage of individuals receiving Opioid Substitution Therapy who received treatment for at least 6 months</p>	<p>International HIV/AIDS Alliance, Ukraine</p>	<p>Current grant</p>	<table border="1"> <tr> <td></td> <td>74.0</td> <td>2013</td> <td>Reports (specify)</td> </tr> </table>		74.0	2013	Reports (specify)	<table border="1"> <tr> <td>Allocated</td> <td>79.5</td> <td>80.0</td> <td>80.0</td> </tr> <tr> <td>Above</td> <td></td> <td></td> <td></td> </tr> </table>	Allocated	79.5	80.0	80.0	Above				<p>This indicator shows the percentage of individuals receiving OST who received treatment continuously for at least 6 months. The baseline is set based on the first cohort analysis that was done on the cohort of people starting OST treatment January-June 2013. Indicator includes only those patients who are clients of the MPSS projects implemented within GF grant. Numerator: Number of people in cohort still in treatment six months after starting OST. Denominator: Number of people starting OST during time period defined as cohort recruitment period on the account of Global Fund (excludes those who have been discharged due to death or imprisonment). Cohort recruitment period is 6 months. Data source: Data of programme monitoring of the Alliance.</p>
	74.0	2013	Reports (specify)														
Allocated	79.5	80.0	80.0														
Above																	
					<p>Indicator tied to National program, treatment of OST patients is planed within the GF funding: 9600 (Y-2015), 5300 (Y-2016), 2300 (Y-2017). Numerator: # of people receiving substitution maintenance therapy</p>												

Number and % of PWID on OST	International HIV/AIDS Alliance, Ukraine	National program					Allocated	30.0	35.0	40.0	<p>by the end of the reporting period on the account of GF. Denominator: # of people with opioid dependence staying under medical supervision at drug treatment in-patient clinics. Indicator is a part of the National M&amp;E system and reported within National AIDS Program. Responsible PR's: UCDC for all treatment-related activities and methodology (collection of OST needs from the regions, development of orders and technical documentation, guidelines, overall coordination and monitoring of OST provision). Approval of MoH distribution orders and CMU yearly quotas for substance importation are key to maintaining uninterrupted OST activities and achievement of the targets; Alliance is responsible for OST procurement, delivery and provision medical</p>
			17.0	2013	Patient records	Above					

													and psychosocial support to SMT patients.	
Percentage of PWID who had confirmed the presence of antibodies to HIV and enrolled in care (pre-ART or ART) services	International HIV/AIDS Alliance, Ukraine	Current grant				Allocated								The indicator represents the percentage of HIV positive PWID, referred from prevention projects to AIDS centers and enrolled in dispensary observation within reporting year. Targets are to be developed once baseline will be calculated based on year 2014. Data source: Data of programme monitoring of the Alliance, NGOs and other service providers.
						Above								

Module budget - Prevention programs for people who inject drugs (PWID) and their partners														
Allocated request for entire module		USD 15,885,250	Above allocated request for entire module					USD 3,892,099						
Intervention	Description of Intervention <sup>2</sup>	Intervention budget (request to the Global Fund only)												
		Responsible Principal Recipient(s)	Allocated or Above Allocated	Year 1	Year 2	Year 3	Cost Assumptions <sup>3</sup>					Other funding <sup>4</sup>		
	Target population: MARP's at risk PWID and their partners;Geographic scope: all oblast of Ukraine, with focus on high burden regions (all regions which have integrated index equal or higher than 10 are high priority for HIV prevention, from 9 to 5 – medium priority and those below 5 – lower priority). Regarding Crimea the region is included above allocation (both budget and target), because of political situation funds should be transferred directly from GFATM to Crimean organization. Regional strategy: to increase proportion of outreach and mobile clinics including screening for HIV during outreach in regions of high and medium priority to maximize case finding and also program sensitivity in terms of locating new outbreaks. Use of mobile clinics in lower priority sites should be													



focused on reaching to distant areas with high HIV prevalence and high concentration of risk groups within the region. Four models will be used in the proposal: 1) Outreach, 2) mobile clinics, 3) stationary points and 4) pharmacy based points. All of them are based on practical experience of projects in Ukraine and used in combination maximize project coverage with services reaching clients at different points of entry. Combination of these 4 models to maximize coverage and cost effectiveness of interventions will be used. According to approach current coverage will retain of the program with minimal HIV prevention package, while maximizing case detection and linkage to care. Besides 4 models there is and intervention dedicated to active recruitment of HIV positive and their risk networks which will greatly increase case finding capacity of HIV prevention projects. We estimate that during screening at outreach route, mobile clinic or at stationary point social/outreach worker will identify 5% of those who will be positive on rapid test. The following approach will increase identification of HIV cases to 10% of all tested. Financial support for this additional work country will find from other donors or will advocate funds allocation from local budget. The scope of services is limited to HIV risk reduction communication, distribution of syringes/needles, condoms, information-educational materials (IEM), screening for HIV, HCV, and TB (integrated TB screening) with assistance of social/outreach worker or with involvement of nurse/doctor (not budgeted). At pharmacy only distribution of syringes/needles, condoms, IEM and referral to stationary points for other services is possible. All identified HIV and/or TB cases will be referred to health facility and in some cases induced to meet

Behavioural change as part of programs for PWID and their partners

International HIV/AIDS Alliance, Ukraine

Allocated	2,867,358	2,928,939	1,495,358
Above	612,673	621,108	519,602

Intervention was budgeted based on the average frequency of visits by type of model, proportion of clients visiting different models, social workers salary and average time allocated for each client to conduct counseling, distribute commodities (syringes/needles, condoms, IEM), keep daily register and issue card and fill in the entry questionnaire (for the new clients), including minimal time needed to reach clients and waiting time, time needed to conduct HIV rapid tests with pre and post test counseling and HCV test, time required for TB screening. Assumptions are made based on the analysis of current reach of different models in various regions. All assumptions are detailed in the separate tables. The cost also includes 32 mobile ambulances maintenance (proportionally distributed in all risk groups).

	with case managers and health educators for partners' recruitment and treatment initiation support.															
Condoms as part of programs for PWID and their partners	Condoms will be requested from other donors. This line contains funding required for in country storage and distribution of condoms. Preliminary agreements are reached with USAID to cover all required quantity of condoms for 2015-2017 (11 202 920 for PWID and 1 169 433 for risk partners of positive PWID). In the next periods following 2017 it is planned that condoms will be procured through government funds within National HIV/AIDS program.	International HIV/AIDS Alliance, Ukraine	<table border="1"> <tr><td>Allocated</td><td>7,096</td><td>7,091</td><td>7,131</td></tr> <tr><td>Above</td><td>0</td><td>411</td><td>411</td></tr> </table>	Allocated	7,096	7,091	7,131	Above	0	411	411		<table border="1"> <tr><td>7,131</td></tr> <tr><td>411</td></tr> </table>	7,131	411	It is planned to provide in average 20 condoms per PWID and risk partners of HIV positive PWID per year.
Allocated	7,096	7,091	7,131													
Above	0	411	411													
7,131																
411																
Diagnosis and treatment of STIs as part of programs for PWID and their partners	Procurement of rapid tests for HCV. 15% of clients (PWID and risk partners of positive PWID) to be tested annually. The number of test to be procured is 92 793 for three years. Detailed distribution by year and group is specified in the procurement table. The VCT training should be provided to all outreach/social workers. It is planned that this activity should be covered by other donors/sources.	International HIV/AIDS Alliance, Ukraine	<table border="1"> <tr><td>Allocated</td><td>28,180</td><td>24,620</td><td>12,438</td></tr> <tr><td>Above</td><td>2,413</td><td>2,413</td><td>804</td></tr> </table>	Allocated	28,180	24,620	12,438	Above	2,413	2,413	804		<table border="1"> <tr><td>12,438</td></tr> <tr><td>804</td></tr> </table>	12,438	804	It is assumed that 15% of all reached PWIDs will be tested at average. Procurement prices are based on the results of last tenders, minimum prices are taken. Testing HCV positive has a sustained impact on drug injecting behaviour. WHO recommendations: as an integral component of a comprehensive package of harm reduction interventions IDUs. Access to HCV treatment based on National HCV Program was adopted by MoH.
Allocated	28,180	24,620	12,438													
Above	2,413	2,413	804													
12,438																
804																
HIV testing and Counselling as part of programs for PWID and their partners	Procurement of rapid tests for HIV with assumption that 60% of all reached PWID will be tested two times a year at average and 100% of positive PWID risk partners. The number of test to be procured is 730 646 for 3 years. Detailed distribution by year and group is specified in the procurement table. The VCT training should be provided to all outreach/social workers.	International HIV/AIDS Alliance, Ukraine	<table border="1"> <tr><td>Allocated</td><td>252,380</td><td>210,008</td><td>106,100</td></tr> <tr><td>Above</td><td>34,583</td><td>34,583</td><td>11,528</td></tr> </table>	Allocated	252,380	210,008	106,100	Above	34,583	34,583	11,528		<table border="1"> <tr><td>106,100</td></tr> <tr><td>11,528</td></tr> </table>	106,100	11,528	It is assumed that 60% of all reached PWIDs will be tested two times a year at average and 100% of partners of HIV positive PWID will be tested once a year. Tests will be used for recruited and referred clients and risk partners. Procurement prices are based on the results of last tenders, minimum prices are taken.
Allocated	252,380	210,008	106,100													
Above	34,583	34,583	11,528													
106,100																
11,528																

<p>Needle and Syringe programs as part of programs for PWID and their partners</p>	<p>Procurement of syringes and needles. Geographic scope: All Ukraine It will be most effective to procure low dead space needles or syringes (LDSS). However the current cost of the LDSS is few times exceeding the cost of conventional syringes. If the cost will be comparable LDSS could be procured. The syringes will be distributed to PWID with the average number of syringes 143 per client annually. Total number of PWID who will receive syringes is equal to coverage target each year. Given that 42% of clients are additionally purchasing syringes themselves (177 annually on average, from IBBS on PWID in 2013) the total number of syringes per client will be higher than 200 per client on average. Syringes in the first year are not budgeted since they are procured during 2014. Overall 80 100 878 syringes and the same number of spirit wipes will be distributed during 3 years. Detailed distribution by year and group is specified in the procurement table.</p>	<table border="1"> <tr> <td rowspan="2">International HIV/AIDS Alliance, Ukraine</td> <td>Allocated</td> <td>911,682</td> <td>1,842,593</td> <td>930,911</td> </tr> <tr> <td>Above</td> <td>180,626</td> <td>180,626</td> <td>60,209</td> </tr> </table>	International HIV/AIDS Alliance, Ukraine	Allocated	911,682	1,842,593	930,911	Above	180,626	180,626	60,209	<p>It is planned to distribute 143 syringes per PWID per year at average. Procurement prices are derived from last tenders, minimum prices are taken. It will be most effective to procure low dead space needles or syringes (LDSS). However the current cost of the LDSS is few times exceeding the cost of conventional syringes. If the cost will be comparable LDSS could be procured. The syringes will be distributed to PWID with the average number of syringes 143 per client annually. Total number of PWID who will receive syringes is equal to coverage target each year. Given that 42% of clients are additionally purchasing syringes themselves (177 annually on average) (Annex# IBBS on PWID, 2013) the total number of syringes per client will be higher than 200 per client on average. Syringes in the first year are not budgeted since they are procured during 2014. Overall 80 100 878 syringes and the same number of spirit wipes will be distributed during 3 years. Detailed distribution by year and group is specified in the procurement table.</p>	
International HIV/AIDS Alliance, Ukraine	Allocated	911,682		1,842,593	930,911								
	Above	180,626	180,626	60,209									
<p>OST and other drug dependence treatment (PWIDs and their partners)</p>	<p>OST for PWID's is implemented through a range of healthcare facilities - narcological dispensaries, TB dispensaries AIDS Centers, general hospitals. Currently, Ukraine has 8500 patients on treatment and will continue to enroll additional patients to reach the program target of 9600 by end of 2014. Under the new funding application Ukraine will continue to treat 9600 patients starting from year 1 and gradually hand over by transferring 5300 in year 2 and 2300 in year 3 to national program under national funding. Procurements for the OST drugs will be carried with these schemes in mind.</p>	<table border="1"> <tr> <td rowspan="2">International HIV/AIDS Alliance, Ukraine</td> <td>Allocated</td> <td>1,700,950</td> <td>1,020,253</td> <td>397,071</td> </tr> <tr> <td>Above</td> <td>605,880</td> <td>334,496</td> <td>145,159</td> </tr> </table>	International HIV/AIDS Alliance, Ukraine	Allocated	1,700,950	1,020,253	397,071	Above	605,880	334,496	145,159	<p>Unit cost of the procurement of Methadone and buprenorphine is taken from the real time tender award cost that Alliance carried out recently. From this budget line methadone tablets, buprenorphine tablets and liquid methadone will be procured including logistics cost for the supply management. Medical and psychosocial support for the patients who are on OST is an essential for the program</p>	
International HIV/AIDS Alliance, Ukraine	Allocated	1,700,950		1,020,253	397,071								
	Above	605,880	334,496	145,159									

