

# Grant Performance Report

## ROM-202-G01-H-00

16 November, 2006

### Grant General Information

Grant Number	ROM-202-G01-H-00
Grant Title	Rising to the Challenges of HIV/AIDS: A Comprehensive, Co-ordinated Multi-Sectoral Response in Romania
Component	HIV/AIDS
Round	2
Principal Recipient	Ministry of Health and Family of the Government of Romania
Lifetime Budget	USD 26,861,313.00
Phase 1 Grant Amount	USD 21,801,000.00
Program Start Date	01-Jan-04

### 1. Program Descriptions, Objectives, Targets and Results

#### Program Description

The five-year Program supported with this Global Fund grant aims to ensure the implementation of essential prevention interventions to reduce the transmission of HIV/AIDS. In addition, it seeks to strengthen the national systems of health care and psychosocial support to reduce the impact of HIV/AIDS on people infected and affected, and to improve the efficiency of resources for treatment and care. The program also supports the development and strengthening of the surveillance and monitoring and evaluation systems for HIV/AIDS and associated risk behaviors.

The overall aim is to maintain the incidence of HIV at 2001 levels and to increase the life expectancy of people living with HIV/AIDS.

The Program promotes new partnerships in the responses of government agencies, non-government organizations (NGOs), and donors to support the initial functioning and efforts of the National Inter-Sectoral Commission for HIV/AIDS (hereinafter referred to as the Country Coordinating Mechanism (CCM)).

Key strategies that seek to achieve the Program goals focus on:

- Expanding model programs, nationwide information, education and communication campaigns, and targeted interventions for vulnerable populations developed within a supportive environment with special focus on STIs, and the risk behavior associated with intravenous drug use.
- Establishing and expanding model services and interventions, ensuring human resources and addressing existing barriers to the provision of most cost-efficient and accessible combination of services.
- Building the capacity of the monitoring and surveillance system, initiating second generation surveillance measures, and expanding models of data collection, analysis and dissemination.

**Program Goals and Impact Indicators**

Goal 1	To scale up HIV prevention in priority areas, while strengthening the system of treatment, care, social support and access to services for people living with HIV/AIDS and vulnerable populations.	Baseline		Target				
		Value	Date	Year 1	Year 2	Year 3	Year 4	Year 5
Impact Indicator	HIV rate among general population	0.04%	2001					0.04%
Impact Indicator	Reduced percentage of young people aged 15-24 who are HIV-infected	TBD						TBD
Impact Indicator	Reduced percentage of high-risk groups (CSWs, MSMs, IDUs) who are HIV-infected	TBD						TBD
Impact Indicator	Incidence of syphilis among general population	55/100,000	2001					25/100,000
Impact Indicator	Incidence of Hepatitis C virus (HCV) among injecting drug users (IDUs)	60%	2002					20%
Impact Indicator	Percentage of infants born HIV positive from HIV positive mothers	20%	2001					1-5%
Impact Indicator	AIDS mortality rate/100,000 inhabitants	0.6	2001					0.3
Impact Indicator	Percentage of young people reporting use of condom during sexual intercourse with a non-regular sex partner (outcome ind.)	27	1999		50	60	65	65
Impact Indicator	Percentage of commercial sex workers (CSWs) reporting use of condom with most recent client (outcome ind.)	21%	2000			40%	50%	50%
Impact Indicator	Percentage of men having sex with men (MSMs) reporting use of condom with a non-regular sex partner (outcome ind.)	30%	2000			50%	55%	60%
Impact Indicator	Percentage of IDUs reporting sharing injecting equipment last time they injected drugs (outcome ind.)	52%	2002			35%	30%	25%
Impact Indicator	Percentage of Roma in targeted areas who correctly identify means for preventing HIV transmission (outcome ind.)	28%	2000			45%	50%	50%
Impact Indicator	Percentage of people living with HIV/AIDS benefiting from the legal forms of applicable social support (outcome ind.)	40	2001		65	75	80	80

**Program Objectives, Service Delivery Areas, Indicators and Targets**

<b>Objective 1</b>	Ensuring sustainable prevention programs to reduce incidence of HIV	<b>Goal Number :</b>	1
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<b>SDA 1</b>	Prevention: Behavioral Change Communication - Mass Media
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<b>1</b>	Number of people exposed to national mass-media campaign and local IEC campaign messages										Level 3-People reached	
<b>Baseline</b>		<b>Period 1</b>	<b>Period 2</b>	<b>Period 3</b>	<b>Period 4</b>	<b>Period 5</b>	<b>Period 6</b>	<b>Period 7</b>	<b>Period 8</b>	<b>Period 9</b>	<b>Period 10</b>	
<b>Date</b>	2001	<b>Target</b>	0	0	1500000	3500000	4100000	4600000	5600000	6500000		
		<b>Result</b>	0	0	0	1541300	5232407	10984607	12581144	14151104		
<b>Value</b>	500000		<b>Period 11</b>	<b>Period 12</b>	<b>Period 13</b>	<b>Period 14</b>	<b>Period 15</b>	<b>Period 16</b>	<b>Period 17</b>	<b>Period 18</b>	<b>Period 19</b>	<b>Period 20</b>
		<b>Target</b>										
		<b>Result</b>										

