Investing in our future

The Global Fund

To Fight AIDS, Tuberculosis and Malaria

ROMANIAN
COUNTRY COORDINATION MECHANISM
FOR HIV/AIDS AND TUBERCULOSIS

PROPOSAL

1 Proposal Overview

1.1 General information on proposal

Applicant Name	Romanian Country Coordination Mechanism for HIV/AIDS and Tuberculosis
Country/countries	Romania

Applicant Type

Please tick one of the boxes below, to indicate the type of applicant. For more information, please refer to the Guidelines for Proposals, section 1.1 and 3A.

☒ National Country Coordinating Mechanism

☐ Sub-national Country Coordinating Mechanism

☐ Regional Coordinating Mechanism (including small island developing states)

☐ Regional Organization

☐ Non-Country Coordinating Mechanism Applicant

Proposal component(s) and title(s)

Please tick the appropriate box or boxes below, to indicate components included within your proposal. Also specify the title for each proposal component chosen. For more information, please refer to the Guidelines for Proposals, section 1.1.

	Component	Title
☒	HIV/AIDS[1]	Towards Universal Access To HIV/AIDS Prevention, Treatment, Care And Social Support For Vulnerable And Underserved Population
☐	Tuberculosis[1]	Scaling up Tuberculosis Control in Romania By Focusing On Poor And Vulnerable Populations
☐	Malaria	

Currency in which the Proposal is submitted

Please tick the appropriate box. Please note that all financial amounts appearing in the proposal should be denominated in the selected currency only.

☐ US$

☒ Euro

[1] In contexts where HIV/AIDS is driving the tuberculosis epidemic, HIV/AIDS and/or tuberculosis components should include collaborative tuberculosis/HIV activities. Different tuberculosis and HIV/AIDS activities are recommended for different epidemic states; for further information see the 'WHO Interim policy on collaborative TB/HIV activities,' available at http://www.who.int/tb/publications/tbhiv_interim_policy/en/.

1 Proposal Overview

1.2 Proposal funding summary per component

Funds requested for each component (i.e. HIV/AIDS, tuberculosis and/or malaria) in table 1.2 below must be the same as the totals of the corresponding component budget in table 5.1.

Table 1.2 – Total funding summary

Component	Total funds requested (Euro)					
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
HIV/AIDS	3,546,703	2,921,807	2,373,266	125,490	124,430	**9,091,696**
Tuberculosis	1,927,829	1,692,598	2,012,192	1,351,332	1,033,297	**8,017,248**
Malaria	0	0	0	0	0	**0**
Total	**5,474,532**	**4,614,405**	**4,385,458**	**1,476,822**	**1,157,727**	**17,108,944**

1.3 Previous Global Fund grants

Table 1.3 – Previous Global Fund grants

Component	Previous grants	
	Rounds	Current Amount* (US$)
HIV/AIDS	2	US$26.8 million
Tuberculosis	2	US$16 million

2 Eligibility

2.1 Technical eligibility

2.1.1 Country income level

Please tick the appropriate box in the table below. ***For proposals from multiple countries****, complete the referenced information separately for each country (see the Guidelines for Proposals, section 2.1).*

Country/countries		
☐	Low-income	➔ *Complete section 2.2 only*
☒	Lower-middle income	➔ *Complete sections 2.1.2, 2.1.3 and 2.2*
☐	Upper-middle income	➔ *Complete sections 2.1.2, 1.2.3, 2.1.4 and 2.2*

2 Eligibility

2.1.2 Counterpart financing and greater reliance on domestic resources

Table 2.1.2 – Counterpart financing

Component	Financing sources	(Euro)				
		Year 1	**Year 2**	**Year 3 estimate**	**Year 4 estimate**	**Year 5 estimate**
HIV/AIDS	**Total requested** from the Global Fund **(A)** [from table 5.1]	3,546,703	2,921,807	2,373,266	125,490	124,430
	Counterpart financing (B) [linked to the disease control program]	72,683,312	87,219,974	101,756,636	116,293,299	138,098,292
	Counterpart financing as a **percentage** of total financing: **[B/(A+B)] x 100 = %**	95.3%	96.8%	97.7%	99.9%	99.9%

Table 2.1.2 – Counterpart financing continued

Component	Financing sources	(Euro)				
		Year 1	**Year 2**	**Year 3 estimate**	**Year 4 estimate**	**Year 5 estimate**
TB	**Total requested** from the Global Fund **(A)** [from table 5.1]	1,927,829	1,692,598	2,012,192	1,351,332	1,033,297
	Counterpart financing (B) [linked to the disease control program]	5,300,000	5,300,000	5,300,000	5,300,000	5,300,000
	Counterpart financing as a **percentage** of total financing: **[B/(A+B)] x 100 = %**	73.3%	75.8%	72.5%	79.7%	83.7%

2 Eligibility

2.1.3 Focus on poor or vulnerable populations

*All proposals from Lower-middle income and Upper-middle income countries must demonstrate a focus on poor or vulnerable population groups. Proposals may focus on both population groups but **must** focus on at least one of the two groups. Complete this section in respect of each component.*

Describe which poor and/or vulnerable population groups your proposal is targeting; why and how these populations groups have been identified; how they were involved in proposal development and planning; and how they will be involved in implementing the proposal *(Maximum half a page per component).*
This proposal is based on the latest reviews of the National HIV/AIDS Strategy (March 2006) and its recommendations for strengthening and expanding the scale and coverage of interventions targeting injecting drug users (IDUs), commercial sex workers (SWs), men who have sex with men (MSM), Roma communities, young people living with HIV/AIDS (YPLWHA), street children and prisoners. In the past few years, major progress has been made in these areas. Several pilot interventions were scaled up to significant coverage, many of them with support from the current GFATM grant. The current GFATM grant allows Romania to maintain existing interventions but not to expand them significantly. Despite the major progress there is still a significant gap to be addressed, and this gap will only increas as the size of the vulnerable populations increase and as new challenges arise. In the area of treatment and care, prevention among young people, and the prevention of mother to child transmission among the general population, Romania is supporting more interventions with its domestic resources and is rapidly approaching universal access. Unfortunately, however, this is not happening among the vulnerable populations. While the investments made in the past couple of years have helped develop the country's capacity for developing and implementing such interventions, there remains significant need to scale up these efforts in order to achieve meaningful health impact. This was the conclusion of intensive consultations between national and international partners for both the UNGASS reporting and for the mid-term review of the National HIV/AIDS Strategy 2004 – 2007 in the period November 2005 – March 2006. The review process involved all major stakeholders including organizations directly involved with the targeted populations. The present proposal is building on the current partnership established between government and nongovernmental organizations and between service providers and service beneficiaries. It will also have as a special focus the continuation of building capacity at the local level for implementing and sustaining long term effective interventions with the participation of all the stakeholders.

2.1.4 High disease burden

Proposals from Upper-middle income countries must also demonstrate that they face a very high current disease burden. Please enter such information in the section below in respect of each component. Please note that if the applicant country falls under the "small island economy" lending eligibility exception as classified by the World Bank/International Development Association, this requirement does not apply (see section C in Attachment 1 to the Guidelines for Proposals).

Confirm that the country(ies) is(are) facing a very high current disease burden, as evidenced by data from WHO and UNAIDS. *(Please see the Guidelines for Proposals, section 2.1.4 for more information on the definition of high disease burden.)*

2 Eligibility

2.2 Functioning of Coordinating Mechanism

2.2.1 Broad and inclusive membership

a) People living with and/or affected by the disease(s)

Provide evidence of membership of people living with and/or affected by the disease(s). *(This may be done by demonstrating corresponding Coordinating Mechanism membership composition and endorsement in table 3B1.2, and 3B.1.3 in section 3B of the Proposal Form.)*

People infected or affected by HIV/AIDS are members of the CCM through UNOPA, the National Union of Organization of People Infected and Affected, which holds the seat of vice-chair of the CCM. UNOPA is a large federation including 24 organizations of people infected and affected from throughout the country.

b) Selection of non-governmental sector representatives

Provide evidence of how those Coordinating Mechanism (CM) members representing each of the non-governmental sectors (*i.e. academic/educational sector, NGOs and community-based organizations, private sector, religious and faith-based organizations, and multi-/bilateral development partners in country)* have been selected by their own sector(s) based on a documented, transparent process developed within their own sector.

(Please summarize the process and, for each sector, attach as an annex the documents showing the sector's transparent process for CM representative selection, and the sector's minutes or other documentation recording the selection of their current representative. Please indicate the applicable annex number.)

The CCM in Romania was formed in early 2002 on the principle of equal participation. From the beginning, all NGOs, academia, private sector or other sector representatives that expressed interest were admitted. Furthermore, as the CCM Operation Book stipulates, the process of admitting new members remains open. In order for the body to cope with an ever increasing number of members (presently more than 55) and remain operational and effective, the CCM established an Executive Committee (with a maximum of 15 members). The EC continues the work of the CCM during the period between its meetings. An algorithm decides the make up of the EC membership by assigning a set number of seats for each constituency group represented in the CCM. EC members are elected through an open vote of the CCM members. (Please see Annex 1).

2.2.2 Documented procedures for the management of conflicts of interest

Where the Chair and/or Vice-Chair of the Coordinating Mechanism are from the same entity as the nominated Principal Recipient(s) in this proposal, describe and provide evidence of the applicant's documented conflict of interest policy to mitigate any actual or potential conflicts of interest arising in regard to the applicant's operations or responsibilities.

(Please summarize and attach the policy as an annex. Please indicate the applicable annex number.)

The CCM Operating Book has a special chapter for the prevention and management of conflicts of interest (See Annex 2 for the revised and original Chapter VIII from the attached CCM Operating Book). One of the provisions in this chapter addresses the issue of a representative from the PR being a member of the CCM and prevents that CCM member from participating in any CCM decision making that refers to the selection of the PR or the relationship between PR and CCM. The president and vice-president and the PR are three different entities.

2 Eligibility

2.2.3 Documented and transparent processes of the Coordinating Mechanism

Please describe and provide evidence of the CCM's documented, transparent and established:

a) Process to solicit submissions for possible integration into this proposal.

The CCM solicits proposal in the daily newspaper "Romania Libera", (Announcement attached in Annex 3.), and through the electronic newsletter "Voluntarul" which has a significant circulation among NGOs. The CCM also posts such announcements and their supporting documents on the web page of the PR of the current grant and on the UN/Romania web page.

All the templates and guidelines for submission of proposals were prepared by the Executive Committee based on the mandate given by the CCM (See Annex 4). The table, including the areas to be covered by the proposals, were agreed upon by the CCM based on GFATM eligibility criteria and the existing national strategies and policies for interventions in each of the respective areas.

b) Process to review submissions received by the CCM for possible integration into this proposal.

The CCM has nominated a special selection committee that only includes technical experts from organizations that are not potential sub-recipients to screen and review the submissions for possible integration in the country proposal. The committee used well defined and specific selection criteria for their evaluation. (See Annex 5 for minutes from the CCM meeting.) The submissions that were approved by the selection committee were afterwards integrated into the country proposal by the working group established by CCM for writing the proposal. The first draft of the country proposal was again circulated to all CCM members and to all organizations that participated in the submission process for comments, suggestions and interventions. All the comments relevant to the scope of the application were integrated and the enhanced draft was again circulated widely for the final inputs prior to the CCM approval meeting organized on 13 July 2006.

c) Process to nominate the Principal Recipient(s) and **oversee** program implementation.

The CCM has solicited its members to apply for the PR position based on the criteria set forth by GFATM. The announcement included the selection criteria and process and was sent to all the CCM members on 30 June 2006. The applications were publicly presented at a CCM meeting on 18 July 2006. Each applicant presented a power point presentation to the CCM which included a question and answer period. The final decision was made by vote by the CCM members. CCM also approved its plan for overseeing the implementation of the current GFATM grant and of the potential future grants. (See Annex 6.)

d) Process to ensure the input of a broad range of stakeholders, including CCM members and non-CCM members, in the proposal development process and grant oversight process.

Proposals were solicited from potential subrecipients in the manner described in Section 2.2.3. The Technical Committee then wrote the proposal based upon these inputs, the mid-term evaluation of the National HIV/AIDS Strategy and the national 2010 targets for universal access to HIV/AIDS prevention, treatment and care. A draft proposal was circulated to the CCM for comments and edits. As explained later in Section 3A.2.1, this body represents a broad cross section of stakeholders. After comments were gathered, the Technical Committee then incorporated these comments and presented the final draft to the CCM for a vote. (Please see Annex 7 for the results of the evaluation process and proof the broad range of stakeholders involved.)

3A Applicant Type

3A.1 Applicant

Table 3A.1 – Applicant

Please tick the appropriate box in the table below, and then go to the relevant section in this Proposal Form, as indicated on the right hand side of the table.	
X National Country Coordinating Mechanism	→*complete sections 3A.2 and 3B*
Sub-national Country Coordinating Mechanism	→*complete sections 3A.3 and 3B*
Regional Coordinating Mechanism (including small island developing states)	→*complete sections 3A.4 and 3B*
Regional Organization	→*complete section 3A.5 and 3B*
Non-CCM Applicants	→*complete section 3A.6*

3A.2 National Country Coordinating Mechanism (CCM)

For more information, please refer to the Guidelines for Proposals, section 3A.2, and the CCM Guidelines.

Table 3A.2 – National CCM: basic information

Name of national CCM	**Date of composition** (yyyy/mm/dd)
Country Coordination Mechanism for HIV/AIDS and Tuberculosis in Romania	2002/04/15

3A.2.1 Mode of operation

Describe how the national CCM operates. In particular:

- **The extent to which the CCM acts as a partnership between government and other actors in civil society**, including the academic and educational sector; non-government and community-based organizations; people living with and/or affected by the diseases and the organizations that support them; the private sector; religious and faith-based organizations; and multi-/bilateral development partners in-country; and
- **How it coordinates its activities with other national structures** (such as National AIDS Councils, Parliamentary Health Commissions, National Monitoring and Evaluation Offices and other key bodies).

The Romanian CCM operates "based on partnership and consists of representatives of the organizations and institutions active in the area of HIV/AIDS and TB" (CCM Operating Book). This large partnership includes governmental and non-governmental organizations, donors and recipients, academic and community based organizations, service providers and service beneficiaries, people living with HIV/AIDS and people from vulnerable groups. The decision making process is focused on consensus. If consensus is not reached, the CCM proceeds to vote. All the members are " equal in their right to participate, to express themselves and to be involved in the decision making process" (CCM Operating Book). All the votes are equal. Moreover, to ensure the full participation of any institution interested, the CCM has an open admission policy and does not limit the number of members.

For operational reasons the CCM established an Executive Committee - EC, elected and reflecting the overall structure of the CCM. The EC meets between CCM meetings and ensures all the technical and professional input needed for adequate and efficient decision making by the CCM. The EC is not a substitute for the CCM and works only based on the mandate given by the CCM. During the past few years, the CCM met at least once every two months and more often during the preparation for the second phase of the current HIV and TB grants. The EC meets at least once a month.

The CCM is built on the existing National Inter-Sectoral Commission for Surveillance, Control and Prevention of HIV/AIDS, established by the Government Ordinance 330 of 20 March 2003 under the authority of the Prime Minister. It includes representatives of 16 Ministries and government agencies, eight NGOs and 20 permanent guest participants representing academia, civil society, the private sector, professional associations, UN Agencies, bilateral and multilateral donors. The CCM was expanded to include all the other relevant government and non-governmental institutions working in the area of HIV/AIDS and TB.