<p>Community initiated treatment intervention (CITI)</p>	<p>Community initiated treatment intervention (CITI) Geographic scope: high and medium priority regions CITI - is short-term rapid linkage to care intervention which facilitate early treatment access for active drug users. For all HIV positive PWID will be provided a case manager to help with AIDS clinic registration and ART initiation. Aim of intervention to locate HIV positive clients in harm reduction projects and link them to HIV treatment using a case management approach. CITI clients are recently tested positive or might know their status for a long time but are not accessing HIV treatment services. Most case managers are former outreach workers from harm reduction projects. CITI is designed to support HIV positive clients up to 6 months into ART if no support was granted through other projects during CITI implementation (care and support, ST, integrated services). All clients of CITI will be referred to care and support projects or other available resources for long term treatment support. Thus, CITI is mostly focused on linkage to ART with build-in short term adherence support. The absence of adherence support is one of the major shortcomings of CITI and its success depends on the external resources which can provide adherence support. Community based organizations will be supported through sub-granting to cover salaries of case managers and cost for transport and phone to perform case management tasks. The same phase out strategy will be applied to this component as for the main HIV prevention intervention.</p>	<table border="1"> <tr> <td rowspan="2">International HIV/AIDS Alliance, Ukraine</td> <td>Allocated</td> <td>381,026</td> <td>389,254</td> <td>198,701</td> <td rowspan="2">It is planned to distribute 143 syringes per PWID per year at average. Procurement prices are derived from last tenders, minimum prices are taken.</td> </tr> <tr> <td>Above</td> <td>25,721</td> <td>25,721</td> <td>12,861</td> </tr> </table>	International HIV/AIDS Alliance, Ukraine	Allocated	381,026	389,254	198,701	It is planned to distribute 143 syringes per PWID per year at average. Procurement prices are derived from last tenders, minimum prices are taken.	Above	25,721	25,721	12,861
International HIV/AIDS Alliance, Ukraine	Allocated	381,026		389,254	198,701	It is planned to distribute 143 syringes per PWID per year at average. Procurement prices are derived from last tenders, minimum prices are taken.						
	Above	25,721	25,721	12,861								
<p>Procurement of consumable materials</p>	<p>Procurement of consumable materials (cartridges) for 30 Point of Care CD4 (Pima) CD4 portable analyzers to overcome challenge of transporting a patient sample to a testing site, and the provision of the CD4 test result back to the patient. 30 Point of Care CD4 (Pima) CD4 portable analyzers are already procured and will be used by AIDS Centers and Trust cabinets in Mobile clinics and outreach routes.</p>	<table border="1"> <tr> <td rowspan="2">International HIV/AIDS Alliance, Ukraine</td> <td>Allocated</td> <td>166,110</td> <td></td> <td></td> <td rowspan="2">Please, see detailed calculation in the Excel file submitted.</td> </tr> <tr> <td>Above</td> <td></td> <td></td> <td></td> </tr> </table>	International HIV/AIDS Alliance, Ukraine	Allocated	166,110			Please, see detailed calculation in the Excel file submitted.	Above			
International HIV/AIDS Alliance, Ukraine	Allocated	166,110				Please, see detailed calculation in the Excel file submitted.						
	Above											



KP-1c: Percentage of sex workers reached with HIV prevention programs - defined package of services

International HIV/AIDS Alliance, Ukraine

Current grant

31937.0	40.0	2013	Reports (specify)	Allocated	294930000.0	41.0	29822.0	41.0	31092.0	43.0	
					725000000.0		72500.0		72500.0		
80000.0				Above	30790000.0	41.0	3079.0	41.0	3079.0	41.0	
					75000000.0		7500.0		7500.0		

testing and others) depending on the client's needs. Numerator: Number and of SW reached by HIV/AIDS prevention programs during the reporting period. Denominator: Estimated number of SW in the country. Data source: programme monitoring of the Alliance, NGOs and other service providers. Services will be provided in all regions of Ukraine. "Allocation" line targets are without Crimea region data, which are included in the "Above" line, and regional targets will be added accordingly the regional

																			prioritization after regional call of proposal.
KP-3c: Percentage of sex workers that have received an HIV test during the reporting period and know their results	International HIV/AIDS Alliance, Ukraine	Current grant	13763	17	2013	Reports (specify)	Allocated	17696	24	17893	25	18655	26						The indicator represents the number of SWs that have received an HIV rapid test (and result) performed by NGOs implementing prevention projects among SW. Numerator: Number of SWs that have received an HIV rapid test. Denominator: Estimated number of SW in the country. "Allocation" line targets are without Crimea region data, that are included in the "Above" line. Data source: Data of programme monitoring of the Alliance, NGOs and other service providers.
								72500				72500			72500				
							Above	1847	25	1847	25	1847	25						
								7500				7500			7500				
Percentage of CSW who had confirmed the presence of antibodies to HIV and enrolled in care (pre-ART or ART) services	International HIV/AIDS Alliance, Ukraine	Current grant			2013	Reports (specify)	Allocated												The indicator represents the percentage of HIV positive PWID, referred from prevention projects to AIDS centers and enrolled in dispensary observation within reporting year. Targets are to be developed once baseline will be calculated based on year 2014. Data source: Data of programme monitoring of the Alliance, NGOs and other service providers.
							Above												

Allocated request for entire module		Above allocated request for entire module					USD 261,541	
Intervention	Description of Intervention <sup>2</sup>	Intervention budget (request to the Global Fund only)					Cost Assumptions <sup>3</sup>	Other funding <sup>4</sup>
		Responsible Principal Recipient(s)	Allocated or Above Allocated	Year 1	Year 2	Year 3		
	<p>1. Target population: CSWs and their clients Geographic scope: all oblasts of Ukraine all oblast of Ukraine, with focus on high burden regions (all regions which have integrated index equal or higher than 10 are high priority for HIV prevention, from 9 to 5 – medium priority and those below 5 – lower priority). Crimea is included above allocation (both budget and target). Because of political situation funds should be transferred directly from GFATM to Crimean organization. Regional strategy: to increase proportion of outreach and mobile clinics outreach including screening for HIV during outreach in regions of high and medium to maximize case finding and also program sensitivity in terms of locating new outbreaks. Stationary points should also be available in these regions to provide basis for interventions focused on recruitment of HIV positive clients and their risk partners as well as linkage to treatment. While usage of mobile clinics in lower priority sites should be focused on reaching to distant areas with high HIV prevalence and high concentration of risk groups within the region. 2. Community based organizations will be supported through sub-granting to cover salaries of social/outreach workers, rent payment for stationary points, utilities, diesel, driver, mobile clinic maintenance, administrative and managerial costs. It is planned that in 2017 phase out strategy will be implemented (funds allocation for MARP's prevention program in NAP). Thus, during 2015-2016 Ukraine will develop practical and transparent competitive mechanism for allocating state and regional funding to HIV prevention project among MARPs in the amount of not less than 50% of the need in 2017. In Crimea the same 50% allocation is planned from the regional budget in 2017. There are 3 models of reaching to the CSW clients which are proposed: 1) Outreach, 2) mobile clinics,</p>							



Behavioral change as part of programs for sex workers and their clients

3) stationary points. The combination of different models in various regions to maximize coverage and cost effectiveness of interventions will be use. This approach will retain current coverage of the program with minimal HIV prevention package while maximizing case detection and linkage to care. The scope of services at outreach routes, mobile clinics and stationary points is limited to HIV risk reduction communication, distribution of syringes/needles, condoms, information-educational materials (IEM), screening for HIV, HBV, and TB (integrated TB screening) with assistance of social/outreach worker or with involvement of nurse/doctor (not budgeted). At pharmacy only distribution of syringes/needles, condoms,

International HIV/AIDS Alliance, Ukraine

Allocated	643,451	650,629	339,168
Above	67,171	67,171	33,586

Intervention was budgeted based on the average frequency of visits by type of model, proportion of clients visiting different models, social workers salary and average time allocated for each client to conduct counseling, distribute commodities (condoms and IEM), keep daily register and issue card and fill in the entry questionnaire (for the new clients), including minimal time needed to reach clients and waiting time, time needed to conduct HIV rapid tests with pre and post test counseling and HBV test, time required for TB screening. Assumptions are made based on the analysis of current reach of different models in various regions. All assumptions are detailed in the separate tables. The cost also includes 32 mobile ambulances maintenance (proportionally distributed in all risk groups). Detailed calculation for activities in Crimea are placed in line "Above allocation".