<b>2</b>	Percent recall of national campaign key messages among target population										Level 3-People reached	
<b>Baseline</b>		<b>Period 1</b>	<b>Period 2</b>	<b>Period 3</b>	<b>Period 4</b>	<b>Period 5</b>	<b>Period 6</b>	<b>Period 7</b>	<b>Period 8</b>	<b>Period 9</b>	<b>Period 10</b>	
<b>Date</b>	2003	<b>Target</b>	baseline study	0	-	-	-	-	-	25%		
		<b>Result</b>	0	0	baseline study compl-d	-	-	-	-	28%		
<b>Value</b>	0%		<b>Period 11</b>	<b>Period 12</b>	<b>Period 13</b>	<b>Period 14</b>	<b>Period 15</b>	<b>Period 16</b>	<b>Period 17</b>	<b>Period 18</b>	<b>Period 19</b>	<b>Period 20</b>
		<b>Target</b>										
		<b>Result</b>										

<b>3</b>	Number of blood units donated as a result of IEC campaigns and screened for HIV										Level 3-People reached	
<b>Baseline</b>		<b>Period 1</b>	<b>Period 2</b>	<b>Period 3</b>	<b>Period 4</b>	<b>Period 5</b>	<b>Period 6</b>	<b>Period 7</b>	<b>Period 8</b>	<b>Period 9</b>	<b>Period 10</b>	
<b>Date</b>	2001	<b>Target</b>	0	0	1000	5000	7500	10000	10000	10000		
		<b>Result</b>	0	0	4895	17075	27678	36403	36403	36403		
<b>Value</b>	50 units		<b>Period 11</b>	<b>Period 12</b>	<b>Period 13</b>	<b>Period 14</b>	<b>Period 15</b>	<b>Period 16</b>	<b>Period 17</b>	<b>Period 18</b>	<b>Period 19</b>	<b>Period 20</b>
		<b>Target</b>										
		<b>Result</b>										

<b>SDA 2</b>	Prevention: Youth Education and Prevention
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<b>1</b>	Number and percentage of children and teens attending school exposed to HIV/AIDS/drug prevention programs										Level 3-People reached	
<b>Baseline</b>		<b>Period 1</b>	<b>Period 2</b>	<b>Period 3</b>	<b>Period 4</b>	<b>Period 5</b>	<b>Period 6</b>	<b>Period 7</b>	<b>Period 8</b>	<b>Period 9</b>	<b>Period 10</b>	
<b>Date</b>	2002	<b>Target</b>	0	0	0	23% 690000/300000	23% 690000/300000	23% 690000/300000	23% 690000/300000	43% 1290000/300000	56.6% 1641000/2900000	56.6% 1641000/2900000
		<b>Result</b>	0	0	0	23% 690000/300000	23% 690000/300000	23% 690000/300000	23% 690000/300000	48.78% 1463544/3000000		48.78% 1463544/3000000
<b>Value</b>	3%		<b>Period 11</b>	<b>Period 12</b>	<b>Period 13</b>	<b>Period 14</b>	<b>Period 15</b>	<b>Period 16</b>	<b>Period 17</b>	<b>Period 18</b>	<b>Period 19</b>	<b>Period 20</b>
		<b>Target</b>	56.6% 1641000/2900000	56.6% 1641000/2900000								

		Result										
<b>2</b>	Number of teachers trained to deliver health education in schools									Level 1-People trained		
<b>Baseline</b>			<b>Period 1</b>	<b>Period 2</b>	<b>Period 3</b>	<b>Period 4</b>	<b>Period 5</b>	<b>Period 6</b>	<b>Period 7</b>	<b>Period 8</b>	<b>Period 9</b>	<b>Period 10</b>
<b>Date</b>	2003	<b>Target</b>	0	0	2200	2200	3600	5400	6200	8000		
		<b>Result</b>	0	0	0	2200	4700	8070	8070	9185		
<b>Value</b>	0		<b>Period 11</b>	<b>Period 12</b>	<b>Period 13</b>	<b>Period 14</b>	<b>Period 15</b>	<b>Period 16</b>	<b>Period 17</b>	<b>Period 18</b>	<b>Period 19</b>	<b>Period 20</b>
		<b>Target</b>										
		<b>Result</b>										

<b>3</b>	Number of children and teens in child protection institutions involved in HIV/AIDS education programs									Level 3-People reached		
<b>Baseline</b>			<b>Period 1</b>	<b>Period 2</b>	<b>Period 3</b>	<b>Period 4</b>	<b>Period 5</b>	<b>Period 6</b>	<b>Period 7</b>	<b>Period 8</b>	<b>Period 9</b>	<b>Period 10</b>
<b>Date</b>	2003	<b>Target</b>	0	0	0	0	3400	4600	6000	7300		
		<b>Result</b>	0	0	0	0	3654	4738	5125	6245		
<b>Value</b>	0		<b>Period 11</b>	<b>Period 12</b>	<b>Period 13</b>	<b>Period 14</b>	<b>Period 15</b>	<b>Period 16</b>	<b>Period 17</b>	<b>Period 18</b>	<b>Period 19</b>	<b>Period 20</b>
		<b>Target</b>										
		<b>Result</b>										

<b>4</b>	Number of child protection institutions having trained staff and HIV/STI/drug abuse programs in place									Level 2-Service Points supported		
<b>Baseline</b>			<b>Period 1</b>	<b>Period 2</b>	<b>Period 3</b>	<b>Period 4</b>	<b>Period 5</b>	<b>Period 6</b>	<b>Period 7</b>	<b>Period 8</b>	<b>Period 9</b>	<b>Period 10</b>
<b>Date</b>	2002	<b>Target</b>	0	0	20	50	90	92	95	100		
		<b>Result</b>	0	52	94	94	132	145	168	191		
<b>Value</b>	6		<b>Period 11</b>	<b>Period 12</b>	<b>Period 13</b>	<b>Period 14</b>	<b>Period 15</b>	<b>Period 16</b>	<b>Period 17</b>	<b>Period 18</b>	<b>Period 19</b>	<b>Period 20</b>
		<b>Target</b>										
		<b>Result</b>										