The National Inter-Sectoral Commission reports on the national HIV/AIDS situation and the status of the National HIV/AIDS Strategy implementation to the Government and Parliament. All the processes of the National HIV/AIDS Strategy implementation, including funding, are harmonized and fully coordinated with the current GFATM grant and with the present proposal. The National Inter-Sectoral Commission and the CCM have overlapping membership and have the same chair. The vice chairs of both represent people living with HIV/AIDS. This integration ensures that everything done under the current and proposed GFATM proposals is in line with national priorities and responds to national needs. (See Annexes 8 & 9)

➔ *After completing this section, complete section 3B.1.*

3B Proposal Endorsement

3B.1 Coordinating Mechanism membership and endorsement:

National Coordinating Mechanisms

3B.1.1 Leadership of Coordinating Mechanism

Table 3B.1.1 – National/Sub-national/Regional (C)CM leadership information
(not applicable to Non-CCM and Regional Organization applicants)

	Chair	Vice Chair
Name	Valentina Contescu,	Elena Traicu
Title	State Counsellor,	Board member,
Organization	Prime Minister Office	The National Union of Organizations of Persons Affected with HIV/AIDS - UNOPA
Mailing address	1 Victoriei Plaza, Sector 1, Bucharest	24 Nicolae Balcescu Blvd., Sector 1, Bucharest
Telephone	+40212602921	+40212109089
Fax	+40213149167	+40212109089
E-mail address	valentina.contescu@gov.ro	unopa@unopa.ro

3B Proposal Endorsement

3B.1.2 Membership information

Table 3B.1.2 – National CCM member information

National/Sub-national/Regional (C)CM member details			
Member			
Agency/organization	Prime Minister Chancellery	Website	www.cancelarie.ro
Type	government		
Name of representative	Valentina Contescu	CCM member since	2005
Title in agency/organization	State counsellor	Fax	+ 4 021 318 11 52
E-mail address	valentina.contescu@gov.ro	Telephone	+ 4 021 318 11 10
Main role in the Coordinating Mechanism and the proposal development *(proposal preparation, technical input, component coordinator, financial input, review, other)*	coordinating the proposal preparation	Mailing address	1 Victoria Square Sector 1, Bucharest

National/Sub-national/Regional (C)CM member details			
Member			
Agency/organization	UNOPA	Website	www.unopa.ro
Type	non-governmental representing people living with HIV/AIDS		
Name of representative	Cristina Bucata	CCM member since	2003
Title in agency/organization	Executive director	Fax	+4 021 319 93 29
E-mail address	unopa@unopa.ro	Telephone	+4 021 319 93 29
Main role in the Coordinating Mechanism and the proposal development *(proposal preparation, technical input, component coordinator, financial input, review, other)*	coordinating the proposal preparation	Mailing address	24 Nicolae Balcescu Blvd sc C, ap. 7 sector 1, Bucharest

3B Proposal Endorsement

National/Sub-national/Regional (C)CM member details			
Member			
Agency/organization	Matei Bals Institute of Infectious Disease	Website	www.mateibals.ro
Type	government		
Name of representative	Adrian Streinu Cercel	CCM member since	2005
Title in agency/organization	General director	Fax	+4 021 318 61 19
E-mail address	strega@mb.rocknet.ro	Telephone	+4 021 318 16 00
Main role in the Coordinating Mechanism and the proposal development *(proposal preparation, technical input, component coordinator, financial input, review, other)*	proposal preparation	Mailing address	1, Grozovici, sector 2 Bucharest

National/Sub-national/Regional (C)CM member details			
Member			
Agency/organization	Marius Nasta Institute of Pneumophtisiology	Website	-
Type	government		
Name of representative	Elmira Ibraim	CCM member since	2005
Title in agency/organization	TB surveillance coordinator	Fax	+4 021 337 38 01
E-mail address	ielmira2000@yahoo.com	Telephone	+4 021 335 69 10
Main role in the Coordinating Mechanism and the proposal development *(proposal preparation, technical input, component coordinator, financial input, review, other)*	coordinating the proposal preparation	Mailing address	90, Sos Viilor sector 5, Bucharest

3B Proposal Endorsement

<table>
<tr><th colspan="4">National/Sub-national/Regional (C)CM member details</th></tr>
<tr><th colspan="4">Member</th></tr>
<tr><td>Agency/organization</td><td>Ministry of Health</td><td>Website</td><td>www.ms.ro</td></tr>
<tr><td>Type</td><td colspan="3">government</td></tr>
<tr><td>Name of representative</td><td>Vlad Iliescu</td><td>CCM member since</td><td>2003</td></tr>
<tr><td>Title in agency/organization</td><td>State secretary</td><td>Fax</td><td>+4 021 337 38 01</td></tr>
<tr><td>E-mail address</td><td>viliescu@ms.ro</td><td>Telephone</td><td>+4 021 335 69 10</td></tr>
<tr><td rowspan="4">Main role in the Coordinating Mechanism and the proposal development
(proposal preparation, technical input, component coordinator, financial input, review, other)</td><td rowspan="4">proposal preparation</td><td rowspan="4">Mailing address</td><td>1-3, Cristian Popisteanu</td></tr>
<tr><td>sector 1, Bucharest</td></tr>
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<table>
<tr><th colspan="4">National/Sub-national/Regional (C)CM member details</th></tr>
<tr><th colspan="4">Member</th></tr>
<tr><td>Agency/organization</td><td>National School of Public Health and Healthcare Management</td><td>Website</td><td>www.incds.ro</td></tr>
<tr><td>Type</td><td colspan="3">government</td></tr>
<tr><td>Name of representative</td><td>Florin Sologiuc</td><td>CCM member since</td><td>2003</td></tr>
<tr><td>Title in agency/organization</td><td>General director</td><td>Fax</td><td>+4 021 252 30 14</td></tr>
<tr><td>E-mail address</td><td>fsologiuc@incds.ro</td><td>Telephone</td><td>+4021 252 78 34</td></tr>
<tr><td rowspan="4">Main role in the Coordinating Mechanism and the proposal development
(proposal preparation, technical input, component coordinator, financial input, review, other)</td><td rowspan="4">proposal preparation</td><td rowspan="4">Mailing address</td><td>31, Vaselor</td></tr>
<tr><td>sector 2, Bucharest</td></tr>
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3B Proposal Endorsement

National/Sub-national/Regional (C)CM member details			
Member			
Agency/organization	Global Fund and World Bank Project Management Unit	Website	www.pmu-wb-gf.ro
Type	government		
Name of representative	Antoanela Poenaru	CCM member since	2003
Title in agency/organization	Head of PMU	Fax	+4 021 312 35 88
E-mail address	antoanela.poenaru@pmu-wb-gf.ro	Telephone	+4 021 311 29 64
Main role in the Coordinating Mechanism and the proposal development *(proposal preparation, technical input, component coordinator, financial input, review, other)*	proposal preparation	Mailing address	1-3, Cristian Popisteanu sector 1, Bucharest

National/Sub-national/Regional (C)CM member details			
Member			
Agency/organization	Ministry of Public Finances	Website	www.mfinante.ro
Type	government		
Name of representative	Adrian Nan	CCM member since	2003
Title in agency/organization	Superior adviser	Fax	+4 021 336 63 85
E-mail address	adrian.nan@mfinante.gov.ro	Telephone	+4 021 410 34 00/1122
Main role in the Coordinating Mechanism and the proposal development *(proposal preparation, technical input, component coordinator, financial input, review, other)*	coordinating the proposal preparation	Mailing address	17, Apolodor sector 5, Bucharest

3B Proposal Endorsement

National/Sub-national/Regional (C)CM member details			
Member			
Agency/organization	Ministry of Justice	Website	www.just.ro
Type	government		
Name of representative	Elena Melinda Stoica	CCM member since	2005
Title in agency/organization	Juridical adviser	Fax	+4 021 318 33 09
E-mail address	melindastoica@just.ro	Telephone	+4 021 318 33 23
Main role in the Coordinating Mechanism and the proposal development *(proposal preparation, technical input, component coordinator, financial input, review, other)*	proposal preparation	Mailing address	17, Apolodor sector 5, Bucharest

National/Sub-national/Regional (C)CM member details			
Member			
Agency/organization	Ministry of Justice, Prisons National Administration	Website	www.anp-just.ro
Type	government		
Name of representative	Afrodita Qaramah	CCM member since	2003
Title in agency/organization	PMU Coordinator	Fax	
E-mail address	aqaramah@dgp.ro	Telephone	+4 021 242 48 69
Main role in the Coordinating Mechanism and the proposal development *(proposal preparation, technical input, component coordinator, financial input, review, other)*	proposal preparation	Mailing address	47, Maria Ghiculeasa sector 2, Bucharest

3B Proposal Endorsement

National/Sub-national/Regional (C)CM member details			
Member			
Agency/organization	Ministry of Administration and Interior	Website	www.mai.gov.ro
Type	government		
Name of representative	Nicolae Stoicovici	CCM member since	2003
Title in agency/organization		Fax	
E-mail address	nicolae.stoicovici@mai.gov.ro	Telephone	+4 021 315 27 37
Main role in the Coordinating Mechanism and the proposal development *(proposal preparation, technical input, component coordinator, financial input, review, other)*	proposal preparation	Mailing address	6, Mihai Voda
			sector 5, Bucharest

National/Sub-national/Regional (C)CM member details			
Member			
Agency/organization	National Agency against Drugs	Website	www.ana.gov.ro
Type	government		
Name of representative	Pavel Abraham	CCM member since	2005
Title in agency/organization	President	Fax	+4 021 326 67 27
E-mail address	ruxanda_iliescu@yahoo.com	Telephone	+4 021 326 44 00
Main role in the Coordinating Mechanism and the proposal development *(proposal preparation, technical input, component coordinator, financial input, review, other)*	proposal preparation	Mailing address	37, Unirii Blvd
			sector 3, Bucharest

3B Proposal Endorsement

National/Sub-national/Regional (C)CM member details			
Member			
Agency/organization	Ministry of Labor, Social Solidarity and Family	Website	www.mmssf.ro
Type	government		
Name of representative	Ioana Nedelcu	CCM member since	2003
Title in agency/organization	Deputy state secretary	Fax	
E-mail address	ioana.nedelcu@anpca.ro	Telephone	+4 021 310 07 89
Main role in the Coordinating Mechanism and the proposal development *(proposal preparation, technical input, component coordinator, financial input, review, other)*	proposal preparation	Mailing address	2-4, Dem I Dobrescu
			sector 1, Bucharest

National/Sub-national/Regional (C)CM member details			
Member			
Agency/organization	National Authority for Protection of Children's Rights	Website	www.copii.ro
Type	government		
Name of representative	Ali Cranta	CCM member since	2003
Title in agency/organization	Adviser	Fax	+4 021 310 07 89
E-mail address	ali.cranta@anpca.ro	Telephone	+4 021 310 07 89
Main role in the Coordinating Mechanism and the proposal development *(proposal preparation, technical input, component coordinator, financial input, review, other)*	proposal preparation	Mailing address	7, Magheru Blvd
			sector 1, Bucharest

3B Proposal Endorsement

<table>
<tr><th colspan="4">National/Sub-national/Regional (C)CM member details</th></tr>
<tr><th colspan="4">Member</th></tr>
<tr><td>Agency/organization</td><td>Ministry of Transport, Construction and Tourism</td><td>Website</td><td>www.mt.ro</td></tr>
<tr><td>Type</td><td colspan="3">government</td></tr>
<tr><td>Name of representative</td><td>Gabriela Arnautu</td><td>CCM member since</td><td>2003</td></tr>
<tr><td>Title in agency/organization</td><td>Director</td><td>Fax</td><td>+4 021 212 61 42</td></tr>
<tr><td>E-mail address</td><td>dirmed@mt.ro</td><td>Telephone</td><td>+4 021 212 61 42</td></tr>
<tr><td rowspan="4">Main role in the Coordinating Mechanism and the proposal development
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<tr><td>sector 1, Bucharest</td></tr>
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<tr><td>Agency/organization</td><td>Ministry of Education and Research</td><td>Website</td><td>www.edu.ro</td></tr>
<tr><td>Type</td><td colspan="3">government</td></tr>
<tr><td>Name of representative</td><td>Daniela Calugaru</td><td>CCM member since</td><td>2003</td></tr>
<tr><td>Title in agency/organization</td><td></td><td>Fax</td><td></td></tr>
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<tr><td rowspan="4">Main role in the Coordinating Mechanism and the proposal development
(proposal preparation, technical input, component coordinator, financial input, review, other)</td><td rowspan="4">proposal preparation</td><td rowspan="4">Mailing address</td><td>28-30, G-ral Berthelot</td></tr>
<tr><td>sector 1, Bucharest</td></tr>
<tr><td></td></tr>
<tr><td></td></tr>
</table>

3B Proposal Endorsement

National/Sub-national/Regional (C)CM member details			
Member			
Agency/organization	General Secretariat of the Government	Website	www.sgg.ro
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National/Sub-national/Regional (C)CM member details			
Member			
Agency/organization	National Authority for Persons with handicap	Website	www.anph.ro
Type	government		
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3B Proposal Endorsement

National/Sub-national/Regional (C)CM member details			
Member			
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National/Sub-national/Regional (C)CM member details			
Member			
Agency/organization	Presidential Administration	Website	www.presidency.ro
Type	government		
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3B Proposal Endorsement

National/Sub-national/Regional (C)CM member details			
Member			
Agency/organization	National House of Health Insurance	Website	www.cnas.ro
Type	government		
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National/Sub-national/Regional (C)CM member details			
Member			
Agency/organization	EC Delegation in Romania	Website	www.infoeuropa.ro
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Name of representative	Iulia Deutsch	CCM member since	2003
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3B Proposal Endorsement

National/Sub-national/Regional (C)CM member details			
Member			
Agency/organization	World Bank Bureau in Romania	Website	www.worldbank.org.ro
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National/Sub-national/Regional (C)CM member details			
Member			
Agency/organization	World Health Organisation, Regional Office for Europe, Office for TB control in the Balkans	Website	www.who-tb.balkans.ro
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3B Proposal Endorsement

National/Sub-national/Regional (C)CM member details			
Member			
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National/Sub-national/Regional (C)CM member details			
Member			
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3B Proposal Endorsement

National/Sub-national/Regional (C)CM member details			
Member			
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National/Sub-national/Regional (C)CM member details			
Member			
Agency/organization	UNFPA Romania	Website	www.unfpa.ro
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3B Proposal Endorsement

National/Sub-national/Regional (C)CM member details			
Member			
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National/Sub-national/Regional (C)CM member details			
Member			
Agency/organization	UNAIDS Romania	Website	
Type	multi-/bilateral development partners in country		
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3B Proposal Endorsement

National/Sub-national/Regional (C)CM member details			
Member			
Agency/organization	Health Aid Romania	Website	www.healthaidromania.ro
Type	non-governmental and community-based organisations		
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National/Sub-national/Regional (C)CM member details			
Member			
Agency/organization	Romanian Association against AIDS - ARAS	Website	www.arasnet.ro
Type	non-governmental and community-based organisations		
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3B Proposal Endorsement

National/Sub-national/Regional (C)CM member details			
Member			
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Type	non-governmental and community-based organisations		
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National/Sub-national/Regional (C)CM member details			
Member			
Agency/organization	Youth for Youth Foundation	Website	www.venerix.ro
Type	non-governmental and community-based organisations		
Name of representative	Alexandru Negut	CCM member since	2003
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3B Proposal Endorsement

National/Sub-national/Regional (C)CM member details			
Member			
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Type	non-governmental and community-based organisations		
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National/Sub-national/Regional (C)CM member details			
Member			
Agency/organization	Save the children Romania	Website	www.salvaticopiii.ro
Type	non-governmental and community-based organisations		
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3B Proposal Endorsement

National/Sub-national/Regional (C)CM member details			
Member			
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Type	non-governmental and community-based organisations		
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National/Sub-national/Regional (C)CM member details			
Member			
Agency/organization	Population Services International - PSI	Website	www.psi.ro
Type	non-governmental and community-based organisations		
Name of representative	Clayton Davis	CCM member since	2003
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3B Proposal Endorsement

National/Sub-national/Regional (C)CM member details			
Member			
Agency/organization	John Snow Research and Training Institute - JSI	Website	www.jsi.com
Type	non-governmental and community-based organisations		
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National/Sub-national/Regional (C)CM member details			
Member			
Agency/organization	Accept Association	Website	www.accept-romania.ro
Type	non-governmental and community-based organisations		
Name of representative	Romanita Iordache	CCM member since	2003
Title in agency/organization	President	Fax	+4 021 252 16 37
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3B Proposal Endorsement

National/Sub-national/Regional (C)CM member details			
Member			
Agency/organization	Center for Health Policies and Services	Website	www.cpss.ro
Type	non-governmental and community-based organisations		
Name of representative	Dana Farcasanu	CCM member since	2003
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National/Sub-national/Regional (C)CM member details			
Member			
Agency/organization	Close to you Foundation	Website	www.alaturidevoi.ro
Type	non-governmental and community-based organisations		
Name of representative	Angela Achitei	CCM member since	2005
Title in agency/organization	Executive director	Fax	+4 0232 313 214
E-mail address	advis@rdslink.ro	Telephone	+4 0232 275 568
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3B Proposal Endorsement

National/Sub-national/Regional (C)CM member details			
Member			
Agency/organization	Developing People Foundation	Website	www.fdpsr.ro
Type	non-governmental and community-based organisations		
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National/Sub-national/Regional (C)CM member details			
Member			
Agency/organization	Doctors of the World Romania	Website	
Type	non-governmental and community-based organisations		
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3B Proposal Endorsement

National/Sub-national/Regional (C)CM member details			
Member			
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Type	private sector		
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National/Sub-national/Regional (C)CM member details			
Member			
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Type	private sector		
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3B Proposal Endorsement

National/Sub-national/Regional (C)CM member details			
Member			
Agency/organization	F. Hoffman La Roche	Website	
Type	private sector		
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National/Sub-national/Regional (C)CM member details			
Member			
Agency/organization	Bristol Myers Squibb	Website	
Type	private sector		
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3B Proposal Endorsement

National/Sub-national/Regional (C)CM member details			
Member			
Agency/organization	Boehringer Ingelheim	Website	
Type	private sector		
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E-mail address		Telephone	
Main role in the Coordinating Mechanism and the proposal development *(proposal preparation, technical input, component coordinator, financial input, review, other)*		Mailing address	

National/Sub-national/Regional (C)CM member details			
Member			
Agency/organization	College of Medicine Doctors of Romania	Website	www.cmr.ro
Type	private sector		
Name of representative	Petre Calistru	CCM member since	2005
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3B Proposal Endorsement

National/Sub-national/Regional (C)CM member details			
Member			
Agency/organization	Romanian Society of Pneumology	Website	www.srp.ro
Type	private sector		
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National/Sub-national/Regional (C)CM member details			
Member			
Agency/organization	National Commission of Pneumology	Website	
Type	government		
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Title in agency/organization	President	Fax	
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Main role in the Coordinating Mechanism and the proposal development *(proposal preparation, technical input, component coordinator, financial input, review, other)*		Mailing address	

3B Proposal Endorsement

National/Sub-national/Regional (C)CM member details			
Member			
Agency/organization	College of Pharmacists of Romania	Website	www.colegfarm.ro
Type	private sector		
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Title in agency/organization	President	Fax	+4 021 314 79 55
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National/Sub-national/Regional (C)CM member details			
Member			
Agency/organization	International Orthodoxe Christian Charities	Website	
Type	non-governmental and community-based organisations		
Name of representative	Mark Ohanian	CCM member since	2005
Title in agency/organization		Fax	+4 031 405 77 94
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Main role in the Coordinating Mechanism and the proposal development *(proposal preparation, technical input, component coordinator, financial input, review, other)*	proposal preparation	Mailing address	

4 Component Section *HIV/AIDS*

4.1 Indicate the estimated start time and duration of the component

Table 4.1.1 – Proposal start time and duration

	From (yyyy/mm)	**To** (yyyy/mm)
Month and year:	2007/06	2012/06

4.2 Contact persons for questions regarding this component

Table 4.2 – Component contact persons

	Primary contact	**Secondary contact**
Name	Valentina Contescu,	Petrescu Eduard
Title	State Counsellor,	Country Coordinator
Organization	Prime Minister Office	UNAIDS
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E-mail address	valentina.contescu@gov.ro	eduard.petrescu@undp.org

4.3 Component executive summary

4.3.1 Executive summary

Describe the overall strategy of the proposal component, by referring to the goals, objectives and main activities, including expected results and associated timeframes. Specify the beneficiaries and expected benefits (including target populations and their estimated number). *(Please include quantitative information where possible. Maximum of one page.)*

The overall goal of the proposal is to maintain the incidence of HIV/AIDS in Romania at its current low level by targeting vulnerable populations and YPLWHA with effective interventions. Major objectives of the proposal are:

1. Increase the access of vulnerable and poor populations to prevention and treatment services.
2. Ensure the adequate combination of services and support for YPLWHA to avoid a second wave of the epidemic in Romania.