	information-educational materials (IEM) and referral to stationary points for other services is possible.						
Condoms as part of programs for sex workers and their clients	Condoms will be requested from other donors. This line contains funding required for in country storage and distribution of condoms. Preliminary agreements are reached with USAID to cover all required quantity of condoms for 2015-2017 (27 122 100 condoms). In the next periods following 2017 it is planned that condoms will be procured through government funds within National HIV/AIDS program.	International HIV/AIDS Alliance, Ukraine	Allocated	15,484	15,657	16,323	It is planned to provide in average 300 condoms per CSW per year. Detailed calculation for activities in Crimea are placed in line "Above allocation".
			Above	0	1,616	1,616	
HIV testing and counseling as part of programs for sex workers and their clients	Procurement of rapid tests for HIV with assumption that 60% of all reached CSWs will be tested two times a year at average. The number of test to be procured is 108 488 for 3 years. Detailed distribution by year and group is specified in the procurement table. The VCT training should be provided to all outreach/social workers. It is planned in the training plan and should be covered by other donors/sources.	International HIV/AIDS Alliance, Ukraine	Allocated	38,706	32,619	16,650	It is assumed that 60% of all reached CSWs will be tested two times a year at average. Procurement prices are based on the results of last tenders, minimum prices are taken. Detailed calculation for activities in Crimea are placed in line "Above allocation".
			Above	4,946	1,649	1,649	
Procurement of rapid tests for HBV	Procurement of rapid tests for HBV. 25% of clients to be tested annually. The number of test to be procured is 22 602 for three years. Detailed distribution by year and group is specified in the procurement table. The VCT training should be provided to all outreach/social workers. It is planned in the training plan and should be covered by other donors/sources.	International HIV/AIDS Alliance, Ukraine	Allocated	8,064	6,796	3,469	It is assumed that 25% of all reached CSWs will be tested at average. Procurement prices are based on the results of last tenders, minimum prices are taken. Detailed calculation for activities in Crimea are placed in line "Above allocation".
			Above	1,031	344	344	
Other interventions for sex workers and their clients - Please specify	Development of IEC/BCC materials for MARP's, selected according to regional needs. This cost includes focus groups to test new materials, development, honorarium, proofreading, design, printing cost and delivery cost. IEC materials will be distributed at outreach, mobile clinics, and stationary points by social/outreach workers and by pharmacists. Number of people planned to receive such materials are equal to coverage target each year. Each person reached will receive at average two IEC per year.	International HIV/AIDS Alliance, Ukraine	Allocated				Please, see "Above" line. Detailed calculation for activities in Crimea are placed in line "Above allocation".
			Above	14,657	14,805	15,377	
Additional Programmatic cost for implementation of activities in Crimea	Additional Programmatic cost for provision of service packages for MSM in Crimea	International HIV/AIDS Alliance, Ukraine	Allocated				Additional 20% of Programmatic cost to provide services in Crimea.
			Above	14,630	13,833	7,116	

Module budget - HSS-Procurement supply chain management (PSCM)									
Allocated request for entire module	USD 13,200	Above allocated request for entire module					USD 0		
Intervention	Description of Intervention <sup>2</sup>	Responsible Principal Recipient(s)	Intervention budget (request to the Global Fund only)			Cost Assumptions <sup>3</sup>	Other funding <sup>4</sup>		
			Allocated or Above Allocated	Year 1	Year 2			Year 3	
	<p>Target population: central executive bodies, state entities; Geographic approach: national and regional level; Implementation approach: development of legal documents on legislation, SOPs, standard templates, etc., enabling open process for state procurement based on the principles of transparency, competition and equality. The following areas will be on focus: - unclear provisions on conducting of international tenders. It's expected to enclose universal geographical principle for involvement of potential bidders to tenders performed by MOH. As well as to develop a certain number of document templates in order to unify requirements both for the national and foreign bidders; - rigid requirements for contract conclusions that do not allow to react adequately to the problems with supplies. The practice in cooperation with suppliers (including foreign entities) revealed a range of situations where some flexibility of the counter parties is of vital importance for successful completing of the contracts; - gaps in procedure of approving of compulsory licenses. Some provisions of the Decree of the Cabinet of Ministers of Ukraine # 877 do not allow to successfully pass the procedure due to the demanded documents and technical issues; - elaboration of efficient legislation base for redistribution of drugs between the regions. The forecasting of drugs procured under state budget is based on the actual needs/consumption rate but the existing supply procedure when all drugs are delivered to the regions at once with annual volume does not provide the possibility to conduct partial shipments and correlate the orders regularly. That leads to the necessity of frequent redistributions while the procedure of redistribution is quite complicated. Hereby, the existence of time efficient redistribution</p>								

Operationalization of procurement and supply chain management system

procedure is highly appreciated; - implementation of mechanism of international price benchmarking. The long awaited approval of benchmarking mechanism is still underway. Yet, its approval will have strong impact on reducing drugs prices in Ukraine. - development of effective buffer policy at central level. The buffer policy is aimed to ensure the availability of buffer stock at the central level considering treatment scale-up plans, rates of consumption, schedule of deliveries, capacity of logistics facilities, shelf life, etc The use of buffer stock is rather expensive and envisage strong logistics maintenance; - fixing of imbalances in drugs nomenclature. Drugs nomenclature shall be formed entirely on the basis of the National Essential Medicines List that should be updated on the regular basis. At the stage of decision

Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine

Allocated	4,400	4,400	4,400
Above			

Activity shall include involvement of the legal consultant (research of the legislation, drafting an amendments to the regulations and SOPs, participation in the relevant working groups and meetings) for 40 days per year and a fee of \$110 per day.

Please, see detailed calculation to "Allocation" line.

Nomenclature Committee shall follow the clear and stringent procedure in order to exclude any conflict of interest.

Module: Removing legal barriers to access																
Measurement framework for module																
Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline				Targets								Comments <sup>1</sup>	
			N #	%	Year	Source	Allocated or Above Allocated	Year 1		Year 2		Year 3		N #		%
								D #	D #	%	D #	%	D #			
Percentage of MoH Ukraine expenditure on procurement of ARVs within National AIDS Programme	All-Ukrainian Network of People Living with HIV/AIDS	National program					Allocated	80		90		100			Indicator monitors percentage of expenditures on ARV procurements within state budget (planned in NAP vs actual, yearly). Activities under Removing legal barriers contribute to this Indicator.	
			62	2013	Reports (specify)	Above										
Percentage of MoH Ukraine expenditure on procurement of second line TB drugs within National TB Program	All-Ukrainian Network of People Living with HIV/AIDS	National program					Allocated	59		59		100			Indicator monitors percentage of expenditures on TB drugs procurements within state budget (planned in NTP vs actual, yearly). Activities under Removing legal barriers contribute to this Indicator.	
			34	2013	Reports (specify)	Above										

Number of laws and regulations to which TA was provided as part of "Human Rights Law Reform" and "Transition (sustainability) plan" and drafted or registered with the parliament, Cabinet of Ministers, relevant Ministry	All-Ukrainian Network of People Living with HIV/AIDS	Current grant							This Indicator refers to cumulative number of laws and regulations drafted or registered with Parliament, Cabinet of Ministers, relevant Ministry during "Human Rights Law Reform" and "Transition (sustainability) plan - pharmaceutical policy reform" implementation, including decriminalization of unintentional HIV-transmission (Y1), antidiscrimination law (Y1-3), ensuring access to reproductive technologies for PLWH (Y1-2), permitting adoption of children by PLWH (Y1-2), simplification of state registration of ARV/TB medicines; (Y1-3) development of efficient referent pricing mechanism for ARVs (Y1-3). Data on performance (registration, or public consultation) will be obtained from publicly available government sources, including official web-sites (e.g. Parliament, Cabinet of Ministers, Ministry of Health, other relevant Ministry).
				Specific surveys and research (specify)	Allocated	1	3	4	
Number of laws and Orders of Cabinet of Ministers of Ukraine and clinical regulations on Tuberculosis in terms of Health Reform and Financing System	All-Ukrainian Network of People Living with HIV/AIDS	Current grant							
				Specific surveys and research (specify)	Allocated				Above

Number people, who received support training on monitoring of accessibility of health services in penitentiary settings	All-Ukrainian Network of People Living with HIV/AIDS				Allocated							Indicator monitors number of Community and NGO representatives who received training on monitoring of accessibility of health services in penitentiary settings in the last 12 month. Data on performance will be recorded and provided by the Network and sub-recipients according to the developed standard registration forms.
					Above							

Module budget - Removing legal barriers to access

Allocated request for entire module	USD 840,591	Above allocated request for entire module	USD 48,751
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Intervention	Description of Intervention <sup>2</sup>	Responsible Principal Recipient(s)	Intervention budget (request to the Global Fund only)				Cost Assumptions <sup>3</sup>	Other funding <sup>4</sup>
			Allocated or Above Allocated	Year 1	Year 2	Year 3		

Legal and policy environment assessment and law reform	Target population: vulnerable groups, PLWH, LGBT; Geographic scope: national level; Implementation approach: Activities: Activity 1. Human Rights Law Reform: - decriminalization of unintentional HIV-transmission (Y1); - antidiscrimination law (Y1-3); - ensuring access to reproductive technologies for PLWH (Y1-2); - permitting adoption of children by PLWH (Y1-2); Activity 2. Transition (sustainability) plan - pharmaceutical policy reform: - simplification of state registration of ARV/TB medicines; (Y1-3) - development of efficient referent pricing mechanism for ARVs (Y1-3). Draft laws or regulations developed, coordinated with stakeholders and submitted or registered with Parliament, Cabinet of Ministers, relevant Ministry.	All-Ukrainian Network of People Living with HIV/AIDS	Allocated	10,587	10,587	10,587	The activities shall be implemented by AUN directly and it shall involve 225 days of consultants' expertise (1 expert working day up to \$100 USD); 6 round tables - up to \$782 each.	
			Above					

Legal and policy environment assessment and law reform: removing GF project operational barriers (PR activity)	Removing GF project operational barriers (PR activity) Target population: vulnerable groups; Geographic scope: national level; Implementation approach: - removing legal barriers to UCDC opening the bank accounts for GF grant funds (development and advocacy for change in the legislation including Budgetary code) in order to ensure timely transfer of GF funds from PR to SR's; (Y1) - removing budgetary cost saving restrictions from UCDC GF funds (Y1).	All-Ukrainian Network of People Living with HIV/AIDS	Allocated	2,880	2,880	2,880	Key activity shall include legal consultations (more than 300 consultation per year), 16 trips per year (3 days per trip, 225 USD each trip) of lawyer to regions to conduct strategic cases.
			Above				
		Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine	Allocated	5,500			Please, see detailed calculation in the Excel file submitted.
			Above				



<p>Policy advocacy on legal rights (2): Implementing mechanisms of social audit on HIV/AIDS and TB at regional level to ensure sustainability of harm reduction services in Ukraine</p>	<p>SR Activity Implementing mechanisms of social audit on HIV/AIDS and TB at regional level: Ensuring sustainability of HIV, TB and harm reduction programs in Ukraine Target groups: vulnerable groups, including People living with HIV and TB Geographic scope: regional level (8 regions with most severe epidemics) Implementation approach: • Removing legal barriers to provision of services (i.e. advocacy for change in the national law (including Budgetary code) for provision of stable, predictable financial resources for NGO – enforcement of eligibility of NGO to receive financial support from public funds; advocacy jointly with HIV-service organizations adoption of regional special-purpose programmes and/or introduction of amendments to existing programs to support the activity of HIV-service NGOs from local budget resources; removing barriers in transmission of HIV-status information to social workers;). These activities are planned to be implemented during Y1-3; •Mobilization of local authorities to ensure local budget funding for HIV/AIDS and TB services; • Analysis of local budgets for funding of prevention, treatment, care and support services; • Social monitoring of use of local budget funds allocated to prevention, treatment, care and support services; • Transition plan development on the basis of best practices of effective budget allocations for HIV/AIDS and TB programs, including integrated models of harm reduction, care and support into state funded services; transition plan implementation; • Advocacy of increasing local budget funding for regional HIV/AIDS and TB programs to ensure access to prevention, treatment, care and support services; • Keeping public attention on the problem of underfunding of HIV/AIDS and TB services; • Trainings for community representatives on budget monitoring.</p>	<p>All-Ukrainian Network of People Living with HIV/AIDS</p> <table border="1" data-bbox="1098 756 1632 1050"> <tr> <td>Allocated</td> <td>36,461</td> <td>36,461</td> <td>36,461</td> </tr> <tr> <td>Above</td> <td></td> <td></td> <td></td> </tr> </table>	Allocated	36,461	36,461	36,461	Above				<p>SR activity: interregional meeting (1 day event for 16 participants) – 1x1400 USD, trainings in regions for community representatives (3 days event for 25 participant) - 3x5340 USD = 16020 USD, lawyer in region (40%) – 4200 USD, advocacy consultant (50%) – 5400 USD, trips to regions (3 days for 1 person) – 24x180 = 4320 USD, compilation of practical case studies – 1000 USD, program staff (project coordinator (40%) – 4800 USD, accountant (40%) – 3600 USD), M&amp;E specialist (30%) – 3000 USD, administrative costs (15%) – 6561 USD.</p>	
Allocated	36,461	36,461	36,461									
Above												