<b>5</b>	Number of staff in child protection institutions trained in HIV/AIDS education programs									Level 1-People trained		
<b>Baseline</b>			<b>Period 1</b>	<b>Period 2</b>	<b>Period 3</b>	<b>Period 4</b>	<b>Period 5</b>	<b>Period 6</b>	<b>Period 7</b>	<b>Period 8</b>	<b>Period 9</b>	<b>Period 10</b>
<b>Date</b>	2003	<b>Target</b>	0	0	0	0	218	240	262	282		
		<b>Result</b>	0	0	0	0	273	342	371	435		
<b>Value</b>	15		<b>Period 11</b>	<b>Period 12</b>	<b>Period 13</b>	<b>Period 14</b>	<b>Period 15</b>	<b>Period 16</b>	<b>Period 17</b>	<b>Period 18</b>	<b>Period 19</b>	<b>Period 20</b>
		<b>Target</b>										
		<b>Result</b>										

<b>6</b>	Adequate HIV/AIDS knowledge among young people (15-24 years old)									Level 3-People reached		
<b>Baseline</b>			<b>Period 1</b>	<b>Period 2</b>	<b>Period 3</b>	<b>Period 4</b>	<b>Period 5</b>	<b>Period 6</b>	<b>Period 7</b>	<b>Period 8</b>	<b>Period 9</b>	<b>Period 10</b>
<b>Date</b>	2000	<b>Target</b>	0	0	0	0	0	0	0	0	0	0
		<b>Result</b>	0	0	0	0	0	0	0	0	0	0
<b>Value</b>	40%		<b>Period 11</b>	<b>Period 12</b>	<b>Period 13</b>	<b>Period 14</b>	<b>Period 15</b>	<b>Period 16</b>	<b>Period 17</b>	<b>Period 18</b>	<b>Period 19</b>	<b>Period 20</b>





10										Number of children and young people living in the street and Roma reached by outreach programs		Level 3-People reached	
Baseline		Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10		
Date	2004	Target	0	0	4300	7000	7200	9400	11600	13800	22405	22810	
		Result	0	0	2724	7063	11788	16308	21463	23744		24725	
Value	500		Period 11	Period 12	Period 13	Period 14	Period 15	Period 16	Period 17	Period 18	Period 19	Period 20	
		Target	23215	23620									
		Result											

11										Number of sex workers and clients reached through outreach programs		Level 3-People reached	
Baseline		Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10		
Date		Target	0	325	725	1050	1300	1600	2000	2500	2820	2830	
		Result	0	325	728	1400	2081	3243	4307	5185		6070	
Value	N/A		Period 11	Period 12	Period 13	Period 14	Period 15	Period 16	Period 17	Period 18	Period 19	Period 20	
		Target	2840	2850									
		Result											

12										Number and percentage of Ministry of Justice (MoJ) medical staff - GDP trained to deliver IEC sessions		Level 1-People trained	
Baseline		Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10		
Date	2003	Target	0%	10%	25%	40%	40%	51.85%	51.85%	60% 145/243			
		Result	0%	0%	25%	56%	56%	66.37%	79.65% 180/226	79.65% 180/226			
Value	0%		Period 11	Period 12	Period 13	Period 14	Period 15	Period 16	Period 17	Period 18	Period 19	Period 20	
		Target											
		Result											

13										Number and percentage of Ministry of Defense (MoD) medical staff trained to deliver IEC sessions		Level 1-People trained	
Baseline		Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10		
Date	2003	Target	0%	10%	25%	40%	40%	40%	40%	75% 169/225			
		Result	0%	0%	0%	44%	96.4% 217/225	96.4% 217/225	96.4% 217/225	96.4% 217/225			
Value	0%		Period 11	Period 12	Period 13	Period 14	Period 15	Period 16	Period 17	Period 18	Period 19	Period 20	
		Target											
		Result											

14										Number of medical and non-medical staff trained in MOI and MOD military units and number of staff in child protection institutions trained in HIV/AIDS education		Level 1-People trained	
Baseline		Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10		
Date	2002	Target	0	0	0	0	0	0	0	908	933		
		Result	0	0	0	0	0	0	0	0		1073	
Value	15		Period 11	Period 12	Period 13	Period 14	Period 15	Period 16	Period 17	Period 18	Period 19	Period 20	
		Target	958	958									

















## Comments on Key Discrepancies between approved Proposal and Grant Agreement

### Comments

The Grant Agreement is in line with the approved proposal. The cumulative program targets agreed with the Principal Recipient in Attachment 1 (Indicators and Targets for Year 1) and Attachment 2 (Indicators and Targets for Year 2) to the Grant Agreement, have been slightly modified to incorporate measurable targets in line with the original proposal and the Monitoring and Evaluation (M&E) Toolkit. The cumulative program targets have been modified in Attachment 3 and certain indicators are no longer used as others have been added. The program has gone over to semi-annual disbursements, which is why indicators are now reported semi-annually.