Increased access to prevention and treatment services will be done in two ways. The first is by expanding the scale of existing efforts beyond that achieved with the current GFATM grant, and the second is by improving the quality of these efforts. Innovative, behavior change programming will be employed that has been proven effective in trials both in Romania as well as in similar settings in other countries. This will include using long-format IEC training sessions with informal leaders from the target groups in order to leverage the power of social diffusion and change social norms among the entire target population.

Providing support to YPLWHA is a unique and urgent challenge for Romania. More than 7000 adolescents living with HIV/AIDS are now in the age group 16 -19. They are becoming sexually active and many of them have already begun building families. Significant positive prevention efforts must be

directed at this group in order to prevent a second wave of the epidemic. Beyond this, they also need support for continuing education, job and vocational training and, in some cases, housing.

Another area of focus is on behavioral and surveillance data for IDU, CSW and MSM. To date, no such data exists, nor do many of the local partners possess the capacity to collect it. This grant will be used to build this capacity, capturing this data twice during the three years of program implementation. This information will be used to support the design and evaluate the impact of prevention interventions and services.

This proposal is based on the commitment of the Government to continue funding prevention efforts among young people and the treatment and care of people infected and affected with HIV. It is also based on the Government's commitment to begin as soon as possible to gradually take over the costs of prevention intervention efforts targeting vulnerable populations.

The first objective is concentrated on further expanding the prevention interventions targeting vulnerable groups and enhancing access to services that may reduce their vulnerability to HIV/AIDS. As explained above, demand for prevention services and equipment (condoms and clearn injecting equipment) will be increased by positively affecting social norms. The main areas of intervention and indicators for the first objective are:

By the end of Year 5,

- To provide 65% of all IDUs with access to clean injecting equipment and to implement behavior change programming that will result in 30% of IDUs adopting behaviors that reduce transmission of HIV (the dual UNGASS indicator of avoiding the use of non-sterile injecting equipment and using condoms in the last month).
- To reach 7,500 SWs with behavior change programming (including risk reduction counseling, needle exchange, condom distribution, etc.) that will result in 40% of SWs reporting condom use with all sexual partners.
- To reach 17,000 MSM with behavior change programming that leverages the power of social diffusion in order to change social norms and results in 65% of MSM reporting condom use at last anal sex act with a non-regular partner.
- To reach 80% of all prisoners with behavior change programming (including distribution of IEC materials, condoms and peer education) that will result in a 25% increase in reported condom use with all partners. (Note: At this time, no baseline is known for this indicator).
- To reach 25,000 Roma with behavior change programming (including distribution of IEC materials, and peer education).
- To reach 2,000 street children with behavior change programming (including distribution of IEC materials, peer and community leader education).
- To raise 95% of the needed funding for vulnerable population prevention programming from the Government.

An important focus for all the activities related to the first objective relates to the efforts to adapt and better implement the national HIV/AIDS policies and strategies at the local level in the most affected areas. This will be done in the context of the decentralization of the health, education and social support networks. It aims to build the capacity for planning, implementing, monitoring and evaluating appropriate interventions within local contexts, as well as to form or strengthen partnerships established at the local level.

The second objective is focused on YPLWHA and aims to diversify the range of services provided to them. The new services to be developed will focus on the positive prevention concept including programmes to provide life skills education, access to jobs, access to education and vocational training, access to housing as well as family planning and reproductive health and PMTCT services. The main areas of the intervention and indicators for the second objective are:

- To provide 3000 YPLWHA with professional and social intergration activities, life education and independent life skills, family planning counseling, vocational traings, academic scholarships and housing. (Note: not every individual will benefit from each service. See Indicator chart for details.)

There is a third objective is for the PR and CCM, and not directed toward end beneficiaries. It is as follows.

3. To ensure the efficient and effective implementation of the Global Fund grant.

This objective will be accomplished by the PR and the CCM providing the SRs with technical assistance in order to increase their capacity to achieve the expected indicators; coordinating M&E of activities to prevent any gap, duplication or premature termination of activities; facilitating integration GFATM funded activities with the National Strategy on HIV/AIDS; developing and implementing a communication strategy aiming to increase visibility of the program; and coordinating national advocacy to ensure government funding for the continuation of activities after the GFATM grant finishes

Romania has chosen an exceptionally strong PR for this round who has extensive experience both as an implementer and as a manager of funds from various donors. The PR is focused on quality management and communication as well as on working in partnership with NGOs and governmental stakeholders. The PR has already developed and tested an innovative web-based management system suitable for large programmes with various SRs and will configure a similar one for the GFATM program.

4.3.2 Synergies

If the proposal covers more than one component, describe any synergies expected from the combination of different components—for example, TB/HIV collaborative activities. *(By synergies, we mean the added value that the different components bring to each other, or how the combination of these components may have broader impact.)*

The Prime Recipient plays this role for both the HIV/AIDS and the TB components. Where possible, the PR will coordinate joint activites that are targeted to the same populations in order to maximize such synergies.

4.4 National program context for this component

4.4.1 Indicate whether you have any of the following documents (tick appropriate box), and if so, please attach them as an annex to the Proposal Form:

☒ National Disease Specific Strategic Plan - *(See Annex 11.)*

☐ National Disease Specific Budget or Costing

☐ National Monitoring and Evaluation Plan (health sector, disease specific or other)

☒ Other document relevant to the national disease program context (e.g. the latest disease surveillance report)

Please specify:

Mid term evaluation report of the implementation of the National HIV/AIDS Strategy – *(See Annex 12 – Summary on Mid Term evaluation of the National HIV/AIDS Strategy.)*

4 Component Section *HIV/AIDS*

4.4.2 Epidemiological and disease-specific background

Describe, and provide the latest data on, the stage and type of epidemic and its dynamics (including breakdown by age, gender, population group and geographical location, wherever possible), the most affected population groups, and data on drug resistance, where relevant. With respect to malaria components, also include a map detailing the geographical distribution of the malaria problem and corresponding control measures already approved and in use. Information on drug resistance is of specific relevance if the proposal includes anti-malarial drugs or insecticides. In the case of TB components, indicate, in addition, the treatment regimes in use or to be used and the reasons for their use.

Romania is one of the few countries in Central and Eastern Europe with a significant number of people affected by HIV/AIDS. In December 2005, 16,258 cumulative cases of HIV/AIDS were registered. At the same moment 11,187 people were living with the virus. The official data indicate that 7,623 of the PLWHA have reported at least once in 2005 to a specialized medical service. From this number, 6,181 are in ARV treatment.

Thousands of newborns, babies and young children were infected in Romania between 1987 and 1991 by non-tested blood and blood products and non-sterile medical instruments. After 1994, HIV/AIDS incidence among young adults increased steadily. The route of sexual transmission continues to lead the epidemic among adults, this data being confirmed by corroboration with the high incidence rates for syphilis.

In Romania evidence points to common high-risk practices and a significant lack of awareness in key areas such as HIV transmission, prevention among all the vulnerable populations. Injecting drug use comes as a major risk factor especially for the capital city Bucharest where it is estimated that 1% of the population is injecting heroin. The latest evidence shows a steady increase in the number of people injecting drugs and the expansion of this phenomena to major urban areas other than the Bucharest. Recent studies show that commercial sex work is flourishing and is dominated by unsafe sexual practices. It is closely associated with injecting drug use and the trafficking of human beings. Furthermore, commercial sex is also increasing and diversifying as Romania becomes a more popular destination for sex tourism.

More than 7,000 of the children infected in the late 80s are still alive and most of them are aged 16 to 19. They represent an important challenge as these adolescents are now becoming sexually active, with the possibility of HIV transmission to their sexual partners and children. Moreover, new needs are developing related to their integration in the community and independent living, (e.g., jobs, housing, etc.).

Awareness of HIV/AIDS is very high in Romania, with nearly all adult women and men (99.5%) having heard about it, as results from the most recent Reproductive Health Survey (2004). Despite this high level of awareness the complex knowledge indicator and the discrimination indicators are showing very low percentages, 4% for knowledge and 17% for acceptance.

4.4.3 Disease-control initiatives and broader development frameworks

a) Describe comprehensively the current disease-control strategies and programs aimed at the target disease, including all relevant goals and objectives with regard to addressing the disease. (Include all donor-financed programs currently implemented or planned by all stakeholders and existing and planned commitments to major international initiatives and partnerships.)

Romania's response to the HIV/AIDS challenge became more structured in 2000, when the 2000-2003 National HIV/AIDS Strategy was launched. In 2001, the Ministry of Health declared HIV/AIDS as a public health priority and developed the Plan for Universal Access to Treatment and Care, aiming to increase the access of PLWHA to antiretroviral (ARV) drugs and improve the quality of treatment. As a result of this action, the number of people receiving ARV therapy increased from 3,800 in 2001 to more than 6,100 in 2006. In 2003 the WHO/UNAIDS evaluation confirmed that access to ARV therapy in Romania is universal.

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Romania is the only country in Central and Eastern Europe which ensures universal free access to ARV treatment and care for more than 6,100 people living with HIV/AIDS (treatment received in accordance with international standards) from a total number of over 7,600 people under medical surveillance. Starting with 2001, a strong public-private partnership was launched, under the facilitation of the United Nations. These efforts resulted in price cuts and donations of ARVs from the most important six pharmaceutical companies.

In 2002, a special law regarding HIV infection prevention and care for PLWHA was adopted. This law foresees benefits as free of charge medical treatment and nutritional supplements for PLWHA. The whole program is funded from public sources, according to the existing needs. This commitment is mirrored also by the important amount of money allocated to PLWHA care.

The same law directly named, and, thus, endorsed the National MultiSectoral HIV/AIDS Commission (CNMS), which was placed under the Prime-Minister authority. The Commission includes representatives of 16 ministries and government agencies, seven nongovernmental organizations, the private sector, United Nations Agencies, as well as other donors. People living with HIV/AIDS are represented at the Commission level by UNOPA (National Union of the Affected People Associations), which is also a vice-chair of the CNMS.

The Government, in 2004 approved a new HIV/AIDS Strategy covering the period 2004-2007. The main objectives of this strategy are to maintain the HIV prevalence for 2007 at the level registered in 2002 and to ensure universal access to treatment, care and social services for infected and affected people. Special attention is paid to the "**The Three Ones**" (**One** agreed HIV/AIDS Action Framework that provides the basis for coordinating the work of all partners, **One** National AIDS Coordinating Authority, with a broad-based multisectoral mandate, and **One** agreed country-level Monitoring and Evaluation System).

Beginning in 2004, Romania benefited from a $26.8 million grant for HIV/AIDS from Global Fund. The approval of the second phase of the Programme (US$ 5,060,313) was recently announced and will offer the opportunity to consolidate and maintain services established during the first phase of implementation to a large partnership of governmental and non-governmental institutions.

b) Describe the role of HIV/AIDS-, tuberculosis- and/or malaria-control efforts in broader developmental frameworks such as Poverty Reduction Strategies, the Highly-Indebted Poor Country (HIPC) Initiative, the Millennium Development Goals or Sector-Wide Approaches. Outline any links to international initiatives such as the WHO/UNAIDS 'Universal Access Initiative' or the Global Plan to Stop TB or the Roll Back Malaria Initiative.

In 2003, Romania adopted a national tailored MDG plan that is fully consistent and harmonized with the National HIV/AIDS Strategy for 2004 – 2007. HIV/AIDS is considered a priority and the funding allocated for treatment care and support has increased significantly in recent years (a $10,000,000 or 35%, increase from 2005 to 2006). Confronted with the increase in demand for treatment, care and support, the Government has only partially started to cover the costs for prevention. Up to the moment domestic resources are covering prevention interventions for young people, prevention of MTCT, access to VCT for young people and the general population and, to a lesser extent, the interventions targeting vulnerable groups. Romania has developed its own plan for universal access to prevention, treatment and care by 2010 that will be part of the new strategy 2007 – 2013 for HIV/AIDS. At the same time, the National Multisectoral HIV/AIDS Commission has prepared the request to the Government for coverage of the funding gaps in the implementation of the current strategy. It is expected that the request will be analyzed and funding made available above the current level beginning with the fiscal year 2007.

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4.4.4 National health system

a) Briefly describe the (national) health system, including both the public and private sectors, as relevant to reducing the impact and spread of the disease in question.

Comment [JA1]: Where is this part?

For four decades, from 1949 to 1989, health care in Romania was organized and delivered via a Semashko health system. Major reforms began in 1989 and, by 1998, Romania had transformed the centralized, tax-based system into a decentralized and pluralistic social health insurance system with contractual relationships between health insurance funds as purchasers and health care providers. The Health Insurance Law has already been modified, but still needs to be adapted to the changing political, social and economic context. The current reforms are focused mainly on the continuation of the decentralization process, the development of the private sectors and the establishment of clear relations between the health care and the social care system.

<u>Public health services :</u>

The MoPH is the central authority in public health, responsible for setting organizational and functional standards, developing and financing national public health programmes, and collecting data and analyzing the population's health status. The MoPH funds the national health programmes, including the NTP, covering all the expenditures except drugs which are paid by the National Health Insurance House.

The county-level Public Health Departments are responsible for public health in their counties, withtheir expenses financed by the MoPH. Communicable diseases are the responsibility of the Ministry, but diagnosis and treatment is covered by the Health Insurance Funds.

<u>Primary health care</u>

Since 1998 patients are allowed to choose their dispensary/family doctor or general practitioner (GP). At the same time, GPs changed from being state employees to independent practitioners, contracted by the health insurance houses, and privately operating their medical offices. Access to outpatient specialty care and to hospital currently requires a referral by the GP.

<u>Secondary care</u>

Ambulatory secondary care is delivered through a network of hospital outpatient departments, centres for diagnosis and treatment and private practices. Physicians working in private medical offices need a practice license and an authorization for the medical office, and private outpatient services may be accredited for all specialties including outpatient surgery.

<u>Tertiary care</u>

There are four main categories of hospitals in Romania: rural hospitals; town and municipal hospitals, county hospitals and specialized units for tertiary care, such as the central level institutes (Institute of Oncology, Cardiology, etc.) In terms of ownership, with the exception of a few small hospitals, all hospitals are publicly owned and under state administration. Hospital maintenance, treatment and staff salaries are financed from the Social Health Insurance Fund; the initial capital investment is currently financed by the state.

b) Given the above analysis, explain whether the current health system will be able to achieve and sustain scale up of HIV/AIDS, tuberculosis and/or malaria interventions. What constraints exist?

The current system has the neessary infrastructure and human resources needed to satisfy the treatment demands arising from the HIV/AIDS situation. The new health reform started in 2005 aims to ensure as well the resouces, infrastructure and adequate management for strehgthening the public health prevention services and to switch the balance from the current treatment focus to prevention focus. Also the focus in the treatment area is to be changed from predominantly hospital care to more out-patient care and home care. Legislation is in place to ensure this change.

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c) Please describe national health systems strengthening plans as they relate to these constraints. If this proposal includes a request for resources to help overcome these constraints, describe how the proposal will contribute to strengthening health systems.

Not applicable.