<p>Legal and policy environment assessment and law reform for the ambulatory model of TB treatment</p>	<p>1. Advocacy of a step-by-step shift to the ambulatory model of TB treatment: - to introduce amendments in the legal framework at the level of the Parliament of Ukraine, Cabinet of Ministers of Ukraine, regional administrations; - to advocate a creation of a mechanism (model) for procurement and distribution of antituberculosis medicines, considering the shift to the ambulatory treatment phase; - to carry out activities among representatives of local authorities, parliamentaries, including medical and social assistance institutions, helping to fight against stigmatization of risk groups, TB and TB/HIV patients taking treatment during the ambulatory phase. 2. Advocacy of integration of TB/HIV/hepatitis services with the objective of concentrating to the maximum the services for TB/HIV/hepatitis patients at one place: - to introduce amendments in the legal framework at the level of the Cabinet of Ministers of Ukraine and regional administrations related to integration of TB/HIV/hepatitis services both nation- and region-wide; - to create models of integrated services in pilot regions.</p>	<table border="1"> <tr> <td rowspan="2">International HIV/AIDS Alliance, Ukraine</td> <td>Allocated</td> <td>15,841</td> <td>15,841</td> <td>15,841</td> </tr> <tr> <td>Above</td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="2">Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine</td> <td>Allocated</td> <td>30,048</td> <td>16,024</td> <td>8,181</td> </tr> <tr> <td>Above</td> <td>25,875</td> <td>12,438</td> <td>10,438</td> </tr> </table>	International HIV/AIDS Alliance, Ukraine	Allocated	15,841	15,841	15,841	Above				Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine	Allocated	30,048	16,024	8,181	Above	25,875	12,438	10,438	<p>Please, see detailed calculation in the Excel file submitted.</p> <p>Please, see detailed calculation in the Excel file submitted. Detailed calculation for activities in Crimea are placed in line "Above allocation".</p>	
International HIV/AIDS Alliance, Ukraine	Allocated	15,841		15,841	15,841																	
	Above																					
Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine	Allocated	30,048	16,024	8,181																		
	Above	25,875	12,438	10,438																		
<p>Policy advocacy on legal rights: Reforming of Social Welfare System</p>	<p>PR Activity Reforming of Social Welfare System: access to social services for vulnerable groups, including People living with HIV/TB 1) Target population - vulnerable groups, including People living with HIV and TB Geographic scope: national and regional level (9 regions); it is planned to work with 3 regions each year 1. Development of regional programs of social services development (3 programs/regions per year); 2. TA visits to the regions; 3. Development and modification of legislative base; 4. Development of the manual on regional programs development /other manuals/guidelines.</p>	<table border="1"> <tr> <td rowspan="2">All-Ukrainian Network of People Living with HIV/AIDS</td> <td>Allocated</td> <td>47,603</td> <td>47,603</td> <td>47,603</td> </tr> <tr> <td>Above</td> <td></td> <td></td> <td></td> </tr> </table>	All-Ukrainian Network of People Living with HIV/AIDS	Allocated	47,603	47,603	47,603	Above				<p>SR activity: regional training/working group on the development of program of social services (5 day event for 15 participants, 6 trainings, 3 years) – 6x9500x3 =171 000 USD, follow- up working groups in regions (1 days event for 15 participant, 2 working groups, 3 years) - 2x1000 USDx3 = 6000 USD, national consultant (development/modification of the legal documents, 3 years)– 2 USD x3=6000 USD, national consultant (development of the manual/guidelines/ on regional programs development, 3 years) – 2 USD x3=6000 USD.</p>										
All-Ukrainian Network of People Living with HIV/AIDS	Allocated	47,603		47,603	47,603																	
	Above																					

<p>Policy advocacy on legal rights (1): Implementing mechanisms of social audit on HIV/AIDS and TB at regional level</p>	<p>SR Activity Implementing mechanisms of social audit on HIV/AIDS and TB at national level: Ensuring the sustainability of HIV and TB programs in Ukraine and institutionalization of treatment services 1) Target population: vulnerable groups, including People living with HIV and TB Geographic scope: National level 2) Implementation approach, and • Mobilization of MPs to ensure 100% budget funding for HIV/AIDS and TB in the frame of the National Programs on HIV and TB • Advocacy of increasing state budget funding for National HIV/AIDS Program and National TB Program to ensure access to treatment • Keeping public attention on the problem of underfunding the National HIV/AIDS Program and National TB Program • Mobilization of patients and their representatives, trainings for community representatives on defending right to full quality treatment with state budget funding This intervention shall include the following annual activities: 1) Q1-2: monitoring of MoH Ukraine budget request to the Ministry of Finance; 2) Q 2-3: bringing attention of President, Prime-Minister, Council on National Security and Defense to importance of full financing of fighting HIV/AIDS measures; 3) Q 3-4: advocacy before the Ukrainian parliament on need of full financing of HIV/AIDS state programme; registering amendments to the Law on State Budget if needed; media-events, round tables, requesting President to veto the Law on State Budget, if HIV/AIDS state programme is underfunded.</p>	<p>All-Ukrainian Network of People Living with HIV/AIDS</p> <table border="1" data-bbox="1098 630 1632 924"> <tr> <td>Allocated</td> <td>79,410</td> <td>79,410</td> <td>79,410</td> </tr> <tr> <td>Above</td> <td></td> <td></td> <td></td> </tr> </table>	Allocated	79,410	79,410	79,410	Above				<p>SR activity: round table with regional participants – 1x2000 USD, press-conferences 1x1000 USD, training for regional consultants 1x8000 USD (3 days event for 20 participant), PR consultant (50%) – 6360 USD, lawyer (60%) – 6600 USD, advocacy consultants (60%) – 8 consultantsx5400 USD = 43200 USD, trips to regions (3 days for 1 person) – 12x180 = 2160 USD, program staff (project coordinator (70%) – 14400 USD, accountant (60%) – 10800 USD), M&amp;E specialist (60%) – 9840 USD, administrative costs (15%) – 15654 USD.</p>
Allocated	79,410	79,410	79,410								
Above											

<p>Legal and policy environment assessment and law reform to enable representatives of vulnerable groups rights protection (PR activity)</p>	<p>Legal aid and strategic litigation to enable representatives of vulnerable groups rights protection (PR activity) Target population: vulnerable groups, OST patients; Geographic scope: national level; Implementation approach: Protecting rights of vulnerable groups incl. OST patients in order to eradicate discrimination related to drug use, sex-work or sexual orientation. Legal advice/consultation through phone and personal reception, trips to regions; representation of interests of vulnerable groups in different institutions, including court. Strategic litigation cases up to European Court on Human Rights.</p>	<table border="1" data-bbox="875 315 1632 441"> <tr> <td rowspan="2">International HIV/AIDS Alliance, Ukraine</td> <td>Allocated</td> <td>16,840</td> <td>16,840</td> <td>16,840</td> </tr> <tr> <td>Above</td> <td></td> <td></td> <td></td> </tr> </table> <p>Please, see detailed calculation in the Excel file submitted.</p>	International HIV/AIDS Alliance, Ukraine	Allocated	16,840	16,840	16,840	Above			
International HIV/AIDS Alliance, Ukraine	Allocated	16,840		16,840	16,840						
	Above										

<p>Legal and policy environment assessment and law reform for OST implementation and scaling up</p>	<p>Target population: vulnerable groups, PLWH, OST patients Geographic scope: national level; Implementation approach: - removing legal and other relevant barriers for OST implementation and scaling up; changes in GoU and MoH's regulations and their practical realization: take away/home dosages, methadone prescription, liquid methadone distribution, NGO based OST sites, reduce enormous paper work for medical staff, allowing driving for stable patients etc. (Y1-3). - removing legal and other barriers caused by enormous criminalization of drug users: change of thresholds for drug possession, criminal liability issues, treatment instead of imprisonment, eliminate drug user registers limitations etc. (Y1-3). - removing legal and other barriers for NGO based VCT scaling up: simplify VCT procedure for vulnerable groups; mobile ambulance's procedure; change/amend of procedures of the PLWH's registration and medical supervision (Y1). - develop and adopt new legal procedures for utilization of medical instruments (needles and syringes used in HIV prevention programs) (Y1). Draft laws or regulations developed, coordinated with stakeholders and submitted or registered with Parliament, Cabinet of Ministers, relevant Ministry.</p>	<table border="1" data-bbox="875 1176 1632 1302"> <tr> <td rowspan="2">International HIV/AIDS Alliance, Ukraine</td> <td>Allocated</td> <td>11,441</td> <td>7,920</td> <td>5,720</td> </tr> <tr> <td>Above</td> <td></td> <td></td> <td></td> </tr> </table> <p>Please, see detailed calculation in the Excel file submitted.</p>	International HIV/AIDS Alliance, Ukraine	Allocated	11,441	7,920	5,720	Above			
International HIV/AIDS Alliance, Ukraine	Allocated	11,441		7,920	5,720						
	Above										

<p>Policy advocacy on legal rights</p>	<p>SR Activity Implementing mechanisms of social audit on HIV/AIDS and TB at national level: Ensuring the sustainability of HIV and TB programs in Ukraine and institutionalization of treatment services 1) Target population: vulnerable groups, including People living with HIV and TB Geographic scope: National level 2) Implementation approach, and • Mobilization of MPs to ensure 100% budget funding for HIV/AIDS and TB in the frame of the National Programs on HIV and TB • Advocacy of increasing state budget funding for National HIV/AIDS Program and National TB Program to ensure access to treatment • Keeping public attention on the problem of underfunding the National HIV/AIDS Program and National TB Program • Mobilization of patients and their representatives, trainings for community representatives on defending right to full quality treatment with state budget funding This intervention shall include the following annual activities: 1) Q1-2: monitoring of MoH Ukraine budget request to the Ministry of Finance; 2) Q 2-3: bringing attention of President, Prime-Minister, Council on National Security and Defense to importance of full financing of fighting HIV/AIDS measures; 3) Q 3-4: advocacy before the Ukrainian parliament on need of full financing of HIV/AIDS state programme; registering amendments to the Law on State Budget if needed; media-events, round tables, requesting President to veto the Law on State Budget, if HIV/AIDS state programme is underfunded.</p>	<p>All-Ukrainian Network of People Living with HIV/AIDS</p> <table border="1" data-bbox="1101 638 1635 930"> <tr> <td>Allocated</td> <td>42,297</td> <td>42,297</td> <td>42,297</td> </tr> <tr> <td>Above</td> <td></td> <td></td> <td></td> </tr> </table>	Allocated	42,297	42,297	42,297	Above				<p>SR activity: round tables with stake holders, experts and civil society representatives with regional participants – 4x2000 USD = 8000 USD, press-conferences 2x1500 USD = 3000 USD, trainings for patients organizations 2x5000 USD (3 days event for 25 participant) = 10000 USD, PR consultant (60%) – 5500 USD, Advocacy consultant (80%) – 8000 USD, consultant on communication with Parliament (35%) – 6600 USD, program staff (project coordinator (60%) – 10500 USD, accountant (40%) – 7200 USD), administrative costs (7%) – 4116 USD.</p>	
Allocated	42,297	42,297	42,297									
Above												