## 2. Initial Global Fund Assessments

Global Fund Assessment		
Assessment	Rating	Assessment Value
<u>Background Analysis</u>	<u>x</u>	Background Analysis was not part of the assessment process at the time of grant signature.
<u>Financial Management and Systems</u>	<u>B1</u>	Areas identified for further strengthening included development of a clear and comprehensive Project Operation Manual, evidence of a system for Sub-Recipient assessment, selection, management and monitoring, additional human resources, systems to ensure integrity and proper management of financial data. The Principal Recipient (PR) should also provide evidence regarding tax exemptions, Project Management Unit (PMU) staffing and status, bank accounts designated for the grant funds. PR has taken appropriate measures per the above recommendations.
<u>Institutional and Programmatic</u>	<u>B2</u>	Areas identified for further strengthening included recruitment of additional staff, finalization of the Project Operation Manual, involvement of the PR leader in the strategic management of the project, training and communication plans. PR has taken appropriate measures.
<u>Procurement and Supply Management</u>	<u>B2</u>	The PR should (i) finalize the Procurement Plan, incorporating review of Sub-Recipient (SR) Plans, (ii) increase the number of procurement staff, (iii) clearly delineate PSM resources between the GF program and WB programs, (iv) clarify ownership of program assets with SRs. PR has taken appropriate measures.
<u>Monitoring and Evaluation</u>	<u>B1</u>	Areas identified for further strengthening included additional human resources and capacity building in the M&E area, development of appropriate M&E indicators, appropriate data information system, data integrity & confidentiality policy. PR has taken appropriate measures.
<u>Overall</u>	<u>x</u>	No overall rating was required at the time when these assessments were completed. Capacity gaps posing minor and some manageable risks were identified as part of the assessments. The Principal Recipient implemented capacity building per the above recommendations during implementation with some additional strengthening measures still in progress.



Were there any major conditions in the Grant Agreement?  Yes

Has Been Met	Comment
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> In Progress	Evidence that the Government of Romania will accord the exemptions from taxes and duties specified in Article 4 of the Standard Terms and Conditions to the PR and sub-recipients.
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> In Progress	Evidence that Non-Governmental Organizations Sub-Recipients, will be regarded as non-for-profit organizations and be exempted from all profit taxes applicable to commercial companies.
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> In Progress	Evidence that the PR Project Management Unit may recruit staff and manage funds independent of the Ministry for Health and Family but in accordance with existing legislation.
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> In Progress	Before disbursement of grant funds after the initial disbursement, the PR shall furnish evidence by means of an assessment of the PR's Monitoring & Evaluation systems that it can satisfactorily monitor and evaluate activities under the program.
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> In Progress	Before disbursement of grant funds after the initial disbursement, the PR shall furnish evidence by means of an assessment of the Principal Recipient's Institutional & Programmatic capacity, that it has the institutional and programmatic capacity to implement the program.
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> In Progress	Before disbursement of grant funds after the initial disbursement, the PR shall furnish a comprehensive Project Operation Manual, stipulating the internal organization of the Project Management Unit and the management of Sub-Recipients, including the sub-recipients' assessment and selection, disbursements, control and monitoring of their activities, including safeguard of assets in custody
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> In Progress	Before disbursement of grant funds after the initial disbursement, the PR shall furnish evidence that additional key staff have been appointed (the Chief Financial Officer and two Global Fund Program Coordinators).
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> In Progress	Before disbursement of grant funds after the initial disbursement, the PR shall furnish evidence that formal procedures for the identification and resolution of any conflict of interests have been established.
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> In Progress	The Principal Recipient will transfer approximately 40% (forty per cent) of the grants received from the Global Fund to Non-Governmental Agencies (NGOs), which will be contracted as Sub-Recipients.
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> In Progress	Before Ninth disbursement of grant funds and prior to 31 March 2006, the PR shall report to the Global Fund the results of the knowledge, attitudes and practices surveys (KAP) conducted in 2005.
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> In Progress	Not later than 31 March 2006, the PR shall provide to the Global Fund evidence that staff and other costs associated with the PMTCT, VCT and care and support services for PLWHA funded under the Program with Grant funds during Phase 1 will be sustained in Phase 2 with domestic sources of funding, or with alternative financial resources.

### 3. Key Grant Performance Information

#### Progress Review

Progress Update	Date Review	Rating	Summary
1	07-Jul-03	4	Conditions precedent met
2	01-Jul-04	3	PR to address the following issues: (i) appointment of senior HIV specialist to cover programmatic coordination of prevention and treatment; (ii) review of overall staffing levels and appropriate office facilities; (iii) ensure mechanism for independent audit, and improvements to the financial management and information system to enable improved budgetary reporting; (iv) update workplans; (v) provide detailed list of 2003 expenditures; (vi) advise on improvements to manage and monitor arrangements with Sub-Recipients.
3	10-Sep-04	2	The PR to address the following issues: (i) in calculating its forecasted cash request, the PR has to take into consideration preceding disbursements from the Global Fund received after the end of the reporting period; (ii) low spending rate at the SR level; (iii) site visits not performed to SRs and inconsistencies between SR reported results and supporting documentation; (iv) delays in funds disbursements to SRs; (v) strengthening of SRs' budget setting, monitoring, and variances analysis activities.
4	15-Dec-04	3	PR to address the following issues: (i) address delays and accelerate implementation at the Sub-Recipient level; (ii) facilitate the LFA review of the proposed budget modifications and finalize the overall program budget revisions for Year 1 and Year 2 (with CCM approval); (iii) Sub-Recipients need to further revise budgets in line with realistic timing of program activities, and align subsequent requests with the revised budgets; (iv) strengthen PR's M&E capacity and implement planned site visits to SRs to address weaknesses in M&E system and reporting procedures; (v) include proper explanations for any variances in actual expenditures vs. budget; (vi) finalize Attachment 2 to the Grant Agreement to include program indicators for M&E and detailed program budget for Year 2.
5	14-Mar-05	4	The PR to address the following issues: (i) delays with programmatic and financial site visits to SRs due to insufficient staffing; (ii) strengthening M&E and financial staff capacities and enhancing verification and reporting functions for programmatic and financial progress.
6	10-Jun-05	4	The PR to address the following issues: (i) recruit additional monitoring personnel for the SR programmatic and financial site visits; (ii) some reporting inconsistencies to be verified by the PR by next report; (iii) proper allocation of program income between the HIV and TB grants.
7	28-Aug-05	3	The PR to address the following issues: (i) recruit additional M&E personnel and carry out regular programmatic and financial site visits; (ii) some reporting inconsistencies to be verified by the PR by next report; SRs to properly validate information on numerical Key Indicators; (iii) additional revenues from centralized procurement to be kept in separate accounts for HIV and TB components.
8	28-Mar-06	A	The PR should prepare an updated schedule of planned SR visits; review the current system of aggregating SR reported results at the PR level and implement improvements to avoid variances (though minor); revise the current system and ensure accurate reporting on all health products expenditures.
9	18-Sep-06	B1	The grant continued making progress towards the cumulative