4.5 Financial and programmatic gap analysis

4.5.1 Overall needs assessment

a) Based on an analysis of the national goals and careful analysis of disease surveillance data and target group population estimates for fighting the disease component, describe the overall **programmatic** needs in terms of people in need of these key services. Please indicate the quantitative needs for the 3-5 major services that are intended to be delivered (e.g. anti-retroviral drugs, insecticide-treated bed nets, Directly Observed Treatment Short-Course for TB treatment). Also specify how much of this need is currently covered in the full period of the proposal by domestic sources or other donors. *Please note that this gap analysis should guide the completion of the Targets and Indicators Table in section 4.6. When completing this section, please refer to the Guidelines for Proposals, section 4.5.1.*

Consistent with the objectives of the current proposal, the programmatic gap analysis is focused more on vulnerable and poor populations. For other areas, like prevention for young people or treatment and care, the programmatic gap is much less as can be seen from the report "Towards Universal Access" (report included in Annex 19). This is not the case, however, for vulnerable populations, as shown below:

- Harm reduction services for IDUs are planned to reach 12,000 through 2010. Current services are exclusively concentrated in the capital city Bucharest, and the figure for 2010 accounts for 50% of the estimated number of IDUs in Bucharest to be covered from existing resources. Recently, injecting drug use has started to expand to other areas and the estimated number at the national level in 2010 may be more than 40,000. This means that the 12,000 planned to be reached will only constitute 30% of the national number of IDUs. This percentage is far from being the one needed for making an adequate impact. At a minimum, an additional 8,000 IDUs must be covered in order to achieve 50% national coverage by 2010.
- Outreach prevention services for SWs are covering less than 10% of the estimated number of SWs with the current resources. The estimated number of SWs was calculated by WHO in 2003; other experts believe the number may actually be much higher. It is very difficult to have a national estimation as prostitution is present in all the districts and is very diversified, ranging from street prostitution to sophisticated internet based services. The revised targets of the National HIV/AIDS Strategy is to expand outreach programmes targeting street SWs to districts level by 2010 (in 21 of the total 42 districts). At the moment only ten cities are covererd or are planned to be covered. The programmatic gap can be defined as programs in a total number of 11 districts by 2010.
- Current outreach prevention services for MSM are also covering less than 10% of the estimated number of MSM. The realistic objective of the revised national HIV/AIDS Strategy is to have outreach programmes targeting MSM in at least 15 of Romania's 42 districts by 2010. At the moment only nine districts are covered or are planned to be covered. The programmatic gap can be defined as programs in another six districts by 2010.
- Community prevention services for Roma are covering 18% of the estimated number of beneficiaries by 2010 with the current and planned resources. Beneficiaries are concentrated in 26 communities from 12 districts. The realistic objective of the revised national HIV/AIDS Strategy is to have capacity for community prevention services for Roma communities in all 42 districts. The programmatic gap can be defined as capacity for prevention services in 30 districts by 2010.
- Positive prevention services targeting YPLWHA are defined here as the combination of prevention, care, support and psycho-social services. At the moment, only 26% of this target can

be covered with existing resources by 2010. Ideally access to these types of services would be universal, meaning the gap can be defined as 74% of the target, or 5,700 individuals by 2010.

- Current strategy targets on prisoners reached with IEC prevention programs are already overachieved so a revised indicator of universal access was proposed. At the moment only 70% of prisoners can be covered with existing resources by 2010, leaving a gap of 10% that should be filled through intensive peer education strategy.
- Furthermore, there is a need for the collection of surveillance data on STIs and HIV prevalence among these target groups. No such data exists today.

b) Based on an analysis of the national goals and objectives for fighting the disease component, describe the overall **financial** needs. Such an analysis should recognize any required investment in health systems linked to the disease. Provide an estimate of the costs of meeting this overall need and include information about how this costing has been developed (e.g., costed national strategies, medium term expenditure framework). *(Actual targets for past years and planned and estimated costing for future years should be included in table 4.5.1-3 [line A].)*

The financial unmet needs resulting from the estimation made in the programmatic needs section are listed below. (Please see also the assumptions from the supplemental table added as part D of Attachment 3.)

ACTIVITIES FOR PERIOD 2007 – 2010	**GAP (€1,000,000)**
1. Harm reduction services for IDUs	2.40
2. Outreach prevention services for SWs	2.37
3. Outreach prevention activities for MSM	1.67
4. Community prevention services for Roma youth 15 – 24	1.20
5. Positive prevention services targeting YPLWHA	4.57
TOTAL	**€12,210,000**

4.5.2 Current and planned sources of funding

a) Describe current and planned financial contributions, from all relevant domestic sources (including loans and debt relief) relating to this component. *(Summarize such financial amounts for past and future years in table 4.5.1-3 [line B].)*

Even if no National spending for AIDS, nor National AIDs Account weren't implemented in Romania, resource tracking efforts sustained starting 2004 by UNAIDS in collaboration with the National AIDS Commission allowed us to get an imagine of the most important HIV/AIDS programs funded in 2004-2007.

Euro	2004	2005	2006	2007
National Insurance House	24,098,560	29,887,461	36,742,511	49,277,206
National Budget	14,612,441	20,568,427	20,583,529	22,886,106
Local budgets	511,796	593,889	425,000	520,000

The main source of funds is the National Insurance House that is covering the entire ARV treatment programme (as Romania guaratees universal acces to ARV treatment to all qualified PLWHA), followed by the national budget that is splitted between the different ministeries having areas of responsibility in the field of HIV: the Ministry of Labour covering all food subsidies (a monthly subsidy of about 56 Euro granted to all PLWHA registered in social assistance), while Ministry of Health's budget is mainly focused on prevention activities targeting young people in the general population, blood safety and HIV testing. The Ministry of Education sustaines an important part of the health curricula implementation in schools.
Very little funds were designated for HIV prevention activities among vulnerable populations.

The last entry in the table represents the local budget contributions. These are very limited ammount, but do increase each year as decentralization of the all government fuding mechanisms increases.

b) Describe current and planned financial contributions, anticipated from all relevant external sources (including existing grants from the Global Fund and any other external donor funding) relating to this component. *(Summarize such financial amounts for past and future years in table 4.5.1-3 [line C].*)

Euro	2004	2005	2006	2007
Global Fund	6,821,419	7,820,115	3,243,481	1,719,953
Bilateral donors	619,681	1,350,082	1,029,173	800,000
Multilateral donors	7,511,263	8,475,484	3,280,827	936,040
Pharmaceutical companies	9,996,617	10,161,654	10,025,600	10,025,600
Private donors	1,609,731	1,000,000	900,000	800,000
UN system	534,662	499,961	866,966	474,000

The most important categories of external donors are listed in the table above. The general trend registrated in multi and bilateral funding, as well as in UN line, is decresing as Romania is preparing to enter the European Union and most of the international agencies are preparing to leave the country.
A constant support was enssured by the pharmaceutical companies, especially under the form of ARV drugs donations.

The Round 2 Global Fund Grant had a great impact in the country, contributing dramatically to the diversification of the services and increasing acces to prevention, treatment and support services.

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4.5.3 Financial gap calculation

Provide a calculation of the gap between the estimated overall need and current and planned available resources for this component in table 4.5.1-3 and provide any additional comments below.

The financial gap ncreases dramatically each year. This unmet needs relates almost entirely to prevention activities among vulnerable populations, and will be met with domestic government resources. By Year Four 90% of this gap will be met; Year Five 95%.

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Please summarize the information from 4.5.1, 4.5.2 and 4.5.3 in the table below.

Table 4.5.1-3 - Financial contributions to national response

	Financial gap analysis (Euro)						
	Actual		Planned		Estimated		
	2004	2005	2006	2007	2008	2009	2010
Overall needs costing (A)	68,062,035	82,202,704	83,247,332	92,550,904	103,746,919	115,887,236	127,978,899
Current and planned sources of funding:							
Domestic source: Loans and debt relief	0	0	0	0	0	0	0
Domestic source: National funding resources	39,222,797	51,049,777	57,751,040	72,683,312	87,219,974	101,756,636	116,293,299
Total domestic sources of funding(B)	**39,222,797**	**51,049,777**	**57,751,040**	**72,683,312**	**87,219,974**	**101,756,636**	**116,293,299**
External source **Global Fund Grants**	6,821,419	7,820,115	3,243,481	1,719,953	1,101,345	0	0
External source **Pharmaceutical companies**	9,996,617	10,161,654	10,025,600	10,025,600	10,025,600	10,025,600	10,025,600
External source **Private donors**	1,609,731	1,000,000	900,000	800,000	700,000	600,000	600,000
External source **Multi and bilateral donors**	8,130,944	9,825,566	4,310,000	1,736,040	800,000	500,000	300,000
External source **UN system**	534,662	499,961	866,966	474,000	237,000	160,000	80,000
Total external sources of funding (C)	**27,093,373**	**29,307,295**	**19,346,047**	**14,755,592**	**12,863,945**	**11,285,600**	**11,005,600**
Total resources available (B+C)	66,316,170	80,357,072	77,097,087	87,438,904	100,083,919	113,042,236	127,298,899
Unmet need (A) - (B + C)	1,745,865	1,845,632	6,150,245	5,112,000	3,663,000	2,845,000	680,000

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4.5.4 Additionality Confirm that Global Fund resources received will be additional to existing and planned resources, and will not substitute for such sources, and explain plans to ensure that this will continue to be true for the entire proposal period.
The resources requested from Global Fund are planned to cover the programmatic gaps as they are identified in the special form attached.(In the process of programmatic gap identification an inventory was done of all available national and international resources and their destination. Moreover, the services paid from domestic resources will be maintained and strengthened over the lifetime of the proposal as the table detailing the financial contribution to the national response shows. (See chart in Section 4.5.1-3).

4.6 Component strategy

In support of this section, all applicants must submit:

- A **Targets and Indicators Table.** This is included as **Attachment A** to the Proposal Form.

  and

- A component **Work Plan (Annex 13)** covering the first two years of the proposal period. The Work Plan should also be integrated with the detailed budget referred to in section 5.2.

4.6.1 Goals, objectives and service delivery areas Provide a clear description of the program's goal(s), objectives and service delivery areas (provide quantitative information, where possible).
The overall goal of the proposal is to maintain the incidence of HIV in Romania at current low levels. This will be cone by targeting vulnerable groups and the YPLWHA with effective interventions. The aim is to maintain the HIV incidence in 2011 at the level registered in 2005, namely 220 new cases. Major objectives of the proposal component are: 1. Increase the access of vulnerable and poor populations to prevention and treatment services 2. Ensure the adequate combination of services and support for YPLWHA to avoid a second wave of the epidemic in Romania 3. Ensure efficient and effective implementation of the Global Fund Grant. Major service delivery areas include: **SDA 1: Prevention: BCC - community outreach** (condoms distribution, referrals to services, interpersonal IEC delivered via peer education, needle exchange) BSS (behavior surveillance survey), basic medical and social services, and help line targeting IDUs, SWs, MSM, prisoners, street children, and Roma. **SDA 2: Testing and counseling** aiming to develop capacity and increase access to VCT among IDUs, SWs, MSM and Roma. **SDA 3, 7: Supportive environment: Stigma reduction** consisting of advocacy activities aiming to reduce stigma, discrimination and change policy in order to allow implementation of appropriate interventions for all vulnerable groups including PLWHA. Capacity building activities among PLHWA will empower individual and informal groups of PLWHA to fight stigma and discrimination and build a positive network of PLWHA associations. **SDA 4: Information system and Operational Research** aiming to support national research about drug use among the general population and prevalence levels and risk behavior among vulnerable

populations.

SDA 5: Supportive environment: Strengthening of civil society and institutional capacity building. to enhance cooperation and capacity building at the local level for the implementation of the most appropriate activities to keep HIV incidence at low levels. Local needs assessment and resource mobilization will ensure supportive environment for local strategic planning and local HIV prevention services sustainability.

SDA 7: Care and support: Care and support for the chronically ill aiming to provide services for social and professional integration as well as positive prevention among 3,000 YPLWHA.

SDA 8: Program management by Principal Recepient (PR) aiming to ensure the financial and technical management of the Global Fund grant by providing technical assistance to SRs and coordinating M&E activities.

SDA 9: Strengthen CCM capacity by monitoring, evaluating and integrating GFATM activities with the National HIV/AIDS Strategy.

4.6.2 Link with overall national context

Describe how these goals and objectives are linked to the key problems and gaps arising from the description of the national context in section 4.4. Demonstrate clearly how the proposed goals fit within the overall (national) strategy and how the proposed objectives and service delivery areas relate to the goals and to each other.

The present application was developed based on the gaps resulting from the analysis of the national context done during the mid-term review of the National Strategy and other related processes (Universal Access Initiative, UNGASS reporting). All the reviews showed that activities targeting vulnerable groups and YPLWHA are still to be expanded to make the necessary impact in order to maintain incidence at its current low level. All the other prevention and treatment and care activities are already developed and implemented on a national scale with proven impact.

The SDAs proposed are already proven to be effective in targeting vulnerable groups. The present proposal wants to respond to the need of expanding and scaling up. The combination of community outreach with the provision of access to services as well as the reduction of stigma and discrimination is seen as the best strategy to ensure the reduction of the existing programmatic gap.

4.6.3 Activities

Provide a clear and detailed description of the activities that will be implemented within each service delivery area for each objective. Please include all the activities proposed, how these will be implemented, and by whom. *(Where activities to strengthen health systems are planned, applicants are also required to provide additional information at section 4.6.6.)*

Objective 1. Increase the access of vulnerable and poor populations at prevention and treatment services

SDA 1: Prevention BCC – Community Outreach

A1. Outreach harm reduction interventions targeting IDUds implemented by NGOs in five cities (including needle exchange, condom distribution, referral to services, interpersonal IEC) – Bucharest, Timisoara, Constanta, Craiova, Cluj. Activity proposed by NGO members of the Romanian Harm Reduction Network.

A.2. Development of a low threshold clinic for IDUs, SWs and Roma in capital city (VCT, helpline, medical, social and referral services). Activity proposed by ARAS.

A.3. Monitoring the implementation of harm reduction and treatment standards on drug use in treatment and other assistance centers for drug users at the national level - (80 centers including all providers: civil society, governmental and private). Activity proposed by the National Anti-drug Agency.

A.4. BSS to evaluate programmatic impact among IDUs (Y3) in 5 cities - Bucharest, Timisoara,

Constanta, Craiova, Cluj. Activity proposed by ARAS and ALIAT.

A.5. Outreach interventions targeting SWs implemented by NGOs in 11 districts (including risk reduction counseling, needle exchange, condom distribution, basic medical and social services, refferal to services, interpersonal IEC) - Bucharest, Ilfov, Timis, Constanta, Craiova, Cluj, Bacau, Iasi, Arad , Neamt. and Brasov. Activity proposed by ARAS.

A.6. BSS to evaluate programmatic impact among SWs (Y1 and Y3) in 11 districts - Bucharest, Ilfov, Timis, Constanta, Craiova, Cluj, Bacau, Iasi, Arad, Neamt. and Brasov. Activity proposed by ARAS.

A.7. Outreach interventions targeting MSM implemented by NGOs in 10 cities (condom distribution, referral to services, psychological and medical counseling, IEC program using social diffusion via peer educators, and a help line - Bucharest, Timisoara, Constanta, Craiova, Cluj, Bacau, Iasi, Arad, Brasov and Piatra Neamt.. Activity proposed by Accept and Population Service International (PSI).

A.8. BSS to evaluate programmatic impact among MSM in Years 1 & 3 - Bucharest, Timisoara, Constanta, Craiova, Cluj, Bacau, Iasi, Arad, Brasov and Piatra Neamt. Activity proposed by Accept and Population Service International (PSI).

A.9. Outreach interventions targeting prisoners implemented by the National Administration of Penitentiaries and its partners in at national level (condom distribution, linkage to services, interpersonal IEC), based on peer educators. Activity proposed by the National Administration of Penitentiaries and faith based organization.

A.10. BSS to evaluate programmatic impact among prisoners in 40 prisons (Y1 and Y3). Activity proposed by the National Administration of Penitentiaries.

A.11. IEC sessions for vulnerable populations temporary in police arrests in order to ensure increased access to HIV prevention services (training of arrests personnel in capital city + 10 districts, development of IEC materials, referral system to services in place) - Bucharest, Ilfov, Timisoara, Constanta, Craiova, Cluj, Bacau, Iasi, Neamt, Arad, Brasov .

A.12. Outreach interventions targeting Roma implemented by NGOs in 12 districts (condom distribution, risk reduction counselling, referral to services, interpersonal IEC), based on community mediators network – Bucharest, Arad, Bacau, Brasov, Cluj, Constanta, Iasi, Neamt, Dambovita, Vrancea and Timis. Activity proposed by ARAS and Save the Children Romania.

A.13. Outreach interventions targeting street children implemented by NGOs in 9 districts (condom distribution, referral to services, interpersonal IEC), including also peer educators – Bucharest, Arad, Bacau, Brasov, Cluj, Constanta, Iasi, Neamt and Craiova. Activity proposed by ARAS.

SDA 2: Prevention – Testing & Counseling

A.14. VCT (with rapid tests) services for IDUs and their sexual partners, SWs and Roma provided through mobile outreach units and through the low threshold clinic in capital city. Activity proposed by ARAS.

A.15. Access to VCT (with ELISA blood tests) services for prisoners in 30 prisons. Activity proposed by the National Administration of Penitentiaries and faith based organization.

SDA 3: Supportive Environment – Stigma Reduction

A.16. Continous advocacy activities at national level related to HIV'AIDS and drug use in order to increase the quality and coverage of services, improve policies, and diversify services . Activity proposed by ARAS.

A.17. Continous human rights monitoring on IDUs. Activity proposed by drug users self support group. Reports published and disseminated quarterly.

A.18. Continous advocacy activities at national level in order to improve legal and health policies related to HIV/AIDS and sex work.

A.19. Continous advocacy and human rights monitoring activities targeting policy makers at national level related to HIV/AIDS and MSM. Activity proposed by Accept and Population Service International (PSI).

SDA 4: Information System and Operational Research

A.20. Active surveillance on HIV prevalence among IDUs, CSWs and MSM. Activity proposed by the Public Health Institute. This actrivity will be coordinated with the BSS surveys in each target location.

A.21. General Population Survey on drug use at national level (representative sample of 10,000 respondents) to provide data on harm and demand reduction as well as trends in drug use. Activity proposed by the National Anti-drug Agency. To be executed in Year 3.

SDA 5: Supportive Environment: Strengthening of Civil Socity & Instutional Capacity Building

A.22. Local needs assessment and resource mobilization through local working groups in 10 districts (Bucharest, Timis, Constanta, Craiova, Cluj, Bacau, Iasi, Arad , Neamt. and Brasov) to ensure supportive environment for local strategic planning and HIV prevention services sustainability for vulnerable populations. Activity proposed by SECS.