Module: TB care and prevention																
Measurement framework for module																
Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline				Targets								Comments <sup>1</sup>	
			N #	%	Year	Source	Allocated or Above Allocated	Year 1		Year 2		Year 3		N #		%
								N #	%	N #	%	N #	%			
D #						D #		D #		D #		D #				

DOTS-1a: Number of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses	Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine	National program	36510	2013	R&R TB system, quarterly reports	Allocated	34352	33322	32322	Calculation based on assumption under NTP that # of TB cases will decrease 3%/year. Data include number of patients with notified cases new and relapses bacteriologically confirmed plus clinically diagnosed (form TB-07, 2013).
						Above				
DOTS-1b: Number of notified cases of bacteriologically confirmed TB, new and relapses	Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine	National program	20568	2013	R&R TB system, quarterly reports	Allocated	24985	26255	27426	Calculation based on assumption under NTP that # of TB cases will decrease 3%/year, besides % of bacteriologically confirmed cases will increase till 75% in year 4. Data include number of patients with notified cases new and relapses bacteriologically confirmed (form TB-07, 2013).
						Above				

DOTS-2a: Percentage of all new TB cases, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all new TB cases registered for treatment during a specified period	Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine	National program					R&R TB system, quarterly reports	Allocated	770	800	850	Calculation based on new WHO definition of successful treatment outcomes - ref publication: Definitions and reporting framework for tuberculosis 2013 Nominator: number of all new TB cases, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment complete) among all new TB cases registered for treatment during a specified period (form TB-08, 2013) Denominator: number of all new TB cases registered for treatment during a specified period (form TB-08, 2013).
			19212	73	2013	Above						
			26249									

Module budget - TB care and prevention

Allocated request for entire module	USD 4,881,527	Above allocated request for entire module					USD 19,100	
Intervention	Description of Intervention <sup>2</sup>	Intervention budget (request to the Global Fund only)					Cost Assumptions <sup>3</sup>	Other funding <sup>4</sup>
		Responsible Principal Recipient(s)	Allocated or Above Allocated	Year 1	Year 2	Year 3		

<p>Case detection and diagnosis</p>	<p>Target population: patients who need DST to 1st line drugs for DR-TB diagnosis (automated MGIT technique), including needs of State penitentiary Service of Ukraine: 3673 patients per year, and for DST to 1st line drugs for 1641 patients. Geographic scope: all territory of Ukraine. Implementation Strategy: The proposed project will continue to support rapid TB diagnostic techniques in the regions, including penitentiary institutions. This includes procurement of supplies for tests by automated sample processing, DNA amplification and detection of M. tuberculosis and screening for R resistance (GeneXpert technology). Continuation of implementation of TB and DR TB case detection among those who have suspicious for TB, with emphasis on most at risk populations for tuberculosis will be support. To ensure this intervention to support to molecular genetic method of TB diagnostic the procurement of consumables for automated microbiological analyzer BD BACTEC MGIT 960 (reagents kits for primary inoculation) will be organized.</p>	<p>International HIV/AIDS Alliance, Ukraine</p>	<p>Allocated</p>	<p>1,920,493</p>	<p>1,920,493</p>	<p>0</p>	<p>Procurement of cartridges for GenXpert (estimation is calculated by the load of the equipment): - Civil sector (8 cartridges * 251 working days* 10 GenXpert * 10\$) Y1-502000\$, Y2-502000\$ - Penitentiary system (6 cartridges*251 working days*10 GenXpert * 10\$) Y1-150600\$, Y2-150600\$ maintenance of 35 GenXpert Y1-78890\$, Y2-78890\$ procurement of consumables for HAIN (estimation in accordance with the load on equipment, 6 tests per day) civil sector 1 HAIN Y1-4227,78 \$, Y2-4227,78 \$ maintenance 1 HAIN Y1-1270 \$, Y2-1270 1 HAIN Y1-4227,78 \$, Y2-4227,78 \$ Procurement of consumables for BACTEC (civil and penitentiary system) calculations were done based on hep analysis conducted. (23200 tests for tests on primary detection and 14800 tests for DRT) Y1-1045020 \$, Y2-1045020\$ Sample transportation in penitentiary system: 1 sending from one colony costs 10 USD. Total 90 sendings per week, 52 weeks - 4680 sendings per year, total - 46800 USD per yearX 2 years= 93'600 per 2 years.</p>	
<p>Community TB care delivery</p>	<p>Target population: TB patients 6900 new TB patients (1-3 category), with focus on those who are in risk group for tuberculosis.&lt;br&gt;Geographical scope: all regions of Ukraine.&lt;br&gt;Implementation approach: Ensuring continuity of TB treatment adherence among the most vulnerable groups by NGOs support. Strengthening cooperation between NGO and medical facilities (TB dispensaries and PHC) to provide access to TB care for TB patients of 1-3 category (2500 - Y1, 2200 - Y2 and 2200 - Y3) and outreach activities for the MARP's at ambulatory phase.</p>	<p>All-Ukrainian Network of People Living with HIV/AIDS</p>	<p>Allocated</p>	<p>286,196</p>	<p>251,852</p>	<p>125,926</p>	<p>Cost related this intervention is calculated from existing program expenditure by Red Cross considering further cost efficiency. - Patient support will be provided through counseling, adherence support and home based care.</p>	



<p>Key affected populations</p>	<p>Target population: TB patients, ex-prisoners (3000 patients in Prison). Geographical scope: regions of Ukraine where is TB hospitals in Penitentiary System. Implementation approach: Ensuring continuity of TB treatment adherence among the ex-prisoners who came out from prison to continue their treatment in civil sector for totally, supported by NGOs. Project will support Program of Small grants for NGO to set up mobile multidisciplinary complementary teams, thus policy has to be changed to intergrate the community to the TB care. Follow up tests are going to be provided in DOT cabinet via trasportation of patients to DOT cabinet and follow up by social worker.</p>	<table border="1" data-bbox="854 352 1632 472"> <tr> <td data-bbox="854 352 1098 409">All-Ukrainian Network of People Living with HIV/AIDS</td> <td data-bbox="1098 352 1270 409">Allocated</td> <td data-bbox="1270 352 1389 409">51,181</td> <td data-bbox="1389 352 1513 409">51,181</td> <td data-bbox="1513 352 1632 409">25,591</td> </tr> <tr> <td data-bbox="854 409 1098 472"></td> <td data-bbox="1098 409 1270 472">Above</td> <td data-bbox="1270 409 1389 472"></td> <td data-bbox="1389 409 1513 472"></td> <td data-bbox="1513 409 1632 472"></td> </tr> </table> <p data-bbox="1632 352 2908 472">Please, see detailed calculation in the Excel file submitted.</p>	All-Ukrainian Network of People Living with HIV/AIDS	Allocated	51,181	51,181	25,591		Above			
All-Ukrainian Network of People Living with HIV/AIDS	Allocated	51,181	51,181	25,591								
	Above											

<p>TB case detecting among MARP's thought small grant's program to NGO's</p>	<p>TB case detecting among MARP's thought small grant's program to NGO's. Target population: representative of MARP's, including Roma community. Geographical scope: all regions of Ukraine. Implementation approach: Support community (NGOs) to ensure active case finding of TB in risk groups (homeless, ex-release, affected by other diseases, poor people and representatives of Roma community) by questionnaire screening for TB with further motivation for TB diagnostic in case of positive screening results. Social worker should remove barriers to access to medical care. Those who screened for TB people will be referred by social worker (NGOs) to close DOT cabinet to ensure proper TB diagnosis and treatment initiation. Special focus will be made towards reaching representatives from Roma community, since this community is very close and do not aloud strangers to come to their villages. Therefore, a social worker (Roma community mediator) should be well known and have good level of credibility among this community and be able to handle peculiarities of the community: gender and ethical aspects. Mediator will accompany client to close DOT cabinet to ensure proper TB diagnosis and treatment initiation. Cost for 1 client 215 UAH. Number of clients 10,000 (including Roma community) with gradually handover to Government via social order implementation on regional level. Year by year government should take responsibility for approach of intensify case finding approach, therefore: Y1: GF = 10,000 clients/ MoH=0 clients; Y2: GF = 7,000 clients / MoH = 3 000 clients and Y3: GF = 5,000 cients / MoH = 5,000 clients.</p>	<p>International HIV/AIDS Alliance, Ukraine</p>	<table border="1"> <tr> <td>Allocated</td> <td>130,849</td> <td>91,595</td> <td>26,170</td> </tr> <tr> <td>Above</td> <td></td> <td></td> <td></td> </tr> </table>	Allocated	130,849	91,595	26,170	Above				<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>									<p>Please, see detailed calculation in the Excel file submitted.</p>	
Allocated	130,849	91,595	26,170																			
Above																						
<p>Additional Programmatic cost for implementation of activities in Crimea</p>	<p>Additional Programmatic cost for provision of community TB care services in Crimea</p>	<p>All-Ukrainian Network of People Living with HIV/AIDS</p>	<table border="1"> <tr> <td>Allocated</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Above</td> <td>7,640</td> <td>7,640</td> <td>3,820</td> </tr> </table>	Allocated				Above	7,640	7,640	3,820	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>									<p>Additional 20% of Programmatic cost to provide services in Crimea.</p>	
Allocated																						
Above	7,640	7,640	3,820																			

## Module: TB/HIV

## Measurement framework for module

Coverage/Output indicator	Responsible PR(s)	Tied to	Targets											Comments <sup>1</sup>			
			Baseline				Allocated or Above Allocated	Year 1		Year 2		Year 3					
			N #	%	Year	Source		N #	%	N #	%	N #	%		N #	%	
			D #					D #		D #		D #			D #		
TB/HIV-1: Percentage of TB patients who had an HIV test result recorded in the TB register	Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine	National program				R&R TB system, yearly management report	Allocated	37477	90	36353	90	35262	90				
			42213	88	2013			41641				39180					
			48134				Above										
TB/HIV-2: Percentage of HIV-positive registered TB patients given anti-retroviral therapy during TB treatment	Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine	National program				R&R TB system, yearly management report	Allocated		65.0		70.0		75.0				
			3949.0	63.0	2013			6314.0									
							Above										
TB/HIV-3: Percentage of HIV-positive patients who were screened for TB in HIV care or treatment settings	Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine	National program				R&R TB system, yearly management report	Allocated										
							Above										

In denominator: all new TB/HIV patients (4644) plus MDR TB/HIV patients (1670) In Ukraine, there is no statistical reporting forms required to collect this indicator. This information will be collected on request. Also to be considered is the use of this indicator in the state statistical reporting.