		<p>targets - out of 19 indicators to be reported, the results for 15 indicators exceeded 80% (with results for 12 indicators over 100%). Though overall cumulative performance is largely on track, it must be noted that progress towards the incremental targets during the reporting period was not optimal due specifically to the late signing of contracts with SR's and the disbursements to them made only at the end of the reporting period or after.</p>
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## Disbursement Information






Disbursement Request	Period Covered	PR Request	Actual Disbursement	Reason For Variance
1	01-Jul-03 31-Mar-04	3655000	3655000	No variance
2	01-Apr-04 30-Jun-04	5722427	5722427	No variance
3	01-Jul-04 30-Sep-04	8192674	2078238	The disbursement amount was adjusted down to reflect the preceding disbursement received after the end of the reporting period, which was not considered by the PR in calculating its cash needs. In addition, there were delays with programmatic and financial progress.
4	01-Oct-04 31-Dec-04	4319556	1341732	The PR did not take into consideration the preceding disbursement, received after the end of the reporting period, resulting in an overstatement of cash needs. Disbursement amount revised down to reflect the latest cash receipt.
5	01-Jan-05 31-Mar-05	3476276	2134544	The PR did not take into consideration the preceding disbursement, received after the end of the reporting period, resulting in an overstatement of funds needed. Disbursement amount revised down to reflect the latest cash receipt.
6	01-Apr-05 30-Jun-05	2126340	1561276	The disbursement request included funding for some pending, but not concluded contracts, and some variances with the SR cash requests. The disbursement amount was revised down accordingly.
7	01-Jul-05 30-Sep-05	4087627	2787123	Downward adjustment of USD 1,300,504 is due to insufficient justification for certain expenses requested by the PR.
8	01-Oct-05 31-Dec-05	3151385	3151385	No variance
9	01-Jan-06 30-Jun-06	960323	960323	No variance

## Expected vs. Actual Disbursements



Disbursement Request	Expected Date	Actual Date	Expected Amount	Actual Amount	Expected Cumulative	Actual Cumulative
1	15-Jul-03	15-Jul-03	3655000	3655000	3655000	3655000
2	16-May-04	30-Jul-04	3024333	5722427	6679333	9377427
3	15-Aug-04	19-Nov-04	3024333	2078238	9703666	11455665
4	15-Nov-04	18-Jan-05	3024333	1341732	12727999	12797397
5	15-Feb-05	24-Mar-05	3024333	2134544	15752332	14931941
6	16-May-05	16-Jun-05	3024333	1561276	18776665	16493217
7	15-Aug-05	12-Oct-05	3024335	2787123	21801000	19280340
8	15-Nov-05	20-Apr-06	2172718	3151385	23973718	22431725
9	15-Aug-06	29-Sep-06	1881633	960323	25855351	23392048

## Cumulative progress to date



Objective 1	Ensuring sustainable prevention programs to reduce incidence of HIV								
SDA 1	Prevention: Behavioral Change Communication - Mass Media								
Indicator 1		Period	Target	Actual	0 %	50 %	100 %	150 %	
Level 3-People reached	Number of people exposed to national mass-media campaign and local IEC campaign messages	8	6500000	14151104					217%
Level 3-People reached	Percent recall of national campaign key messages among target population	8	25	28					112%
Level 3-People reached	Number of blood units donated as a result of IEC campaigns and screened for HIV	8	10000	36403					364%
SDA 2	Prevention: Youth Education and Prevention								
Indicator 1		Period	Target	Actual	0 %	50 %	100 %	150 %	
Level 3-People reached	Number and percentage of children and teens attending school exposed to HIV/AIDS/drug prevention programs	10	56.6	48.78					86%
Level 1-People trained	Number of teachers trained to deliver health education in schools	8	8000	9185					114%
Level 3-People reached	Number of children and teens in child protection institutions involved in HIV/AIDS education programs	8	7300	6245					85%
Level 2-Service Points supported	Number of child protection institutions having trained staff and HIV/STI/drug abuse programs in place	8	100	191					191%
Level 1-People trained	Number of staff in child protection institutions trained in HIV/AIDS education programs	8	282	435					154%
Level 3-People reached	Adequate HIV/AIDS knowledge among young people (15-24 years old)	10	-	-					%
SDA 3	Prevention: Programmes for specific groups								
Indicator 1		Period	Target	Actual	0 %	50 %	100 %	150 %	
Level 3-People reached	Number and percentage of military recruits (Ministry of Defense (MoD)) exposed to IEC sessions	8	90	115.47					128%
Level 3-People reached	Number and percentage of military recruits, soldiers under contract, military students (MoA) exposed to IEC sessions	8	90	93.66					104%
Level 1-People trained	Number and percent of Ministry of Administration and Interior (MoIA) medical staff in target units trained	8	36	54					150%
Level 3-People reached	Number of recruits (military), soldiers under contracts, students (MOI) and military soldiers (MOD) receiving HIV/AIDS education	10	15235	11734					77%
Level 3-People reached	Number of prison inmates receiving HIV/AIDS education through peer education activities	10	34750	64543					185%
Level 1-People trained	Number of prisoners trained as peer educators	10	4207	5311					126%
Level 3-People reached	Number and percentage of IDUs participating in needle exchange programs	10	5800	6589					113%
Level 3-People reached	Number and percentage of IDUs who qualify for and are enrolled in substitution treatment	10	750	1102					146%
Level 3-People reached	Number of MSMs exposed to outreach programs	8	9000	41403					460%
Level 3-People	Number of children and young people	10	22810	24725					