Objective 2. Ensure the adequate combination of services and support for YPLWHA to avoid a second wave of the epidemic in Romania.

SDA 6: Care and support: Care and support for the chronically ill

A.1. Education for life sessions (family planning, unwanted pregnancy, drug use and STI prevention) in 21 citiess through peer and professionally conducted sessions in Community Social Center and Youth clubs, and through peer educators. Activity proposed by UNOPA (PLWHA Associations), SC, ADV (Constanta, Mures, Iasi), DGASPC Suceava, Mehedinti, Bacau and Arad and FDP. Cities include Mehedinti/Drobeta Turnu Severin, Bacau si Arad, Iasi, Tg. Mures Constanta, Piatra Neamt, Medias, Resita, Vaslui, Medgidia, Giurgiu, Bucuresti, Petrila, Mangalia, Falticeni, Craiova, Barlad, Botosani, Galati.

A.2 BSS to evaluate programmatic impact among YPLWHA in each target city (2 studies, Y1 and Y3).

A.3. Professional integration counselling for YPLWHA (including training for service providers such as social workers, psychologists, educators) in 18 cities. Activity proposed by FDP (Bucuresti, Arad, Dambovita) in collaboration with Inima de Copil (Galati), Baylor Constanta, Casa Speranta Constanta, Scop Timisoara, Asociatia Noua Speranta Hunedoara, Red Ribbon Falticeni, Asociatia Neghinita Dambovita, Asociatia Lizuca (Bacau), Prietenii Copiilor Bals (Slatina), RCA and UNOPA.

A.4 Survey among YPLWHA to learn the motivation for work among YPLWHA and identify barriers to working. (Y1)

A.5 Professional integration activities for YPLWHA (including the development of an IEC toolkit for employers called "HIV/AIDS and the workplace" and educational scholarships for 23 YPLWHA)".

A.6. Skills development with YPLWHA (e.g., carpentry, farming, arts and crafts, IT, book-binding and printing) in nine cities, and occupational therapy for hospitalized PLWHA. The former activity proposed by ADV (Iasi, Mures and Constanta), HAR, FDP in collaboration with Baylor Constanta, Casa Speranta Constanta, Scop Timisoara, Asociatia Noua Speranta Hunedoara, Red Ribbon Falticeni, Prietenii Copiilor Bals and DGASPC Bacau and Hunedoara. The latter activity to take place in the Victor Babes Hospital in Bucharest (health center providing services for about 800 PLWHA yearly).

A.7. Vocational training and apprentice stages for PLWHA in 8 cities (Bucharest, Arad, Galati, Constanta, Falticeni, Dambovita, Bacau, Bals-Slatina). Where possible, the vocational trainings will be followed by apprentice stages in different local companies.

A.8. Develop independent living skills among YPLWHA coming from child protection institutions in 2 cities. (Activity proposed by ADV of Iasi and HAR and FDP of Bucharest. Abandoned YPLWHA coming from the child protection institution system will be integrated in 7 social apartments (2 in Iasi and 5 in Bucharest area) as a step towards individual autonomy. Social support and occupational counselling will be provided as well by professionals.

A.9. Training of service providers in order to provide support to PLWHA. Activity proposed by AIDROM and SECS. The activity proposed by AIDROM (a faith based organization) aims to reduce stigma and enhance support by training priests and other clergy coming from areas inhabited by PLWHA. SEC's activity will target family planning specialits, family doctors and gynecologists from

10 cities (Bucharest, Craiova, Constanta, Timisoara, Cluj, Arad, Bacau, Piatra Neamt, Iasi, Brasov). Different resources will be developed in the farmework of the project (including internet based resource center for service providers, on-line medical advisor, development of counselling guidelines). Women living with HIV/AIDS in these cities will be trained as peer educators in order to raise awarness of WLWHA on early detection of genital cancer.

SDA 7: Supportive environment: Stigma reduction

A.10. Empowerment activities for PLWHA groups in order to strengthen the Positive Network of PLWHA Association (including development of new PLWHA association and increase in membership and coverage) to be developed in 12 districts. Activity proposed by UNOPA. The National Union of PLWHA Associations will promote advocacy activities at both local and central level promoting the professional integration of PLWHA targeting interested stakeholders. In order to strenghten its representativity in both number and geographical coverage, UNOPA will implement in Year 3 advocacy and PLWHA empowerment activities (including IEC caravan) focusing on the Western part of Romania (under-represented at the time being in terms of PLWHA associations). PLWHA associations involved in project implementation will enhance their capacity to develop social support and advocacy interventions in the interests of their members, entering local existing networks in order to increase sustainability. /

Objective 3. Ensure the efficient and effective implementation of the GFATM grant.

SDA 8: Program Management by Principal Recepient (PR).

A1. PR activities will aim to ensure the financial and technical management of the Global Fund grant by providing technical assistance to SRs and coordinating M&E activities.

SDA 9: Strengthen CCM capacity

A2. CCM M&E will consist of monitoring, evaluating and integrating GFATM activities with the National HIV/AIDS Strategy.

4.6.4 Performance of and linkages to current Global Fund grant(s)

This section refers to any prior Global Fund grants for this disease component and requests information on performance to date and linkages to this application. For more information, please refer to the Guidelines for Proposals, section 4.6.4.

a) Provide an update of the current status of previous Global Fund grants for this disease component, in the table below.

Table 4.6.4. Current Global Fund grants

	Grant number	Grant amount*	Amount spent
GF Grant 1	ROM-202-G01-H-00	$26,861,313	$18,301,918

* *For grants in Phase 1, this is the original two year grant amount. For grants that have been renewed into Phase 2, this is the total amount, inclusive of Phase 1 and Phase 2. For unsigned Round 5 grants this is the two year TRP approved maximum budget.*

b) Please identify for each current grant the key implementation challenges and how they have been resolved.

Initially the program experienced significant delays in launching full-scale implementation of activities, and, along with problems faced in absorbing financial resources, led to inadequate performance in the first three quarters. Marked acceleration in program implementation occurred in the next two quarters (2005).
The effectiveness of disbursements to sub-recipients has also markedly improved over the past two

quarters and the underlying M&E system is currently functioning well" (GFATM Secretariat Evaluation)

HIV program performance has progressively improved throughout the Phase 1 period, mostly during the second year of implementation. Despite initial delays, Phase 1 targets were exceeded for 28 of 30 performance indicators.

Transition to Phase 2 was also marked by a significant delay in disbursing the funds to sub-recipients. At the moment, however, all the sub-recipients participating in this phase have been contracted and their activities are on track.

c) Are there any linkages between the current proposal and any existing Global Fund grants for the same component? (e.g. same activities, same targeted populations and/or the same geographical areas.)	☒ Yes ➔ *complete d)* ☐ No ➔ *go to 4.6.5.*

d) If yes, clearly list such linkages and describe how this proposal builds on, but is not duplicative of the funding provided under current Global Fund grants.

Romania's current grant and this application are closely linked. Besides the activities for positive prevention among YPLWHA, all other proposed activities are also part of the current grant. The current activities that this application aims to expand are listed below:

- Interventions from the current grant targeting IDUs are concentrated only in Bucharest while the application aims to expand them to four more cities and to increase the number of beneficiaries in Bucharest.
- Interventions targeting SWs only cover a limited number of SWs in eight locations under the current grant. The new application aims to increase the number of beneficiaries in these eight locations as well as expand to another three locations and diversify the range of activities and services offered.
- Interventions targeting MSM under the current grant are implemented in five cities while the new application aims to expand to five more cities. This expansion will also increase the number targeted in the existing locations.
- Interventions targeting prisoners under the existing grant will be expanded further through the new application as a step towards universal access to HIV prevention. Coverage will increase from the current baseline (60% prisoners reached with HIV/AIDS programs in 2005) to 80% by 2012.
- Interventions targeting Roma and street children will be expanded to ten more communities in addition to the 30 already targeted through the existing grant.
- In all the activities targeting PLWHA under objective 2 are used innovative approaches contributing to the smooth transition of YPLWHA to adulthood (social and professional integration and life education).

All the interventions proposed in the new application include strategies and activities to ensure sustainability and transition to domestic funding by the end of the Year 3.

4.6.5 Linkages to other donor funded programs

a) Are there any linkages between the current proposal and any other donor funded programs for the same disease	☒ Yes ➔ *complete b)* ☐ No ➔ *go to 4.6.6.*

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b) If yes, clearly list such linkages and describe how this proposal builds on, but is not duplicative of the funding provided by other donors, including in respect of health system strengthening activities.

The donor funding available In Romania is significantly decreasing with most of the bilateral, including the EU, agencies closing their assistance programme at the end of 2006. The UN Agencies are ensuring a transition period up to 2009; USAID will continue its HIV/AIDS program through John Snow Inc. through the end of 2007, and the rest of the donors have already withdrawn or announced they will withdraw by 1 January 2007 when Romania is expected to join the EU. The UN, however, has very limited resources and its contribution to HIV/AIDS is expected to be less than $0.8 million before its total fase out.

The National Multisectoral HIV/AIDS Commission and UNAIDS established a common financial tracking system for the implementation of the National HIV/AIDS Strategy. This was used to avoid any duplication between the existing resources and the resources acquired from GFATM.

4.6.6 Activities to strengthen health systems

a) Describe which health systems strengthening activities are included in the proposal, and how they are linked to the disease component. *(In order to demonstrate this link, applicants should relate proposed health systems interventions to disease specific goals and their impact indicators. See the Multi-Agency M&E Toolkit.)*

This current application is not proposing health system strengthening activities considering the Romanian Health System has the capacity to deal with any requests for health services in relation to HIV/AIDS.

b) Explain why the proposed health systems strengthening activities are necessary to improve coverage to reduce the impact and spread of the disease and sustain interventions. *(When completing this section, applicants should refer to the Guidelines for Proposals, section 4.6.6.)*

c) Describe how activities to strengthen health systems, integrated within this component, will have positive system-wide effects and how it is designed in compliance with the surrounding context and aligned with government policies.

d) Are there cross-cutting health systems strengthening activities integrated within this component that will benefit any other component included in this proposal?	☐ Yes ➔ *complete e) and f)*
	☐ No ➔ *go to g)*

e) If you answered yes for d), describe these activities and the associated budgets and identify and explain how the other components will benefit. *Please refer to the Round 6 HSS Information Sheet on http://www.theglobalfund.org/en/apply/call6/documents/ before completing this section.*

f) If you answered yes for d), confirm that funding for these activities has not also been requested within the other component. *Please refer to the Round 6 HSS Information Sheet on http://www.theglobalfund.org/en/apply/call6/documents/ before completing this section.*

g) Is this component reliant on any cross-cutting health systems strengthening activities that have been included within other components of this proposal?	☐ Yes ➔ *complete h)* ☐ No ➔ *go to 4.6.7.*
h) If you answered yes for g), describe these activities and the associated budgets and identify and explain how this component will benefit. *Please refer to the Round 6 HSS Information Sheet on http://www.theglobalfund.org/en/apply/call6/documents/ before completing this section.*	

4.6.7 Common funding mechanisms

This section seeks information on funding requested in this proposal that is intended to be contributed through a common funding mechanism (such as Sector-Wide Approaches (SWAp), or pooled funding (whether at a national, sub-national or sector level).

a) Is part or all of the funding requested for the disease component intended to be contributed through a common funding mechanism?	☐ Yes ➔ *answer questions below.* ☒ No ➔ *go to 4.8*
b) Indicate in respect of each year for which funds are requested the amount to be funded through a common funding mechanism.	
c) Describe the common funding mechanism, whether it is already operational and the way it functions. Identify development partners who are part of the common funding mechanism. Please also provide documents that describe the functioning of the mechanism as an annex. *(This may include: The agreement between contributing parties; joint Monitoring and Evaluation procedures, management details, joint review and accountability procedures, etc.)*	
d) Describe the process of oversight for the common funding mechanism and how the CCM will participate in this process.	
e) Provide an assessment of the incremental impact on projected targets as a consequence of the funds being requested for this component, which are to be contributed through the common funding mechanism.	
f) Explain the process by which the applicant will ensure that funds requested in this application, that are contributed to a common finding mechanism, will be used specifically as proposed in this application.	

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4.6.8 Target groups

Provide a description of the target groups, and their inclusion during planning, implementation and evaluation of the proposal. Describe the impact that the program will have on these group(s).

- 12,000 IDUs will have access to information, education, services and clean injecting equipment through outreach, while 65% of the estimated number of IDUs will have access to clean injecting equipement through needle exchange and pharmacies. They will also have access to the full range of harm reduction interventions, including condom distribution, IEC and VCT. The development and implementation of the interventions will rely on the Romanian Harm Reduction Network which includes former IDUs and an association of former IDUs.
- 7,500 SWs will have access to IEC for behavior change, condoms, VCT and treatment services for STIs and HIV/AIDS and NEP in 11 districts. Interventions were planned and will be developed based on adequate research that involved targeted population..
- 17,000 MSM will have access to IEC condoms/lubricants, VCT and treatment services for STIs and HIV/AIDS. Furthermore, a core group of 3,300 community leaders will have been exposed to cutting edge behavior change programming designed to change social norms using the theory of social diffusion. These interventions were planned and will be implemented by LGBT community members.
- 25,000 Roma will have access to IEC for behavior change, condoms, VCT , RH and FP services through CBOs, NGOs and network of Roma health mediators.
- 32,000 prisoners will have access to IEC for behavior change, interpersonal education, condoms, VCT. The activities will be implemented through the prison medical department, prison administration, NGOs/faith based and will rely heavily on the peer educators that will be trained among prisoners. About 2, 500 IDUs and 2, 250 SWs finding themselves in police arrests will have access to HIV/AIDS prevention programs (IEC materials, condom distribution, referral to services).
- More than 2,000 street children will benefit from IEC for the prevention of HIV infection and illegal drug use as well as access to VCT and treatment and care. These will be delivered through existing social programmes that already targeting this population.
- 3,000 YPLWHA will have access to: life skills education, specially tailored Reproductive Health, Family Planning and positive prevention programmes, various forms of vocational training, support for continuing education, jobs and housing. The interventions targeting them were developed and will be implemented through networks of YPLWHA, UNOPA Federation, other NGOs working directly with PLWHA and local authorities. Interventions were planned and will be developed based on adequate research that involved targeted population.

4.6.9 Social stratification

Provide estimates of how many of those expected to be reached are women, how many are youth, how many are living in rural areas and other relevant categories. The estimates must be based on a serious assessment of each objective.

Table 4.6.9 Social stratification

	Estimated number and percentage of people reached who are:			
	Women	Youth (<18)	Living in rural areas	Other*
SDA 1*	38% / 32,240	11% / 9330	8% / 6920	
SDA 2*	22% / 2538	n/a – Under 18 yr olds cannot be tested w/o parent consent	2% / 207	
SDA 4*	42% / 2550	9% / 238	2% / 60	
SDA 6*	45% / 1350	66% / 1980	32% / 960	

- *"Other" to include target groups according to country setting, e.g. indigenous populations, ethnic groups, underprivileged regions, socio-economic status, etc. Targets should be defined according to country disease programs.*

* Percents calculated by dividing all women / youth / rural residents as the numerator by the total number of people who are reached by outreach / HIV tested / participate in surveillance / participate in care and support activities for chronically ill.

4.6.10 Gender issues

Describe gender and other social inequities regarding program implementation and access to the services to be delivered and how this proposal will contribute to minimizing these gender inequities.

In all the major areas of intervention proposed in this component, gender issues have been carefully considered. All activities will consider gender issues and will determine interventions adequate to male and female roles, and will also look at responsibilities and opportunities from a social, cultural, and political perspective. Various instruments for monitoring, evaluation and surveillance, will be designed accordingly to provide gender disaggregated data and to determine gender focused interventions.

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4.6.11 Stigma and discrimination

Describe how this component will contribute to reducing stigma and discrimination against people living with HIV/AIDS, tuberculosis and/or malaria, as applicable, and other types of stigma and discrimination that facilitate the spread of these diseases.

All the activities in this component targeting service providers, communities and authorities, include elements to contribute to the reduction of stigma and discrimination towards people living with HIV/AIDS or vulnerable groups. Stigma and discrimination were identified as the main barriers for access to services and this is why the actions to enhance access to services will primarily target reduction of stigma and discrimination. Activities proposed in this component will be closely coordinated with the other major activities developed under the National HIV/AIDS Strategy. This coordination will contribute to the reduction of stigma and discrimination and will help create a favourable environment for the effective implementation of interventions.

4.6.12 Equity

Describe how principles of equity will be ensured in the selection of patients to access services, particularly if the proposal includes services that will only reach a proportion of the population in need (e.g., some antiretroviral therapy programs).

The entire proposal is governed by the following principles that are stated in the National AIDS Strategy:

- All persons that are HIV/AIDS infected, affected or vulnerable, must be guaranteed equal access to basic care and services.
- Individual rights and responsibilities of HIV/AIDS infected, affected or vulnerable persons must be upheld, especially the right to confidentiality.

Several of the major activities aim to ensure the equal and equitable access of infected, affected and vulnerable persons to the entire range of services and interventions available and the development of adequate services to suit the particular needs of various disadvantaged groups or groups at high risk.