In Ukraine, there is no statistical reporting forms required to collect this indicator. Numerator: Number of HIV-positive patients who were screened for TB in HIV care or treatment setting, Denominator: Number of HIV-positive patients. This information will be collected on request. Also to be considered is the use of this indicator in the state statistical reporting.

TB/HIV-4: Percentage of new HIV-positive patients starting IPT during the reporting period	Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine	National program					R&R TB system, yearly management report	Allocated								<p>Numerator: Number of adults and children newly enrolled (i.e. started) in HIV care (pre-ART and ART) who also start (i.e. given at least one dose) isoniazid preventive therapy treatment during the reporting period HIV care includes pre-ART and ART. Denominator: Number of adults and children newly enrolled (i.e. started) in HIV care during the reporting period. There are no plans to isoniazid prophylaxis for patients. On this indicator defined target value (without specifying the numerator and denominator). The numerator and denominator of the indicator can not be calculated, as it depends on many factors. Achieving the target can be achieved both by increasing the numerator and decreasing the denominator.</p>
			15816	73	2013			Above								
			21631													

% of HIV-positive incident TB cases that received treatment for TB and HIV	Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine	National program					Allocated		70		73		77		Operational information. The data will be checked with data from prprogramme ETB-manager. In Ukraine, there is no statistical reporting forms required to collect this indicator. This information will be collected on request. Also to be considered is the use of this indicator in the state statistical reporting. On this indicator defined target value (without specifying the numerator and denominator).
			2882	63			Above								
			4584												

Module budget - TB/HIV

Allocated request for entire module	USD 1,649,464	Above allocated request for entire module					USD 95,500	
Intervention	Description of Intervention <sup>2</sup>	Responsible Principal Recipient(s)	Allocated or Above Allocated	Intervention budget (request to the Global Fund only)			Cost Assumptions <sup>3</sup>	Other funding <sup>4</sup>
				Year 1	Year 2	Year 3		

<p>Community TB care delivery</p>	<p>Target population: TB/HIV patients; Geographic scope: all territory of Ukraine ; Implementation approach: health care in Ukraine is much focused on treatment, while prevention – an important component in HIV and TB programs - is hardly addressed, especially knowing a great number of TB/HIV co-infection among new TB cases. Integrated approach is focused on comprehensive model of care, which includes TB screening and diagnostic among PLWHA (including molecular-genetic methods of TB diagnostic), counseling and psycho-social support to TB/HIV patients to ensure TB treatment adherence and timely prescription of ARV treatment. Vice versa rapid testing will be available for TB patients with focus on representatives of vulnerable communities in order to ensure early HIV diagnostic, referral to medical institution and assistance in receiving access to medical services, including correct prescription of treatment. Aim of this intervention to prevent the risk of TB exposure and or cross-infection, ensure good case management of TB/HIV co-infected patients, early diagnostic of disease, and correct treatment prescription and observation of infection control measures in order not to have cross-infection exposure.</p>	<p>All-Ukrainian Network of People Living with HIV/AIDS</p>	<table border="1"> <tr><td>Allocated</td><td>227,179</td><td>348,342</td><td>212,034</td></tr> <tr><td>Above</td><td>38,200</td><td>38,200</td><td>19,100</td></tr> </table>	Allocated	227,179	348,342	212,034	Above	38,200	38,200	19,100				<p>Please, see detailed calculation in the Excel file submitted.</p>	
Allocated	227,179	348,342	212,034													
Above	38,200	38,200	19,100													
<p>TB/HIV collaborative interventions: support to National hot-line on HIV prevention</p>	<p>National hot-line on HIV prevention which is supported from 2004. This activity will be supported through sub-grant to national CBO which manages the hot-line. In the next periods following 2017 it is planned that this activity will be supported through government funds within National HIV/AIDS program.</p>	<p>All-Ukrainian Network of People Living with HIV/AIDS</p>	<table border="1"> <tr><td>Allocated</td><td>123,971</td><td>123,971</td><td>123,971</td></tr> <tr><td>Above</td><td></td><td></td><td></td></tr> </table>	Allocated	123,971	123,971	123,971	Above							<p>The cost is calculated based on practical experience of projects in Ukraine and current cost rates per unit. Intervention was budgeted based on the average time of psychologists, lawyers, doctors and other specialists required for Hotline consultations.</p>	
Allocated	123,971	123,971	123,971													
Above																
		<p>Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine</p>	<table border="1"> <tr><td>Allocated</td><td></td><td></td><td></td></tr> <tr><td>Above</td><td></td><td></td><td></td></tr> </table>	Allocated				Above							<p>Please, see detailed calculation in the Excel file submitted.</p>	
Allocated																
Above																

TB/HIV collaborative interventions	<p>Reducing burden of TB among HIV (+)          Target population: PLWH with special focus on IDU, MSM and CSW          Geographic scope: high HIV prevalence oblasts where according to the official statistics 50-55% of patients newly diagnosed with AIDS are also diagnosed with TB, cities with population about 1 million inhabitants as well as locations with available molecular genetic diagnostics. Development and implementation of IPT for HIV + patients at HIV sites with involvement of NGOs and communities. Adapt and implement of DOT for IPT with involvement of NGOs, by implementing new TB care models. According to such model of care patient centred as close to patient as possible with integration of services at one place. Meanwhile, advocacy activities should be taken to ensure local budget allocation for adaptation and integration of DOT system for TB and DR TB treatment with involvement of NGOs and community to National Health Care System. Implementation of minimal standards for TB Infection Control at sites of HIV+ patients gathering (Health care institutions, NGOs, Penitentiary system, at patient homes). Create conditions for sputum collection and testing by Rapid Diagnostic Tests (GeneXpert) at HIV sites (1000 and more at site plus covering nearby sites), including consumables and maintenance. Funds should be allocated in local budget for sputum collection at nearest to patient HIV site and its investigation by GeneXpert at HIV sites (1000 and more at site plus covering nearby sites) with further sputum transportation for culture and DST (BACTEC). Finances will be needed for cartridges, transport collection and transportation in smaller HIV sites and transportation to nearest site where GeneXpert is available with further transportation for culture and DST.</p>					Procurement of cartridges for GenXpert (estimation is calculated by the load of the equipment): - Civil sector (6 cartridges * 251 working days* 10 GenXpert * 10\$) Y1-150299\$, Y2-150299\$ -Penitentiary system (6 cartridges*251 working days*3 GenXpert * 10\$) Y1-45090\$, Y2-45090\$ -Lavra (6 cartridges*251 working days*1 GenXpert * 10\$) Y1-15030\$, Y2-15030\$ maintenance of 14 GenXpert Y1-34580\$, Y2-34580\$					
							All-Ukrainian Network of People Living with HIV/AIDS	Allocated	244,998	244,998	0
								Above			
							Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine	Allocated			
								Above			

## Module: Treatment, care and support

## Measurement framework for module

Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline				Allocated or Above Allocated	Targets								Comments <sup>1</sup>	
			N #	%	Year	Source		Year 1		Year 2		Year 3		N #	%		
								D #	D #	%	D #	%	D #				%



Number of PLWH adults reached with community-based care and support services	All-Ukrainian Network of People Living with HIV/AIDS	Current grant	59908.0	2013	Reports (specify)	Allocated	65562.0	71530.0	78362.0	<p>The indicator refers to the number of PLWH benefiting from the care and support services over reporting period. A PLWHA is considered to be reached with care and support services when he/she receives at least four documented social, psychological, socio-economic services supported by the GF program during the reporting period (6 months). Based on case management approach after needs assessment services will be provided, and may include: counseling of social worker, peer-to-peer, psychologist and etc., case advocacy, humanitarian supplies, home-based care in order to motivate ART treatment adherence (including PUD, IDU, FSW, MSM, prisoners). Crimea: The indicator refers to the number of PLWH benefiting from the care and support services over reporting period. A PLWHA is considered to be reached with care and support services when he/she receives at least four documented social, psychological, socio-economic services supported by the GF program during the reporting period (6 months).</p>
						Above	3651.0	3651.0	3651.0	

Number of adults currently receiving antiretroviral therapy among all adults and children living with HIV in penitentiary system	All-Ukrainian Network of People Living with HIV/AIDS	Current grant				Allocated	3000.0	3000.0	3000.0		Baseline data corresponds to the calendar annual government statistics. The indicator refers to the number of patients in prison system with advanced HIV-infection receiving antiretroviral combination therapy at the end of each reporting period, excluding patients who stopped ART or were released from prison. Data are collected from governmental cross-sectional records (State Penitentiary Service) according to the national statistics forms on ART monitoring and reported quarterly.	
			2621.0	2013	Reports (specify)							Above



TCS-1: Percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV (disaggregated by sex and age <15, 15+)	Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine	National program					Allocated	85698.0	37.0	105748.0	45.0	115940.0	48.0		The indicator within allocation refers to the number of adults with advanced HIV infection currently receiving antiretroviral combination therapy on the account of Global Fund as of the end of each reporting period, excluding clients who discontinued ART. Data are collected with the national statistics forms on ART monitoring. Disaggregated by IDU/non-IDU. The GF grant will cover 18406 clients in 2015, 23022 clients in 2016, 23033 clients in 2017 contributing to the national ART target (additional information included in programatic gap analysis). The denominator is taken from SPECTRUM 2014. The baseline refers to GARPR 2014.
			55784.0	24.0	2013	HMIS	233154.0	235668.0		239925.0					
			233922.0				Above								

Module budget - Treatment, care and support

Allocated request for entire module	USD 42,537,326	Above allocated request for entire module					USD 2,891,704	
Intervention	Description of Intervention <sup>2</sup>	Intervention budget (request to the Global Fund only)					Cost Assumptions <sup>3</sup>	Other funding <sup>4</sup>
		Responsible Principal Recipient(s)	Allocated or Above Allocated	Year 1	Year 2	Year 3		

Target population: PLWH with special focus on HIV/TB, IDU, MSM and CSW. Geographical scope: all regions of Ukraine, including penitentiary institutions and remote decentralized ART sites with special focus on HIV/TB, IDU, MSM and CSW. Main focus will be on the 5 most affected regions (Donecky, Dnepropetrovsky, Nicolaevsky, Odessky regions and Kyiv) where there will be near 50% of all the patients receiving ART on account of GF. Implementation approach: The procurement of ART under the GF project is planned to cover maximum number of PLWH representing key affected populations. The treatment program will be funded jointly from GF and state budgets with plans to completely fund ART procurement from the state budget since 2017. Procurement of ARVs is planned for 2 years with 6 months buffer. Finance for drugs for these patients is already in the project of the National Programm and delivery of drugs is expected in the second half of the year 2017 (Moneys for 2017 ART procurement is allocated into the state budget but due to the tender schedule technically it will be procured only in the second part of 2017). The major change in ART procurement for NFM was made taking into consideration the focus on HIV/TB co-infected patients thus shifting majority of drugs to WHO 2013 consolidated guidelines recommending regimens based on Tenofovir and Efavirenz (TEE or TLE) and fixed dosed combinations (TDF/FTC/EFV and ABC/3TC). Ukraine is in the process of updating of National Protocol based on the WHO 2010 treatment guidelines Guidelines. Procurement of ARVs with focus on first-line regimens and ARV logistics. Farther decentralisation of ART and integration into other services (TB, narcological) will be held. Support for physicians' visits to penitentiary settings for ART prescription. Support for transporting blood samples from decentralized ART sites and penitentiary settings to AIDS centers.