reached	living in the street and Roma reached by outreach programs					108%
Level 3-People reached	Number of sex workers and clients reached through outreach programs	10	2830	6070		214%
Level 1-People trained	Number and percentage of Ministry of Justice (MoJ) medical staff - GDP trained to deliver IEC sessions	8	60	79.65		132%
Level 1-People trained	Number and percentage of Ministry of Defense (MoD) medical staff trained to deliver IEC sessions	8	75	96.4		128%
Level 1-People trained	Number of medical and non-medical staff trained in MOI and MOD military units and number of staff in child protection institutions trained in HIV/AIDS education	10	933	1073		115%


**SDA 4 Prevention: PMTCT**

Indicator 1	Period	Target	Actual	0 %	50 %	100 %	150 %	
Level 3-People reached	Number of pregnant women subject to PMTCT interventions	10	63800	90890				142%
Level 2-Service Points supported	Number of PMTCT centers established (to be located in 17 different districts)	8	16	18				112%


**SDA 5 Prevention: Counseling and testing**

Indicator 1	Period	Target	Actual	0 %	50 %	100 %	150 %	
Level 2-Service Points supported	Number of VCT centers established (to be located in 16 different districts)	8	16	28				175%
Level 3-People reached	Number of people receiving counseling and testing through the VCT centers established under this program	10	21600	29121				134%


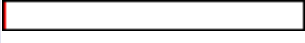
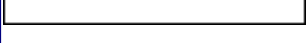
**SDA 6 Prevention: Post-exposure prophylaxis (PEP)**

Indicator 1	Period	Target	Actual	0 %	50 %	100 %	150 %	
Level 2-Service Points supported	Number and percentage of health facilities with Universal Precautions (UP) and Post-Exposure Prophylaxis (PEP) procedures in place and trained staff	10	43.01	37.15				86%

**SDA 7 Prevention: Condom Distribution**





Indicator 1	Period	Target	Actual	0 %	50 %	100 %	150 %	
Level 3-People reached	Number of condoms distributed to target groups	10	2100000	2386649				113%








**SDA 8 Prevention: STI diagnosis and treatment**

Indicator 1	Period	Target	Actual	0 %	50 %	100 %	150 %	
Level 1-People trained	Number of medical staff trained in STI diagnosis and treatment	8	3250	5041				155%
Level 2-Service Points supported	Number of STI Laboratories accredited	8	43	1				2%
Level 3-People reached	Number and percentage of patients receiving treatment for STIs	8	-	-				%

**Objective 2 Strengthening the national system of health care and psycho-social support to reduce the impact of HIV/AIDS on infected, affected and vulnerable people**

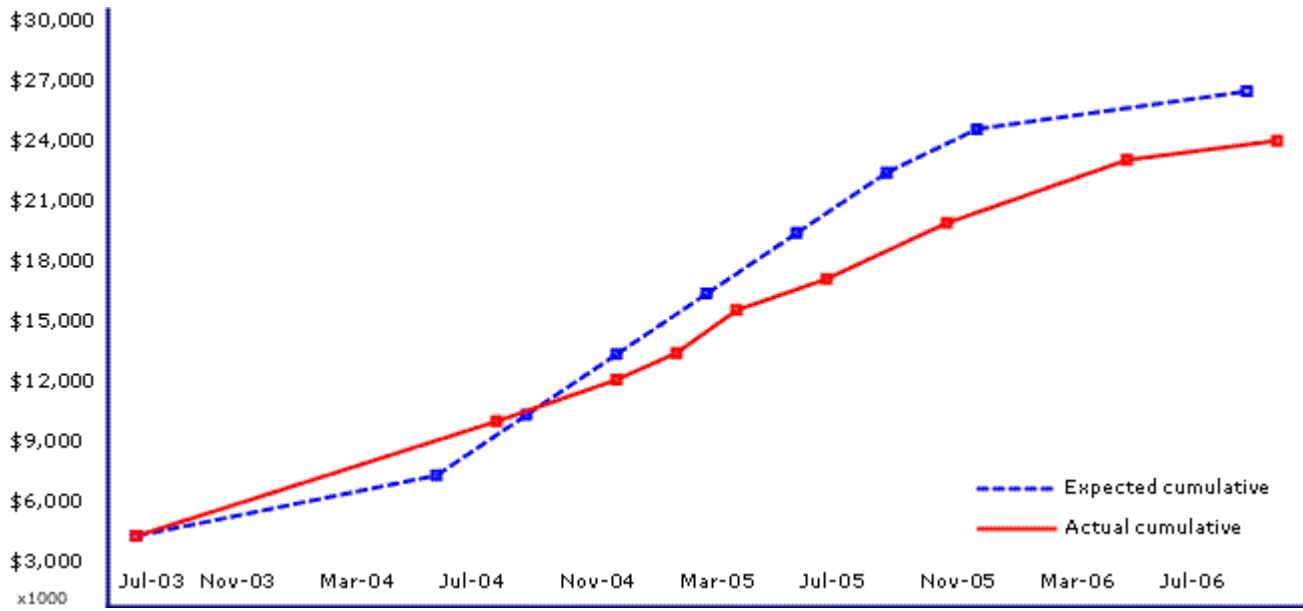
**SDA 1 Care and Support: Care and support for orphans and other children**