4.6.13 Sustainability

Describe how the activities initiated and/or expanded by this proposal will be sustained at the end of the program term. *(When completing this section, applicants should refer to the Guidelines for Proposals, section 4.6.13.)*

All the activities proposed include plans for ensuring sustainability by securing from the very beginning national ownership and by gradual transfer of the programmes from the Global Fund resources to domestic resources. This will be a gradual process that will start from the second year of the proposal implementation. This will lead to an integration of the current Global Fund activities with domesticly supported activities by the end of the third year of implementation. This is the reason why the funding requested form Global Fund was concentrated in the first three years of the implementation. For the last two years of the proposal the funds are requested mostly for monitoring and evaluation and for maintaining the networks and the access to adequate technical assistance, while the bulk of the funding is expected to come from domestic resources. The proposal strategy is to ensure the transfer by using the process of decentralization that is now starting in Romania and that will lead, by 2009, to a total decentralization of the social, health and education programmes.

4 Component Section *HIV/AIDS*

4.7 Principal Recipient information

4.7.1 Principal Recipient information

Table 4.7.1: Nominated Principal Recipient(s

Indicate whether implementation will be managed through a single Principal Recipient or multiple Principal Recipients.	☒ Single
	☐ Multiple

Responsibility for implementation			
Nominated Principal Recipient(s)	**Area of responsibility**	**Contact person**	**Address, telephone, fax numbers and e-mail address**
Romanian Angel Appeal Foundation	HIV&TB	Silvia Asandi, Executive Director	52 Rodiei Street 030956, Sector 3 Bucharest, Romania Phone +4/021323.68.68 Fax +4/0.21.323.24.90 E-mail: office@raa.ro silvia.asandi@raa.ro

4.8 Program and financial management

4.8.1 Management approach

Describe the proposed approach of management with respect to planning, implementation and monitoring the program. Explain the rationale behind the proposed arrangements. *(Outline management arrangements, roles and responsibilities between partners, the nominated Principal Recipient(s) and the CCM. Maximum of half a page.)*

The CCM has the overall role of coordinating the implementation of the Proposal within the general framework of the National AIDS Strategy implementation. The CCM designated its Executive Committee (EC) to coordinate the elements related to implementation, to determine what actions are required and to eliminate obstacles that hinder the progress of implementation. The CCM Executive Committee includes the key stakeholders of the CCM (President and Vice Presidents, Principal Recipient (PR), NGO and international organization representatives). The EC will receive and analyze the reports from the PR, deal with implementation issues that might occur and make adjustments, as needed.

The designated Principal Recipient is Romanian Angel Appeal (NGO). The designated PR will be responsible for managing the funds and ensuring efficient disbursement to the subrecipients. In the period of time before that grant is awarded/signed, the PR (as part of the CCM) will act as a Project Preparation Unit. As such, it will facilitate the proper preparation of project implementation. UN Agencies have expressed their intention of assisting the PR during this preparation period. Once the grant agreement is approved, additional staff will be contracted to fulfill the requirements of PR responsibilities, including procurement, disbursement, accounting, and internal control. This assistance will reinforce the legal framework and transparency of all proposed procedures with respect to international and national legislation.

The PR will fully handle the management of the project, and will make recommendations on adjustments to the plans of sub-recipients, based on achievements or lack of progress. Sub-recipients will be responsible for driving implementation for each component, and for developing and updating a detailed implementation plan and timetable for their component. Based on the program proposal, the PR, together with the Executive Committee and technical partners, as needed, will proceed to finalize the programmes, budgets, and a disbursement plan for the first year. They will also ensure a timely, transparent and efficient process of sub-recipient selection. Sub-recipients which are Ministries or other government institutions will designate, by ministerial order, the official entities within the Ministries that will be responsible for implementation. Specific existing procedures will be used to contract with the NGOs. All the sub-recipients will have contractual arrangements with the PR.

4.8.2 Principal Recipient capacities

a) Describe the relevant technical, managerial and financial capacities for each nominated Principal Recipient. Please also discuss any anticipated shortcomings that these arrangements might have and how they will be addressed, please refer to any assessments of the PR(s) undertaken either for the Global Fund or other donors (e.g., capacity-building, staffing and training requirements, etc.).

Romanian Angel Appeal Foundation (RAA) is one of the largest Romanian NGOs. It has 15 years experience in the HIV/AIDS sector, both as implementer (34 medical and social services for PLWHA, including large prevention programs, partner and founder of various health institutions and NGOs), as well as technical and financial administrator of international grants. These grants include the following: EU (PENTA clinical trials on ARV efficacy in children), pharmaco-funded project (SEYPA www.seypa.net), partner and work-package leader in the EU funded TEDDY international network of excellence www.teddyoung.org. For more information on RAA activity, please consult www.raa.ro and the Annex 14: RAA Activity report 2005.

RAA is a sustainable organization and it has a coordination team with relevant competencies on technical and administrative aspects of the GFATM grant implementation. It is managed by a motivated managerial team (Quality Management Standards ISO 9001:2001 implemented) with a strategic development plan for 2006-2010 and it has the capacity to merge technical assistance for SRs with appropriate grant administration.

"RAA is a resource organization for Eastern European region in HIV/AIDS and other chronic illnesses with major risk for discrimination and social exclusion, that offers training, research and consultancy, advocacy and lobby and multidisciplinary services for those affected, specialists and stakeholders". *(Source: Report on RAA Assessment and Strategic Planning 2006-2010, EuroSucess Consulting, 2005 – see Annex 15)*

RAA has invested more than 7 million USD during 1991-1999 in pioneering services for PLWHA and attracted more than 5 million USD during the last 4 years for programs aiming to respond to National HIV/AIDS Strategy (including GF funded programs).

RAA Technical Capacity rely on:

- the competencies and skills within the coordination team (See annex 16 RAA application for PR with list of technical and managerial competencies included.);
- the expertise in M&E: RAA has offered technical consultancy to UNAIDS on Evaluation of National HIV/AIDS Strategy implementation (See attached letter from UNAIDS.);
- accreditations from national authorities and professional bodies: Ministry of Labor and Social Protection (as provider of social services for PLWHA); Romanian College of Physicians, Romanian College of Biologists and Biochemists Working in the Health Sector, Romanian College of Dentists (as provider of Continuing Medical Education); and
- academic partnerships with three national HIV/AIDS clinics and 11 European international

clinics/research institutes.

RAA Managerial capacity:

- Competent Managerial team who implemented the Quality Management Standard ISO 9001:2001. The Quality Manual was designed and approved, procedures and working instructions are implemented and include: quality management design and development, service provision, relationship with stakeholders, procurement, suppliers' evaluation, risk management, management and control of documents and records, internal audit, preventive and corrective actions, management analysis, human resources management, etc.
- Evaluation performed every five years, followed by Strategic Planning Process involving all stakeholders, including beneficiaries. (See RAA 2005 Evaluation and Strategic Planning Report attached.)
- RAA has proven capacity to adjust to various changes and challenges (including massive expansion of staff and programs in 2004 due to the GF funded activities, external challenges due to various political changes affecting health system, social protection, funding, etc.).
- RAA management is based on communication (internal and external) and important decisions are taken by consultation with stakeholders.

RAA financial capacity:

- Relevant Financial team competencies (See Annex RAA application for PR, with list of financial competencies included.)
- RAA has demonstrated ability to comply with diverse financial reporting obligations of multiple donors & countries: Romanian financial institutions, EU, World Bank, Phare, Regional Administrative Authorities in Italy, Donors in Romania, UK, Italy, etc: RAA has had a wide range of donors, especially outside Romania, including the EU, World Bank, FFM, the Elton John AIDS Foundation, Glaxo Smith Kline – diverse funding contracts and ability to comply with very varied reporting and auditing requirements.
- RAA has expertise in establishing and maintaining contract service agreements including the funding of Romanian state institutions. It also has international experience managing network programs (i.e.. five countries, two yrs): 116 legal contracts with 40 beneficiary entities during 2000-2006 and over 775,000 Euro disbursed in cash/in kind (procurement and distribution) to 35 legal entities (hospitals and public health authorities) during 2004-2005; RAA has coordinated (on behalf of European Forum for Children, Young People and Families Affected by HIV/AIDS) the management of 100,000 Euro disbursed to five NGOs in Italy, Spain, Portugal and Russia (2003-2005).
- RAA has customozed financial (accounting) networked software in place, allowing for financial data management, quick release of financial reports on different projects, types of expenditures, funding sources, etc; including periodic reports requested by the Ministry of Finance.
- RAA complies with the accounting principles according to Romanian legislation issued by the Ministry of Finance (OMF 1829/2003) re: accounting regulations for non-profit legal entities.
- RAA developed an innovative web-based user-friendly management and financial management system. The system is able to: track SRs results and achievements; track SRs expenditure rate/progress; generate correlated reports; make SRs achievements visible to stakeholders (donors, beneficiaries, general public); offer an interactive forum for free communication among parties.
- RAA's capacity in the technical, managerial and financial areas was evaluated / audited by various donors and independent consultants: FDSC (EU-Phare grant), FRDS (EU-Phare grant), PMU-MoH –GFATM and JSI consultant (GFATM fund), International Public Health consultant Katinka de Vries (implementation of VCT and PMTCT GFATM funded programs), Ministry of Finance (quarterly, since 2001), independent auditors 2004, 2005 (GFATM funds).

Question	Answer
b) Has the nominated Principal Recipient previously administered a Global Fund grant?	☐ Yes ☒ No
c) Is the nominated PR currently implementing a large program funded by the Global Fund, or another donor?	☒ Yes ☐ No

d) If you answered yes for b) or c), provide the total cost of the project and describe the performance of the nominated Principal Recipient in administering previous grants (Global Fund or other donor).

- RAA is one of the SRs of phase I and II GFATM in Romania. Total budget of the project implemented by RAA (five yrs) is 3,871,460 USD (2,900,000 already spent in phase I). RAA's performance as SR of GFATM was excellent, both technically as well as financially, and this statement is endorsed by the M&E and financial reports of PMU-MoH-GFATM and audit reports for 2004 and 2005. RAA has not only achieved (and exceeded) the indicators but has also demonstrated a good capacity to comply with all challenges generated by difficult implementation conditions. RAA is constantly preoccupied with ensuring sustainability for continuation of the programs after Phase II (persistent lobbying to Government and MoH still ongoing).

Examples of grants (other than GF) administrated by RAA since 2002:

- 400,000 Euro for SEYPA project (Combating Social Exclusion of Young People Affected by HIV/AIDS), funded by GlaxoSmithKline Corp. (2002-2004)

- 230,000 Euro for PMTCT, Diagnosis Disclosure in young PLWHA "Right to Adolescence" Project, funded by "Partners for Life" Foundation (2002-2004)

- 350,000 Euro for PENTA clinical studies on ARV efficacy in children, EU funded (2003-2010)

- 440,000 Euro for TEDDY "Taskforce in Europe for Drug Development for the Young" (2004-2010)

- 110,000 USD for PMTCT Grassroots Interventions in Rural Area, Development Marketplace World Bank funded (2004-2005), etc.

See the endorsement letters for RAA capacity in Annex 17.

e) If you answered yes for b) or c), describe how the PR would be able to absorb the additional work and funds generated by this proposal.

- RAA has a flexible structure and a strategic development plan that includes clear objectives, methods and deadlines with regard to strengthening RAA's capacity to absorb both programs and funds. In addition, RAA's Quality Management System has prepared the organization to cope successfully with quality management requirements in various situations.
- RAA already has the adequate infrastructure and information systems to support proposal implementation, including monitoring the performance of SRs and outsourced entities in a timely and accountable manner:
    - Developed IT infrastructure: optic fiber Internet network (within and between the two offices), firewall hardware router, Microsoft Windows 2000 Network and Server, Microsoft Exchange Server, all IT system is anti-virus & Spam protected, the network can accommodate up to 60 working stations – Windows 2000 & Windows XP
    - Project Management & Accounting software systems
    - Two offices owned by RAA and adequate office equipment
    - Five vehicles suitable for M&E site-visits
- RAA has adequate health expertise and cross-functional expertise (finance, procurement, legal, M&E):

- Competencies existing within RAA coordination team and collaborators as per RAA application for PR. (See section 4.8.2.A.)
- Legal department - outsourced
- TB Competencies needed: TB consultants to be recruited
- RAA has been working for more than two years within the frame of GF procurement policies (national and international procurement). The previous annual financial audits proved the fact that RAA has appropriately applied the GF procurement policies.
- RAA can collect and record programmatic data with appropriate quality control measures.
- Data Collection: web based management system which allows for communication among different databases
- RAA Quality Control Measures involve the following: desk research, quality control tools designed and applied, site visits and feedback from beneficiaries (focus groups, questionnaires, meetings).
- RAA is capable to support the preparation of regular reliable programmatic reports, due to the competent human resources which are backed by an efficient web-based Management System that will be customized according to GFATM proposal: SRs, activities, indicators, work plans, M&E plans, technical and financial reporting requirements, etc.

4.8.3 Sub-Recipient information	
a) Are sub-recipients expected to play a role in the program?	☒ Yes ➔ *complete the rest of 4.8.3*
	☐ No ➔ *go to 4.9*
b) How many sub-recipients will or are expected to be involved in the implementation?	☐ 1 – 5
	☐ 6 – 20
	☒ 21 – 50
	☐ more then 50
c) Have the sub-recipients already been identified?	☐ Yes ➔ *complete 4.8.3. d) -e) and then go to 4.9*
	☒ No ➔ *go to 4.8.3. f) – g)*
d) Describe the process by which sub-recipients were selected and the criteria that were applied in the selection process (e.g., open bid, restricted tender, etc.).	
e) Where sub-recipients applied to the Coordinating Mechanism, but were not selected, provide the name and type of all organizations not selected, the proposed budget amount and reasons for non-selection in an annex to the proposal.	
f) Describe why sub-recipients were not selected prior to submission of the proposal.	
CCM decided not to select the sub-recipients prior to the submission of the proposal (See Annex 18 CCM EC decision). The decision was based on the limited time available for receiving and	

evaluating fully fledged project proposals from potential sub-recipients. Alternatively, the process approved by the CCM was to publicly solicit contributions to the proposal from all the possible national partners. Thirty-five organizations sent their contributions. These contributions were evaluated by a special committee established by the CCM against a set of criteria and against a framework approved by the CCM in line with the national HIV/AIDS Strategy and the criteria set by GFATM for low-middle income countries. The admitted contributions formed the base for developing the country proposal. If the proposal is approved by GFATM, the Romanian CCM will organize a selection process for sub-recipients, according to its manual of operations. The fact that the activities in the country proposal are based on proposals received from potential sub-recipients will ease the selection process of the sub-recipients.

g) Describe the process that will be used to select sub-recipients if the proposal is approved, including the criteria that will be applied in the selection process.

CCM will use its previously developed mechanism, which is based on the CCM manual of operations, to select the sub-recipients. (See Annex 5) The process of sub-recipient selection was performed in the past with good and timely results.

4.9 Monitoring and evaluation

4.9.1 Plans for monitoring and evaluation

Describe how the targets and activities indicated in the Targets and Indicator Table (attached as Attachment A to this proposal, see section 4.6) will be monitored and evaluated. Please identify any surveys to which this proposal is contributing.

M&E activities for this proposal will be coordinated by the proposed PR and implemented by the proposed PR in partnership with the selected subrecipients. For the period when the activities of this proposal overlap with the activities under the current GFATM grant (2007 and 2008), all M&E activities will be closely integrated and coordinated under the leadership of CCM to ensure clarity and transparency of the results achieved with the resources from each grant. Considering that the majority of the activities proposed target populations that are hard to reach, the implementing organizations and the target groups will be closely involved in designing the monitoring and evaluation instruments and in carrying out the M&E activity.

The current application foresees one population survey related to drug behavior and BSS's in Years 1 and 3 for IDUs, SWs and MSM. The PR will coordinate the BSS with the survellience surveys in the same years. To ensure quality results, the PR will guide these efforts and be required to provide final approval at each stage of design and implementation. Within the PR budget, sufficient funds have been allocated for outside technical assistance and an outside research agency.

Importantly, Years 4 and 5 will have indicators and a small M&E budget for the PR to collect those indicators. There is no implementation budget for these years as it is expected that the Government will provide the funding. To this end, advocacy efforts are scheduled to begin in Year 1 and comntinue through Year 3.

Upon approval of this proposal, an integrated plan for M&E will be produced. It will indicate clearly what will be the main M&E activities and from which grant they come (e.g., current GFATM grant, newly approved grant or other resources).

4.9.2 Integration with national M&E Plan

Describe how performance measurement for this program is proposed to contribute to and/or strengthen the national Monitoring and Evaluation Plan for this component. If a national Monitoring and Evaluation strategy exists, please attach it as an annex to the proposal, and provide a summary of key linkages with the national Monitoring and Evaluation Plan and data collection methods.

Targets and indicators for the proposed activities are included in the current plan for monitoring and evaluating the implementation of the National HIV/AIDS Strategy 2004 – 2007 and will also be part of the M&E plan for the implementation of the next strategy foreseen for the period 2008 – 2013. The proposed PR will be responsible for the M&E of the activities funded under this proposal and will liaise with the PR of the current grant and with the M&E structure established for the implementation of the overall National HIV/AIDS Strategy (See Annex 19.).

4 Component Section *HIV/AIDS*

4.10 Procurement and supply management of health products

4.10.1 Organizational structure for procurement and supply management

Briefly describe the organizational structure of the unit currently responsible for procurement and supply management of drugs and health products. Further indicate how it coordinates its activities with other entities such as National Drug Regulatory Authority (or quality assurance department), Ministry of Finance, Ministry of Health, distributors, etc.