All-Ukrainian Network of People Living with HIV/AIDS	Allocated	10,824,092	20,889,508	0
	Above			
Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine	Allocated			
	Above			

Please, see detailed calculation in the Excel file submitted.

Antiretroviral Therapy (ART)

Additional Programmatic cost for implementation of activities in Crimea	Additional Programmatic cost for provision of treatment adherence and patient out-care services in Crimea	All-Ukrainian Network of People Living with HIV/AIDS	Allocated				Additional 20% of Programmatic cost to provide services in Crimea.
			Above	24,841	24,841	12,421	

Out-patient care

Target population: PLWH receiving ART with special focus on HIV/TB, IDU, MSM and CSW. Geographical scope: all regions of Ukraine, including penitentiary institutions and remote decentralized ART sites with special focus on HIV/TB, IDU, MSM and CSW. Main focus will be on the 5 most affected regions (Donetsk, Dnipropetrovsk, Mykolaiv, Odesa regions and Kyiv) where there will be near 50% of all the patients receiving ART on account of GF. Implementation approach: Treatment monitoring will be implemented by the state healthcare facilities with funds allocated under the GF project to cover existing deficit (such as absent funding for treatment monitoring in penitentiary institutions). Procurement and logistics of CD4 and viral load tests. As reflected in the WHO 2010 consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection the amount of CD4 tests for procurement was decreased to 2 per year for patients preparing to start ART and to 1 per year for patients on ART for treatment monitoring. Support for transporting blood samples from decentralized ART sites and penitentiary settings to AIDS centers.

All-Ukrainian  
Network of People  
Living with HIV/AIDS

Allocated	636,133	695,231	381,166
Above	41,734	41,734	20,867

At the expense of these funds the purchase of tests for CD4 and VL and logistics is funded . To ensure and Support for transporting blood samples from decentralized ART sites and penitentiary settings to AIDS centers funding opportunities will be found elsewhere.

Correct assumption should be: Please, see detailed calculation in the Excel file submitted. Detailed calculation for activities in Crimea are placed in line "Above allocation based on clarification with the country, there was an error in the figures. two intervention budgets were confused: out-patient care and treatment monitoring. Technical error.

<p>Prevention, diagnosis and treatment of opportunistic infections</p>	<p>Target population: PLWH with special focus on HIV/TB, IDU, MSM and CSW. Geographical scope: all regions of Ukraine, including penitentiary institutions and remote decentralized ART sites with special focus on HIV/TB, IDU, MSM and CSW. Main focus will be on the 5 most affected regions (Donetsk, Dnipropetrovsk, Mykolaiv, Odesa regions and Kyiv). Implementation approach: The range of drugs to treat OIs is selected according to nosological forms that occur in patients with AIDS in Ukraine: for treatment and prevention of bacterial, viral and fungal infections with exclusion of moxifloxacin to avoid development of drug resistance to TB medications taking into consideration HIV/TB co-infected patients. Bacterial infections will be treated by other antibiotics, which are included in the list. Calculations for OI drugs were made based on the number of OI cases reported by the regions (excluding Crimea and Sevastopol) for bacterial, fungal infections, Toxo, Herpes, CMV and PCP. Co-trimoxazol prevention calculation is based on the number of new AIDS cases reported in 2013 + number of Toxo cases + number of PCP cases (secondary prevention). Procurement of medications for treatment of side effects is planned to be covered by local budgets.</p>	<table border="1"> <tr> <td data-bbox="854 604 1098 724" rowspan="2">All-Ukrainian Network of People Living with HIV/AIDS</td> <td data-bbox="1098 604 1270 661">Allocated</td> <td data-bbox="1270 604 1389 661">0</td> <td data-bbox="1389 604 1519 661">0</td> <td data-bbox="1519 604 1638 661">0</td> <td data-bbox="1638 604 2908 724" rowspan="2">Please, see detailed calculation in the Excel file submitted. Detailed calculation for activities in Crimea are placed in line "Above allocation".</td> </tr> <tr> <td data-bbox="1098 661 1270 724">Above</td> <td data-bbox="1270 661 1389 724">1,259,543</td> <td data-bbox="1389 661 1519 724">1,259,543</td> <td data-bbox="1519 661 1638 724"></td> </tr> </table>	All-Ukrainian Network of People Living with HIV/AIDS	Allocated	0	0	0	Please, see detailed calculation in the Excel file submitted. Detailed calculation for activities in Crimea are placed in line "Above allocation".	Above	1,259,543	1,259,543	
All-Ukrainian Network of People Living with HIV/AIDS	Allocated	0		0	0	Please, see detailed calculation in the Excel file submitted. Detailed calculation for activities in Crimea are placed in line "Above allocation".						
	Above	1,259,543	1,259,543									

Treatment adherence

Target population: PLWH who are getting ready for ART initiation, newly diagnosed PLWH, PLWH at risk of ART drop-out, PLWH who dropped out of regular follow-up at health facilities - with special focus at HIV/TB, IDUs, MSM and CSWs. Geographical scope: all regions of Ukraine, including penitentiary institutions and remote decentralized ART-sites - with special focus at the most affected regions. The number of the institutions covered by the intervention includes over 50% of existing 179 penitentiary institutions, 26 Oblast AIDS Centers, 14 City AIDS Centers, 10 TB dispensaries, 2 venereal diseases clinics, 2 narcological clinics and 149 decentralized ART sites at the primary and secondary level of medical institutions. Goal: forming adherence to treatment and retention in care. Implementation approach: supportive casemanagement implemented by NGOs in collaboration with HIV treatment institutions. Intervention services: - 6 counseling sessions by social worker, including A) needs assessment to identify barriers and developing individualized adherence plan of problem-solving activities to address these barriers; B) providing information on HIV, ART, OI, positive prevention, reproductive health and family planning as gender-sensitive services, rights of PLWH, access to healthcare and social facilities; C) forming skills and motivation for adherence to treatment and retention in care D) screening on TB; - 3 phone reminders, each 3-4 months, to support skills and motivation in adherence to treatment and retention in care, to detect risks of drop-out; - 1 service on individual advocacy by social worker or lawyer, in case of rights violation or inability of a client to get access to healthcare and social facilities, including cases on violence against HIV+ women and police discrimination of women IDUs; Additional services on voluntary basis: - community-based ART delivery - on voluntary basis - self-help groups for PLWH who are getting ready for ART initiation - on voluntary basis.

All-Ukrainian Network of People Living with HIV/AIDS	Allocated	1,330,164	1,441,879	786,761	Please, see detailed calculation in the Excel file submitted. Detailed calculation for activities in Crimea are placed in line "Above allocation".
	Above	82,472	82,472	41,236	



Treatment monitoring	<p>Target population: PLWH in severe health condition in need of regular home and hospital based care with focus on HIV/TB, IDU, MSM and CSW. Geographical scope: all regions of Ukraine - with special focus at the most affected regions. Goal: to improve the quality of life of people with chronic illnesses including HIV/AIDS. Implementation approach: comprehensive casemanagement implemented by NGOs in collaboration with HIV treatment institutions. Intervention: "Home-based care for PLWH". Intervention services: - 10 patronages by social worker, including ART delivery, transporting to healthcare facilities etc; - 6 motivational interviewing sessions by psychologist to form and support motivation for treatment adherence and maintaining health - 3 services of individual advocacy by social worker and/or lawyer, in case of rights violation or inability of a client to get access to healthcare and social facilities; - 6 counseling sessions by social worker, including A) needs assessment to identify barriers and developing individualized adherence plan of problem-solving activities to address these barriers; B) providing information on HIV, ART, OI, positive prevention, reproductive health and family planning as gender-sensitive services, rights of PLWH, access to healthcare and social facilities; C) forming skills and motivation for adherence to treatment and retention in care D) screening on TB; - 3 phone reminders, each 3-4 months, to support skills and motivation in adherence to treatment and retention in care, to detect risks of drop-out.</p>	All-Ukrainian Network of People Living with HIV/AIDS	<table border="1"> <tr> <td>Allocated</td> <td>1,849,314</td> <td>3,703,078</td> </tr> <tr> <td>Above</td> <td></td> <td></td> </tr> </table>	Allocated	1,849,314	3,703,078	Above				<p>Please, see detailed calculation in the Excel file submitted. Detailed calculation for activities in Crimea are placed in line "Above allocation".</p>	<p>Correct assumption should be: At the expense of these funds the purchase of tests for CD4 and VL and logistics is funded . To ensure and Support for transporting blood samples from decentralized ART sites and penitentiary settings to AIDS centers funding opportunities will be found elsewhere corrected as per clarification with the country due to technical error. two intervention budgets were confused: out-patient care and treatment monitoring.</p>
Allocated	1,849,314	3,703,078										
Above												

Module: Program management									
Module budget - Program management									
Allocated request for entire module	USD 9,896,000	Above allocated request for entire module					USD 0		
Intervention	Description of Intervention <sup>2</sup>	Responsible Principal Recipient(s)	Intervention budget (request to the Global Fund only)			Cost Assumptions <sup>3</sup>	Other funding <sup>4</sup>		
			Allocated or Above Allocated	Year 1	Year 2			Year 3	

Grant management	The Programme Management module includes activities related to the GF grant management at PRs/SRs level, oversight and related TA assistance to grant management, improvement of financial management, supervision from PRs to SRs level, human resources planning and staffing; operational costs; coordination with national TB and HIV programmes as well as with the national and regional authorities, management meetings, trainings, office rents and IT equipment provision, financial monitoring and audit.	All-Ukrainian Network of People Living with HIV/AIDS	Allocated	1,453,045	2,512,094	216,194	The 8% of grant management from the Program Budget of the PR's ia agreed upon by the Working Group. The Detailed Budget for the Grant Management will be finalized with the each PR separately.
			Above				
		International HIV/AIDS Alliance, Ukraine	Allocated	2,605,452	2,560,734	422,867	The 8% of grant management from the Program Budget of the PR's ia agreed upon by the Working Group. The Detailed Budget for the Grant Management will be finalized with the each PR separately.
			Above				
		Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine	Allocated	61,614	39,506	24,494	The 8% of grant management from the Program Budget of the PR's ia agreed upon by the Working Group. The Detailed Budget for the Grant Management will be finalized with the each PR separately.
			Above				

### E. Financial Gap Analysis and Counterpart Financing

Country: Ukraine				Currency: USD			
Component: HIV/AIDS				Cycle: January - December			
Year of CN Submission: 2014							
Current and previous				Estimated			
Part One: National Strategic Plan Funding Needs and Resources							
<b>Total Funding Needs</b>							Data Sources/Comments
	2012	2013	2014	2015	2016	2017	
	01/2012 - 12/2012	01/2013 - 12/2013	01/2014 - 12/2014	01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	
Total Funding needs for the National Strategic Plan (provide annual amounts)			148,237,928	163,746,456	176,001,184	171,098,112	National Aids Programme 2014-2018 - initial budget before cut.
LINE A: Total Funding needs for the National Strategic Plan			659,083,680				