Indicator 1	Period	Target	Actual	0 %	50 %	100 %	150 %	
Level 3-People reached	Number of HIV infected teens receiving counseling services related to diagnostic disclosure	8	2500	3120				124%
Level 3-People reached	Number of children and teens living with HIV/AIDS receiving special education and social services	8	1000	1085				108%
Level 3-People reached	Number of teens living with HIV receiving peer counseling services	10	628	0				0%
Level 2-Service Points supported	Number of child protection institutions having trained staff and HIV/STI/drug abuse programs in place	10	193	196				101%

Level 3-People reached	Number of children and teens living in child protection institutions involved in HIV/AIDS education programs	10	8260	7203		87%
<b>SDA 2</b>	<b>Care and Support: Care and support for the chronically ill and families</b>					
<b>Indicator 1</b>		<b>Period</b>	<b>Target</b>	<b>Actual</b>	<b>0 % 50 % 100 % 150 %</b>	
Level 3-People reached	Number of HIV infected patients receiving medical care through the mobile unit	8	7021	7539		107%
Level 3-People reached	Number of PLWHA receiving multidisciplinary health care (excluding ARV) and psychosocial support through health networks and mobile units	10	2600	2710		104%
<b>SDA 3</b>	<b>Prevention: Programmes for specific groups</b>					
<b>Indicator 1</b>		<b>Period</b>	<b>Target</b>	<b>Actual</b>	<b>0 % 50 % 100 % 150 %</b>	
Level 3-People reached	Number and percentage of drug dependent prisoners using psycho-social, medical and testing services	8	1011	3733		369%
<b>SDA 4</b>	<b>Treatment: Antiretroviral treatment and monitoring</b>					
<b>Indicator 1</b>		<b>Period</b>	<b>Target</b>	<b>Actual</b>	<b>0 % 50 % 100 % 150 %</b>	
Level 3-People reached	Number of PLWHA who qualify for and are receiving ARV treatment	10	6700	6400		95%
<b>Objective 3</b>	<b>Developing and strengthening the monitoring and surveillance systems for HIV/AIDS and associated risk behaviors</b>					
<b>SDA 1</b>	<b>Supportive Environment: Monitoring and evaluation and operations research</b>					
<b>Indicator 1</b>		<b>Period</b>	<b>Target</b>	<b>Actual</b>	<b>0 % 50 % 100 % 150 %</b>	
Level 3-People reached	Number of HIV/AIDS patients receiving care and treatment services and monitored through an integrated information system nation wide	8	7000	9023		128%
Level 2-Service Points supported	Number of centers using a computerized system for data collection	8	73	50		68%



## Expected vs. Actual Disbursements



**Actual Cumulative Program Expenditures**

<b>Title</b>	<b>Budget</b>	<b>Actual</b>	<b>Reason For Variance</b>
PRs Total Expenditure	882852	904731	Cumulative utilization of the PR budget is 102%, due to overspending on electronics, IT equipment and software.
Disbursements to Sub-Recipients	20570206	18887658	Cumulative data as of end of Quarter 8. 94% spending rate at SR level. Remaining balance to cover activities in the Phase 1 extension period.

## Summary of Financial Accountability Issues from PR Annual Audit Report

<b>Date Received</b>	<b>11-Jul-06</b>	<b>Expected date</b>	<b>30-Jun-05</b>
<b>Period Covered From</b>	<b>01-Jan-05</b>	<b>To</b>	<b>31-Dec-05</b>

The annual financial audit of the Program revenues and expenditures for the period 1 January 2005 – 31 December 2005 was completed by 30 June 2006. The annual audit report was submitted to the GF in early July. The audit covered both the HIV/AIDS and the TB grants managed by the PR (Ministry of Health).

The auditor (BDO Conti Audit SRL) states that, in their opinion, the Program Financial Statements, present fairly, in all material aspects, the sources and applications of funds for the Programs for the year ending 31 December 2005 and the financial position for the year then ended in accordance with cash basis of accounting and Global Fund guidelines, as applicable and the disbursements for the Programs were utilized for the purposes defined by funding agreements. The auditor further notes that the Special Account Statement presents fairly, in all materials aspects, the sources and uses of funds for the year ending 31 December 2005 and the balance for the year then ended, in accordance with accounting policies described in Note 8 to the statements.

No issues were identified.

The PR has taken measures to address the issues pertaining to the PR's accounting function raised in the Management Letter of the annual financial audit, which was completed in September 2005 and covered the period 1 July 2003 and fiscal year 2004.