The selected PR (Romanian Angel Appeal Foundation) has procedures in place regarding national and international procurement as well as supply management, according to RAA ISO Quality Management Manual and procedures (See Annex 20). RAA's procurement regulations observe GF procurement policies promoting cost-effectiveness, transparency and rapid implementation, and comply with the legal framework and transparency of all procedures regarding international and national legislation. RAA procurement policy includes an open and competitive process used to select suppliers and prepares the most adequate technical specifications of products (in cooperation with recognized experts from UN agencies – i.e. for health products). The assessments of the suppliers take into consideration the results of need analysis and market research to identify the most cost-effective products. RAA procedures require technical specifications for each type of product and documented evidence of the conformity of the goods and services with international standards of quality.

RAA has demonstrated expertise in procurement under the GF Grant Phase One by successfully conducting procurement on 40% of RAA total GF funding (total RAA budget: 2.9 million), as follows:

- national and international purchase of pharmaceutical and other health products (HIV rapid tests, medical consumables), and non-health products (stationery, vehicles and other equipments)
- selections based on consultant qualification (for consultants, trainers)
- direct contracting (for insurance, fuel, communications), etc.

4.10.2 Procurement capacity

a) Will procurement and supply management of drugs and health products be carried out (or managed under a sub-contract) exclusively by the Principal Recipient or will sub-recipients also conduct procurement and supply management of these products?	☐ Principal Recipient only
	☐ Sub-recipients only
	☒ Both

b) For each organization involved in procurement, please provide the latest available annual data (in Euro/US$) of procurement of drugs and related medical supplies by that agency.

RAA procurement expenditure 2004-2005 includes:

139,800 USD (medical consumables and HIV rapid tests)

34,000 (medical equipment) USD

4.10.3 Coordination

a) For the organizations involved in section 4.10.2.b, indicate in percentage terms, relative to total value, the various sources of funding for procurement, such as national programs, multilateral and bilateral donors, etc

RAA procurement expenditure 2004-2005 represented 40% of 2.9 million budget (RAA total GF funding) including: 139,800 USD for medical consumables and HIV rapid tests and 34,000 for medical equipment.

4 Component Section *HIV/AIDS*

b) Specify participation in any donation programs through which drugs or health products are currently being supplied (or have been applied for), including the Global Drug Facility for TB drugs and drug-donation programs of pharmaceutical companies, multilateral agencies and NGOs, relevant to this proposal.
Romania already benefits from price reductions and donations for ARV negotiated since 2001 – 2002 under the Global Initiative for Accelerated Access to Treatment facilitated by UNAIDS. The current proposal does not request any funds for drugs.

4.10.4 Supply management (storage and distribution)	
a) Has an organization already been nominated to provide the supply management function for this grant?	☐ Yes ➔ *continue*
	☒ No ➔ *go to 4.10.5*
b) Indicate, which types of organizations will be involved in the supply management of drugs and health products. If more than one of the boxes below is ticked, describe the relationships between these entities.	☐ National medical stores or equivalent
	☐ Sub-contracted national organization(s) *(specify which one(s))*
	☐ Sub-contracted international organization(s) *(specify which one(s))*
	☐ Other *(specify)*
c) Describe the organizations' current storage capacity for drugs and health products and indicate how the increased requirements will be managed.	
d) Describe the organizations' current distribution capacity for drugs and health products and indicate how the increased coverage will be managed. In addition, provide an indicative estimate of the percentage of the country and/or population covered in this proposal.	

[For tuberculosis and HIVAIDS components only:]

4.10.5 Multi-drug-resistant TB	
Does the proposal request funding for the treatment of multi-drug-resistant TB?	☐ Yes
	☒ No
If yes, please note that all procurement of medicines to treat multi-drug-resistant tuberculosis financed by the Global Fund must be conducted through the Green Light Committee (GLC) of the Stop TB Partnership. Proposals must therefore indicate whether a successful application to the Committee has already been made or is in progress. For more information, please refer to the GLC website, at http://www.who.int/tb/dots/dotsplus/management/en/. Also see the Guidelines for Proposals, section 4.10.5.	

4 Component Section *HIV/AIDS*

4.11 Technical and Management Assistance and Capacity-Building

4.11.1 Capacity building

Describe capacity constraints that will be faced in implementing this proposal and the strategies that are planned to address these constraints. This description should outline the current gaps as well as the strategies that will be used to overcome these to further develop national capacity, capacity of principal recipients and sub-recipients, as well as any target group. Please ensure that these activities are included in the detailed budget.

Romanian partners are already successfully implementing a large GFATM grant. Most of the activities proposed in the current application will expand on activities already carried out under the existing grant. Potential sub-recipients exist and they have proven capacity to scale up and expand to other geographic areas. A plan to enhance capacity building will be prepared immediately after the possible announcement that the grant was approved by the technical assistance agencies, which are members of the CCM, together with the PR. The PR has already included in its budget some capacity building activities to make the implementation smooth and coordinated.

The Nominated PR will be responsible for day-to-day management and monitoring of the grant in relationship with GFATM and CCM. The PR will ensure technical assistance and coaching to SRs in order to improve their planning and implementation capacity and will manage M&E in respect with GF requirements. At the same time, CCM will oversee the grant implementation, including PR performance, through: regular dedicated meetings as well as improptu meetings, decisions concerning plans for improvement/adjustment or preventive measures aimed to avoid risk in grant implementation (See Annex 24 - CCM M&E plan, currently under review and development). Additionally, the web-management system of the PR will provide a "helicopter view" of technical and financial implementation progress, This will allow CCM members to monitor at any point the evolution of grant implementation and to have access to all documentation supporting the activities. An M&E package to be used by CCM in assessing the grant implementation and PR performance is already being developed by the CCM technical work-group that will also produce two evaluation reports/year. Risk management plans will be developed by PR and presented to EC and CCM for approval. In addition, the PR will develop and implement a Communication Strateguy aiming to: increase the visibility of the program's results and maintain its momentum; increase the SR's complicant to the program, maximize intergration of GF activities into the National Strategy and strengthen advocacy for domestic co-funding.

4.11.2 Technical and management assistance

Describe any needs for technical assistance, including assistance to enhance management capabilities.

The PR will provide permanent assistance to the SR in management matters throughout the implementation process. RAA benefits from the experience of being a SR of GF itself and, thanks to this experience and lessons learned, is now capable to figure out the expectations of the SRs in terms of technical assistance. RAA's coordination team is also qualified in project management and financial management. Additionally, RAA's strategy in the capacity of PR includes trainings and retreat meetings with SRs in order to provide them with the necessary technical assistance.

The Nominated PR (RAA) has demonstrated good management capacity. However, due to the complexity of the program and the crucial importance of the quality performance in GF grant implementation, RAA in its turn requires some technical assistance in management on specific areas such as: Legal, M&E and Procurement:

- Legal consultancy to the PR will ensure that all legal aspects are met both in relationship with GF as well as SRs
- M&E consultancy (provided by JSI, UN) will represent added value to RAA's current M&E expertise and will enhance the national response
- Procurement consultancy for health products (provided by UN) will enhance PR's capacity of purchasing good quality, lowest price products in a reliable and timely manner

5 Component Budget *HIV/AIDS*

If part or all of the funding requested for this component is to be contributed through a common funding mechanism (consistent with section 4.6.7), **applicants should provide:**

- Compile the Budget information in sections 5.1 – 5.6 on the basis of the anticipated use, attribution or allocation of the requested funds within the common funding mechanism; and
- Provide, as an annex, the available annual operational plans/projections for the common funding mechanism and explain the link between that plan and this funding request.

5 Component Budget *HIV/AIDS*

5.1 Component budget summary

Insert budget information for this component broken down by year and budget category, in table 5.1 below.
(The "Total funds requested from the Global Fund" should be consistent with the amounts entered in table 1.2 relating to this component.)

The budget categories and allowable expenses within each category are defined in the Guidelines for Proposal, section 5.1. The total requested for each year, and for the program as a whole, must be consistent with the totals provided in sections 5.1.

Table 5.1 – Funds requested from the Global Fund

	Funds requested from the Global Fund (in Euro)					
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Human resources	1,320,184	1,310,708	1,039,427	60,516	60,516	**3,791,351**
Infrastructure and equipment	479,431	110,310	128,411	0	0	**718,153**
Training	526,963	441,945	234,218	12,900	12,900	**1,228,925**
Commodities and products	480,698	428,500	330,800	0	0	**1,239,998**
Drugs	0	0	0	0	0	**0**
Planning and administration	739,427	630,344	640,410	52,074	51,014	**2,113,269**
Total funds requested from the Global Fund	**3,546,703**	**2,921,807**	**2,373,266**	**125,490**	**124,430**	**9,091,696**

5 Component Budget *HIV/AIDS*

5.2 Detailed Component Budget

The Component Budget Summary (section 5.1) <u>must</u> be accompanied by a more detailed budget covering the proposal period, attached as an annex to the proposal. The detailed budget should also be integrated with the Work Plan referred to in section 4.6.
See Annexes 21, 22, 23.

5.3 Key budget assumptions

5.3.1 Drugs, commodities and products

Please use Attachment B (Preliminary Procurement List of Drugs and Health Products) in order to compile the budget request for years 1 and 2 in respect of drugs, commodities and health products. Please note that unit costs and volumes must be fully consistent with the information reflected in the detailed budget. If prices from sources other than those specified below are used, a rationale must be included.

a) Provide a list of anti-retroviral (ARVs), anti-tuberculosis and anti-malarial drugs to be used in the proposed program, together with average cost per person per year or average cost per treatment course. *(Please complete table B.1 in Attachment B to the Proposal Form.)*

b) Provide the total cost of drugs by therapeutic category for all other drugs to be used in the program. It is not necessary to itemize each product in the category. *(Please complete table B.2 in Attachment B to the Proposal Form.)*

c) Provide a list of commodities and products by main categories e.g., bed nets, condoms, diagnostics, hospital and medical supplies, medical equipment. Include total costs, where appropriate unit costs. *(Please complete table B.3 in Attachment B to the Proposal Form.)*

(For example: *Sources and Prices of Selected Drugs and Diagnostics for People Living with HIV/AIDS.* Copenhagen/Geneva, UNAIDS/UNICEF/WHO-HTP/MSF, June 2003, (http://www.who.int/medicines/organization/par/ipc/sources-prices.pdf); Market News Service, *Pharmaceutical Starting Materials and Essential Drugs*, WTO/UNCTAD/International Trade Centre and WHO (http://www.intracen.org/mns/pharma.html); *International Drug Price Indicator Guide on Finished Products of Essential Drugs,* Management Sciences for Health in Collaboration with WHO (published annually) (http://www.msh.org*); First-line tuberculosis drugs, formulations and prices currently supplied/to be supplied by Global Drug Facility* (http://www.stoptb.org/GDF/drugsupply/drugs.available.html*).)*

Please see **Attachment B: Procurement Plan.** Please note that syringes, condoms and rapid tests will be procured through UN Procurement systems in order to ensure best prices.

5.3.2 Human resources costs

In cases where human resources represent an important share of the budget, explain how these amounts have been budgeted in respect of the first two years, to what extent human resources spending will strengthen health systems' capacity at the patient/target population level, and how these salaries will be sustained after the proposal period is over. *(Maximum of half a page. Please attach an annex and indicate the appropriate annex number.)*

Human resources represent 41.7% from the total budget because most of the activities within this application focus on outreach and interpersonal activities. They are, therefore, labor intensive. However, the unit costs for labor is quite low. For example, the cost of a month's level of effort for a Coordinator is at most 800 Euro a month, inclusive of income taxes (which are about 50%).

After the time period covered by the grant is over, salaries, as well as all of the activities, will be supported from domestic resources that will be attracted through the advocacy efforts with local government and the transition to domestic funding strategy that are included in the current proposal.

5 Component Budget *HIV/AIDS*

5.3.3 Other key expenditure items Explain how other expenditure categories (e.g., infrastructure, equipment), which form an important share of the budget, have been budgeted for the first two years. *(Maximum of half a page. Please attach an annex and indicate the appropriate annex number.)*
The weight of the planning and administration costs in the budget framework is of 23.24%. This is because this category includes items such as BSS research, M&E, seroprevelance testing, and IEC materials.

5 Component Budget *HIV/AIDS*

5.4 Breakdown by service delivery area

Table 5.4: Estimated budget allocation by service delivery area and objective.

		Budget allocation per SDA (in Euro)				
Objectives	**Service delivery area**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**
Objective 1. Increase the access of vulnerable and poor populations at prevention and treatment services	SDA 1: Prevention: BCC - community outreach	1,775,128	1,419,325	1,344,354	0	0
	SDA 2: Testing and Counselling	60,800	43,300	43,300	0	0
	SDA 3: Supportive environment: Stigma reduction	121,890	145,450	126,760	0	0
	SDA 4: Information system and Operational Research	45,200	30,100	183,300	0	0
	SDA 5: Supportive environment: Strenghtening of civil society and institutional capacity building	117,800	107,800	0	0	0
Objective 2. Ensure the adequate combination of services and support for young people living with HIV/AIDS to avoid having them as the origin of a possible second wave of the epidemic in Romania	SDA 6: Care and support: Care and support for the chronically ill	1,226,576	983,686	477,548	0	0
	SDA 7: Supportive environment: Stigma reduction	16,400	14,400	49,750	0	0
Objective 3. Programme Management	SDA 8: Program management by PR	156,059	154,046	125,154	105,990	104,930
	SDA 9: Strengthen CCM Capacity: monitoring, evaluation, oversees grant implementation and integration with National HIV/ AIDS Strategy	26,850	23,700	23,100	19,500	19,500
Total:		**3,546,703**	**2,921,807**	**2,373,266**	**125,490**	**124,430**

LIST OF ANNEXES TO BE ATTACHED TO PROPOSAL *HIV/AIDS*

5.5 Breakdown by implementing entities

Table 5.5 – Allocations by implementing entities

	Fund allocation to implementing partners (in percentages)				
	Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**
Academic/ educational sector	0.0%	0.0%	0.0%	0.0%	0.0%
Government	12.1%	12.0%	19.8%	0.0%	0.0%
Nongovernmental / community-based org.	81.7%	82.2%	77.4%	100.0%	100.0%
Organizations representing people living with HIV/AIDS, tuberculosis and/or malaria	5.7%	5.4%	2.1%	0.0%	0.0%
Private sector	0.0%	0.0%	0.0%	0.0%	0.0%
Religious/faith-based organizations	0.4%	0.5%	0.6%	0.0%	0.0%
Multi-/bilateral development partners	0.0%	0.0%	0.0%	0.0%	0.0%
Total	100.00%	100.00%	100.00%	100.00%	100.00%

LIST OF ANNEXES TO BE ATTACHED TO PROPOSAL *HIV/AIDS*

5.6 Budgeted funding for specific functional areas

Table 5.6 – Budgets for specific functional areas

	Funds requested from the Global Fund (in Euro)					
	Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Total**
Monitoring and Evaluation	236,668	177,190	206,120	44,398	44,398	708,774
Procurement and Supply Management	34,025	33,262	30,770	19,360	19,360	136,777
Technical and Management Assistance	104,136	97,414	61,714	61,732	60,672	385,668

LIST OF ANNEXES TO BE ATTACHED TO PROPOSAL *HIV/AIDS*

Section 4 (Component specific): Component Strategy		
4.4.1	Documentation relevant to the national disease program context, as indicated in section 4.4.1.	Annex 11
4.6	**A completed Targets and Indicators Table**	Attachment A to the Proposal Form
4.6	**A detailed component Work Plan** (quarterly information for the first year and indicative information for the second year).	Annex 13
4.6.7 c) *(if common funding mechanism)*	Documentation describing the functioning of the common funding mechanism.	N/A
4.8.3 e) *(where SRs applied but were not selected)*	Name and type of all Sub-Recipients not selected, the proposed budget amount and the reasons for non-selection.	Annex 18
4.9.2	National Monitoring and Evaluation strategy	Annex 19
Section 5 (Component specific): Component Budget		
5.2	**Detailed component Budget**	Annex 21, 22, 23
5.3.1	Preliminary Procurement List of Drugs and Health Products (tables B1 – B3)	Attachment B to the Proposal Form
5.3.2	Human resources costs.	Not necessary – explanation given within proposal.
5.3.3	Other key expenditure items.	Not necessary – explanation given within proposal.
5.1 - 5.6 *(if common funding mechanism)*	Available annual operational plans/projections for the common funding mechanism, and an explanation of any link to the proposal.	N/A
Other documents relevant to sections 4-5 attached by applicant:		
4.4.1	Summary of Mid Term Evaluation of National HIV/AIDS Strategy	Annex 12
4.8.2.A	PR's Activity Report 2005	Annex 14
4.8.2.A	PR's Assessment & Strategic Planning Document	Annex 15
4.8.2.A	PR's Application for PR	Annex 16
4.8.2.D	Letters of Support for PR	Annex 17
4.10.1	PR's Quality Management Manual	Annex 20
4.11.1	CCM M&E Plan (currently under review and	Annex 24

	development)	

4.6.1 Goals, objectives and service delivery areas

Provide a clear description of the program's goal(s), objectives and service delivery areas (provide quantitative information, where possible).

The overall goal of the proposal is to maintain the incidence of HIV in Romania at current low levels. This will be cone by targeting vulnerable groups and the YPLWHA with effective interventions. The aim is to maintain the HIV incidence in 2011 at the level registered in 2005, namely 220 new cases. Major objectives of the proposal component are:

1. Increase the access of vulnerable and poor populations to prevention and treatment services
2. Ensure the adequate combination of services and support for YPLWHA to avoid a second wave of the epidemic in Romania
3. Ensure efficient and effective implementation of the Global Fund Grant.

Major service delivery areas include:

SDA 1: Prevention: BCC - community outreach (condoms distribution, referrals to services, interpersonal IEC delivered via peer education, needle exchange) BSS (behavior surveillance survey), basic medical and social services, and help line targeting IDUs, SWs, MSM, prisoners, street children, and Roma.