Domestic Resources							Data Sources/Comments
	2012	2013	2014	2015	2016	2017	
	01/2012 - 12/2012	01/2013 - 12/2013	01/2014 - 12/2014	01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	
<b>Total Resources</b>							
Domestic source B1: Loans							Preliminary NASA 2011-2012 estimates (2012 only)
Domestic source B2: Debt relief							
Domestic source B3: Government revenues	55,930,943	41,874,751	28,272,838	75,525,208	81,057,526	110,393,823	2012 data - Preliminary NASA 2011-2012 estimates excluding shared health systems cost (e.g. facility maintenance & medical staff), 2013 - execution of the State and local budgets of NAP; 2014 - State budget Law allocation in the State budget+estimate for the local budgets based on NASA'2012 data (excl. facility maintenance and other shared health systems cost); 2015-2017 data: Phase II HIV application (NAP expected allocations)
Domestic source B4: Social health insurance							
Domestic source B5: Private sector contributions national	3,681,029	3,681,029	3,681,029	3,681,029	3,681,029	3,681,029	Preliminary NASA 2011-2012 estimates (all private sources from NASA, not disaggregated between domestic and international); assumed to be consistent across all years.
<b>LINE B: Domestic Resources</b>	<b>59,611,972</b>	<b>45,555,780</b>	<b>31,953,867</b>	<b>79,206,237</b>	<b>84,738,555</b>	<b>114,074,852</b>	

External Resources							Data Sources/Comments
	2012	2013	2014	2015	2016	2017	
	01/2012 - 12/2012	01/2013 - 12/2013	01/2014 - 12/2014	01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	
Other	1,774,108	511,804	246,619	231,615			Preliminary NASA 2011-2012 estimates (2012 only), Phase II HIV application (donor provided).
World Health Organization (WHO)							
World Bank (WB)	120,000	50,000	100,000	100,000			Donor provided
United Nations Population Fund (UNFPA)			134,900	47,200			UN provided data 2014-2015
The United Nations Children's Fund (UNICEF)	1,061,890	1,111,372	201,000	171,000	1,111,372	1,111,372	Preliminary NASA 2011-2012 estimates (2012 only), UN provided data 2014-2015, Phase II HIV application.
United Nations Development Programme (UNDP)	455,156	448,307	108,221	4,000	130,114	130,114	Preliminary NASA 2011-2012 estimates (2012 only), UN provided data 2014-2015, Phase II HIV application.
Joint United Nations Programme on HIV/AIDS (UNAIDS)	79,148	221,583	239,750	140,250	221,583	221,583	Preliminary NASA 2011-2012 estimates (2012 only), UN provided data 2014-2015, Phase II HIV application.
United States Government (USG)	5,000,000	8,500,000	20,600,000	22,400,000	22,400,000	22,400,000	2012 year: USG data on the disbursements; Donor provided for 2013 and 2014 only (USG HIV funds including SIAPS program); estimates for all subsequent years.
European Union/European Commission	354,586	560,680	607,640	59,883			Phase II HIV application (donor provided)
Germany	2,494,146	1,744,189	1,574,639	1,837,079			Phase II HIV application (donor provided).
<b>LINE C: External Resources</b>	<b>11,339,034</b>	<b>13,147,935</b>	<b>23,812,769</b>	<b>24,991,027</b>	<b>23,863,069</b>	<b>23,863,069</b>	

Global Fund Resources							Data Sources/Comments
	2012	2013	2014	2015	2016	2017	
	01/2012 - 12/2012	01/2013 - 12/2013	01/2014 - 12/2014	01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	
UKR-607-G06-H	3,704,800	0	0	0	0	0	Please, consider the difference from the Excel file of the Gap Analysis developed to teh Proposal STA of the D&T Project.
UKR-607-G05-H	4,463,706	0	0	0	0	0	Please, consider the difference from the Excel file of the Gap Analysis developed to teh Proposal STA of the D&T Project.
UKR-011-G08-H	23,318,375	20,296,302	24,481,875	0	0	0	Please, consider the difference from the Excel file of the Gap Analysis developed to teh Proposal STA of the D&T Project.
UKR-011-G09-H	21,472,576	22,676,582	12,903,286	0	0	0	Please, consider the difference from the Excel file of the Gap Analysis developed to teh Proposal STA of the D&T Project.
UKR-011-G10-H	2,026,524	1,737,382	2,910,483	0	0	0	Please, consider the difference from the Excel file of the Gap Analysis developed to teh Proposal STA of the D&T Project.
<b>LINE D: Global Fund Resources</b>	<b>54,985,981</b>	<b>44,710,266</b>	<b>40,295,644</b>	<b>0</b>	<b>0</b>	<b>0</b>	
Total Request							
	2012	2013	2014	2015	2016	2017	
	01/2012 - 12/2012	01/2013 - 12/2013	01/2014 - 12/2014	01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	
<b>Total anticipated resources (annual amounts)</b>			96,062,280	104,197,264	108,601,624	137,937,921	
<b>LINE E : Total anticipated resources (Line B+C+D)</b>				446,799,089			
<b>Annual Anticipated Funding Gap (Total funding need - Total anticipated funding gap)</b>			52,175,648	59,549,192	67,399,560	33,160,191	
<b>LINE F: Total anticipated funding gap (Line A - E)</b>				212,284,591			
<b>LINE G: Total Funding Request to the Global Fund</b>			0	30,089,027	42,574,700	7,912,610	
<b>LINE H: Funding request within the Allocated Amount</b>			0	26,502,959	39,298,437	6,478,949	
<b>LINE I: Funding request above the Allocated Amount</b>			0	3,586,067	3,276,264	1,433,661	

Part Two: Overall Health Sector - Government Health Spending							
Government Health Spending							Data Sources/Comments
	2012	2013	2014	2015	2016	2017	
	01/2012 - 12/2012	01/2013 - 12/2013	01/2014 - 12/2014	01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	
Domestic source J1: Loans							
Domestic source J2: Debt Relief							
Domestic source J3: Government funding resources							
<b>Total government health</b>	0	0	0	0	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							Data Sources/Comments
	2012	2013	2014	2015	2016	2017	
	01/2012 - 12/2012	01/2013 - 12/2013	01/2014 - 12/2014	01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	
<b>Total government resources</b>	55,930,943	41,874,751	28,272,838				
<b>Average of government resources</b>	42,026,177						
<b>Average of request within allocated</b>				24,093,448			
<b>Counterpart financing based on existing commitments</b>							63.56%
<b>Average of total request</b>				26,858,779			
<b>Counterpart financing based on total funding request</b>							61.01%

Country: Ukraine			Currency: USD				
Component: Tuberculosis			Cycle: January - December				
Year of CN Submission: 2014							
	Current and previous			Estimated			
Part One: National Strategic Plan Funding Needs and Resources							
Total Funding Needs							Data Sources/Comments
	2012	2013	2014	2015	2016	2017	
	01/2012 - 12/2012	01/2013 - 12/2013	01/2014 - 12/2014	01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	
<b>Total Funding needs for the National Strategic Plan (provide annual amounts)</b>			285,488,974	294,711,882	279,208,346	279,208,346	2014-2017 data: STOP TB Budgeting and Planning Tool; assumes 2017 requirement will be same as 2016.
<b>LINE A: Total Funding needs for the National Strategic Plan</b>				1,138,617,548			

Domestic Resources							Data Sources/Comments
	2012	2013	2014	2015	2016	2017	
	01/2012 - 12/2012	01/2013 - 12/2013	01/2014 - 12/2014	01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	
<b>Total Resources</b>							
Domestic source B1: Loans							
Domestic source B2: Debt relief							
Domestic source B3: Government revenues	135,711,825	131,720,567	122,159,735	124,127,646	124,311,088	124,311,088	2013 data source: NTBP budget execution (local+State); 2014-2016 data source: budget allocation for State budget + local budget estimate from NTBP; assumes 2017 requirement will be same as 2016; 2012 data relies on previous Phase II application (TB Nat Programme 2012-2016+ financial monitoring).
Domestic source B4: Social health insurance							
Domestic source B5: Private sector contributions national	2,814,495	2,564,182	2,564,182	2,564,182	2,564,182	2,564,182	Phase II TB application: Nat TB Programme 2012-2016+Financial monitoring.
<b>LINE B: Domestic Resources</b>	<b>138,526,320</b>	<b>134,284,749</b>	<b>124,723,917</b>	<b>126,691,828</b>	<b>126,875,270</b>	<b>126,875,270</b>	
External Resources							Data Sources/Comments
	2012	2013	2014	2015	2016	2017	
	01/2012 - 12/2012	01/2013 - 12/2013	01/2014 - 12/2014	01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	
United States Government (USG)	4,400,000	3,358,833	5,534,082	5,532,415	4,882,415	1,488,583	2013 - 2017 Donor (expended and budgeted); 2012 previous Phase II TB application.
<b>LINE C: External Resources</b>	<b>4,400,000</b>	<b>3,358,833</b>	<b>5,534,082</b>	<b>5,532,415</b>	<b>4,882,415</b>	<b>1,488,583</b>	
Global Fund Resources							Data Sources/Comments
	2012	2013	2014	2015	2016	2017	
	01/2012 - 12/2012	01/2013 - 12/2013	01/2014 - 12/2014	01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	
UKR-913-G11-T	0	6,059,183	17,159,033	0	0	0	Please, consider the difference from the Excel file of the Gap Analysis developed to teh Proposal STA of the D&T Project.
UKR-911-G07-T	11,392,752	11,381,140	0	0	0	0	Please, consider the difference from the Excel file of the Gap Analysis developed to teh Proposal STA of the D&T Project.
<b>LINE D: Global Fund Resources</b>	<b>11,392,752</b>	<b>17,440,323</b>	<b>17,159,033</b>	<b>0</b>	<b>0</b>	<b>0</b>	

Total Request							
	2012	2013	2014	2015	2016	2017	
	01/2012 - 12/2012	01/2013 - 12/2013	01/2014 - 12/2014	01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	
Total anticipated resources (annual amounts)			147,417,032	132,224,243	131,757,685	128,363,853	
LINE E : Total anticipated resources (Line B+C+D)	539,762,813						
Annual Anticipated Funding Gap (Total funding need - Total anticipated funding gap)			138,071,942	162,487,639	147,450,661	150,844,493	
LINE F: Total anticipated funding gap (Line A - E)	598,854,735						
LINE G: Total Funding Request to the Global Fund			0	25,194,362	24,775,830	2,010,109	
LINE H: Funding request within the Allocated Amount			0	24,995,534	24,602,162	1,815,021	
LINE I: Funding request above the Allocated Amount			0	198,829	173,667	195,088	

**Part Two: Overall Health Sector - Government Health Spending**

Government Health Spending							Data Sources/Comments
	2012	2013	2014	2015	2016	2017	
	01/2012 - 12/2012	01/2013 - 12/2013	01/2014 - 12/2014	01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	
Domestic source J1: Loans							
Domestic source J2: Debt Relief							
Domestic source J3: Government funding resources							
Total government health	0	0	0	0	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							
	2012	2013	2014	2015	2016	2017	
	01/2012 - 12/2012	01/2013 - 12/2013	01/2014 - 12/2014	01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	
Total government resources	135,711,825	131,720,567	122,159,735				
Average of government resources	129,864,042						
Average of request within allocated	17,137,572						
Counterpart financing based on existing commitments							88.34%
Average of total request	17,326,767						
Counterpart financing based on total funding request							88.23%



## 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)