#### 4. Country Contextual Information

<b>Title</b>	<b>Estimate</b>	<b>For Year</b>	<b>Source</b>
<u>HIV Prevalence in Adults</u>	<0.1%	2005	UNAIDS, 2006 Report on the Global AIDS Epidemic
<u>Number of People Living with HIV (Adults and Children)</u>	7000	2005	UNAIDS, 2006 Report on the Global AIDS Epidemic
<u>Deaths due to HIV/AIDS (Adults and Children)</u>	3569	2003	2004 UN Country Epidemiological Fact Sheet on HIV/AIDS
<u>Children Orphaned by AIDS</u>	Not Available		
<u>Number of People in Need of Treatment</u>	Not Available		

## Extra Information

Title	Relevant to Grant	Explanatory Notes
Major changes in the nature of the epidemic	<input type="radio"/> Yes <input checked="" type="radio"/> No	The country continues to be the worst affected by the epidemic in south-eastern Europe. New infections are mainly related to transmission via sexual contacts and injecting drug use.
Major changes in the program supporting environment (e.g. changes in the partner relationships, introduction of new partners, etc.)	<input checked="" type="radio"/> Yes <input type="radio"/> No	Under the program, 18 NGOs and 11 government organizations work in priority areas related to prevention interventions among vulnerable populations, care and support services for PLWHA, and improving national surveillance framework. Overall, the relationship between the civil society and the government sector has strengthened in the course of implementation. International donors have actively supported the grant progress through participation in the CCM and provision of technical assistance to the PR and the SRs in areas such as monitoring and evaluation, procurement and financial guidelines, SR capacity building, overall program management. Since the National Strategy only extends to 2007, it will be important to ensure funding for treatment, care and support services, as well as for prevention activities to address sustainability of interventions beyond the end of the GF grant.
Significant adverse external influences (e.g. force majeure, change in government, natural disaster, etc.)	<input type="radio"/> Yes <input checked="" type="radio"/> No	No comment.
External financial issues (e.g. inflation, currency depreciation, etc.)	<input type="radio"/> Yes <input checked="" type="radio"/> No	No comment.
Program management issues (e.g. changes in PR/sub-recipients, problems with data collection, quality assurance, etc.)	<input type="radio"/> Yes <input checked="" type="radio"/> No	Following restructuring of the Program Management Unit (PMU), streamlining its operations, changes and strengthening of its human resources capacities in 2005, the PR seemed to be in a good position to steer forward program implementation, which was on a solid track by the end of Year 2. Going into Phase 2, however, the PR faced challenges with the SR contracting process for Phase 2, which led to delays in the grant implementation, no or late disbursements to SRs, and scale-down of services provided by the SRs. The issue was resolved following numerous iterations and with the active involvement of the CCM members, the Minister of Health, PMU and the SRs. Currently, the PR has concluded contracts with the majority of the SRs, and payments to the SRs have been made.
Issues with the CCM (e.g. changes in membership, composition, etc.)	<input checked="" type="radio"/> Yes <input type="radio"/> No	A new CCM Chair was nominated in April 2005 and new members admitted to the CCM. The CCM now has 55 members representing a variety of stakeholders including the Romanian Government, civil society organizations (NGOs), people living with HIV/AIDS, the academic sector, the private sector, and international donors. Upon Program launch, the CCM established an Executive Committee and various technical groups. The CCM has recently conducted an assessment with external technical assistance, and adopted an action plan to further improve its overall governance role, operations and oversight function for the grant implementation.

## Additional Contextual Issues

The program start date was modified from 1 July 2003 to 1 January 2004 (Implementation Letter #2) to reflect additional assessment work to be completed following the original start date. The procurement assessment was finalized in May 2004 and this has partially affected the pace of procurement activities in the first months. The grant was on a quarterly disbursement schedule in Phase 1. As of Phase 2, it has moved to a semi-annual disbursement schedule.

Programmatic activities are primarily implemented by Sub-recipients representing both the government and non-governmental sector. A key role for the PR is to effectively manage and coordinate the financial and programmatic implementation and accountability under the grant.

In Year 1 the PR experienced significant delays due to lengthy administrative procedures, extended SR contracting process, cumbersome public procurement process, and administrative complications related to ensuring VAT exemptions. In Year 2, however, the PR and SRs exerted substantial efforts to overcome the slow start experienced at the program launch. Overall, the grant has demonstrated excellent progress towards achieving the cumulative Phase 1 targets and meeting the financial expectations.

Following restructuring of the Project Management Unit (PMU) and strengthening measures in key functional areas, the PR seemed to be in a good position to steer forward good performance in Year 3. However, the PR experienced difficulties with the SR contracting process for Phase 2, which set-back implementation and service delivery by the SRs during the first six months of 2006. As of July 2006 the PR has signed the contracts with the majority of the SRs and disbursements have been made to the SRs.

Though overall grant management has been adequate over time, the Principal Recipient still faces challenges with exercising strong leadership and proper managerial coordination under the Program. The PR needs to demonstrate more pro-active managerial approach, better coordination and more effective leadership in securing timely strategic decisions and ensuring timely and uninterrupted implementation of this grant.

One of the key challenges for programmatic progress in the remaining three years is related to the availability and accessibility of domestic funding for prevention activities, as the achievement of the Program objectives and targets is contingent upon increased domestic spending in Phase 2. The CCM and the PR need to address this issue on a priority basis.

In addition, improvements in the CCM – PR communications and coordination will be key to ensure smooth implementation of Program activities following the delays at the beginning of Year 3.