SDA 2: Testing and counseling aiming to develop capacity and increase access to VCT among IDUs, SWs, MSM and Roma.

SDA 3, 7: Supportive environment: Stigma reduction consisting of advocacy activities aiming to reduce stigma, discrimination and change policy in order to allow implementation of appropriate interventions for all vulnerable groups including PLWHA. Capacity building activities among PLHWA will empower individual and informal groups of PLWHA to fight stigma and discrimination and build a positive network of PLWHA associations.

SDA 4: Information system and Operational Research aiming to support national research about drug use among the general population and prevalence levels and risk behavior among vulnerable populations.

SDA 5: Supportive environment: Strengthening of civil society and institutional capacity building. to enhance cooperation and capacity building at the local level for the implementation of the most appropriate activities to keep HIV incidence at low levels. Local needs assessment and resource mobilization will ensure supportive environment for local strategic planning and local HIV prevention services sustainability.

SDA 6: Care and support: Care and support for the chronically ill aiming to provide services for social and professional integration as well as positive prevention among 3,000 YPLWHA.

SDA 8: Program management by Principal Recipient (PR) aiming to ensure the financial and technical management of the Global Fund grant by providing technical assistance to SRs and coordinating M&E activities.

SDA 9: Strengthen CCM capacity by monitoring, evaluating and integrating GFATM activities with the National HIV/AIDS Strategy.

5 Component Budget *HIV/AIDS*

5.5 Breakdown by implementing entities

Table 5.5 – Allocations by implementing entities

	Fund allocation to implementing partners (in percentages)				
	Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**
Academic/ educational sector	0.00%	0.00%	0.00%	0.00%	0.00%
Government	12.13%	11.96%	19.85%	0.00%	0.00%
Nongovernmental / community-based org.	81.75%	82.16%	77.42%	100.00%	100.00%
Organizations representing people living with HIV/AIDS, tuberculosis and/or malaria	5.70%	5.37%	2.10%	0.00%	0.00%
Private sector	0.00%	0.00%	0.00%	0.00%	0.00%
Religious/faith-based organizations	0.42%	0.51%	0.63%	0.00%	0.00%
Multi-/bilateral development partners	0.00%	0.00%	0.00%	0.00%	0.00%
Total	100.00%	100.00%	100.00%	100.00%	100.00%

Attachment A to Round 6 Concept Paper - Targets and Indicators Table

Proposal Details

Applicant:	Romania
Component:	HIV/AIDS

A. Goals and Impact Indicators over Life of Program

Goal No	Goals Over Five Years
1	**Maintain HIV incidence in Romania in 2012 at current level (2005)**

Goal No	Impact Indicator	Indicator description	Baseline			Targets				
			value	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5
1	# of HIV new cases registered yearly in general population	yearly HIV incidence	220	2005	National AIDS Commission data	220	220	220	220	220

Program Objectives		
Objective Number	**Objective Description**	**Link to Goal No.**
1	Increase the access of vulnerable and poor populations to prevention and treatment services	1
2	Ensure the adequate combination of services and support for YPLWHA to avoid a second wave of epidemic in Romania	1
3	Programme Management	1

Objective Number	Service Delivery Area[1,2]	Indicator description	Directly tied (Y/N)[3]	Baseline (if applicable)			Targets for year 1 and year 2 (cumulative and excluding baselines)				Annual targets for years 3, 4 and 5 (cumulative and excluding baselines)			Methods[4] and frequency of data collection
				Value	Year	Source	6 months	12 months	18 months	24 months	Year 3	Year 4	Year 5	
1	Prevention: BCC - community outreach	# of IDUs reached with HIV/AIDS prevention programs (needle exchange, IEC materials, VCT, condom distribution, risk reduction counseling, referral to services)	Y	5,924	2005	GFATM Round 2, phase 1 report	500	3000	6000	7000	8000	10000	12000	Program monitoring reports (quarterly reports)
1	Prevention: BCC - community outreach	% of IDUs with access to sterile injecting equipment **Nominator:** # of IDUs with access to sterile injecting equipment **Denominator**: total estimated # of IDUs (see comment 1)	Y	20% (4.800/ 24.000)	2005	GFATM Round 2, phase 1 report	23% (7.360/ 32.000)	26% (9.100/ 35.000)	29% (10.150/ 35.000)	33% (12.540/ 38.000)	40% (16.000/ 40.000)	50% (20.000/ 40.000)	65% (26.000/ 40.000)	Program and pharmacies monitoring reports (quarterly program reports and yearly reports from pharmacies networks)

Objective Number	Service Delivery Area[1,2]	Indicator description	Directly tied (Y/N)[3]	Baseline (if applicable)			Targets for year 1 and year 2 (cumulative and excluding baselines)				Annual targets for years 3, 4 and 5 (cumulative and excluding baselines)			Methods[4] and frequency of data collection
				Value	Year	Source	6 months	12 months	18 months	24 months	Year 3	Year 4	Year 5	
1	Prevention: BCC - community outreach	% of IDUs who have adopted behaviors that reduce transmission of HIV (avoid using non-sterile injecting equipment and use condom in the last month) **Nominator**: # of IDUs who report having adopted behaviors that reduce transmission of HIV (avoid using non-sterile injecting equipment and use condom in the last month) **Denominator**: total estimated # of IDUs (see comment 1)	Y	2% (7/346)	2004	Romanian Harm Reduction Network survey	3% (960/ 32.000)	5% (1.750/ 35.000)	10% (3.500/ 35.000)	15% (5.700/ 38.000)	20% (8.000/ 40.000)	26% (10.400/ 40.000)	30% (12.000/ 40.000)	BSS Study reports (1 at every 2 years)
1	Prevention: BCC - community outreach	# of SWs reached with HIV/AIDS prevention programs (risk reduction counseling, needle exchange, condom distribution, basic medical and social services, referral to services, interpersonal IEC)	Y	2,820	2005	GFATM Round 2, phase 1 report	1,200	2,900	3,400	4,800	5,200	6,500	7,500	Program monitoring reports (quarterly reports)
1	Prevention: BCC - community outreach	% of SWs reporting condom use with all sexual partners **Nominator**: # of SWs reporting condom use with all sexual partners in the last 12 months **Denominator**: total estimated # of SWs *	Y	20% (79/394)	2005	ARAS KAP survey	22% (8.140/ 37.000)	25% (10.000/ 40.000)	30% (12.000/ 40.000)	35% (14.000/ 40.000)	37% (14.800/ 40.000)	40% (16.800/ 42.000)	40% (16.800/ 42.000)	BSS survey reports (1 every 2 years)
1	Prevention: BCC - community outreach	# of MSM reached with HIV/AIDS prevention programs (IEC, condom distribution, counseling, referral to services, peer education, social difusion)	Y	2180	2005	Annual report - ACCEPT	3500	7000	10500	14000	15000	16000	17000	Program monitoring reports
1	Prevention: BCC - community outreach	% of MSM reporting condom use at last anal sex with non-regular partner **Nominator**: # of MSM reporting condom use at last anal sex with non-regular partner **Denominator**: total estimated # of MSM (see comment 1)	Y	32.3% (94/291)	2004	ACCEPT BSS survey	50% (32.500/ 65.000)	55% (35.750/ 65.000)	60% (39.000/ 65.000)	62% (40.300/ 65.000)	64% (41.600/ 65.000)	65% (42.250/ 65.000)	65% (42.250/ 65.000)	BSS implemented in targeted areas (1 at every 2 years)
1	Prevention: BCC - community outreach	# of Roma reached with HIV/AIDS prevention programs (IEC, condom distribution, peer education, community mediators)	Y	22,000	2005	GFATM Round 2, phase 1 report	1,000	3,000	6,000	10,000	15,000	20,000	25,000	Program monitoring reports (quarterly reports)
1	Prevention: BCC - community outreach	# of street children reached with HIV/AIDS prevention programs (IEC, condom distribution)	Y	1,000	2005	GFATM Round 2, phase 1 report	200	400	500	1,000	2,000	2,000	2,000	Program monitoring reports (quarterly reports)
1	Prevention: BCC - community outreach	% of prisoners who report consistent use of condom with all partners (see comment 2)	Y	not available (please see comment)	2005		5% increase	7% increase	15% increase	19% increase	22% increase	24% increase	25% increase	BSS Study reports (1 at every 2 years)

Objective Number	Service Delivery Area[1,2]	Indicator description	Directly tied (Y/N)[3]	Baseline (if applicable)			Targets for year 1 and year 2 (cumulative and excluding baselines)				Annual targets for years 3, 4 and 5 (cumulative and excluding baselines)			Methods[4] and frequency of data collection
				Value	Year	Source	6 months	12 months	18 months	24 months	Year 3	Year 4	Year 5	
1	Prevention: BCC - community outreach	% of prisoners reached with HIV/AIDS prevention programs (IEC, condom distribution, peer education) **Nominator**: # of prisoners reached with HIV/AIDS prevention programs (IEC, condom distribution, peer education) **Denominator**: total # of prisoners in target units (see comment 3)	Y	60.00%	2005	GFATM Round 2, phase 1 report	63% (25.200/ 40.000)	65% (26.000/ 40.000)	67% (26.800/ 40.000)	70% (28.000/ 40.000)	75% (30.000/ 40.000)	80% (32.000/ 40.000)	80% (32.000/ 40.000)	PIU Specialists reports, quarterly / Monitoring reports
1	Prevention: BCC - community outreach	# IDUs and SWs temporary in police arrests reached with HIV/AIDS prevention programs (IEC materials, condom distribution, referral to services)	Y	0				70 IDUs, 50 SWs	250 IDUs, 300 SWs	700 IDUs, 600 SWs	1,500 IDUs, 1,300 SWs	2,000 IDUs, 1,750 SWs	2,500 IDUs, 2,250 SWs	Monitoring forms, Quarterly project reports
1	Prevention: BCC - community outreach	# of condoms distributed to vulnerable groups (IDUs, SWs, Roma, Street children and prisoners)	Y	2,067,414	2005	GFATM Round 2, phase 1 report	438,000	1,076,000	1,758,000	2,485,000	4,295,000	4,720,000	5,270,000	Program monitoring reports
1	Prevention: Testing and Counseling	# of IDUs, SWs, Roma and prisoners tested for HIV	Y	5,408	2005	National AIDS Commission yearly report	1,950	5,850	8,710	11,700	16,300	18,000	20,900	Clinic and outreach quarterly reports
1	Prevention: Testing and Counseling	% of MSM reporting ever been tested for HIV and aware of result **Nominator**: # of MSM reporting ever been tested for HIV and who are aware of the result **Denominator**: total estimated # of MSM (see comment 1)	Y	29%	2005	PSI data report	30% (1.050/ 3.500)	35% (2.450/ 7.000)	37% (3.885/ 10.500)	42% (5.880/ 14.000)	45% (6.750/ 15.000)	47% (7.520/ 16.000)	50% (8.500/ 17.000)	surveys implemented in targeted areas
1	Information system & operational research	# of HIV prevalence reports among IDUs, SWs and MSM	Y	n/a	2005			1 IDUs, 1 SWs	1 MSM		2nd IDUs, SWs, MSM		3rd IDUs, SWs, MSM	Seroprevalence reports (1 at every 2 years for all groups)
1	Information system & operational research	Drug abuse prevalence national report	Y	General Population Survey	2005	GFATM Round 2, phase 1 report					1			Population Survey report (1 at every 3 years)
1	Supportive environment: Strengthening of civil society and institutional capacity building	% of funding gap for HIV/AIDS prevention programs targeting vulnerable groups reduced through domestic funding **Nominator**: increase in domestic funding for HIV/AIDS prevention programs targeting vulnerable groups (expressed in Euro, actual year towards previous one) **Denominator**: total estimated funding gap for HIV/AIDS prevention programs targeting vulnerable groups (in Euro) (see comment 4)	N	not available	2006	resource tracking survey UNAIDS		20% of funding gap covered through domestic funding (448.000/ 2.242.000 Euro)		40% of funding gap covered through domestic funding (954.400/ 2.386.000)	60% of funding gap covered through domestic funding (1.481.400/ 2.469.000)	90% of funding gap covered through domestic funding (2.272.500/ 2.525.000)	95% of funding gap covered through domestic funding (2.489.000/ 2.620.000)	yearly resource tracking survey
2	Care and support: Care and support for the chronically ill	# PLWHA benefiting of education for life (family planning, unwanted pregnancy, drug use and STI prevention) - (see comment 5)	Y	0	2006		639	919	1,193	1,463	1,475	1,600	1,700	Program monitoring reports (quarterly)

Objective Number	Service Delivery Area[1,2]	Indicator description	Directly tied (Y/N)[3]	Baseline (if applicable)			Targets for year 1 and year 2 (cumulative and excluding baselines)				Annual targets for years 3, 4 and 5 (cumulative and excluding baselines)			Methods[4] and frequency of data collection
				Value	Year	Source	6 months	12 months	18 months	24 months	Year 3	Year 4	Year 5	
2	Care and support: Care and support for the chronically ill	% of YPLWHA having safe sexual behavior (consistent condom use or abstinence) **Nominator**: # of YPLWHA reporting having safe sexual behavior (consistent condom use or abstinence) **Denominator**: total # of YPLWHA	Y	no relevant study was conducted so far, so no data are available	2006		BSS baseline study		10% increase		20% increase		25% increase	BSS survey in Y1 and Y3
2	Care and support: Care and support for the chronically ill	# PLWHA benefiting of counseling for professional and occupational integration (see comment 5)	Y	0			159	329	510	623	675	700	750	Program monitoring reports (quarterly)
2	Care and support: Care and support for the chronically ill	# PLWHA integrated into protected workshops	Y	20	2006		95	151	175	195	197	225	250	Program monitoring reports (quarterly)
2	Care and support: Care and support for the chronically ill	# PLWHA integrated in occupational therapy	Y	0	2006			50	100	150	200	200	200	Program monitoring reports (quarterly)
2	Care and support: Care and support for the chronically ill	# PLWHA benefiting of vocational training (see comment 5)	Y	0	2006		61	134	193	232	244	244	244	Program monitoring reports (quarterly)
2	Care and support: Care and support for the chronically ill	# PLWHA benefiting of apprenticeship stages (see comment 5)	Y	0	2006		0	50	50	50	50	60	65	Program monitoring reports (quarterly)
2	Care and support: Care and support for the chronically ill	# PLWHA supported to continue the studies	Y	35	2006		21	22	22	22	23	23	23	Program monitoring reports (quarterly)
2	Care and support: Care and support for the chronically ill	# PLWHA living independently in apartments	Y	14	2006		23	23	25	25	27	35	40	Program monitoring reports (quarterly)
2	Care and support: Care and support for the chronically ill	# of service providers trained in family planning and professional integration for PLWHA (see comment 6)	Y	0	2006		100	164	292	340	340	340	340	Program monitoring reports (quarterly)
2	Care and support: Care and support for the chronically ill	# of peer educators trained in order to support positive prevention among PLWHA (unwanted pregnancy, drug use, STI and cervical cancer prevention) - (see comment 6)	Y	0	2006		30	30	80	100	100	100	100	Program monitoring reports (quarterly)
2	Supportive environment: Strengthening of civil society and institutional capacity building	# of PLWHA NGOs capacitated in order to provide better support to their members in following area of expertise: education for life and professional integration	Y	0	2006		20	20	20	20	20	20	20	Program monitoring reports (quarterly)

(1) The targets will be estimated based on statistical inferences extrapolated from the study results applied to our target population. At this point we do not know which will be the sample used.The targets are expressed in relation to the total target population.

(2) Sexual relationships in prisons are forbidden and as a consequence no condom distribution is in place. Prisoners receive condoms only when leaving prisons. Studies conducted as far among prisoners evaluated only condom use out of prisons (11.7% of them declared a consistent use), but when asked about sex in prison, 95% of them did not answer. The National Administration of Prisons intends to introduce condom distribution in prisons, an important part of the advocacy activities foreseen in the project being oriented in this direction. This will allow us to measure condom use.

(3) Slight variation of total number of prisoners in targeted units resulting in slight bias towards targets may occur, but can not be estimated at this moment.

(4) First funding gap calculation exercise was conducted in 2006 by UNAIDS. The domestic public funding for HIV prevention programs targeting vulnerable groups consisting almost entirely in "in-kind" contribution was impossible to estimate and resulted in a close "0" coverage. Methodology will be improved (including also data from district level), so we are confident that relevant data will be obtained starting 2007.

Objective Number	Service Delivery Area[1,2]	Indicator description	Directly tied (Y/N)[3]	Baseline (if applicable)			Targets for year 1 and year 2 (cumulative and excluding baselines)				Annual targets for years 3, 4 and 5 (cumulative and excluding baselines)			Methods[4] and frequency of data collection
				Value	Year	Source	6 months	12 months	18 months	24 months	Year 3	Year 4	Year 5	

(5) All activities proposed under the second objective and that are targeting young people living with HIV (almost 7.700 people aged 15-24 are infected with HIV) are new. Important challenges are right now emerging in this group as the youngsters are starting their sexual life, in search of a more independent life stile and as a consequence interested in finding a job and develop their skills. Very few pilot initiatives were developed until now. They were sporadic and isolated. No relevant study was conducted as far and activities weren't coordinated, associated with the lack of even basic reporting systems.
As a result the baselines were considered to be "0"

(6) As new areas of expertise must be developed among service providers in order to conduct coordinated and efficient interventions, we considered the baseline to be "0", even if the target group or part of it were already involved in other trainings (with different curricula).